

Answer the following questions regarding changes in approach to HCT since 1/2020. Submit spreadsheet via Service Now. Please use Category "COVID-19 (SARS-CoV-2)"

Always Answer

Examples of applicable impacts include changes to original HCT date, donor, product type, preparative regimen, and GVHD prophylaxis) - **(Does not apply if infected by COVID-19 (SARS-CoV-2))**

Options:

Yes - continue with Q2.

No - skip to Initials (Column Q).

CCN	CRID	Infusion Date	Donor Type	1. Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-2) pandemic?
#####	#####	dd/mm/yyyy	ALLO_U	
#####	#####	dd/mm/yyyy	ALLO_R	
#####	#####	dd/mm/yyyy	ALLO_U	
#####	#####	dd/mm/yyyy	AUTO	
#####	#####	dd/mm/yyyy	ALLO_U	
#####	#####	dd/mm/yyyy	AUTO	
end of list				

March 1, 2020. This is *required* for ALL allogeneic HCTs and COVID-19 Impact on Hematopoietic Cell Transplantation (HCT)

Answer if Q1 = Yes Select Yes to indicate the date in Q2 is estimated. *Options:*
Yes

(Date)

Options:
Yes

2.Original date of HCT:	Date estimated	No change to planned HCT date due to COVID-19 pandemic
--------------------------------	-----------------------	---



and requested for autologous HCT.
:T)"

Answer if Q1 = Yes and Donor was ALLO

Answer if Q3 = Yes and Donor was ALLO

Options:

Yes - continue with Q3.

No - skip to Q5.

Options:

Unrelated donor

Syngeneic (monozygotic twin)

HLA-identical sibling (may include non-monozygotic twin)

HLA-matched other relative (does NOT include a haplo-identical donor)

HLA-mismatched relative

3. Is the donor different than the originally intended donor?

4. Specify the originally intended donor:



Answer if Q1 = Yes and Donor was ALLO

Options:
Yes
No

Answer if Q5 = Yes

Options:
Bone marrow -continue with Q8
PBSC -continue with Q8
Single CBU -continue with Q8
Other product – Go to question 7

Answer if Q6 = Other

(Free text)

5. Is the product type (bone marrow, PBSC, single cord blood unit) different than the originally intended product type?
If Yes, complete Q6. If no, skip to Q8.

6. Specify the originally intended product type:

7. Specify other product type:



Answer if Q5 = Yes

Options:
Yes
No

Answer if Q1 = Yes and Donor was ALLO

Options:
Yes
No

Answer if Q1 = Yes and Donor was ALLO

Options:
Yes
No

8. Was the current product thawed from a cryopreserved state prior to infusion?	9. Did the preparative regimen change from the original plan?	10. Did the GVHD prophylaxis change from the original plan?
--	--	--





Always Answer

(Free text)

**Initials of person
completing record**



Yes	Unrelated Bone marrow
No	Syngeneic PBSC
	HLA-identical Single cord blood unit
	HLA-matched Other product
	HLA-mismatched relative