**Registry Use Only**

OMB No: 0915-0310

Expiration Date: 10/31/2022

**Public Burden Statement:** The purpose of the data collection is to fulfill the legislative mandate to establish and maintain a standardized database of allogeneic marrow and cord blood transplants performed in the United States or using a donor from the United States. The data collected also meets the C.W. Bill Young Cell Transplantation Program requirements to provide relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0310 and it is valid until 10/31/2022. This information collection is voluntary under The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109–129, as amended by the Stem Cell Therapeutic and Research Reauthorization Act of 2010, Public Law 111–264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114-104. Public reporting burden for this collection of information is estimated to average 0.43 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Sequence Number:

Date Received:

CIBMTR Center Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

CIBMTR Research ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Event date: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

Primary Disease for HCT / Cellular Therapy

1. Date of diagnosis of primary disease for HCT / cellular therapy: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. What was the primary disease for which the HCT / cellular therapy was performed?
* Acute myelogenous leukemia (AML or ANLL) (10) ***- Go to question 3***
* Acute lymphoblastic leukemia (ALL) (20) ***- Go to question 96***
* Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) ***- Go to question 164***
* Chronic myelogenous leukemia (CML) (40) ***- Go to question 168***
* Myelodysplastic Syndrome (MDS) (50) (If recipient has transformed to AML, indicate AML as the primary disease.) ***- Go to question 179***
* Myeloproliferative Neoplasms (MPN) (1460) (If recipient has transformed to AML, indicate AML as the primary disease.) ***- Go to question 259***
* Other leukemia (30) (includes CLL) ***- Go to question 372***
* Hodgkin lymphoma (150) ***- Go to question 379***
* Non-Hodgkin lymphoma (100) ***- Go to question 379***
* Multiple myeloma / plasma cell disorder (PCD) (170) ***- Go to question 397***
* Solid tumors (200) ***- Go to question 444***
* Aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) ***- Go to question 446***
* Inherited bone marrow failure syndromes (320) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.)– ***Go to question 449***
* Hemoglobinopathies (330) ***- Go to question 451***
* Paroxysmal nocturnal hemoglobinuria (PNH) (340) ***– Go to signature line***
* Disorders of the immune system (400) ***- Go to question 488***
* Inherited abnormalities of platelets (500) ***- Go to question 496***
* Inherited disorders of metabolism (520) ***- Go to question 498***
* Histiocytic disorders (570) ***- Go to question 501***
* Autoimmune diseases (600) ***- Go to question 506***
* Tolerance induction associated with solid organ transplant (910) ***- Go to question 510***
* Recessive dystrophic epidermolysis bullosa (920) – Go to First Name
* Other disease (900) ***- Go to question 512***

Acute Myelogenous Leukemia (AML)

1. Specify the AML classification

AML with recurrent genetic abnormalities

AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5)

AML with t(6;9) (p23;q34.1); DEK-NUP214 (6)

AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7)

AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8)

AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281)

AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282)

APL with PML-RARA (283)

AML with BCR-ABL1 (provisional entity) (3)

AML with mutated NPM1 (4)

AML with biallelic mutations of CEBPA (297)

AML with mutated RUNX1 (provisional entity) (298)

AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284)

AML with myelodysplasia – related changes (285)

Therapy related AML (t-AML) (9)

AML, not otherwise specified

AML, not otherwise specified (280)

AML, minimally differentiated (286)

AML without maturation (287)

AML with maturation (288)

Acute myelomonocytic leukemia (289)

Acute monoblastic / acute monocytic leukemia (290)

Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291)

Acute megakaryoblastic leukemia (292)

Acute basophilic leukemia (293)

Acute panmyelosis with myelofibrosis (294)

Myeloid sarcoma (295)

Myeloid leukemia associated with Down syndrome (299)

1. Did AML transform from MDS or MPN?

Yes – Also complete MDS or MPN Disease Classification questions

No

1. Is the disease (AML) therapy related?

Yes

No

Unknown

1. Did the recipient have a predisposing condition?

Yes - Go to question 7

No - Go to question 9

Unknown - Go to question 9

Specify condition

Bloom syndrome - Go to question 9

Down syndrome - Go to question 9

Fanconi anemia - Also complete CIBMTR Form 2029 - Go to question 9

Dyskeratosis congenita - Go to question 9

Other condition - Go to question 8

Specify other condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labs at diagnosis

1. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)

Yes - Go to question 10

No - Go to question 23

Unknown - Go to question 23

Were cytogenetics tested via FISH?

Yes – Go to question 11

No - Go to question 16

Results of tests

Abnormalities identified – Go to question 12

No abnormalities - Go to question 16

Specify cytogenetic abnormalities identified at diagnosis

 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

-5

-7

-17

-18

-X

-Y

+4

+8

+11

+13

+14

+21

+22

t(3;3)

t(6;9)

t(8;21)

t(9;11)

t(9;22)

t(15;17) and variants

t(16;16)

del(3q) / 3q–

del(5q) / 5q–

del(7q) / 7q–

del(9q) / 9q–

del(11q) / 11q–

del(16q) / 16q–

del(17q) / 17q–

del(20q) / 20q–

del(21q) / 21q–

inv(3)

inv(16)

(11q23) any abnormality

12p any abnormality

Other abnormality - Go to question 15

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested via karyotyping?

Yes – Go to question 17

No - Go to question 22

Results of tests

Abnormalities identified – Go to question 18

No evaluable metaphases - Go to question 22

No abnormalities - Go to question 22

Specify cytogenetic abnormalities identified at diagnosis

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

-5

-7

-17

-18

-X

-Y

+4

+8

+11

+13

+14

+21

+22

t(3;3)

t(6;9)

t(8;21)

t(9;11)

t(9;22)

t(15;17) and variants

t(16;16)

del(3q) / 3q–

del(5q) / 5q–

del(7q) / 7q–

del(9q) / 9q–

del(11q) / 11q–

del(16q) / 16q–

del(17q) / 17q–

del(20q) / 20q–

del(21q) / 21q–

inv(3)

inv(16)

(11q23) any abnormality

12p any abnormality

Other abnormality - Go to question 21

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes

No

1. Were tests for molecular markers performed? (e.g. PCR, NGS) (at diagnosis)

Yes – Go to question 24

No – Go to question 36

Unknown – Go to question 36

Specify molecular markers identified at diagnosis

CEBPA

Positive – Go to question 25

Negative - Go to question 26

Not done - Go to question 26

Specify CEBPA mutation

Biallelic (homozygous)

Monoallelic (heterozygous)

Unknown

FLT – TKD (point mutations in D835 or deletions of codon I836)

Positive

Negative

Not done

FLT3 – ITD mutation

Positive- Go to question 28

Negative- Go to question 30

Not done- Go to question 30

FLT3 – ITD allelic ratio

Known - Go to question 29

Unknown - Go to question 30

Specify FLT3 - ITD allelic ratio: \_\_\_ . \_\_\_ \_\_\_

IDH1

Positive

Negative

Not done

IDH2

Positive

Negative

Not done

KIT

Positive

Negative

Not done

NPM1

Positive

Negative

Not done

Other molecular marker

Positive- Go to question 35

Negative- Go to question 35

Not done- Go to question 36

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and complete questions 34-35 for multiple molecular markers

Labs between diagnosis and last evaluation

1. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

Yes - Go to question 37

No - Go to question 50

Unknown - Go to question 50

Were cytogenetics tested via FISH?

Yes – Go to question 38

No - Go to question 43

Results of tests

Abnormalities identified – Go to question 39

No abnormalities - Go to question 43

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

-5

-7

-17

-18

-X

-Y

+4

+8

+11

+13

+14

+21

+22

t(3;3)

t(6;9)

t(8;21)

t(9;11)

t(9;22)

t(15;17) and variants

t(16;16)

del(3q) / 3q–

del(5q) / 5q–

del(7q) / 7q–

del(9q) / 9q–

del(11q) / 11q–

del(16q) / 16q–

del(17q) / 17q–

del(20q) / 20q–

del(21q) / 21q–

inv(3)

inv(16)

(11q23) any abnormality

12p any abnormality

Other abnormality - Go to question 42

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested via karyotyping?

Yes – Go to question 44

No - Go to question 49

Results of tests

Abnormalities identified – Go to question 45

No evaluable metaphases - Go to question 49

No abnormalities - Go to question 49

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

-5

-7

-17

-18

-X

-Y

+4

+8

+11

+13

+14

+21

+22

t(3;3)

t(6;9)

t(8;21)

t(9;11)

t(9;22)

t(15;17) and variants

t(16;16)

del(3q) / 3q–

del(5q) / 5q–

del(7q) / 7q–

del(9q) / 9q–

del(11q) / 11q–

del(16q) / 16q–

del(17q) / 17q–

del(20q) / 20q–

del(21q) / 21q–

inv(3)

inv(16)

(11q23) any abnormality

12p any abnormality

Other abnormality - Go to question 48

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes

 No

1. Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)

Yes – Go to question 51

No – Go to question 63

Unknown – Go to question 63

Specify molecular markers identified between diagnosis and last evaluation

CEBPA

Positive – Go to question 52

Negative - Go to question 53

Not done - Go to question 53

Specify CEBPA mutation

Biallelic (homozygous)

Monoallelic (heterozygous)

Unknown

FLT – TKD (point mutations in D835 or deletions of codon I836)

Positive

Negative

Not done

FLT3 – ITD mutation

Positive- Go to question 55

Negative- Go to question 57

Not done- Go to question 57

FLT3 – ITD allelic ratio

Known - Go to question 56

Unknown - Go to question 57

Specify FLT3 - ITD allelic ratio: \_\_\_ . \_\_\_

IDH1

Positive

Negative

Not done

IDH2

Positive

Negative

Not done

KIT

Positive

Negative

Not done

NPM1

Positive

Negative

Not done

Other molecular marker:

Positive- Go to question 62

Negative- Go to question 62

Not done- Go to question 63

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and complete questions 61-62 to report multiple other molecular markers

Labs at last evaluation

1. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

Yes - Go to question 64

No - Go to question 77

Unknown - Go to question 77

Were cytogenetics tested via FISH?

Yes – Go to question 65

No - Go to question 70

Results of tests

Abnormalities identified – Go to question 66

No abnormalities - Go to question 70

Specify cytogenetic abnormalities identified at last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

-5

-7

-17

-18

-X

-Y

+4

+8

+11

+13

+14

+21

+22

t(3;3)

t(6;9)

t(8;21)

t(9;11)

t(9;22)

t(15;17) and variants

t(16;16)

del(3q) / 3q–

del(5q) / 5q–

del(7q) / 7q–

del(9q) / 9q–

del(11q) / 11q–

del(16q) / 16q–

del(17q) / 17q–

del(20q) / 20q–

del(21q) / 21q–

inv(3)

inv(16)

(11q23) any abnormality

12p any abnormality

Other abnormality - Go to question 69

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested via karyotyping?

Yes – Go to question 71

No - Go to question 76

Results of tests

Abnormalities identified – Go to question 72

No evaluable metaphases - Go to question 76

No abnormalities - Go to question 76

Specify cytogenetic abnormalities identified at last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

-5

-7

-17

-18

-X

-Y

+4

+8

+11

+13

+14

+21

+22

t(3;3)

t(6;9)

t(8;21)

t(9;11)

t(9;22)

t(15;17) and variants

t(16;16)

del(3q) / 3q–

del(5q) / 5q–

del(7q) / 7q–

del(9q) / 9q–

del(11q) / 11q–

del(16q) / 16q–

del(17q) / 17q–

del(20q) / 20q–

del(21q) / 21q–

inv(3)

inv(16)

(11q23) any abnormality

12p any abnormality

Other abnormality - Go to question 75

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes

 No

1. Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)

Yes – Go to question 78

No – Go to question 90

Unknown – Go to question 90

Specify molecular markers identified at last evaluation

CEBPA

Positive – Go to question 79

Negative - Go to question 80

Not done - Go to question 80

Specify CEBPA mutation

Biallelic (homozygous)

Monoallelic (heterozygous)

Unknown

FLT – TKD (point mutations in D835 or deletions of codon I836)

Positive

Negative

Not done

FLT3 – ITD mutation

Positive- Go to question 82

Negative- Go to question 84

Not done- Go to question 84

FLT3 – ITD allelic ratio

Known - Go to question 83

Unknown - Go to question 84

Specify FLT3 - ITD allelic ratio: \_\_\_ . \_\_\_

IDH1

Positive

Negative

Not done

IDH2

Positive

Negative

Not done

KIT

Positive

Negative

Not done

NPM1

Positive

Negative

Not done

Other molecular marker

Positive- Go to question 89

Negative- Go to question 89

Not done- Go to question 90

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and complete questions 88-89 to report multiple other molecular markers

CNS Leukemia

1. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

Yes

No

Unknown

Status at transplantation / infusion:

1. What was the disease status? (based on hematological test results)

Primary induction failure – Go to question 95

1st complete remission (no previous bone marrow or extramedullary relapse) (include CRi)– Go to question 92

2nd complete remission – Go to question 92

≥ 3rd complete remission – Go to question 92

1st relapse – Go to question 94

2nd relapse – Go to question 94

≥ 3rd relapse – Go to question 94

No treatment – Go to question 95

How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)

1

2

≥ 3

Was the recipient in remission by flow cytometry?

Yes – Go to question 95

No – Go to question 95

Unknown – Go to question 95

Not applicable – Go to question 95

Date of most recent relapse: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Acute Lymphoblastic Leukemia (ALL)

1. Specify ALL classification

B-lymphoblastic leukemia / lymphoma

B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191)

B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192)

B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193)

B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194)

B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195)

B-lymphoblastic leukemia / lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81)

B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82)

B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<46 chromosomes) (83)

B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94)

B-lymphoblastic leukemia / lymphoma, with iAMP21 (95)

T-cell lymphoblastic leukemia / lymphoma

T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196)

Early T-cell precursor lymphoblastic leukemia (96)

**NK cell lymphoblastic leukemia / lymphoma**

Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (97)

1. Did the recipient have a predisposing condition?

Yes - Go to question 98

No - Go to question 100

Unknown - Go to question 100

Specify condition

Aplastic anemia - Go to question 100 Also complete CIBMTR Form 2028 — APL

Bloom syndrome - Go to question 100

Down syndrome - Go to question 100

Fanconi anemia - Go to question 100 Also complete CIBMTR Form 2029 — FAN

Other condition - Go to question 99

Specify other condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)

Yes

No

Laboratory studies at diagnosis

1. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)

Yes - Go to question 102

No - Go to question 115

Unknown - Go to question 115

Were cytogenetics tested via FISH? (at diagnosis)

Yes - Go to question 103

No - Go to question 108

Results of tests (at diagnosis)

Abnormalities identified - Go to question 104

No abnormalities - Go to question 108

Specify cytogenetic abnormalities identified at diagnosis

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

–7

+4

+8

+17

+21

t(1;19)

t(2;8)

t(4;11)

t(5;14)

t(8;14)

t(8;22)

t(9;22)

t(10;14)

t(11;14)

t(12;21)

del(6q) / 6q–

del(9p) / 9p–

del(12p) / 12p–

add(14q)

(11q23) any abnormality

9p any abnormality

12p any abnormality

Hyperdiploid (> 50)

Hypodiploid (< 46)

iAMP21

Other abnormality – Go to question 107

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested via karyotyping? (at diagnosis)

Yes - Go to question 109

No - Go to question 114

Results of tests (at diagnosis)

Abnormalities identified - Go to question 110

No evaluable metaphases - Go to question 114

No abnormalities - Go to question 114

Specify cytogenetic abnormalities identified at diagnosis

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

–7

+4

+8

+17

+21

t(1;19)

t(2;8)

t(4;11)

t(5;14)

t(8;14)

t(8;22)

t(9;22)

t(10;14)

t(11;14)

t(12;21)

del(6q) / 6q–

del(9p) / 9p–

del(12p) / 12p–

add(14q)

(11q23) any abnormality

9p any abnormality

12p any abnormality

Hyperdiploid (> 50)

Hypodiploid (< 46)

iAMP21

Other abnormality – Go to question 113

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes

No

1. Were tests for molecular markers performed? (e.g. PCR, NGS) (at diagnosis)

Yes – Go to question 116

No – Go to question 120

Unknown – Go to question 120

Specify molecular markers identified at diagnosis

BCR / ABL

Positive

Negative

Not done

TEL-AML / AML1

Positive

Negative

Not done

Other molecular marker

Positive – Go to question 119

Negative – Go to question 119

Not done – Go to question 120

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and complete questions 118-119 for additional molecular markers

Laboratory studies between diagnosis and last evaluation

1. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

Yes - Go to question 121

No - Go to question 134

Unknown - Go to question 134

Were cytogenetics tested via FISH? (between diagnosis and last evaluation)

Yes - Go to question 122

No - Go to question 127

Results of tests (between diagnosis and last evaluation)

Abnormalities identified - Go to question 123

No abnormalities - Go to question 127

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

–7

+4

+8

+17

+21

t(1;19)

t(2;8)

t(4;11)

t(5;14)

t(8;14)

t(8;22)

t(9;22)

t(10;14)

t(11;14)

t(12;21)

del(6q) / 6q–

del(9p) / 9p–

del(12p) / 12p–

add(14q)

(11q23) any abnormality

9p any abnormality

12p any abnormality

Hyperdiploid (> 50)

Hypodiploid (< 46)

iAMP21

Other abnormality – Go to question 126

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested via karyotyping? (between diagnosis and last evaluation)

Yes - Go to question 128

No - Go to question 133

Results of tests (between diagnosis and last evaluation)

Abnormalities identified - Go to question 129

No evaluable metaphases - Go to question 133

No abnormalities - Go to question 133

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

* –7
* +4
* +8
* +17
* +21
* t(1;19)
* t(2;8)
* t(4;11)
* t(5;14)
* t(8;14)
* t(8;22)
* t(9;22)
* t(10;14)
* t(11;14)
* t(12;21)
* del(6q) / 6q–
* del(9p) / 9p–
* del(12p) / 12p–
* add(14q)
* (11q23) any abnormality
* 9p any abnormality
* 12p any abnormality
* Hyperdiploid (> 50)
* Hypodiploid (< 46)
* iAMP21
* Other abnormality – Go to question 132

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes

No

1. Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)

Yes – Go to question 135

No – Go to question 139

Unknown – Go to question 139

Specify molecular markers identified between diagnosis and last evaluation

BCR / ABL

Positive

Negative

Not done

TEL-AML / AML1

Positive

Negative

Not done

Other molecular marker

Positive – Go to question 138

Negative – Go to question 138

Not done – Go to question 139

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and complete questions 137-138 for additional molecular markers

Laboratory studies at last evaluation

1. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

Yes - Go to question 140

No - Go to question 153

Unknown - Go to question 153

Were cytogenetics tested via FISH?

Yes - Go to question 141

No - Go to question 146

Results of tests

Abnormalities identified - Go to question 142

No abnormalities - Go to question 146

Specify cytogenetic abnormalities identified at last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

* –7
* +4
* +8
* +17
* +21
* t(1;19)
* t(2;8)
* t(4;11)
* t(5;14)
* t(8;14)
* t(8;22)
* t(9;22)
* t(10;14)
* t(11;14)
* t(12;21)
* del(6q) / 6q–
* del(9p) / 9p–
* del(12p) / 12p–
* add(14q)
* (11q23) any abnormality
* 9p any abnormality
* 12p any abnormality
* Hyperdiploid (> 50)
* Hypodiploid (< 46)
* iAMP21
* Other abnormality – Go to question 145

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested via karyotyping? (at last evaluation)

Yes - Go to question 147

No - Go to question 152

Results of tests

Abnormalities identified - Go to question 148

No evaluable metaphases - Go to question 152

No abnormalities - Go to question 152

Specify cytogenetic abnormalities identified at last evaluation

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of distinct cytogenetic abnormalities

One (1)

Two (2)

Three (3)

Four or more (4 or more)

Specify abnormalities (check all that apply)

* –7
* +4
* +8
* +17
* +21
* t(1;19)
* t(2;8)
* t(4;11)
* t(5;14)
* t(8;14)
* t(8;22)
* t(9;22)
* t(10;14)
* t(11;14)
* t(12;21)
* del(6q) / 6q–
* del(9p) / 9p–
* del(12p) / 12p–
* add(14q)
* (11q23) any abnormality
* 9p any abnormality
* 12p any abnormality
* Hyperdiploid (> 50)
* Hypodiploid (< 46)
* iAMP21
* Other abnormality – Go to question 151

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes

No

1. Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)

Yes – Go to question 154

No – Go to question 158

Unknown – Go to question 158

Specify molecular markers identified at last evaluation

BCR / ABL

Positive

Negative

Not done

TEL-AML / AML1

Positive

Negative

Not done

Other molecular marker

Positive – Go to question 157

Negative – Go to question 157

Not done – Go to question 158

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and complete questions 156-157 for additional molecular markers

CNS Leukemia

1. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

Yes

No

Unknown

Status at transplantation / infusion

1. What was the disease status? (based on hematological test results)

Primary induction failure – Go to question 163

1st complete remission (no previous marrow or extramedullary relapse) (include CRi) – Go to question 160

2nd complete remission – Go to question 160

≥ 3rd complete remission – Go to question 160

1st relapse – Go to question 162

2nd relapse – Go to question 162

≥ 3rd relapse – Go to question 162

No treatment – Go to question 163

How many cycles of induction therapy were required to achieve 1st complete remission? (include CRi)

1

2

≥ 3

Was the recipient in remission by flow cytometry?

Yes – Go to question 163

No – Go to question 163

Unknown – Go to question 163

Not applicable – Go to question 163

Date of most recent relapse: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

1. Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification

Blastic plasmacytoid dendritic cell neoplasm (296) – ***Go to question 166***

Acute undifferentiated leukemia (31) – ***Go to question 166***

Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84) – ***Go to question 166***

Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged (85) – ***Go to question 166***

Mixed phenotype acute leukemia, B/myeloid, NOS (86) – ***Go to question 166***

Mixed phenotype acute leukemia, T/myeloid, NOS (87) – ***Go to question 166***

Other acute leukemia of ambiguous lineage or myeloid neoplasm (88) - Go to question 165

Specify other acute leukemia of ambiguous lineage or myeloid neoplasm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status at transplantation / infusion

1. What was the disease status? (based on hematological test results)

Primary induction failure

1st complete remission (no previous marrow or extramedullary relapse)

2nd complete remission

≥ 3rd complete remission

1st relapse

2nd relapse

≥3rd relapse

No treatment

1. Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Chronic Myelogenous Leukemia (CML)

1. Was therapy given prior to this HCT?

Yes - Go to question 169

No - Go to question 175

Combination chemotherapy

Yes

No

Hydroxyurea (Droxia, Hydrea)

Yes

No

Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)

Yes

No

Interferon-α (Intron, Roferon) (includes PEG)

Yes

No

Other therapy

Yes - Go to question 174

No - Go to question 175

Specify other therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What was the disease status?

Complete hematologic response (CHR) preceded only by chronic phase- Go to question 176

Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase- Go to question 176

Chronic phase – Go to question 176

Accelerated phase - Go to question 177

Blast phase - Go to question 177

Specify level of response

No cytogenetic response (No CyR)

Minimal cytogenetic response

Minor cytogenetic response

Partial cytogenetic response (PCyR)

Complete cytogenetic response (CCyR)

Major molecular remission (MMR)

Complete molecular remission (CMR)

1. Number

1st

2nd

3rd or higher

1. Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Myelodysplastic Syndrome (MDS)

1. What was the MDS subtype at diagnosis? – If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions

Atypical chronic myeloid leukemia (aCML), BCR-ABL1 (1440) – ***Go to question 376***

***C***hronic myelomonocytic leukemia (CMMoL) (54) – ***Go to question 182***

Juvenile myelomonocytic leukemia (JMML) (36) – ***Go to question 218***

Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable (69) – ***Go to question 181***

MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452) – ***Go to question 182***

Myelodysplastic syndrome (MDS), unclassifiable (50)– ***Go to question 180***

Myelodysplastic syndrome with isolated del(5q) (66)– ***Go to question 182***

Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD) (64) – ***Go to question 182***

Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD) (51) – ***Go to question 182***

Refractory cytopenia of childhood (68)– ***Go to question 182***

Myelodysplastic syndrome with excess blasts (MDS-EB)

MDS with excess blasts-1 (MDS-EB-1) (61) – ***Go to question 182***

MDS with excess blasts-2 (MDS-EB-2) (62) – ***Go to question 182***

Myelodysplastic syndrome with ring sideroblasts (MDS-RS)

MDS-RS with single lineage dysplasia (MDS-RS-SLD) (1453) – ***Go to question 182***

MDS-RS with multilineage dysplasia (MDS-RS-MLD) (1454) – ***Go to question 182***

Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

MDS-U with 1% blood blasts

MDS-U with single lineage dysplasia and pancytopenia

MDS-U based on defining cytogenetic abnormality

Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)

Yes

No

1. Was the disease MDS therapy related?

Yes

No

Unknown

1. Did the recipient have a predisposing condition?

Yes – Go to question 184

No – Go to question 186

Unknown – Go to question 186

Specify condition

Aplastic anemia – Go to question 186

DDX41-associated familial MDS – Go to question 186

Diamond-Blackfan Anemia – Go to question 186

Fanconi anemia –Go to question 186

GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) – Go to question 186

Li-Fraumeni Syndrome – Go to question 186

Paroxysmal nocturnal hemoglobinuria – Go to question 186

RUNX1 deficiency (previously “familial platelet disorder with propensity to myeloid malignancies”) – Go to question 186

SAMD9- or SAMD9L-associated familial MDS – Go to question 186

Shwachman-Diamond Syndrome – Go to question 186

Telomere biology disorder (including dyskeratosis congenita) – Go to question 186

Other condition – Go to question 185

Specify other condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory studies at diagnosis of MDS

1. Date CBC drawn: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. WBC

Known – Go to question 188

Unknown – Go to question 189

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  x 109/L (x 103/mm3)

  x 106/L

1. Neutrophils

Known – Go to question 190

Unknown – Go to question 191

 \_\_\_ \_\_\_%

1. Blasts in blood

Known – Go to question 192

Unknown– Go to question 193

\_\_\_ \_\_\_ \_\_\_ %

1. Hemoglobin

Known – Go to question 194

Unknown – Go to question 196

\_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  g/dL

1.  g/L
2.  mmol/L

Were RBCs transfused ≤ 30 days before date of test?

Yes

No

1. Platelets

Known – Go to question 197

Unknown – Go to question 199

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  x 109/L (x 103/mm3)

  x 106/L

Were platelets transfused ≤ 7 days before date of test?

Yes

No

1. Blasts in bone marrow

Known – Go to question 200

Unknown – Go to question 201

\_\_\_ \_\_\_ \_\_\_ %

1. Were cytogenetics tested (karyotyping or FISH)?
* Yes – ***Go to question 202***
* No – ***Go to question 218***
* Unknown – ***Go to question 218***
1. Were cytogenetics tested via FISH?
* Yes- ***Go to question 203***
* No- ***Go to question 210***
1. Sample source
* Blood
* Bone marrow
1. Results of tests
* Abnormalities identified – ***Go to question 205***
* No abnormalities – ***Go to question 209***

 **Specify cytogenetic abnormalities identified via FISH at diagnosis**

1. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

1. Specify abnormalities (check all that apply)

**Monosomy**

* –5
* –7
* –13
* –20
* –Y

**Trisomy**

* +8
* +19

**Translocation**

* t(1;3)
* t(2;11)
* t(3;3)
* t(3;21)
* t(6;9)
* t(11;16)

**Deletion**

* del(3q) / 3q-
* del(5q) / 5q-
* del(7q) / 7q-
* del(9q) / 9q-
* del(11q) / 11q-
* del(12p) / 12p-
* del(13q) / 13q-
* del(20q) / 20q-

**Inversion**

* inv(3)

**Other**

* i17q
* Other abnormality – ***Go to question 208***
1. Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was documentation submitted to the CIBMTR? (e.g. FISH report)
* Yes
* No
1. Were cytogenetics tested via karyotyping?
* Yes- ***Go to question 211***
* No- ***Go to question 218***
1. Sample source
* Blood
* Bone marrow
1. Results of tests
* Abnormalities identified – ***Go to question 213***
* No evaluable metaphases- ***Go to question 217***
* No abnormalities – ***Go to question 217***

 **Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis**

1. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

1. Specify abnormalities (check all that apply)

**Monosomy**

* –5
* –7
* –13
* –20
* –Y

**Trisomy**

* +8
* +19

**Translocation**

* t(1;3)
* t(2;11)
* t(3;3)
* t(3;21)
* t(6;9)
* t(11;16)

**Deletion**

* del(3q) / 3q-
* del(5q) / 5q-
* del(7q) / 7q-
* del(9q) / 9q-
* del(11q) / 11q-
* del(12p) / 12p-
* del(13q) / 13q-
* del(20q) / 20q-

**Inversion**

* inv(3)

**Other**

* i17q
* Other abnormality – ***Go to question 216***
1. Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
* Yes
* No
1. Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen / infusion?

Yes – Go to question 219

No – Go to question 223

Specify the MDS subtype or AML after transformation

Chronic myelomonocytic leukemia (CMMoL) (54) – ***Go to question 221***

Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable (69) **– *Go to question 221***

MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452) **– *Go to question 221***

Myelodysplastic syndrome (MDS), unclassifiable (50) **– *Go to question 220***

Myelodysplastic syndrome with isolated del(5q) (66) **– *Go to question 221***

Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD) (64) **– *Go to question 221***

Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD)) (51) **– *Go to question 221***

Refractory cytopenia of childhood (68) **– *Go to question 221***

Transformed to AML (70) – ***Go to question 222***

Myelodysplastic syndrome with excess blasts (MDS-EB)

MDS with excess blasts-1 (MDS-EB-1) (61) – ***Go to question 221***

MDS with excess blasts-2 (MDS-EB-2) (62) – ***Go to question 221***

Myelodysplastic syndrome with ring sideroblasts

MDS-RS with single lineage dysplasia (MDS-RS-SLD) (1453) – ***Go to question 221***

MDS-RS with multilineage dysplasia (MDS-RS-MLD) (1454) – ***Go to question 221***

Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

MDS-U with 1% blood blasts– ***Go to question 221***

MDS-U with single lineage dysplasia and pancytopenia– ***Go to question 221***

MDS-U based on defining cytogenetic abnormality– ***Go to question 221***

Specify the date of the most recent transformation:\_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - ***Go to question 223***

Date of MDS diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ **– *Go to signature line***

 **Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion**

1. Date CBC drawn: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. WBC

Known – ***Go to question 225***

Unknown – ***Go to question 226***

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  x 109/L (x 103/mm3)

  x 106/L

1. Neutrophils

Known – ***Go to question 227***

Unknown – ***Go to question 228***

\_\_\_ \_\_\_%

1. Blasts in blood

Known – ***Go to question 229***

Unknown – ***Go to question 230***

\_\_\_ \_\_\_ \_\_\_ %

1. Hemoglobin

Known – ***Go to question 231***

Unknown – ***Go to question 233***

\_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  g/dL

1.  g/L
2.  mmol/L

Were RBCs transfused ≤ 30 days before date of test?

Yes

No

1. Platelets

Known – ***Go to question 234***

Unknown – ***Go to question 236***

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  x 109/L (x 103/mm3)

  x 106/L

Were platelets transfused ≤ 7 days before date of test?

Yes

 No

1. Blasts in bone marrow

Known – ***Go to question 237***

Unknown – ***Go to question 238***

\_\_\_ \_\_\_ \_\_\_ %

1. Were cytogenetics tested (karyotyping or FISH)?
* Yes – ***Go to question 239***
* No – ***Go to question 255***
* Unknown – ***Go to question 255***
1. Were cytogenetics tested via FISH?
* Yes- ***Go to question 240***
* No- ***Go to question 247***
1. Sample source
* Blood
* Bone marrow
1. Results of tests
* Abnormalities identified – ***Go to question 242***
* No abnormalities – ***Go to question 246***

 **Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion**

1. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

1. Specify abnormalities (check all that apply)

**Monosomy**

* –5
* –7
* –13
* –20
* –Y

**Trisomy**

* +8
* +19

**Translocation**

* t(1;3)
* t(2;11)
* t(3;3)
* t(3;21)
* t(6;9)
* t(11;16)

**Deletion**

* del(3q) / 3q-
* del(5q) / 5q-
* del(7q) / 7q-
* del(9q) / 9q-
* del(11q) / 11q-
* del(12p) / 12p-
* del(13q) / 13q-
* del(20q) / 20q-

**Inversion**

* inv(3)

**Other**

* i17q
* Other abnormality – ***Go to question 245***
1. Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was documentation submitted to the CIBMTR? (e.g. FISH report)
* Yes
* No

Were cytogenetics tested via karyotyping?

* Yes- ***Go to question 248***
* No- ***Go to question 255***
1. Sample source
* Blood
* Bone marrow
1. Results of tests
* Abnormalities identified – ***Go to question 250***
* No evaluable metaphases- ***Go to question 254***
* No abnormalities – ***Go to question 254***

 **Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion**

1. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

1. Specify abnormalities (check all that apply)

**Monosomy**

* –5
* –7
* 13
* –20
* –Y

**Trisomy**

* +8
* +19

**Translocation**

* t(1;3)
* t(2;11)
* t(3;3)
* t(3;21)
* t(6;9)
* t(11;16)

**Deletion**

* del(3q) / 3q-
* del(5q) / 5q-
* del(7q) / 7q-
* del(9q) / 9q-
* del(11q) / 11q-
* del(12p) / 12p-
* del(13q) / 13q-
* del(20q) / 20q-

**Inversion**

* inv(3)

**Other**

* i17q
* Other abnormality – ***Go to question 253***
1. Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
* Yes
* No

**Status at transplantation / infusion**

1. What was the disease status?

Complete remission (CR) –- ***Go to question 258***

Hematologic improvement (HI) – ***Go to question 256***

No response (NR) / stable disease (SD) – ***Go to question 258***

Progression from hematologic improvement (Prog from HI) - ***Go to question 258***

Relapse from complete remission (Rel from CR) - ***Go to question 258***

Not assessed - ***Go to signature line***

Specify the cell line examined to determine HI status (check all that apply)

HI-E –- ***Go to question 257***

HI-P – ***Go to question 258***

HI-N *–* **Go to question 258**

 Specify transfusion dependence

Non transfused (NTD)-– **Go to question 258**

Low transfusion burden (LTB)- **Go to question 258**

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_- ***Go to signature line***

 YYYY MM DD

Myeloproliferative Neoplasms (MPN)

1. What was the MPN subtype at diagnosis? – If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions

Chronic neutrophilic leukemia (165) –***Go to Question 262***

Chronic eosinophilic leukemia, not otherwise specified (NOS) (166) – ***Go to Question 262***

Essential thrombocythemia (58) – ***Go to Question 262***

Myeloproliferative neoplasm (MPN), unclassifiable (60) – ***Go to Question 260***

Myeloid / lymphoid neoplasms with PDGFRA rearrangement (1461) – ***Go to Question 262***

Myeloid / lymphoid neoplasms with PDGFRB rearrangement (1462) – ***Go to Question 262***

Myeloid / lymphoid neoplasms with FGFR1 rearrangement (1463) – ***Go to Question 262***

Myeloid / lymphoid neoplasms with PCM1-JAK2 (1464) – ***Go to Question 262***

Polycythemia vera (PCV) (57) – ***Go to Question 262***

Primary myelofibrosis (PMF) (167)- ***Go to Question 262***

Mastocytosis

Cutaneous mastocytosis (CM) (1465) – ***Go to Question 262***

Systemic mastocytosis (1470) - ***Go to Question*** *Error! Reference source not found.*

Mast cell sarcoma (MCS) (1466) – ***Go to Question*** ***262***

Specify systemic mastocytosis

Indolent systemic mastocytosis (ISM) – ***Go to Question 262***

Smoldering systemic mastocytosis (SSM) – ***Go to question 262***

Systemic mastocytosis with an associated hematological neoplasm (SM-AHN) – ***Go to question 262***

Aggressive systemic mastocytosis (ASM) – ***Go to question 262***

Mast cell leukemia (MCL) – ***Go to question 262***

Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)

Yes

No

Assessment at diagnosis

1. Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)

Yes

No

Unknown

**Laboratory studies at diagnosis of MPN**

1. Date CBC drawn: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. WBC
* Known – ***Go to question 265***
* Unknown – ***Go to question 266***
1. \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  x 109/L (x 103/mm3)

  x 106/L

1. Neutrophils
* Known – ***Go to question 267***
* Unknown – ***Go to question 268***
1. \_\_\_ \_\_\_%
2. Blasts in blood

Known – Go to question 269

Unknown– Go to question 270

\_\_\_ \_\_\_ \_\_\_ %

1. Hemoglobin
* Known – ***Go to question 271***
* Unknown – ***Go to question 273***
1. \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  g/dL
2.  g/L
3.  mmol/L
4. Were RBCs transfused ≤ 30 days before date of test?
* Yes
* No
1. Platelets
* Known – ***Go to question 274***
* Unknown – ***Go to question 276***
1. \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  x 109/L (x 103/mm3)

  x 106/L

1. Were platelets transfused ≤ 7 days before date of test?
* Yes
* No
1. Blasts in bone marrow
* Known – ***Go to question 277***
* Unknown – ***Go to question 278***
1. \_\_\_ \_\_\_ \_\_\_ %
2. Were tests for driver mutations performed?

 Yes ***– Go to question 279***

No ***– Go to question 289***

Unknown ***- Go to question 289***

JAK2

Positive***– Go to question 280***

Negative***– Go to question 282***

Not done***– Go to question 282***

JAK2 V617F

Positive

Negative

Not done

JAK2 Exon 12

Positive

Negative

Not done

CALR

Positive ***– Go to question 283***

Negative***– Go to question 286***

Not done***– Go to question 286***

CALR type 1

Positive

Negative

Not done

CALR type 2

Positive

Negative

Not done

Not defined

Positive

Negative

Not done

MPL

Positive

Negative

Not done

CSF3R

Positive

Negative

Not done

Was documentation submitted to the CIBMTR?

Yes

No

1. Were cytogenetics tested (karyotyping or FISH)?

Yes – Go to question 290

No – Go to question 306

Unknown – Go to question 306

Were cytogenetics tested via FISH?

Yes- ***Go to question 291***

No- ***Go to question 298***

Sample source

Blood

Bone marrow

Results of tests

Abnormalities identified – ***Go to question 293***

No abnormalities – ***Go to question 297***

 **Specify cytogenetic abnormalities identified via FISH at diagnosis:**

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

Specify abnormalities (check all that apply)

Monosomy

–5

–7

 –Y

Trisomy

+8

+9

Translocation

t(1;any)

t(3q21;any)

t(11q23;any)

t(12p11.2;any)

t(6;9)

Deletion

del(5q) / 5q-

del(7q) / 7q-

del(11q) / 11q-

del(12p) / 12p-

del(13q) / 13q-

del(20q) / 20q-

Inversion

dup(1)

inv(3)

Other

i17q

 Other abnormality – ***Go to question 296***

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. FISH report)

Yes

No

Were cytogenetics tested via karyotyping?

Yes- ***Go to question 299***

No- ***Go to question 306***

Sample source

Blood

Bone marrow

Results of tests

Abnormalities identified – ***Go to question 301***

No evaluable metaphases- ***Go to question 305***

No abnormalities – ***Go to question 305***

 **Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis**

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

Specify abnormalities (check all that apply)

Monosomy

–5

–7

 –Y

Trisomy

+8

+9

Translocation

t(1;any)

t(3q21;any)

t(11q23;any)

t(12p11.2;any)

t(6;9)

Deletion

del(5q) / 5q-

del(7q) / 7q-

del(11q) / 11q-

del(12p) / 12p-

del(13q) / 13q-

del(20q) / 20q-

Inversion

dup(1)

inv(3)

Other

i17q

 Other abnormality – ***Go to question 304***

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

Yes

No

1. Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?
* Yes – ***Go to question 307***
* No – ***Go to question 310***
1. Specify the MPN subtype or AML after transformation

Post-essential thrombocythemic myelofibrosis (1467) – ***Go to question 308***

Post-polycythemic myelofibrosis (1468) – ***Go to question 308***

* Transformed to AML (70) – ***Go to question 309***
1. Specify the date of the most recent transformation:\_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - ***Go to question 310***
2. Date of MPN diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ **– *Go to signature line***

YYYY MM DD

Assessment at last evaluation prior to the start of the preparative regimen/ infusion

1. Specify transfusion dependence at last evaluation prior to the start of the preparative regimen/ infusion

Non-transfused (NTD) –(0 RBCs in 16 weeks)

Low-transfusion burden (LTB) -(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks)

High-transfusion burden (HTB) - (≥ 8 RBCs in 16weeks; ≥ 4 in 8 weeks)

1. Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)

Yes

No

Unknown

1. Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen/ infusion?

 Yes – ***Go to question 313***

No – ***Go to question 316***

Unknown- ***Go to question 316***

Not applicable (splenectomy) – ***Go to question 316***

Specify the method used to measure spleen size

Physical assessment- ***Go to question 314***

Ultrasound- ***Go to question 315***

CT/ MRI- ***Go to question 315***

Specify the spleen size: \_\_\_ \_\_\_ centimeters below left costal margin – ***Go to question 317***

Specify the spleen size:\_\_\_ \_\_\_ centimeters

1. Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen/infusion?

Yes – ***Go to question 317***

No – ***Go to question 320***

Unknown – ***Go to question 320***

Specify the method used to measure liver size

Physical assessment- ***Go to question 318***

Ultrasound- ***Go to question 319***

CT/ MRI- ***Go to question 319***

Specify the liver size: \_\_\_ \_\_\_ centimeters below right costal margin – ***Go to question 321***

Specify the liver size: \_\_\_ \_\_\_ centimeters

**Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion**

1. Date CBC drawn: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. WBC
* Known – ***Go to question 322***
* Unknown – ***Go to question 323***
1. \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  x 109/L (x 103/mm3)

  x 106/L

1. Neutrophils
* Known – ***Go to question 324***
* Unknown – ***Go to question 325***
1. \_\_\_ \_\_\_%
2. Blasts in blood

Known – Go to question 326

Unknown– Go to question 327

\_\_\_ \_\_\_ \_\_\_ %

1. Hemoglobin
* Known – ***Go to question 328***
* Unknown – ***Go to question 330***
1. \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  g/dL
2.  g/L
3.  mmol/L
4. Were RBCs transfused ≤ 30 days before date of test?
* Yes
* No
1. Platelets
* Known – ***Go to question 331***
* Unknown – ***Go to question 333***
1. \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  x 109/L (x 103/mm3)

  x 106/L

1. Were platelets transfused ≤ 7 days before date of test?
* Yes
* No
1. Blasts in bone marrow
* Known – ***Go to question 334***
* Unknown – ***Go to question 335***
1. \_\_\_ \_\_\_ \_\_\_ %
2. Were tests for driver mutations performed?

 Yes ***– Go to question 336***

No ***– Go to question 346***

Unknown ***- Go to question 346***

JAK2

Positive***– Go to question 337***

Negative***– Go to question 339***

Not done***– Go to question 339***

JAK2 V617F

Positive

Negative

Not Done

JAK2 Exon 12

Positive

Negative

Not done

CALR

Positive ***– Go to question 340***

Negative***– Go to question 343***

Not done***– Go to question 343***

CALR type 1

Positive

Negative

Not done

CALR type 2

Positive

Negative

Not done

Not defined

Positive

Negative

Not done

MPL

Positive

Negative

Not done

CSF3R

Positive

Negative

Not done

Was documentation submitted to the CIBMTR?

Yes

No

1. Were cytogenetics tested (karyotyping or FISH)?

Yes – Go to question 347

No – Go to question 363

Unknown – Go to question 363

Were cytogenetics tested via FISH?

Yes- ***Go to question 348***

No- ***Go to question 355***

Sample source

Blood

Bone marrow

Results of tests

Abnormalities identified – ***Go to question 350***

No abnormalities – ***Go to question 354***

 **Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion**

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

Specify abnormalities (check all that apply)

Monosomy

–5

–7

 –Y

Trisomy

+8

+9

Translocation

t(1;any)

t(3q21;any)

t(11q23;any)

t(12p11.2;any)

t(6;9)

Deletion

del(5q) / 5q-

del(7q) / 7q-

del(11q) / 11q-

del(12p) / 12p-

del(13q) / 13q-

del(20q) / 20q-

Inversion

dup(1)

inv(3)

Other

i17q

 Other abnormality – ***Go to question 353***

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. FISH report)

Yes

No

Were cytogenetics tested via karyotyping?

Yes- ***Go to question 356***

No- ***Go to question 363***

Sample source

Blood

Bone marrow

Results of tests

Abnormalities identified – ***Go to question 358***

No evaluable metaphases- ***Go to question 362***

No abnormalities – ***Go to question 362***

 **Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion**

International System for Human Cytogenetic Nomenclature (ISCN) compatible string: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Specify number of distinct cytogenetic abnormalities

 One (1)

 Two (2)

 Three (3)

 Four or more (4 or more)

Specify abnormalities (check all that apply)

Monosomy

–5

–7

 –Y

Trisomy

+8

+9

Translocation

t(1;any)

t(3q21;any)

t(11q23;any)

t(12p11.2;any)

t(6;9)

Deletion

del(5q) / 5q-

del(7q) / 7q-

del(11q) / 11q-

del(12p) / 12p-

del(13q) / 13q-

del(20q) / 20q-

Inversion

dup(1)

inv(3)

Other

i17q

 Other abnormality – ***Go to question 361***

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

Yes

No

**Status at transplantation / infusion**

1. What was the disease status?

Complete clinical remission (CR) - ***Go to question 367***

* Partial clinical remission (PR) –- **Go to question 367**

Clinical improvement (CI) - **Go to question 364**

* Stable disease (SD)**- Go to question 367**

Progressive disease - **Go to question 367**

* Relapse- **Go to question 367**
* Not assessed - **Go to question 368**

Was an anemia response achieved?

Yes

No

Was a spleen response achieved?

Yes

No

Was a symptom response achieved?

Yes

No

1. Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_- ***Go to question 368***

 YYYY MM DD

1. Specify the cytogenetic response

Complete response (CR): Eradication of pre-existing abnormality – Go to question 369

Partial response (PR): ≥ 50% reduction in abnormal metaphases – Go to question 369

Re-emergence of pre-existing cytogenetic abnormality – Go to question 369

Not assessed – ***Go to question 370***

Not applicable – ***Go to question 370***

None of the above: Does not meet the CR or PR criteria – ***Go to question 369***

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. Specify the molecular response

Complete response (CR): Eradication of pre-existing abnormality – Go to question 371

Partial response (PR): ≥50% decrease in allele burden – Go to question 371

Re-emergence of a pre-existing molecular abnormality – Go to question 371

Not assessed – ***Go to First Name***

Not applicable – ***Go to First Name***

None of the above: Does not meet the CR or PR criteria – ***Go to 371***

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

Other Leukemia (OL)

1. Specify the other leukemia classification

Chronic lymphocytic leukemia (CLL), NOS (34) - Go to question 374

Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) - Go to question 374

Hairy cell leukemia (35) - Go to question 377

Hairy cell leukemia variant (75) - Go to question 377

Monoclonal B-cell lymphocytosis (76) – ***Go to signature line***

Prolymphocytic leukemia (PLL), NOS (37) - Go to question 374

PLL, B-cell (73) - Go to question 374

PLL, T-cell (74) - Go to question 374

Other leukemia, NOS (30) - Go to question 376

Other leukemia (39) - Go to question 373

Specify other leukemia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_– ***Go to question 376***

Was any 17p abnormality detected?

Yes – If disease classification is CLL, go to question 375. If PLL, go to question 377

No

Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

Yes – Go to question 379– Also complete NHL Disease Classification questions

No – Go to question 377

 **Status at transplantation / infusion:**

What was the disease status? (Atypical CML)

Primary induction failure – ***Go to question 378***

1st complete remission (no previous bone marrow or extramedullary relapse) – ***Go to question 378***

2nd complete remission – ***Go to question 378***

≥ 3rd complete remission – ***Go to question 378***

1st relapse – ***Go to question 378***

2nd relapse – ***Go to question 378***

≥ 3rd relapse – ***Go to question 378***

No treatment – Go to signature line

What was the disease status? (CLL, PLL, Hairy cell leukemia)

Complete remission (CR) – ***Go to question 378***

Partial remission (PR) – ***Go to question 378***

Stable disease (SD) – ***Go to question 378***

Progressive disease (Prog) – ***Go to question 378***

Untreated - Go to question ***378***

Not assessed - Go to signature line

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Hodgkin and Non-Hodgkin Lymphoma

1. Specify the lymphoma histology (at infusion)

**Hodgkin Lymphoma Codes**

Hodgkin lymphoma, not otherwise specified (150)

Lymphocyte depleted (154)

Lymphocyte-rich (151)

Mixed cellularity (153)

Nodular lymphocyte predominant Hodgkin lymphoma (155)

Nodular sclerosis (152)

**Non-Hodgkin Lymphoma Codes**

**B-cell Neoplasms**

ALK+ large B-cell lymphoma (1833)

B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)

Burkitt lymphoma (111)

Burkitt-like lymphoma with 11q aberration (1834)

Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) - ***Go to question 381***

Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820) - ***Go to question 381***

Diffuse large B-cell Lymphoma (cell of origin unknown) (107)

DLBCL associated with chronic inflammation (1825)

Duodenal-type follicular lymphoma (1815)

EBV+ DLBCL, NOS (1823)

EBV+ mucocutaneous ulcer (1824)

Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)

Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)

Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)

Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)

Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)

Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)

Follicular (grade unknown) (164)

HHV8+ DLBCL, NOS (1826)

High-grade B-cell lymphoma, with MYC and BCL2 and/or BCL6 rearrangements (1831)

High-grade B-cell lymphoma, NOS (1830)

Intravascular large B-cell lymphoma (136)

Large B-cell lymphoma with IRF4 rearrangement (1832)

Lymphomatoid granulomatosis (1835)

Mantle cell lymphoma (115)

Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)

Pediatric nodal marginal zone lymphoma (1813)

Pediatric-type follicular lymphoma (1816)

Plasmablastic lymphoma (1836)

Primary cutaneous DLBCL, leg type (1822)

Primary cutaneous follicle center lymphoma (1817)

Primary diffuse, large B-cell lymphoma of the CNS (118)

Primary effusion lymphoma (138)

Primary mediastinal (thymic) large B-cell lymphoma (125)

Splenic B-cell lymphoma/leukemia, unclassifiable (1811)

Splenic diffuse red pulp small B-cell lymphoma (1812)

Splenic marginal zone B-cell lymphoma (124)

T-cell / histiocytic rich large B-cell lymphoma (120)

Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)

Other B-cell lymphoma (129) **– *Go to question 380***

**T-cell and NK-cell Neoplasms**

Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)

Aggressive NK-cell leukemia (27)

Anaplastic large-cell lymphoma (ALCL), ALK positive (143)

Anaplastic large-cell lymphoma (ALCL), ALK negative (144)

Angioimmunoblastic T-cell lymphoma (131)

Breast implant–associated anaplastic large-cell lymphoma (1861)

Chronic lymphoproliferative disorder of NK cells (1856)

Enteropathy-type T-cell lymphoma (133)

Extranodal NK / T-cell lymphoma, nasal type (137)

Follicular T-cell lymphoma (1859)

Hepatosplenic T-cell lymphoma (145)

Indolent T-cell lymphoproliferative disorder of the GI tract (1858)

Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)

Mycosis fungoides (141)

Nodal peripheral T-cell lymphoma with TFH phenotype (1860)

Peripheral T-cell lymphoma (PTCL), NOS (130)

Primary cutaneous acral CD8+ T-cell lymphoma (1853)

Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854)

Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852)

Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)

Primary cutaneous γδ T-cell lymphoma (1851)

Sezary syndrome (142)

Subcutaneous panniculitis-like T-cell lymphoma (146)

Systemic EBV+ T-cell lymphoma of childhood (1855)

T-cell large granular lymphocytic leukemia (126)

Other T-cell / NK-cell lymphoma (139) **– *Go to question 380***

**Posttransplant lymphoproliferative disorders (PTLD)**

Classical Hodgkin lymphoma PTLD (1876)

Florid follicular hyperplasia PTLD (1873)

Infectious mononucleosis PTLD (1872)

Monomorphic PTLD (B- and T-/NK-cell types) (1875)

Plasmacytic hyperplasia PTLD (1871)

Polymorphic PTLD (1874)

Specify other lymphoma histology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_– Go to question 382

Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on:

Immunohistochemistry (e.g. Han’s algorithm)

Gene expression profile

Unknown method

1. Is the lymphoma histology reported at transplant a transformation from CLL?

Yes – Go to question 383

No - Go to question 384

Was any 17p abnormality detected?

Yes– Go to question 388

No– Go to question 388

1. Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)

Yes – Go to question 385

No – Go to question 388

Specify the original lymphoma histology (prior to transformation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other lymphoma histology:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of original lymphoma diagnosis:*\_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ (report the date of diagnosis of original lymphoma subtype)*

1. Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)

Yes – Go to question 389

No – Go to question 394

Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

Yes

No

Date of PET scan

Known– Go to question 391

Unknown – Go to question 392

Date of PET (or PET/CT) scan: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

1. Deauville (five-point) score of the PET (or PET/CT) scan

Known – Go to question 393

Unknown – Go to question 394

Scale

1- no uptake or no residual uptake

2- slight uptake, but below blood pool (mediastinum)

3- uptake above mediastinal, but below or equal to uptake in the liver

4- uptake slightly to moderately higher than liver

5- markedly increased uptake or any new lesion

**Status at transplantation / infusion:**

1. What was the disease status?

Disease untreated– Go to signature line

PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment. – Go to question 395

PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment. – Go to question 395

PIF unk - Primary induction failure – sensitivity unknown– Go to question 395

CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant– Go to question 395

CR2 - 2nd complete remission– Go to question 395

CR3+ - 3rd or subsequent complete remission– Go to question 395

REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse– Go to question 395

REL1 res - 1st relapse – resistant: stable or progressive disease with treatment– Go to question 395

REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2) – Go to question 395

REL1 unk - 1st relapse – sensitivity unknown– Go to question 395

REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse– Go to question 395

REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment– Go to question 395

REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)– Go to question 395

REL2 unk - 2nd relapse – sensitivity unknown– Go to question 395

REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse– Go to question 395

REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment– Go to question 395

REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)– Go to question 395

REL3+ unk - 3rd relapse or greater – sensitivity unknown– Go to question 395

Total number of lines of therapy received (between diagnosis and HCT / infusion)

1 line

2 lines

3+ lines

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - ***Go to signature line***

YYYY MM DD

Multiple Myeloma / Plasma Cell Disorder (PCD)

1. Specify the multiple myeloma/plasma cell disorder (PCD) classification

Multiple myeloma (178) – ***Go to question 399***

Multiple myeloma-light chain only (186) - ***Go to question 399***

Multiple myeloma-non-secretory (187) - ***Go to question 405***

Plasma cell leukemia (172) - ***Go to question 407***

Solitary plasmacytoma (no evidence of myeloma) (175) - ***Go to question 404***

Smoldering myeloma (180) – ***Go to question 407***

Amyloidosis (174) - ***Go to question 400***

Osteosclerotic myeloma / POEMS syndrome (176) - ***Go to question 407***

Monoclonal gammopathy of renal significance (MGRS) (1611) ***– Go to question 401***

Other plasma cell disorder (179) - ***Go to question 398***

Specify other plasma cell disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - ***Go to question 407***

Specify heavy and/or light chain type (check all that apply)

IgG kappa – ***Go to question 405***

IgA kappa – ***Go to question 405***

IgM kappa – ***Go to question 405***

IgD kappa – ***Go to question 405***

IgE kappa – ***Go to question 405***

IgG lambda – ***Go to question 405***

IgA lambda – ***Go to question 405***

IgM lambda – ***Go to question 405***

IgD lambda – ***Go to question 405***

IgE lambda – ***Go to question 405***

IgG (heavy chain only) – ***Go to question 405***

IgA (heavy chain only) – ***Go to question 405***

IgM (heavy chain only) – ***Go to question 405***

IgD (heavy chain only) – ***Go to question 405***

IgE (heavy chain only) – ***Go to question 405***

Kappa (light chain only) – ***Go to question 405***

Lambda (light chain only) – ***Go to question 405***

Specify Amyloidosis classification

AL amyloidosis – ***Go to question 407***

AH amyloidosis – ***Go to question 407***

AHL amyloidosis – ***Go to question 407***

Select monoclonal gammopathy of renal significance (MGRS) classification

Light chain fanconi syndrome – ***Go to question 403***

Proximal tubulopathy without crystals – ***Go to question 403***

Crystal-storing histiocytosis – ***Go to question 403***

Non-amyloid fibrillary glomerulonephritis – ***Go to question 403***

Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID) – ***Go to question 403***

Type 1 cryoglobulinemic glomerulonephritis – ***Go to question 403***

Monoclonal immunoglobulin deposition disease (MIDD) – ***Go to question 402***

Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID) – ***Go to question 403***

C3 glomerulopathy with monoclonal gammopathy – ***Go to question 403***

Unknown – ***Go to question 403***

Select monoclonal immunoglobulin deposition disease (MIDD) subtype

Light chain deposition disease (LCDD)

Light and heavy chain deposition disease (LHCDD)

Heavy chain deposition disease (HCDD)

Was documentation submitted to the CIBMTR? (e.g. pathology report)

Yes – ***Go to question 407***

No – ***Go to question 407***

Solitary plasmacytoma was

Extramedullary – ***Go to question 407***

Bone derived – ***Go to question 407***

1. What was the Durie-Salmon staging? (at diagnosis)

Stage I (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) – ***Go to question 406***

Stage II (Fitting neither Stage I or Stage III) – ***Go to question 406***

Stage III (One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h) – ***Go to question 406***

Unknown – ***Go to question 407***

What was the Durie-Salmon sub classification? (at diagnosis)

A - relatively normal renal function (serum creatinine < 2.0 mg/dL)

B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)

1. Did the recipient have a preceding or concurrent plasma cell disorder?

Yes – ***Go to question 408***

No – ***Go to question 411***

Specify preceding / concurrent disorder

Multiple myeloma– ***Go to question 410***

Multiple myeloma-light chain only – ***Go to question 410***

Multiple myeloma-non-secretory – ***Go to question 410***

Plasma cell leukemia – ***Go to question 410***

Solitary plasmacytoma (no evidence of myeloma) – ***Go to question 410***

Smoldering myeloma – ***Go to question 410***

Amyloidosis – ***Go to question 410***

Osteosclerotic myeloma / POEMS syndrome – ***Go to question 410***

Monoclonal gammopathy of unknown significance (MGUS) – ***Go to question 410***

Monoclonal gammopathy of renal significance (MGRS) – ***Go to question 410***

Other plasma cell disorder (PCD) – ***Go to question 409***

Specify other preceding/concurrent disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of diagnosis of preceding / concurrent disorder: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

Copy questions 408- 410 to report more than one concurrent or preceding disorder.

1. Serum β2-microglobulin

Known – ***Go to question 412***

Unknown – ***Go to question 413***

Serum β2-microglobulin: \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_ \_\_\_  μg/dL

  mg/L

  nmol/L

1. Serum albumin

Known – ***Go to question 414***

Unknown – ***Go to question 415***

Serum albumin: \_\_\_ \_\_\_ ● \_\_\_  g/dL

  g/L

I.S.S. at diagnosis

1. Stage

Known – ***Go to question 416***

Unknown – ***Go to question 417***

Stage

1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL)

2 (Not fitting stage 1 or 3)

3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)

R - I.S.S. at diagnosis

1. Stage

Known – ***Go to question 418***

Unknown – ***Go to question 419***

Stage

1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH and normal LDH levels)

2 (Not R-ISS stage I or III)

3 (ISS stage III and either high-risk cytogenetic abnormalities by FISH or high LDH levels)

1. Plasma cells in blood by flow cytometry

Known – ***Go to question 420***

Unknown – ***Go to question 421***

\_\_\_ \_\_\_• \_\_\_ \_\_\_ %

1. Plasma cells in blood by morphologic assessment

Known – ***Go to question 422***

Unknown – ***Go to question 424***

\_\_\_ \_\_\_%

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ • \_\_\_ \_\_\_ □ x 109/L (x 103/mm3)

 □ x 106/L

1. LDH

Known – ***Go to question 425***

Unknown – ***Go to question 427***

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  U/L

  μkat/L

Upper limit of normal for LDH: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ • \_\_\_ \_\_\_

Labs at diagnosis

1. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)

Yes – ***Go to question 428***

No – ***Go to question 440***

Unknown – ***Go to question 440***

Were cytogenetics tested via FISH?

Yes – ***Go to question 429***

No – ***Go to question 434***

Results of tests

Abnormalities identified – **Go to question 430**

No abnormalities – **Go to question 433**

Specify cytogenetic abnormalities identified via FISH at diagnosis:

 International System for Human Cytogenetic Nomenclature (ISCN) compatible string:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify abnormalities (check all that apply)

Trisomy

+3

+5

+7

+9

+11

+15

+19

T**ranslocation**

t(4;14)

t(6;14)

t(11;14)

t(14;16)

t(14;20)

Deletion

del (13)/13q-

del (17)/17p-

Monosomy

- 13

- 17

Other

Hyperdiploid (>50)

Hypodiploid (<46)

MYC rearrangement

Any abnormality at 1q

Any abnormality at 1p

Other abnormality– ***Go to question 432***

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. FISH report)

Yes

No

Were cytogenetics tested via karyotyping?

Yes – ***Go to question 435***

No – ***Go to question 440***

Results of tests

Abnormalities identified – ***Go to question 436***

No evaluable metaphases – ***Go to question 439***

No abnormalities – ***Go to question 439***

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

 International System for Human Cytogenetic Nomenclature (ISCN) compatible string:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify abnormalities (check all that apply)

Trisomy

+3

+5

+7

+9

+11

+15

+19

Translocation

t(4;14)

t(6;14)

t(11;14)

t(14;16)

t(14;20)

Deletion

del (13)/13q-

del (17)/17p-

Monosomy

- 13

- 17

Other

Hyperdiploid (>50)

Hypodiploid (<46)

MYC rearrangement

Any abnormality at 1q

Any abnormality at 1p

Other abnormality– ***Go to question 438***

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

Yes

No

Status at transplantation / infusion

1. What is the hematologic disease status?

Stringent complete response (sCR)

Complete response (CR)

Very good partial response (VGPR )

Partial response (PR)

No response (NR) / stable disease (SD)

Progressive disease (PD)

Relapse from CR (Rel) (untreated)

Unknown

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - ***Go to signature line***

 YYYY MM DD

1. Specify amyloidosis hematologic response (for Amyloid patients only)

Complete response (CR)

Very good partial response (VGPR)

Partial response (PR)

No response (NR) / stable disease (SD)

Progressive disease (PD)

Relapse from CR (Rel) (untreated)

Unknown

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ – ***Go to signature line***

YYYY MM DD

Solid Tumors

1. Specify the solid tumor classification

Bone sarcoma (excluding Ewing family tumors) (273)

Breast cancer (250)

Central nervous system tumor, including CNS PNET (220)

Cervical (212)

Colorectal (228)

Ewing family tumors of bone (including PNET) (275)

Ewing family tumors, extraosseous (including PNET) (276)

External genitalia (211)

Fibrosarcoma (244)

Gastric (229)

Germ cell tumor, extragonadal (225)

Head / neck (201)

Hemangiosarcoma (246)

Hepatobiliary (207)

Leiomyosarcoma (242)

Liposarcoma (243)

Lung, non-small cell (203)

Lung, not otherwise specified (230)

Lung, small cell (202)

Lymphangio sarcoma (247)

Mediastinal neoplasm (204)

Medulloblastoma (226)

Melanoma (219)

Neuroblastoma (222)

Neurogenic sarcoma (248)

Ovarian (epithelial) (214)

Pancreatic (206)

Prostate (209)

Renal cell (208)

Retinoblastoma (223)

Rhabdomyosarcoma (232)

Soft tissue sarcoma (excluding Ewing family tumors) (274)

Synovial sarcoma (245)

Testicular (210)

Thymoma (231)

Uterine (213)

Vaginal (215)

Wilm tumor (221)

Solid tumor, not otherwise specified (200)

Other solid tumor (269) ***– Go to question 445***

Specify other solid tumor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Go to signature line

Aplastic Anemia

1. Specify the aplastic anemia classification – If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.

Acquired AA, not otherwise specified (301) – ***Go to question 447***

Acquired AA secondary to chemotherapy (313) – ***Go to question 447***

Acquired AA secondary to hepatitis (302) *(any form of hepatitis)*– ***Go to question 447***

Acquired AA secondary to immunotherapy or immune effector cell therapy (314) – ***Go to question 447***

Acquired AA secondary to toxin / other drug (303) – ***Go to question 447***

Acquired amegakaryocytosis (not congenital) (304) – ***Go to Signature Line***

Acquired pure red cell aplasia (not congenital) (306) – ***Go to Signature Line***

Other acquired cytopenic syndrome (309) – ***Go to question 448***

1. Specify severity

Severe / very severe

Not severe

1. Specify other acquired cytopenic syndrome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Go to Signature Line

Inherited Bone Marrow Failure Syndromes

1. Specify the inherited bone marrow failure syndrome classification - If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.

Diamond-Blackfan anemia (pure red cell aplasia) (312) ***– Go to question 450***

Dyskeratosis congenita (307) ***– Go to signature line***

Fanconi anemia (311)***– Go to question 450***

Severe congenital neutropenia *(including Kostmann syndrome)*(460) – ***Go to signature line***

Shwachman-Diamond (305) ***– Go to question 450***

Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?

Yes - Also complete Cellular Therapy Product and Infusion forms 4003 and 4006.

No

Hemoglobinopathies

1. Specify the hemoglobinopathy classification

Sickle cell disease (356) – ***Go to question 454***

Transfusion dependent thalassemia (360) – ***Go to question 452***

Other hemoglobinopathy (359) – ***Go to question 453***

Specify transfusion dependent thalassemia

Transfusion dependent beta thalassemia (357) – ***Go to question 454***

Other transfusion dependent thalassemia (358) – ***Go to question 454***

Specify other hemoglobinopathy:\_\_\_\_\_\_

Did the recipient receive gene therapy to treat the hemoglobinopathy?

Yes - Also complete Cellular Therapy Product and Infusion forms 4003 and 4006. If transfusion dependent thalassemia, go to question 455, else go to signature line

No - If transfusion dependent thalassemia, go to question 455, else go to signature line

Questions 455-487 are for transfusion dependent thalassemia

Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?

Yes – Go to question 456

No– Go to question 458

Unknown - Go to question 458

TRJV measurement

Known – Go to question 457

Unknown– Go to question 458

TRJV measurement: \_\_ \_\_● \_\_\_ m/sec

Was liver iron content (LIC) tested within 6 months prior to infusion?

Yes – Go to question 459

No – Go to question 461

Liver iron content: \_\_\_ \_\_\_ \_\_\_ ● \_\_\_

mg Fe/g liver dry weight

g Fe/kg liver dry weight

* µmol Fe / g liver dry weight

Method used to estimate?

T2\*MRI

SQUID MRI

FerriScan

Liver biopsy

Other

Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)

Yes – Go to question 462

No – Go to question 469

Year of first transfusion (since diagnosis): \_\_\_ \_\_\_ \_\_\_ \_\_\_

 YYYY

Was iron chelation therapy given at any time since diagnosis?

 Yes – Go to question 464

 No – Go to question 469

 Unknown – Go to question 469

Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?

Yes, iron chelation therapy given as specified – 467

No, iron chelation therapy given, but does not meet criteria – Go to question 465

Iron chelation therapy given, but details of administration unknown – Go to question 467

Specify reason criteria not met

Non-adherence – Go to question 467

Toxicity due to iron chelation therapy – Go to question 467

Other – Go to question 466

Specify other reason criteria not met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year iron chelation therapy started

Known – Go to question 468

Unknown – Go to question 469

Year started: \_\_\_ \_\_\_ \_\_\_ \_\_\_

 YYYY

Did the recipient have hepatomegaly? (> 2 cm below costal margin)

Yes– Go to question 470

No– Go to question 471

Unknown– Go to question 471

Liver size as measured below the costal margin at most recent evaluation: \_\_\_ \_\_\_ ● \_\_\_ cm

Was a liver biopsy performed at any time since diagnosis?

Yes – Go to questions 472

No – Go to questions 479

Date assessed

Known – Go to question 473

Unknown – Go to question 474

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ □ Date estimated

 YYYY MM DD

Was there evidence of liver cirrhosis?

Yes

No

Unknown

Was there evidence of liver fibrosis?

Yes – ***Go to question 476***

No – ***Go to question 477***

Unknown – ***Go to question 477***

Type of fibrosis

Bridging

Peri portal

Other

Unknown

Was there evidence of chronic hepatitis?

Yes

No

Unknown

Was documentation submitted to the CIBMTR? (e.g., liver biopsy)

Yes

No

Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?

Yes

No

Did the recipient have a splenectomy?

Yes

No

Unknown

Laboratory studies at last evaluation prior to start of preparative regimen

Serum iron

Known – Go to questions 482

Unknown – Go to questions 483

\_\_\_ \_\_\_ \_\_\_● \_\_\_ \_\_\_  µg / dL

  µmol / L

Total iron binding capacity (TIBC)

Known – Go to question 484

Unknown – Go to question 485

\_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  µg / dL

  µmol / L

Total serum bilirubin

Known – Go to question 486

Unknown – Go to question Signature line

\_\_\_ \_\_\_ \_\_\_ ● \_\_\_  mg/dL

  μmol/L

Upper limit of normal for your institution: \_\_\_ \_\_\_ \_\_\_ ● \_\_\_

Disorders of the Immune System

1. Specify disorder of immune system classification

Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401) – ***Go to question 492***

Absence of T and B cells SCID (402) – ***Go to question 492***

Absence of T, normal B cell SCID (403) – ***Go to question 492***

Omenn syndrome (404) – ***Go to question 492***

Reticular dysgenesis (405) – ***Go to question 492***

Bare lymphocyte syndrome (406) – ***Go to question 492***

Other SCID (419) – ***Go to question 489***

SCID, not otherwise specified (410) – ***Go to question 492***

Ataxia telangiectasia (451) – ***Go to question 492***

HIV infection (452) – ***Go to question 492***

DiGeorge anomaly (454) – ***Go to question 492***

Common variable immunodeficiency (457) – ***Go to question 492***

Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459) – ***Go to question 492***

Neutrophil actin deficiency (461) – ***Go to question 492***

Cartilage-hair hypoplasia (462) – ***Go to question 492***

CD40 ligand deficiency (464) – ***Go to question 492***

Other immunodeficiencies (479) ***– Go to question 490***

Immune deficiency, not otherwise specified (400) – ***Go to question 492***

Chediak-Higashi syndrome (456) – Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form – ***Go to question 492***

Griscelli syndrome type 2 (465) – Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form – ***Go to question 492***

Hermansky-Pudlak syndrome type 2 (466) – Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form – ***Go to question 492***

Other pigmentary dilution disorder (469) – Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form – ***Go to question 491***

Chronic granulomatous disease (455) – ***Go to question 492***

Wiskott-Aldrich syndrome (453) – ***Go to question 492***

X-linked lymphoproliferative syndrome (458) – ***Go to question 492***

Specify other SCID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ – ***Go to question 492***

Specify other immunodeficiency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_– ***Go to question 492***

Specify other pigmentary dilution disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_– ***Go to question 492***

Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?

Yes– ***Go to question 493***

No– ***Go to question 494***

Specify viral pathogen (check all that apply)

304 Adenovirus

341 BK Virus

344 Coronavirus

303 Cytomegalovirus (CMV)

347 Chikungunya Virus

346 Dengue Virus

325 Enterovirus (ECHO, Coxsackie)

327 Enterovirus D68 (EV-D68)

326 Enterovirus (polio)

328 Enterovirus NOS

318 Epstein-Barr Virus (EBV)

306 Hepatitis A Virus

307 Hepatitis B Virus

308 Hepatitis C Virus

340 Hepatitis E

301 Herpes Simplex Virus (HSV)

317 Human herpesvirus 6 (HHV-6)

309 Human Immunodeficiency Virus 1 or 2

343 Human metapneumovirus

322 Human Papillomavirus (HPV)

349 Human T-lymphotropic Virus 1 or 2

310 Influenza, NOS

323 Influenza A Virus

324 Influenza B Virus

342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))

311 Measles Virus (Rubeola)

312 Mumps Virus

345 Norovirus

316 Human Parainfluenza Virus (all species)

314 Respiratory Syncytial Virus (RSV)

321 Rhinovirus (all species)

320 Rotavirus (all species)

315 Rubella Virus

302 Varicella Virus

348 West Nile Virus (WNV)

Has the recipient ever been infected with PCP/PJP?

Yes

No

Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)

Yes

No

Inherited Abnormalities of Platelets

1. Specify inherited abnormalities of platelets classification

  Congenital amegakaryocytosis / congenital thrombocytopenia (501)

  Glanzmann thrombasthenia (502)

  Other inherited platelet abnormality (509) – ***Go to question 497***

Specify other inherited platelet abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Go to signature line

Inherited Disorders of Metabolism

1. Specify inherited disorders of metabolism classification

Osteopetrosis (malignant infantile osteopetrosis) (521)

Leukodystrophies

Metachromatic leukodystrophy (MLD) (542)

Adrenoleukodystrophy (ALD) (543) – ***Go to question 500***

Krabbe disease (globoid leukodystrophy) (544)

Lesch-Nyhan (HGPRT deficiency) (522)

Neuronal ceroid lipofuscinosis (Batten disease) (523)

Mucopolysaccharidoses

Hurler syndrome (IH) (531)

Scheie syndrome (IS) (532)

Hunter syndrome (II) (533)

Sanfilippo (III) (534)

Morquio (IV) (535)

Maroteaux-Lamy (VI) (536)

β-glucuronidase deficiency (VII) (537)

Mucopolysaccharidosis (V) (538)

Mucopolysaccharidosis, not otherwise specified (530)

Mucolipidoses

Gaucher disease (541)

Niemann-Pick disease (545)

I-cell disease (546)

Wolman disease (547)

Glucose storage disease (548)

Mucolipidoses, not otherwise specified (540)

Polysaccharide hydrolase abnormalities

Aspartyl glucosaminidase (561)

Fucosidosis (562)

Mannosidosis (563)

Polysaccharide hydrolase abnormality, not otherwise specified (560)

Other inherited metabolic disorder (529) – ***Go to question 499***

Inherited metabolic disorder, not otherwise specified (520)

Specify other inherited metabolic disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Go to signature line

Loes composite score: \_\_ \_\_ Adrenoleukodystrophy (ALD) only - Go to signature line

Histiocytic Disorders

1. Specify histiocytic disorder classification

 Hemophagocytic lymphohistiocytosis (HLH) (571) – ***Go to question 503***

 Langerhans cell histiocytosis (histiocytosis-X) (572)

 Hemophagocytosis (reactive or viral associated) (573)

 Malignant histiocytosis (574)

 Other histiocytic disorder (579) – ***Go to question 502***

 Histiocytic disorder, not otherwise specified (570)

Specify other histiocytic disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Go to signature line

Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? Hemophagocytic lymphohistiocytosis (HLH) only

Yes– ***Go to question 504***

No– ***Go to question 505***

Specify viral pathogen (check all that apply)

304 Adenovirus

341 BK Virus

344 Coronavirus

303 Cytomegalovirus (CMV)

347 Chikaugunya Virus

346 Dengue Virus

325 Enterovirus (ECHO, Coxsackie)

327 Enterovirus D68 (EV-D68)

326 Enterovirus (polio)

328 Enterovirus NOS

318 Epstein-Barr Virus (EBV)

306 Hepatitis A Virus

307 Hepatitis B Virus

308 Hepatitis C Virus

340 Hepatitis E

301 Herpes Simplex Virus (HSV)

317 Human herpesvirus 6 (HHV-6)

309 Human Immunodeficiency Virus 1 or 2

343 Human metapneumovirus

322 Human Papillomavirus (HPV)

349 Human T-lymphotropic Virus 1 or 2

310 Influenza, NOS

323 Influenza A Virus

324 Influenza B Virus

342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))

311 Measles Virus (Rubeola)

312 Mumps Virus

345 Norovirus

316 Human Parainfluenza Virus (all species)

314 Respiratory Syncytial Virus (RSV)

321 Rhinovirus (all species)

320 Rotavirus (all species)

315 Rubella Virus

302 Varicella Virus

348 West Nile Virus (WNV)

Has the recipient ever been infected with PCP/PJP

Yes- Go to signature line

No- Go to signature line

Autoimmune Diseases

1. Specify autoimmune disease classification

**Arthritis**

Rheumatoid arthritis (603)

Psoriatic arthritis / psoriasis (604)

Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)

Juvenile idiopathic arthritis (JIA): oligoarticular (641)

Juvenile idiopathic arthritis (JIA): polyarticular (642)

Juvenile idiopathic arthritis (JIA): other (643)

Other arthritis (633)

**Multiple sclerosis**

Multiple sclerosis (602)

**Connective tissue diseases**

Systemic sclerosis (scleroderma) (607)

Systemic lupus erythematosis (SLE) (605)

Sjögren syndrome (608)

Polymyositis / dermatomyositis (606)

Antiphospholipid syndrome (614)

Other connective tissue disease (634)

**Vasculitis**

Wegener granulomatosis (610)

Classical polyarteritis nodosa (631)

Microscopic polyarteritis nodosa (632)

Churg-Strauss (635)

Giant cell arteritis (636)

Takayasu (637)

Behcet syndrome (638)

Overlap necrotizing arteritis (639)

Other vasculitis (611)

**Other neurological autoimmune diseases**

Myasthenia gravis (601)

Other autoimmune neurological disorder (644)

**Hematological autoimmune diseases**

Idiopathic thrombocytopenic purpura (ITP) (645)

Hemolytic anemia (646)

Evan syndrome (647)

Other autoimmune cytopenia (648) – ***Go to question 507***

**Bowel diseases**

Crohn’s disease (649)

Ulcerative colitis (650)

Other autoimmune bowel disorder (651) – ***Go to question 508***

**Metabolic**

Diabetes mellitus type 1 (660)

**Other**

Other autoimmune disease (629) – ***Go to question 509***

Specify other autoimmune cytopenia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other autoimmune bowel disorder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other autoimmune disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Go to signature line

Tolerance Induction Associated with Solid Organ Transplant

1. Specify solid organ transplanted (check all that apply)

Kidney

Liver

Pancreas

Other organ - Go to question 511

Specify other organ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Go to signature line

Other Disease

1. Specify other disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Go to signature line

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:

E-mail address:

Date: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD