Disease Classification

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

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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

2. 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 260.***
- ☐ Other leukemia (30) (includes CLL) ***- Go to question 373.***
- ☐ Hodgkin lymphoma (150) ***- Go to question 380.***
- ☐ Non-Hodgkin lymphoma (100) ***- Go to question 380.***
- ☐ Multiple myeloma / plasma cell disorder (PCD) (170) ***- Go to question 398.***
- ☐ Solid tumors (200) ***- Go to question 446.***

- ☐ Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) ***- Go to question 448.***
- ☐ Inherited abnormalities of erythrocyte differentiation or function (310) ***- Go to question 450.***
- ☐ Disorders of the immune system (400) ***- Go to question 484.***
- ☐ Inherited abnormalities of platelets (500) ***- Go to question 492.***
- ☐ Inherited disorders of metabolism (520) ***- Go to question 494.***
- ☐ Histiocytic disorders (570) ***- Go to question 497.***
- ☐ Autoimmune diseases (600) ***- Go to question 502.***
- ☐ Tolerance induction associated with solid organ transplant (910) ***- Go to question 506.***
- ☐ Recessive dystrophic epidermolysis bullosa (920) ***– Go to First Name***
- ☐ Other disease (900) ***- Go to question 508.***

Acute Myelogenous Leukemia (AML)

3. 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)

4. Did AML transform from MDS or MPN?
   - ☐ Yes – **Also complete MDS Disease Classification questions**
   - ☐ No

5. Is the disease (AML) therapy related?
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

6. Did the recipient have a predisposing condition?
   - ☐ Yes ***- Go to question 7.***
   - ☐ No ***- Go to question 9.***
   - ☐ Unknown - ***Go to question 9.***

   7. 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.***

      8. Specify other condition: _____

Labs at diagnosis

9. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)
   - ☐ Yes - ***Go to question 10.***
   - ☐ No - ***Go to question 23.***
   - ☐ Unknown - ***Go to question 23.***

   10. Were cytogenetics tested via FISH?

- ☐ Yes – ***Go to question 11.***
- ☐ No - ***Go to question 16.***

11. Results of tests:
    - ☐ Abnormalities identified – ***Go to question 12.***
    - ☐ No abnormalities - ***Go to question 16.***

Specify cytogenetic abnormalities identified at diagnosis:

12. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

13. Specify number of distinct cytogenetic abnormalities:
    - ☐ One (1)
    - ☐ Two (2)
    - ☐ Three (3)
    - ☐ Four or more (4 or more)

14. 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.***

15. Specify other abnormality: _____

16. Were cytogenetics tested via karyotyping?
    - ☐ Yes – ***Go to question 17.***
    - ☐ No - ***Go to question 22.***

17. 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:

18. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

19. Specify number of distinct cytogenetic abnormalities:
    - ☐ One (1)
    - ☐ Two (2)
    - ☐ Three (3)
    - ☐ Four or more (4 or more)

20. 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.***

21. Specify other abnormality: _____

22. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
    - ☐ Yes
    - ☐ No

23. 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:

24. CEBPA
    - ☐ Positive – ***Go to question 25.***
    - ☐ Negative - ***Go to question 26.***
    - ☐ Not done - ***Go to question 26.***

25. Specify CEBPA mutation
    - ☐ Biallelic (homozygous)
    - ☐ Monoallelic (heterozygous)
    - ☐ Unknown

26. FLT3 – D835 point mutation
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

27. FLT3 – ITD mutation
    - ☐ Positive- ***Go to question 28.***
    - ☐ Negative- ***Go to question 30.***
    - ☐ Not done- ***Go to question 30.***

28. FLT3 – ITD allelic ratio
    - ☐ Known - ***Go to question 29.***
    - ☐ Unknown - ***Go to question 30.***

29. Specify FLT3 - ITD allelic ratio: ___ . ___ ___

30. IDH1
    - ☐ Positive

- ☐ Negative
- ☐ Not done

31. IDH2
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

32. KIT
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

33. NPM1
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

34. Other molecular marker
    - ☐ Positive- ***Go to question 35.***
    - ☐ Negative- ***Go to question 35.***
    - ☐ Not done- ***Go to question 36.***

35. Specify other molecular marker: _____

Copy and complete questions 34.-35. for multiple molecular markers

Labs between diagnosis and last evaluation:

36. 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.***

37. Were cytogenetics tested via FISH?
    - ☐ Yes – ***Go to question 38.***
    - ☐ No - ***Go to question 43.***

38. Results of tests:

- ☐ Abnormalities identified – ***Go to question 39.***
- ☐ No abnormalities - ***Go to question 43.***

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

39. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

40. Specify number of distinct cytogenetic abnormalities:
    - ☐ One (1)
    - ☐ Two (2)
    - ☐ Three (3)
    - ☐ Four or more (4 or more)

41. 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.***

42. Specify other abnormality: _____

43. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 44.***
- ☐ No - ***Go to question 49.***

44. 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:

45. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

46. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

47. 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.***

48. Specify other abnormality: _____

49. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
    - ☐ Yes
    - ☐ No

50. 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:

51. CEBPA
    - ☐ Positive – ***Go to question 52.***
    - ☐ Negative - ***Go to question 53.***
    - ☐ Not done - ***Go to question 53.***

52. Specify CEBPA mutation
    - ☐ Biallelic (homozygous)
    - ☐ Monoallelic (heterozygous)
    - ☐ Unknown

53. FLT3 – D835 point mutation
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

54. FLT3 – ITD mutation
    - ☐ Positive- ***Go to question 55.***
    - ☒ Negative- ***Go to question 57.***
    - ☐ Not done- ***Go to question 57.***

55. FLT3 – ITD allelic ratio
    - ☐ Known - ***Go to question 56.***
    - ☐ Unknown - ***Go to question 57.***

56. Specify FLT3 - ITD allelic ratio: ___ . ___

57. IDH1
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

58. IDH2

- ☐ Positive
- ☐ Negative
- ☐ Not done

59. KIT
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

60. NPM1
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

61. Other molecular marker:
    - ☐ Positive- ***Go to question 62.***
    - ☐ Negative- ***Go to question 62.***
    - ☐ Not done- ***Go to question 63.***

    62. Specify other molecular marker: _____

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

Labs at last evaluation:

63. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)
    - ☐ Yes - ***Go to question 64.***
    - ☐ No - ***Go to question 77.***
    - ☐ Unknown - ***Go to question 77.***

    64. Were cytogenetics tested via FISH?
        - ☐ Yes – ***Go to question 65.***
        - ☐ No - ***Go to question 70.***

        65. Results of tests:
            - ☐ Abnormalities identified – ***Go to question 66.***
            - ☐ No abnormalities - ***Go to question 70.***

Specify cytogenetic abnormalities identified at last evaluation:

66. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

67. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

68. 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.***

69. Specify other abnormality: _____

70. Were cytogenetics tested via karyotyping?
    - ☐ Yes – ***Go to question 71.***
    - ☐ No - ***Go to question 76.***

71. 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:

72. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

73. Specify number of distinct cytogenetic abnormalities:
    - ☐ One (1)
    - ☐ Two (2)
    - ☐ Three (3)
    - ☐ Four or more (4 or more)

74. 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.***

75. Specify other abnormality: _____

76. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
    - ☐ Yes
    - ☐ No

77. 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:

78. CEBPA
    - ☐ Positive – ***Go to question 79.***
    - ☐ Negative - ***Go to question 80.***
    - ☐ Not done - ***Go to question 80.***

    79. Specify CEBPA mutation
        - ☐ Biallelic (homozygous)
        - ☐ Monoallelic (heterozygous)
        - ☐ Unknown

80. FLT3 – D835 point mutation
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

81. FLT3 – ITD mutation
    - ☐ Positive- ***Go to question 82.***
    - ☐ Negative- ***Go to question 84.***
    - ☐ Not done- ***Go to question 84.***

    82. FLT3 – ITD allelic ratio
        - ☐ Known - ***Go to question 83.***
        - ☐ Unknown - ***Go to question 84.***

        83. Specify FLT3 - ITD allelic ratio: ___ . ___

84. IDH1
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

85. IDH2
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

86. KIT

- ☐ Positive
- ☐ Negative
- ☐ Not done

87. NPM1
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

88. Other molecular marker
    - ☐ Positive- ***Go to question 89.***
    - ☐ Negative- ***Go to question 89.***
    - ☐ Not done- ***Go to question 90.***

89. Specify other molecular marker: _____

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

CNS Leukemia

90. 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:

91. 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.***

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

- ☐ 1
- ☐ 2
- ☐ ≥ 3

93. 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.***

94. Date of most recent relapse: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

95. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***
YYYY MM DD

Acute Lymphoblastic Leukemia (ALL)

96. 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)

97. Did the recipient have a predisposing condition?

- ☐ Yes - ***Go to question 98.***
- ☐ No - ***Go to question 100.***
- ☐ Unknown - ***Go to question 100.***

98. 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.***

99. Specify other condition: _____

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

- ☐ Yes
- ☐ No

Laboratory studies at diagnosis:

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

- ☐ Yes - ***Go to question 102.***
- ☐ No - ***Go to question 115.***
- ☐ Unknown - ***Go to question 115.***

102. Were cytogenetics tested via FISH? (at diagnosis)

- ☐ Yes - ***Go to question 103.***
- ☐ No - ***Go to question 108.***

103. Results of tests: (at diagnosis)

- ☐ Abnormalities identified - ***Go to question 104.***
- ☐ No abnormalities - ***Go to question 108.***

Specify cytogenetic abnormalities identified at diagnosis:

104. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

105. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

106. 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.***

107. Specify other abnormality: _____

108. Were cytogenetics tested via karyotyping? (at diagnosis)

☐ Yes - ***Go to question 109.***

☐ No - ***Go to question 114.***

109. 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:

110. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

111. Specify number of distinct cytogenetic abnormalities:

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

112. 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.***

113. Specify other abnormality: _____

114. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
- ☐ Yes
- ☐ No

115. 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:

116. BCR / ABL
- ☐ Positive
- ☐ Negative
- ☐ Not done

117. TEL-AML / AML1
- ☐ Positive
- ☐ Negative
- ☐ Not done

118. Other molecular marker
- ☐ Positive – ***Go to question 119.***
- ☐ Negative – ***Go to question 119.***
- ☐ Not done – ***Go to question 120.***

119. Specify other molecular marker: _____

Copy and complete questions 118.-119. for additional molecular markers

Laboratory studies between diagnosis and last evaluation:

120. 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.***

121. Were cytogenetics tested via FISH? (between diagnosis and the last evaluation)
- ☐ Yes - ***Go to question 122.***
- ☐ No - ***Go to question 127.***

122. Results of tests: (between diagnosis and the last evaluation)
- ☐ Abnormalities identified - ***Go to question 123.***
- ☐ No abnormalities - ***Go to question 127.***

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

123. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

124. Specify number of distinct cytogenetic abnormalities:
- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

125. 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.***

126. Specify other abnormality: _____

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

- ☐ Yes - ***Go to question 128.***
- ☐ No - ***Go to question 133.***

128. Results of tests: (between diagnosis and the 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:

129. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

130. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

131. 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.***

132. Specify other abnormality: _____

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

- ☐ Yes
- ☐ No

134. 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:

135. BCR / ABL
   - ☐ Positive
   - ☐ Negative
   - ☐ Not done

136. TEL-AML / AML1
   - ☐ Positive
   - ☐ Negative
   - ☐ Not done

137. Other molecular marker
   - ☐ Positive – ***Go to question 138.***
   - ☐ Negative – ***Go to question 138.***
   - ☐ Not done – ***Go to question 139.***

   138. Specify other molecular marker: _____

Copy and complete questions 137.-138. for additional molecular markers

Laboratory studies at last evaluation:

139. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)
   - ☐ Yes - ***Go to question 140.***
   - ☐ No - ***Go to question 153.***
   - ☐ Unknown - ***Go to question 153.***

140. Were cytogenetics tested via FISH?
   - ☐ Yes - ***Go to question 141.***
   - ☐ No - ***Go to question 146.***

   141. Results of tests:
      - ☐ Abnormalities identified ***- Go to question 142.***
      - ☐ No abnormalities - ***Go to question 146.***

Specify cytogenetic abnormalities identified at last evaluation:

142. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

143. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

144. 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.***

145. Specify other abnormality: _____

146. Were cytogenetics tested via karyotyping? (at last evaluation)

- ☐ Yes - ***Go to question 147.***
- ☐ No - ***Go to question 152.***

147. 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:

148. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

149. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

150. 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.***

151. Specify other abnormality: _____

152. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
- ☐ Yes
- ☐ No

153. 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:

154. BCR / ABL
- ☐ Positive
- ☐ Negative
- ☐ Not done

155. TEL-AML / AML1
- ☐ Positive
- ☐ Negative
- ☐ Not done

156. Other molecular marker
- ☐ Positive – ***Go to question 157.***
- ☐ Negative – ***Go to question 157.***

☐ Not done – ***Go to question 158.***

157. Specify other molecular marker: _____

Copy and complete questions 156.-157. for additional molecular markers

CNS Leukemia

158. 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:

159. 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.***

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

☐ 1

☐ 2

☐ ≥ 3

161. 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.***

162. Date of most recent relapse: ___ ___ ___ ___ — ___ ___ — ___ ___

163. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***

YYYY MM DD

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

164. 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.***

165. Specify other acute leukemia of ambiguous lineage or myeloid neoplasm: _____

Status at transplantation / infusion:

166. 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

167. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***

YYYY MM DD

Chronic Myelogenous Leukemia (CML)

168. Was therapy given prior to this HCT?

- ☐ Yes - ***Go to question 169.***
- ☐ No - ***Go to question 175.***

169. Combination chemotherapy
    - ☐ Yes
    - ☐ No

170. Hydroxyurea (Droxia, Hydrea)
    - ☐ Yes
    - ☐ No

171. Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)
    - ☐ Yes
    - ☐ No

172. Interferon-α (Intron, Roferon) (includes PEG)
    - ☐ Yes
    - ☐ No

173. Other therapy
    - ☐ Yes - ***Go to question 174.***
    - ☐ No - ***Go to question 175.***

    174. Specify other therapy: _____

175. 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.***

    176. 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)

177. Number

- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

178. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***

YYYY MM DD

Myelodysplastic Syndrome (MDS)

179. 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 218.***
- ☐ Chronic 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.***

180. 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

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

- ☐ Yes
- ☐ No

182. Was the disease MDS therapy related?

- ☐ Yes
- ☐ No
- ☐ Unknown

183. Did the recipient have a predisposing condition?

- ☐ Yes – ***Go to question 184.***
- ☐ No – ***Go to question 186.***
- ☐ Unknown – ***Go to question 186.***

184. 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.***

185. Specify other condition: _____

Laboratory studies at diagnosis of MDS:

186. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

187. WBC

- ☐ Known – ***Go to question 188.***
- ☐ Unknown – ***Go to question 189.***

188. ___ ___ ___ ___ ___ ___ • ___ □ x 10^9/L (x 10^3/mm^3)

□ x 10^6/L

189. Neutrophils

☐ Known – ***Go to question 190.***

☐ Unknown – ***Go to question 191.***

190. ___ ___%

191. Blasts in blood

☐ Known – ***Go to question 192.***

☐ Unknown– ***Go to question 193.***

192. ___ ___ ___ %

193. Hemoglobin

☐ Known – ***Go to question 194.***

☐ Unknown – ***Go to question 196.***

194.___ ___ ___ ___ • ___ ___ □ g/dL

□ g/L

□ mmol/L

195.Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

196. Platelets

☐ Known – ***Go to question 197.***

☐ Unknown – ***Go to question 199.***

197. ___ ___ ___ ___ ___ ___ ___ □ x 10^9/L (x 10^3/mm^3)

□ x 10^6/L

198. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

199. Blasts in bone marrow

☐ Known – ***Go to question 200.***

☐ Unknown – ***Go to question 201.***

200. ___ ___ ___ %

201. Were cytogenetics tested (karyotyping or FISH)?

☐ Yes – ***Go to question 202.***

☐ No – ***Go to question 218.***

☐ Unknown – ***Go to question 218.***

202. Were cytogenetics tested via FISH?

☐ Yes- ***Go to question 203.***

☐ No- ***Go to question 210.***

203. Sample source

☐ Blood

☐ Bone Marrow

204. Results of tests:

☐ Abnormalities identified – ***Go to question 205.***

☐ No abnormalities – ***Go to question 209.***

Specify cytogenetic abnormalities identified via FISH at diagnosis:

205. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

206. Specify number of distinct cytogenetic abnormalities:

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

207. 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.***

208. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

210. Were cytogenetics tested via karyotyping?

- ☐ Yes- ***Go to question 211.***
- ☐ No- ***Go to question 218.***

211. Sample source

- ☐ Blood
- ☐ Bone marrow

212. 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:

213. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

214. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

215. 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.***

216. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

218. 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.***

219. 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 blasts02 (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.***

220. 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.***

221. Specify the date of the most recent transformation:___ ___ ___ ___ — ___ ___ — ___ ___ -
Go to question 223.

222. Date of MDS diagnosis: ___ ___ ___ ___ - ___ ___ - ___ ___ – ***Go to signature line***

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

223. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

224. WBC

☐ Known – ***Go to question 225.***

☐ Unknown – ***Go to question 226.***

225. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3)
☐ x 10^6/L

226. Neutrophils

☐ Known – ***Go to question 227.***

☐ Unknown – ***Go to question 228.***

227.___ ___%

228. Blasts in blood

☐ Known – ***Go to question 229.***

☐ Unknown – ***Go to question 230.***

229.___ ___ ___ %

230. Hemoglobin

☐ Known – ***Go to question 231.***

☐ Unknown – ***Go to question 233.***

231. ___ ___ ___ ___ • ___ ___ ☐ g/dL

☐ g/L

☐ mmol/L

232.Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

233. Platelets

☐ Known – ***Go to question 234.***

☐ Unknown – ***Go to question 226.***

234.___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

235.Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

236. Blasts in bone marrow

☐ Known – ***Go to question 237.***

☐ Unknown – ***Go to question 238.***

237. ___ ___ ___ %

238. Were cytogenetics tested (karyotyping or FISH)?

☐ Yes – ***Go to question 239.***

☐ No – ***Go to question 255.***

☐ Unknown – ***Go to question 255.***

239. Were cytogenetics tested via FISH?

- ☐ Yes- ***Go to question 240.***
- ☐ No- ***Go to question 246.***

240. Sample source

- ☐ Blood
- ☐ Bone Marrow

241. 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:

242. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

243. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

244. 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.***

245. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

247. Were cytogenetics tested via karyotyping?

- ☐ Yes- ***Go to question 248.***
- ☐ No- ***Go to question 254.***

248. Sample source

- ☐ Blood
- ☐ Bone marrow

249. 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:

250. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

251. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

252. 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.***

253. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

Status at transplantation / infusion:

255. What was the disease status?

- ☐ Complete remission (CR) –- ***Go to question 259.***
- ☐ Hematologic improvement (HI) – ***Go to question 256.***
- ☐ No response (NR) / stable disease (SD) – ***Go to question 259.***
- ☐ Progression from hematologic improvement (Prog from HI) - ***Go to question 259.***
- ☐ Relapse from complete remission (Rel from CR) - ***Go to question 259.***
- ☐ Not assessed - ***Go to signature line***

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

- ☐ HI-E –- ***Go to question 257.***
- ☐ HI-P – ***Go to question 259.***
- ☐ HI-N – **Go to question 259.**

257. Specify transfusion dependence

- ☐ Non transfused (NTD)-– **Go to question 259.**
- ☐ Low transfusion burden (LTB)- **Go to question 259.**
- ☐ High transfusion burden (HTB)- **Go to question 258.**

258. Specify the response achieved

- ☐ Major response
- ☐ Minor response

259. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___- ***Go to signature line***

YYYY MM DD

Myeloproliferative Neoplasms (MPN)

260. 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 263.***
- ☐ Chronic eosinophilic leukemia, not otherwise specified (NOS) (166) – ***Go to Question 263.***
- ☐ Essential thrombocythemia (58) – ***Go to Question 263.***
- ☐ Myeloproliferative neoplasm (MPN), unclassifiable (60) – ***Go to Question***
- ☐ Myeloid / lymphoid neoplasms with PDGFRA rearrangement (1461) – ***Go to Question 263.***
- ☐ Myeloid / lymphoid neoplasms with PDGFRB rearrangement (1462) – ***Go to Question 263.***
- ☐ Myeloid / lymphoid neoplasms with FGFR1 rearrangement (1463) – ***Go to Question 263.***
- ☐ Myeloid / lymphoid neoplasms with PCM1-JAK2 (1464) – ***Go to Question 263.***
- ☐ Polycythemia vera (PCV) (57) – ***Go to Question 263.***
- ☐ Primary myelofibrosis (PMF) (167)- ***Go to Question 263.***

Mastocytosis

- ☐ Cutaneous mastocytosis (CM) (1465) – ***Go to Question 263.***
- ☐ Systemic mastocytosis (1470) - ***Go to Question Error: Reference source not found***
- ☐ Mast cell sarcoma (MCS) (1466) – ***Go to Question 263***

261. Specify Systemic mastocytosis

- ☐ Indolent systemic mastocytosis (ISM) – ***Go to Question 263***
- ☐ Smoldering systemic mastocytosis (SSM) – ***Go to Question 263***
- ☐ Systemic mastocytosis with an associated hematological neoplasm (SM-AHN) – ***Go to Question 263***
- ☐ Aggressive systemic mastocytosis (ASM) – ***Go to Question 263***
- ☐ Mast cell leukemia (MCL) – ***Go to Question 263***

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

- ☐ Yes
- ☐ No

Assessment at diagnosis

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

- ☐ Yes

☐ No

☐ Unknown

Laboratory studies at diagnosis of MPN:

264. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

265. WBC

☐ Known – ***Go to question 266.***

☐ Unknown – ***Go to question 267.***

266. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

267. Neutrophils

☐ Known – ***Go to question 268.***

☐ Unknown – ***Go to question 269.***

268. ___ ___%

269. Blasts in blood

☐ Known – ***Go to question 270.***

☐ Unknown– ***Go to question 271.***

270. ___ ___ ___ %

271. Hemoglobin

☐ Known – ***Go to question 272.***

☐ Unknown – ***Go to question 274.***

272. ___ ___ ___ ___ • ___ ___ ☐ g/dL

☐ g/L

☐ mmol/L

273. Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

274. Platelets

☐ Known – ***Go to question 275.***

☐ Unknown – ***Go to question 277.***

275. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

276. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

277. Blasts in bone marrow

☐ Known – ***Go to question 278.***

☐ Unknown – ***Go to question 279.***

278. ___ ___ ___ %

279. Were tests for driver mutations performed?

☐ Yes ***– Go to question 280.***

☐ No ***– Go to question***

☐ Unknown ***- Go to question***

280. JAK2

☐ Positive***– Go to question 281.***

☐ Negative***– Go to question 283.***

☐ Not done***– Go to question 283.***

281. JAK2 V617F

☐ Positive

☐ Negative

☐ Not done

282. JAK2 Exon 12

☐ Positive

☐ Negative

☐ Not done

283. CALR

☐ Positive ***– Go to question 284.***

- ☐ Negative– ***Go to question 287.***
- ☐ Not done– ***Go to question 287.***

284. CALR type 1
- ☐ Positive
- ☐ Negative
- ☐ Not done

285. CALR type 2
- ☐ Positive
- ☐ Negative
- ☐ Not done

286. Not defined
- ☐ Positive
- ☐ Negative
- ☐ Not done

287. MPL
- ☐ Positive
- ☐ Negative
- ☐ Not done

288. CSF3R
- ☐ Positive
- ☐ Negative
- ☐ Not done

289. Was documentation submitted to the CIBMTR?
- ☐ Yes
- ☐ No

290. Were cytogenetics tested (karyotyping or FISH)?
- ☐ Yes – ***Go to question 291.***
- ☐ No – ***Go to question 307.***
- ☐ Unknown – ***Go to question 307.***

291. Were cytogenetics tested via FISH?
- ☐ Yes- ***Go to question 292.***

☐ No- ***Go to question 299.***

292. Sample source

☐ Blood

☐ Bone Marrow

293. Results of tests

☐ Abnormalities identified – ***Go to question 294.***

☐ No abnormalities – ***Go to question 298.***

Specify cytogenetic abnormalities identified via FISH at diagnosis:

294. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

295. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

296. Specify abnormalities (check all that apply)

Monosomy

☐ –5

☐ –7

☐ –Y

Trisomy

☐ +8

☐ +9

Translocation

☐ t(1;any)

☐ t(3q21;any)

☐ t(12p11.2;any)

☐ t(11q23;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 297.***

297. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

299. Were cytogenetics tested via karyotyping?

- ☐ Yes- ***Go to question 300.***
- ☐ No- ***Go to question 307.***

300. Sample source

- ☐ Blood
- ☐ Bone marrow

301. Results of tests

- ☐ Abnormalities identified – ***Go to question 302.***
- ☐ No evaluable metaphases- ***Go to question 306.***
- ☐ No abnormalities – ***Go to question 306.***

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis:

302. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

303. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)

- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

304. Specify abnormalities (check all that apply)

Monosomy
- ☐ –5
- ☐ –7
- ☐ –Y

Trisomy
- ☐ +8
- ☐ +9

Translocation
- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(12p11.2;any)
- ☐ t(11q23;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 305.***

305. Specify other abnormality:_____

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

☐ Yes

☐ No

307. 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 308.***

☐ No – ***Go to question 311.***

308. Specify the MPN subtype or AML after transformation

☐ Post-essential thrombocythemic myelofibrosis– ***Go to question 309.***

☐ Post-polycythemic myelofibrosis– ***Go to question 309.***

☐ Transformed to AML (70) – ***Go to question 310.***

309. Specify the date of the most recent transformation:___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to question 311.***

310. Date of MPN diagnosis: ___ ___ ___ ___ - ___ ___ - ___ ___ – ***Go to signature line***

YYYY MM DD

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

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

☐ Non-transfused (NTD) **-0 RBCs in 16 wk**

☐ Low-transfusion burden (LTB) **-(3-7 RBCs in 16 wk in at least 2 transfusion episodes, maximum 3 in 8 wk)**

☐ High-transfusion burden (HTB) **- (≥8 RBCs in 16wk, ≥4 in 8 wk)**

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

☐ Yes

☐ No

☐ Unknown

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

☐ Yes – ***Go to question 314.***

☐ No – ***Go to question 317.***

☐ Unknown- ***Go to question 317.***

☐ Not applicable (splenectomy) – ***Go to question 317.***

314. Specify the method used to measure spleen size

☐ Physical assessment- ***Go to question 315.***

☐ Ultrasound- ***Go to question 316.***

☐ CT/ MRI- ***Go to question 316.***

315. Specify the spleen size: ___ ___ centimeters below left costal margin

316. Specify the spleen size:___ ___ centimeters

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

☐ Yes – ***Go to question 318.***

☐ No – ***Go to question 321.***

☐ Unknown – ***Go to question 321.***

318. Specify the method used to measure liver size

☐ Physical assessment- ***Go to question 319.***

☐ Ultrasound- ***Go to question 320.***

☐ CT/ MRI- ***Go to question 320.***

319. Specify the liver size: ___ ___ centimeters below right costal margin

320. Specify the liver size: ___ ___ centimeters

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

321. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

322. WBC

☐ Known – ***Go to question 323.***

☐ Unknown – ***Go to question 324.***

323. ___ ___ ___ ___ ___ ___ • ___ □ x 10^9/L (x 10^3/mm^3)

□ x 10^6/L

324. Neutrophils

☐ Known – ***Go to question 325.***

☒ Unknown – ***Go to question 326.***

325. ___ ___%

326. Blasts in blood

☐ Known – ***Go to question 327.***

☐ Unknown– ***Go to question 328.***

327. ___ ___ ___ %

328. Hemoglobin

☐ Known – ***Go to question 329.***

☒ Unknown – ***Go to question 331.***

329. ___ ___ ___ ___ • ___ ___ ☐ g/dL

☐ g/L

☐ mmol/L

330. Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

331. Platelets

☐ Known – ***Go to question 332.***

☐ Unknown – ***Go to question 334.***

332. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

333. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

334. Blasts in bone marrow

☐ Known – ***Go to question 335.***

☒ Unknown – ***Go to question 336.***

335. ___ ___ ___ %

336. Were tests for driver mutations performed?

☐ Yes ***– Go to question 337.***

☐ No ***– Go to question 347.***

☐ Unknown ***- Go to question 347.***

337. JAK2

- ☐ Positive***– Go to question 338.***
- ☐ Negative***– Go to question 340.***
- ☐ Not done***– Go to question 340.***

338. JAK2 V6 17F

- ☐ Positive
- ☐ Negative
- ☐ Not Done

339. JAK2 Exon 12

- ☐ Positive
- ☐ Negative
- ☐ Not done

340. CALR

- ☐ Positive ***– Go to question 341.***
- ☐ Negative***– Go to question 344.***
- ☐ Not done***– Go to question 344.***

341. CALR type 1

- ☐ Positive
- ☐ Negative
- ☐ Not done

342. CALR type 2

- ☐ Positive
- ☐ Negative
- ☐ Not done

343. Not defined

- ☐ Positive
- ☐ Negative
- ☐ Not done

344. MPL

- ☐ Positive
- ☐ Negative
- ☐ Not done

345. CSF3R

- ☐ Positive
- ☐ Negative
- ☐ Not done

346. Was documentation submitted to the CIBMTR?

- ☐ Yes
- ☐ No

347. Were cytogenetics tested (karyotyping or FISH)?

- ☐ Yes – ***Go to question 348.***
- ☐ No – ***Go to question 364.***
- ☐ Unknown – ***Go to question 364.***

348. Were cytogenetics tested via FISH?

- ☐ Yes- ***Go to question 349.***
- ☐ No- ***Go to question 356.***

349. Sample source

- ☐ Blood
- ☐ Bone Marrow

350. Results of tests:

- ☐ Abnormalities identified – ***Go to question 351.***
- ☐ No abnormalities – ***Go to question 355.***

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

351. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

352. Specify number of distinct cytogenetic abnormalities:

- ☐ One (1)

- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

353. Specify abnormalities: (check all that apply)

Monosomy
- ☐ –5
- ☐ –7
- ☐ –Y

Trisomy
- ☐ +8
- ☐ +9

Translocation
- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(12p11.2;any)
- ☐ t(11q23;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 354.***

354. Specify other abnormality:_____

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

☐ Yes

☐ No

356. Were cytogenetics tested via karyotyping?

☐ Yes- ***Go to question 357.***

☐ No- ***Go to question 364.***

357. Sample source

☐ Blood

☐ Bone marrow

358. Results of tests

☐ Abnormalities identified – ***Go to question 359.***

☐ No evaluable metaphases- ***Go to question 363.***

☐ No abnormalities – ***Go to question 363.***

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

359. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

360. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

361. Specify abnormalities (check all that apply)

Monosomy

☐ –5

☐ –7

☐ –Y

Trisomy

☐ +8

☐ +9

Translocation

☐ t(1;any)

- ☐ t(3q21;any)
- ☐ t(12p11.2;any)
- ☐ t(11q23;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 362.***

362. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

Status at transplantation / infusion:

364. What was the disease status?

- ☐ Complete clinical remission (CR) - ***Go to question 368.***
- ☐ Partial clinical remission (PR) –- **Go to question 368.**
- ☐ Clinical Improvement (CI) - **Go to question 365.**
- ☐ Stable disease (SD)**- Go to question 368.**
- ☐ Progressive disease - **Go to question 368.**
- ☐ Relapse- **Go to question 368.**
- ☐ Not assessed - **Go to question 369.**

365. Was an anemia response achieved?

- ☐ Yes

☐ No

366. Was a spleen response achieved?

☐ Yes

☐ No

367. Was a symptom response achieved?

☐ Yes

☐ No

368. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___- ***Go to question 369.***

YYYY MM DD

369. Specify the cytogenetic response

☐ Complete response (CR): **Eradication of previous abnormality – Go to question 370.**

☐ Partial response (PR): **≥ 50% reduction in abnormal metaphases – Go to question 370.**

☐ Re-emergence of pre-existing cytogenetic abnormality **– Go to question 370.**

☐ Not assessed – ***Go to question 371.***

☐ Not applicable – ***Go to question 371.***

☐ None of the above: **Does not meet the CR or PR criteria** – ***Go to question 370.***

370. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

371. Specify the molecular response

☐ Complete response (CR): **Eradication of pre-existing abnormality – Go to question 372.**

☐ PR: **≥50% decrease in allele burden – Go to question 372.**

☐ Re-emergence of a pre-existing molecular abnormality **– Go to question 372.**

☐ 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 372.***

372. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

Other Leukemia (OL)

373. Specify the other leukemia classification:

☐ Chronic lymphocytic leukemia (CLL), NOS (34) - ***Go to question 375.***

- ☐ Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) - ***Go to question 375.***
- ☐ Hairy cell leukemia (35) - ***Go to question 378.***
- ☐ Hairy cell leukemia variant (75) - ***Go to question 378.***
- ☐ Monoclonal B-cell lymphocytosis (76) – ***Go to signature line***
- ☐ Prolymphocytic leukemia (PLL), NOS (37) - ***Go to question 375.***
- ☐ PLL, B-cell (73) - ***Go to question 375.***
- ☐ PLL, T-cell (74) - ***Go to question 375.***
- ☐ Other leukemia, NOS (30) - ***Go to question 377.***
- ☐ Other leukemia (39) - ***Go to question 374.***

374. Specify other leukemia: _____– ***Go to question 377.***

375. Was any 17p abnormality detected?

- ☐ Yes – ***If disease classification is CLL, go to question 376.. If PLL, go to question 378.***
- ☐ No

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

- ☐ Yes – ***Go to question 380.***– **Also complete NHL Disease Classification questions**
- ☐ No – ***Go to question 378.***

Status at transplantation / infusion:

377. What was the disease status? (Atypical CML)

- ☐ Primary induction failure – ***Go to question 379.***
- ☐ 1st complete remission (no previous bone marrow or extramedullary relapse) – ***Go to question 379.***
- ☐ 2nd complete remission – ***Go to question 379.***
- ☐ ≥ 3rd complete remission – ***Go to question 379.***
- ☐ 1st relapse – ***Go to question 379.***
- ☐ 2nd relapse – ***Go to question 379.***
- ☐ ≥ 3rd relapse – ***Go to question 379.***
- ☐ No treatment – ***Go to signature line***

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

- ☐ Complete remission (CR) – ***Go to question 379.***
- ☐ Partial remission (PR) – ***Go to question 379.***

- ☐ Stable disease (SD) – ***Go to question 379.***
- ☐ Progressive disease (Prog) – ***Go to question 379.***
- ☐ Untreated - ***Go to question 379.***
- ☐ Not assessed - ***Go to signature line***

379. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***
YYYY MM DD

Hodgkin and Non-Hodgkin Lymphoma

380. 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 382.***
- ☐ Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820) - ***Go to question 382.***
- ☐ 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 381.***

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 381.***

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)

381. Specify other lymphoma histology: _____– ***Go to question 383.***

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

383. Is the lymphoma histology reported at transplant a transformation from CLL?
    - ☐ Yes – ***Go to question 384.***
    - ☐ No - ***Go to question 385.***

384. Was any 17p abnormality detected?

- ☐ Yes– ***Go to question 389.***
- ☐ No– ***Go to question 389.***

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

- ☐ Yes – ***Go to question 386.***
- ☐ No – ***Go to question 389.***

386. Specify the original lymphoma histology: (prior to transformation) _____

387. Specify other lymphoma histology:_____

388. Date of original lymphoma diagnosis:___ ___ ___ ___ - ___ ___ - ___ ___ (report the date of diagnosis of original lymphoma subtype)

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

- ☐ Yes – ***Go to question 390.***
- ☐ No – ***Go to question 395.***

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

- ☐ Yes
- ☐ No

391. Date of PET scan

- ☐ Known– ***Go to question 392.***
- ☐ Unknown – ***Go to question 393.***

392. Date of PET (or PET/CT) scan: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

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

- ☐ Known ***– Go to question 394.***
- ☐ Unknown – ***Go to question 395.***

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:

395. 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 396.***
- ☐ PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment. – ***Go to question 396.***
- ☐ PIF unk - Primary induction failure – sensitivity unknown– ***Go to question 396.***
- ☐ CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant– ***Go to question 396.***
- ☐ CR2 - 2nd complete remission– ***Go to question 396.***
- ☐ CR3+ - 3rd or subsequent complete remission– ***Go to question 396.***
- ☐ REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse– ***Go to question 396.***
- ☐ REL1 res - 1st relapse – resistant: stable or progressive disease with treatment– ***Go to question 396.***
- ☐ REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2) – ***Go to question 396.***
- ☐ REL1 unk - 1st relapse – sensitivity unknown– ***Go to question 396.***
- ☐ REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse– ***Go to question 396.***
- ☐ REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment– ***Go to question 396.***
- ☐ REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)– ***Go to question 396.***
- ☐ REL2 unk - 2nd relapse – sensitivity unknown– ***Go to question 396.***
- ☐ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse– ***Go to question 396.***
- ☐ REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment– ***Go to question 396.***
- ☐ REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)– ***Go to question 396.***
- ☐ REL3+ unk - 3rd relapse or greater – sensitivity unknown– ***Go to question 396.***

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

- ☐ 1 line
- ☐ 2 lines
- ☐ 3+ lines

397. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***

YYYY MM DD

Multiple Myeloma / Plasma Cell Disorder (PCD)

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

- ☐ Multiple myeloma (178) – ***Go to question 400.***
- ☐ Multiple myeloma-light chain only (186) - ***Go to question 400.***
- ☐ Multiple myeloma-non-secretory (187) - ***Go to question 406.***
- ☐ Plasma cell leukemia (172) - ***Go to question 408.***
- ☐ Solitary plasmacytoma (no evidence of myeloma) (175) - ***Go to question 405.***
- ☐ Smoldering myeloma (180) – ***Go to question 408.***
- ☐ Amyloidosis (174) - ***Go to question 401.***
- ☐ Osteosclerotic myeloma / POEMS syndrome (176) - ***Go to question 408.***
- ☐ Monoclonal gammopathy of renal significance (MGRS) (1611) ***– Go to question 402.***
- ☐ Other plasma cell disorder (179) - ***Go to question 399.***

399. Specify other plasma cell disorder: _____ - ***Go to question 408.***

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

- ☐ IgG kappa – ***Go to question 406.***
- ☐ IgA kappa – ***Go to question 406.***
- ☐ IgM kappa – ***Go to question 406.***
- ☐ IgD kappa – ***Go to question 406.***
- ☐ IgE kappa – ***Go to question 406.***
- ☐ IgG lambda – ***Go to question 406.***
- ☐ IgA lambda – ***Go to question 406.***
- ☐ IgM lambda – ***Go to question 406.***
- ☐ IgD lambda – ***Go to question 406.***
- ☐ IgE lambda – ***Go to question 406.***
- ☐ IgG (heavy chain only) – ***Go to question 406.***
- ☐ IgA (heavy chain only) – ***Go to question 406.***
- ☐ IgM (heavy chain only) – ***Go to question 406.***
- ☐ IgD (heavy chain only) – ***Go to question 406.***
- ☐ IgE (heavy chain only) – ***Go to question 406.***
- ☐ Kappa (light chain only) – ***Go to question 406.***
- ☐ Lambda (light chain only) – ***Go to question 406.***

401. Specify Amyloidosis classification

- ☐ AL amyloidosis – ***Go to question 408.***
- ☐ AH amyloidosis – ***Go to question 408.***
- ☐ AHL amyloidosis – ***Go to question 408.***

402. Select monoclonal gammopathy of renal significance (MGRS) classification:

- ☐ Light chain fanconi syndrome – ***Go to question 404.***
- ☐ Proximal tubulopathy without crystals – ***Go to question 404.***
- ☐ Crystal-storing histiocytosis – ***Go to question 404.***
- ☐ Non-amyloid fibrillary glomerulonephritis – ***Go to question 404.***
- ☐ Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID) – ***Go to question 404.***
- ☐ Type 1 cryoglobulinemic glomerulonephritis – ***Go to question 404.***
- ☐ Monoclonal immunoglobulin deposition disease (MIDD) – ***Go to question 403.***
- ☐ Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID) – ***Go to question 404.***
- ☐ C3 glomerulopathy with monoclonal gammopathy – ***Go to question 404.***
- ☐ Unknown – ***Go to question 404.***

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)

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

- ☐ Yes – ***Go to question 408.***
- ☐ No – ***Go to question 408.***

405. Solitary plasmacytoma was:

- ☐ Extramedullary – ***Go to question 408.***
- ☐ Bone derived – ***Go to question 408.***

406. 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*** *407.*
- ☐ Stage II (Fitting neither Stage I or Stage III) – ***Go to question*** *407.*
- ☐ 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*** *407.*

☐ Unknown – ***Go to question*** *408.*

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)

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

☐ Yes – ***Go to question 409.***

☐ No – ***Go to question 412.***

409. Specify preceding / concurrent disorder:

☐ Multiple myeloma– ***Go to question 411.***

☐ Multiple myeloma-light chain only – ***Go to question 411.***

☐ Multiple myeloma-non-secretory – ***Go to question 411.***

☐ Plasma cell leukemia – ***Go to question 411.***

☐ Solitary plasmacytoma (no evidence of myeloma) – ***Go to question 411.***

☐ Smoldering myeloma – ***Go to question 411.***

☐ Amyloidosis – ***Go to question 411.***

☐ Osteosclerotic myeloma / POEMS syndrome – ***Go to question 411.***

☐ Monoclonal gammopathy of unknown significance (MGUS) – ***Go to question 411.***

☐ Monoclonal gammopathy of renal significance (MGRS) – ***Go to question 411.***

☐ Other plasma cell disorder (PCD) – ***Go to question 410.***

410. Specify other preceding/concurrent disorder: _____

411. Date of diagnosis of preceding / concurrent disorder: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

Copy questions 409.- 411. to report more than one concurrent or preceding disorder.

412. Serum β2-microglobulin:

☐ Known – ***Go to question 413.***

☐ Unknown – ***Go to question 414.***

413. Serum β2-microglobulin: ___ ___ ___ • ___ ___ ___ ☐ µg/dL ☐ mg/L ☐ nmol/L

414. Serum albumin:

- ☐ Known – ***Go to question 415.***
- ☐ Unknown – ***Go to question 416.***

415. Serum albumin: ___ ___ • ___ ☐ g/dL
☐ g/L

I.S.S. at diagnosis:

416. Stage
- ☐ Known – ***Go to question 417.***
- ☐ Unknown – ***Go to question 418.***

417. Stage
- ☐ 1 (Serum β_2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL)
- ☐ 2 (not fitting stage 1 or 3)
- ☐ 3 (Serum β_2-microglobulin ≥ 5.5 mg/L; Serum albumin —)

R - I.S.S. at diagnosis:

418. Stage
- ☐ Known – ***Go to question 419.***
- ☐ Unknown – ***Go to question 420.***

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)

420. Plasma cells in blood by flow cytometry
- ☐ Known – ***Go to question 421.***
- ☐ Unknown – ***Go to question 423.***

421. ___ ___%

422. ___ ___ ___ ___ ___ • ___ ___ □ x 10^9/L (x 10^3/mm^3)
□ x 10^6/L

423. Plasma cells in blood by morphologic assessment
- ☐ Known – ***Go to question 424.***
- ☐ Unknown – ***Go to question 426.***

424. ___ ___%

425. ___ ___ ___ ___ ___ • ___ ___ □ x 10^9/L (x 10^3/mm^3)
□ x 10^6/L

426. LDH

- ☐ Known – ***Go to question 427.***
- ☐ Unknown – ***Go to question 429.***

427. ___ ___ ___ ___ ___ • ___ ___ □ U/L
□□□ µkat/L

428. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___

Labs at diagnosis

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

- ☐ Yes – ***Go to question 430.***
- ☐ No – ***Go to question 442.***
- ☐ Unknown – ***Go to question 442.***

430. Were cytogenetics tested via FISH?

- ☐ Yes – ***Go to question 431.***
- ☐ No – ***Go to question 436.***

431. Results of tests:

- ☐ Abnormalities identified – **Go to question 432.**
- ☐ No abnormalities – **Go to question 435.**

Specify cytogenetic abnormalities identified via FISH at diagnosis:

432. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:_____

433. 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 434.***

434. Specify other abnormality:_____

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

- ☐ Yes
- ☐ No

436. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 437.***
- ☐ No – ***Go to question 442.***

437. Results of tests

- ☐ Abnormalities identified – ***Go to question 438.***

☐ No evaluable metaphases – ***Go to question 441.***

☐ No abnormalities – ***Go to question 441.***

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis:

438. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:_____

439. 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 440.***

440. Specify other abnormality:_____

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

☐ Yes

☐ No

Status at transplantation / infusion:

442. What was the 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

443. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to signature line***

YYYY MM DD

444. 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

445. Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___ – ***Go to signature line***

YYYY MM DD

Solid Tumors

446. 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 447.***

447. Specify other solid tumor: _____- ***Go to signature line***

Severe Aplastic Anemia

448. Specify the severe aplastic anemia classification:
- ☐ Acquired severe aplastic anemia, not otherwise specified (301)
- ☐ Acquired SAA secondary to hepatitis (302)
- ☐ Acquired SAA secondary to toxin / other drug (303)
- ☐ Acquired amegakaryocytosis (not congenital) (304)
- ☐ Acquired pure red cell aplasia (not congenital) (306)
- ☐ Dyskeratosis congenita (307)
- ☐ Other acquired cytopenic syndrome (309) – Go to question 449.

449. Specify other acquired cytopenic syndrome: _____- ***Go to signature line***

Inherited Abnormalities of Erythrocyte Differentiation or Function

450. Specify the inherited abnormalities of erythrocyte differentiation or function classification:
- ☐ Paroxysmal nocturnal hemoglobinuria (PNH) (56) ***– Go to signature line***
- ☐ Shwachman-Diamond (305) ***– Go to question 453.***
- ☐ Diamond-Blackfan anemia (pure red cell aplasia) (312) ***– Go to question 453.***
- ☐ Other constitutional anemia (319) ***– Go to question 451.***
- ☐ Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease). ***– Go to question 453.***
- ☐ Sickle thalassemia (355) ***– Go to question 453.***
- ☐ Sickle cell disease (356) ***– Go to question 453.***
- ☐ Beta thalassemia major (357) ***– Go to question 453.***
- ☐ Other hemoglobinopathy (359) ***– Go to question 452.***

451. Specify other constitutional anemia: _____- ***Go to 453.***

452. Specify other hemoglobinopathy:_____- ***Go to 453.***

453. Did the recipient receive gene therapy to treat the inherited abnormalities of erythrocyte differentiation or function?

- ☐ Yes - **Also complete Cellular Therapy Product and Infusion forms 4003 and 4006. *If sickle cell or sickle thalassemia, go to question 454.. If beta thalassemia, go to question 457., else go to signature line***
- ☐ No - ***If sickle cell or sickle thalassemia, go to question 454.. If beta thalassemia, go to question 457., else go to signature line***

454. Was tricuspid regurgitant jet velocity (TRJV) measured by Echocardiography pre-HCT? **(sickle cell, sickle thalassemia and beta thalassemia major only)**

- ☐ Yes ***– Go to question 455.***
- ☐ No***– Go to question 457.***
- ☐ Unknown - ***Go to question 457.***

455. TRJV measurement:

- ☐ Known ***– Go to question 456.***
- ☐ Unknown***– Go to question 457.***

456. TRJV measurement: __ __ m/sec

457. Was liver iron content (LIC) tested within 6 months prior to infusion? **(sickle cell, sickle thalassemia, beta thalassemia major only)**

- ☐ Yes – ***Go to question 458.***
- ☒ No – ***Go to question 460.***

458. Liver iron content ___ ___ ___ mg iron / g liver dry weight

459. Method used to estimate LIC?

- ☐ T2*MRI
- ☐ SQUID MRI
- ☐ FerriScan
- ☐ Liver biopsy
- ☐ Other

Beta thalassemia major

460. Is the recipient red blood cell dependent? (requiring transfusion to maintain HGB >7g/dL)

- ☐ Yes ***– Go to question 461.***
- ☐ No ***– Go to question 468.***

461. Year of first transfusion (since diagnosis): ___ ___ ___ ___
YYYY

462. Was iron chelation therapy given at any time since diagnosis?

- ☐ Yes – ***Go to question 463.***
- ☐ No – ***Go to question 468.***
- ☐ Unknown – ***Go to question 468.***

463. 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 ***– 466.***
- ☐ No, iron chelation therapy given, but not meeting criteria ***– Go to question 464.***
- ☐ Iron chelation therapy given, but details of administration unknown ***– Go to question 466.***

464. Specify reason criteria not met

- ☐ Non-adherence ***– Go to question 466.***
- ☐ Toxicity due to iron chelation therapy ***– Go to question 466.***
- ☐ Other ***– Go to question 465.***

465. Specify other reason criteria not met: _____

466. Year iron chelation therapy started:

- ☐ Known ***– Go to question 467.***
- ☐ Unknown ***– Go to question 468.***

467. Year started: ___ ___ ___ ___
YYYY

468. Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)

- ☐ Yes– ***Go to question 469.***
- ☐ No– ***Go to question 470.***
- ☐ Unknown

469. Liver size as measured below the costal margin at most recent evaluation prior to infusion: ___ ___ cm

470. Was a liver biopsy performed at any time since diagnosis?

- ☐ Yes – ***Go to questions 471.***
- ☐ No – ***Go to questions 477.***

471. Date assessed

- ☐ Known **– *Go to question 472.***
- ☐ Unknown **– *Go to question 473.***

472. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ □ Date estimated
YYYY MM DD

473. Liver cirrhosis:

- ☐ Present
- ☐ Absent
- ☐ Unknown

474. Bridging fibrosis:

- ☐ Present
- ☐ Absent
- ☐ Unknown

475. Chronic hepatitis:

- ☐ Present
- ☐ Absent
- ☐ Unknown

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

478. Did the recipient have a splenectomy at any time prior to infusion?

- ☐ Yes
- ☐ No
- ☐ Unknown

Laboratory studies at last evaluation prior to start of preparative regimen

479. Serum Iron:

- ☐ Known – ***Go to questions 480.***

☐ Unknown – ***Go to questions 481.***

480. ___ ___ ___ ☐ µg / dL
☐ µmol / L

481. Total iron binding capacity (TIBC):

☐ Known – ***Go to question 482.***

☐ Unknown – ***Go to question 483.***

482. ___ ___ ___ ☐ µg / dL
☐ µmol / L

483. Was serum bilirubin less than two times the upper limit of normal?

☐ Yes

☐ No

☐ Unknown

Disorders of the Immune System

484. Specify disorder of immune system classification:

☐ Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401) – ***Go to question 487.***

☐ Absence of T and B cells SCID (402) – ***Go to question 487.***

☐ Absence of T, normal B cell SCID (403) – ***Go to question 487.***

☐ Omenn syndrome (404) – ***Go to question 487.***

☐ Reticular dysgenesis (405) – ***Go to question 487.***

☐ Bare lymphocyte syndrome (406) – ***Go to question 487.***

☐ Other SCID (419) – ***Go to question 485.***

☐ SCID, not otherwise specified (410) – ***Go to question 487.***

☐ Ataxia telangiectasia (451) – ***Go to question 487.***

☐ HIV infection (452) – ***Go to question 487.***

☐ DiGeorge anomaly (454) – ***Go to question 487.***

☐ Common variable immunodeficiency (457) – ***Go to question 487.***

☐ Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459) – ***Go to question 487.***

☐ Kostmann agranulocytosis (congenital neutropenia) (460) – ***Go to question 487.***

☐ Neutrophil actin deficiency (461) – ***Go to question 487.***

☐ Cartilage-hair hypoplasia (462) – ***Go to question 487.***

☐ CD40 ligand deficiency (464) – ***Go to question 487.***

- ☐ Other immunodeficiencies (479) ***– Go to question 486.***
- ☐ Immune deficiency, not otherwise specified (400) – ***Go to question 487.***
- ☐ Chediak-Higashi syndrome (456) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 487.***
- ☐ Griscelli syndrome type 2 (465) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 487.***
- ☐ Hermansky-Pudlak syndrome type 2 (466) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 487.***
- ☐ Other pigmentary dilution disorder (469) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 487.***
- ☐ Chronic granulomatous disease (455) – ***Go to question 487.***
- ☐ Wiskott-Aldrich syndrome (453) – ***Go to question 487.***
- ☐ X-linked lymphoproliferative syndrome (458) – ***Go to question 487.***

485. Specify other SCID: _____ – ***Go to question 487.***

486. Specify other immunodeficiency: _____– ***Go to question 487.***

487. Specify other pigmentary dilution disorder: _____– ***Go to question 487.***

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

- ☐ Yes– ***Go to question 489.***
- ☐ No– ***Go to question 490.***

489. 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)

490. Has the recipient ever been infected with PCP/PJP?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

Inherited Abnormalities of Platelets

492. Specify inherited abnormalities of platelets classification:

- ☐ Congenital amegakaryocytosis / congenital thrombocytopenia (501)
- ☐ Glanzmann thrombasthenia (502)
- ☐ Other inherited platelet abnormality (509) – ***Go to question 493.***

493. Specify other inherited platelet abnormality: _____- ***Go to signature line***

Inherited Disorders of Metabolism

494. Specify inherited disorders of metabolism classification:

- ☐ Osteopetrosis (malignant infantile osteopetrosis) (521)

Leukodystrophies

- ☐ Metachromatic leukodystrophy (MLD) (542)
- ☐ Adrenoleukodystrophy (ALD) (543) – ***Go to question 496.***
- ☐ 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 495.***

☐ Inherited metabolic disorder, not otherwise specified (520)

495. Specify other inherited metabolic disorder: _____ - ***Go to signature line***

496. Loes composite score: __ __ **Adrenoleukodystrophy (ALD) only** - ***Go to signature line***

Histiocytic disorders

497. Specify histiocytic disorder classification:

☐ Hemophagocytic lymphohistiocytosis (HLH) (571) – ***Go to question 499.***

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

☐ Hemophagocytosis (reactive or viral associated) (573)

☐ Malignant histiocytosis (574)

☐ Other histiocytic disorder (579) – ***Go to question 498.***

☐ Histiocytic disorder, not otherwise specified (570)

498. Specify other histiocytic disorder: _____- ***Go to signature line***

499. 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 500.***

☐ No– ***Go to question 501.***

500. 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)

501. Has the recipient ever been infected with PCP/PJP
    - ☐ Yes- ***Go to signature line***
    - ☐ No- ***Go to signature line***

Autoimmune Diseases

502. 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 503.***

Bowel diseases

- ☐ Crohn's disease (649)
- ☐ Ulcerative colitis (650)
- ☐ Other autoimmune bowel disorder (651) – ***Go to question 504.***

Metabolic

- ☐ Diabetes mellitus type 1 (660)

Other

☐ Other autoimmune disease (629) – ***Go to question 505.***

503. Specify other autoimmune cytopenia:_____

504. Specify other autoimmune bowel disorder:_____

505. Specify other autoimmune disease: _____

- ***Go to signature line***

Tolerance Induction Associated with Solid Organ Transplant

506. Specify solid organ transplanted: (check all that apply)

☐ Kidney

☐ Liver

☐ Pancreas

☐ Other organ - ***Go to question 507.***

507. Specify other organ: _____ - ***Go to signature line***

Other Disease

508. Specify other disease: _____- ***Go to signature line***

First Name: _____

Last Name:

E-mail address: _____

Date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD