



Disease Classification

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| CIBMTR Use Only Sequence Number: Date Received: |
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OMB No: 0915-0310
Expiration Date: 10/31/2022

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

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|--|
| CIBMTR Center Number: _____ |
| CIBMTR Research ID: _____ |
| Event date: ____/____/____ YYYY MM DD |

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); CBFβ-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 or MPN Disease Classification questions** No

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

6. Did the recipient have a predisposing condition?

- Yes →
- No
- Unknown

7. Specify condition

- Bloom syndrome
- Down syndrome
- Fanconi anemia – **Also complete CIBMTR Form 2029**
- Dyskeratosis congenita
- Other condition →

8. Specify other condition: _____

Labs at diagnosis

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

- Yes →
- No
- Unknown

10. Were cytogenetics tested via FISH?

- Yes →
- No

11. Results of tests

- Abnormalities identified →
- No abnormalities

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

15. Specify other abnormality:

16. Were cytogenetics tested via karyotyping?

- Yes →
- No

17. Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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 →

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 →
- No
- Unknown

Specify molecular markers identified at diagnosis

24. CEBPA

- Positive →
- Negative
- Not done

25. Specify CEBPA mutation

- Biallelic (**homozygous**)
- Monoallelic (**heterozygous**)
- Unknown

26. FLT – TKD (**point mutations in D835 or deletions of codon I836**) Positive Negative Not done

27. FLT3 – ITD mutation

- Positive →
- Negative
- Not done

28. FLT3 – ITD allelic ratio

- Known →
- Unknown

29. Specify FLT3 - ITD allelic ratio: ____ • ____

| | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 30. IDH1 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Not done |
| 31. IDH2 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Not done |
| 32. KIT | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Not done |
| 33. NPM1 | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Not done |
| 34. Other molecular marker | | | |
| <input type="checkbox"/> Positive | → | | |
| <input type="checkbox"/> Negative | → | | |
| <input type="checkbox"/> Not done | | | |

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 →
- No
- Unknown

37. Were cytogenetics tested via FISH?

- Yes →
- No

38. Results of tests

- Abnormalities identified →
- No abnormalities

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 

42. Specify other abnormality:

43. Were cytogenetics tested via karyotyping?

- Yes →
 No

44. Results of tests

- Abnormalities identified
 No evaluable metaphases
 No abnormalities

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 →

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 →
 No
 Unknown

Specify molecular markers identified between diagnosis

51. CEBPA
 Positive →
 Negative
 Not done

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

53. FLT3 – TKD (**point mutations in D835 or deletions of codon I836**) Positive Negative Not done

54. FLT3 – ITD mutation
 Positive →
 Negative
 Not done

55. FLT3 – ITD allelic ratio
 Known →
 Unknown

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 →
 Negative →
 Not done

62. Specify other molecular marker: _____

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

Labs at last evaluation63. Were cytogenetics tested (karyotyping or FISH)? **(at last evaluation)**

- Yes →
- No
- Unknown

64. Were cytogenetics tested via FISH?

- Yes →
- No

65. Results of tests

- Abnormalities identified →
- No abnormalities

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

69. Specify other abnormality:

70. Were cytogenetics tested via karyotyping?

- Yes →
- No

71. Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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 →

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 →
- No
- Unknown

Specify molecular markers identified at last evaluation

78. CEBPA

- Positive →
- Negative
- Not done

79. Specify CEBPA mutation

- Biallelic (**homozygous**)
- Monoallelic (**heterozygous**)
- Unknown

80. FLT3 – TKD (**point mutations in D835 or deletions of codon I836**) Positive Negative Not done

81. FLT3 – ITD mutation

- Positive →
- Negative
- Not done

82. FLT3 – ITD allelic ratio

- Known →
- Unknown

83. Specify FLT3 - ITD allelic ratio: ____ • ____

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 →
- No
- Unknown

98. Specify condition

- Aplastic anemia – **Also complete CIBMTR Form 2028 — APL**
- Bloom syndrome
- Down syndrome
- Fanconi anemia – **Also complete CIBMTR Form 2029 — FAN**
- Other condition →

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 →
- No
- Unknown

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

- Yes →
- No

103. Results of tests **(at diagnosis)**

- Abnormalities identified →
- No abnormalities

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 →

107. Specify other abnormality:

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

- Yes →
- No

109. Results of tests **(at diagnosis)**

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

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 →

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 →
- No
- Unknown

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 →
 - Negative →
 - Not done

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 →
- No
- Unknown

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

- Yes →
- No

122. Results of tests (between diagnosis and the last evaluation)

- Abnormalities identified →
- No abnormalities

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 →

126. Specify other abnormality:

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

- Yes
- No →

128. Results of tests **(between diagnosis and the last evaluation)**

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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 →

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 →
 No
 Unknown

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 →
 Negative →
 Not done

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 →
- No
- Unknown

140. Were cytogenetics tested via FISH?

- Yes →
- No

141. Results of tests

- Abnormalities identified →
- No abnormalities

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 →

145. Specify other abnormality:

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

- Yes →
- No

147. Results of tests

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

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 →

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 →
- No
- Unknown

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 →
- Negative →
- Not done

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? (includes CRi)

- 1
- 2
- ≥ 3

161. Was the recipient in remission by flow cytometry?

- Yes
- No
- Unknown
- Not applicable


- **Go to question 163**

162. Date of most recent relapse: ____ / ____ / ____
YYYY MM DD

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)
- Acute undifferentiated leukemia (31)
- Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)
- Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged (85)
- Mixed phenotype acute leukemia, B/myeloid, NOS (86)
- Mixed phenotype acute leukemia, T/myeloid, NOS (87)
- Other acute leukemia of ambiguous lineage or myeloid neoplasm (88) 

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

Status at transplantation166. What was the disease status? **(based on hematological test results)**

- Primary induction failure
- 1st complete remission **(no previous bone 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 →
- No

| | |
|---|--|
| 169. Combination chemotherapy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 170. Hydroxyurea (Droxia, Hydrea) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 171. Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 172. Interferon-α (Intron, Roferon) (includes PEG) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 173. Other therapy | |
| <input type="checkbox"/> Yes → | 174. Specify other therapy: _____ |
| <input type="checkbox"/> No | |

175. What was the disease status?

- Complete hematologic response (CHR) preceded only by chronic phase →
- Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase →
- Chronic phase →
- Accelerated phase - **Go to question 177**
- Blast phase - **Go to question 177**

| |
|---|
| 176. Specify level of response |
| <input type="checkbox"/> No cytogenetic response (No CyR) |
| <input type="checkbox"/> Minimal cytogenetic response |
| <input type="checkbox"/> Minor cytogenetic response |
| <input type="checkbox"/> Partial cytogenetic response (PCyR) |
| <input type="checkbox"/> Complete cytogenetic response (CCyR) |
| <input type="checkbox"/> Major molecular remission (MMR) |
| <input type="checkbox"/> 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 377**
- Chronic myelomonocytic leukemia (CMML) (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 →
- No
- Unknown

184. Specify condition

- Aplastic anemia
- DDX41-associated familial MDS
- Diamond-Blackfan Anemia
- Fanconi anemia
- GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency)
- Li-Fraumeni Syndrome
- Paroxysmal nocturnal hemoglobinuria
- RUNX1 deficiency (previously “familial platelet disorder with propensity to myeloid malignancies”)
- SAMD9- or SAMD9L-associated familial MDS
- Shwachman-Diamond Syndrome
- Telomere biology disorder (including dyskeratosis congenita)
- Other condition →

185. Specify other condition: _____

Laboratory Studies at Diagnosis of MDS

186. Date CBC drawn: ____/____/____
YYYY MM DD

187. WBC

- Known →
- Unknown

188. _____ • ____ x 10⁹/L (x 10³/mm³) x 10⁶/L

189. Neutrophils

- Known →
- Unknown

190. _____%

191. Blasts in blood

- Known →
- Unknown

192. _____%

193. Hemoglobin

- Known →
- Unknown

194. _____ • _____ g/dL g/L mmol/L
 195. Were RBCs transfused ≤ 30 days before date of test? Yes No

196. Platelets

- Known →
- Unknown

197. _____ x 10⁹/L (x 10³/mm³) x 10⁶/L
 198. Were platelets transfused ≤ 7 days before date of test? Yes No

199. Blasts in bone marrow

- Known →
- Unknown

200. _____%

201. Were cytogenetics tested (karyotyping or FISH)?

- Yes →
- No
- Unknown

202. Were cytogenetics tested via FISH?

- Yes →
- No

203. Sample source Blood Bone Marrow

204. Results of tests

- Abnormalities identified →
- No abnormalities

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 _____

208. Specify other abnormality: _____

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

- Yes No

210. Were cytogenetics tested via karyotyping?

- Yes →
- No

211. Sample source

- Blood Bone Marrow

212. Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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

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 →

No

219. Specify the MDS subtype or AML after transformation

- Chronic myelomonocytic leukemia (CMML) (54) - **Go to question 221**
 Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable (69) - **Go to question 221**
 MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T) (1452) - **Go to question 221**
 Myelodysplastic syndrome (MDS), unclassifiable (50) - **Go to question 220**
 Myelodysplastic syndrome with isolated del(5q) (66) - **Go to question 221**
 Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD) (64) - **Go to question 221**
 Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD) (51) - **Go to question 221**
 Refractory cytopenia of childhood (68) - **Go to question 221**
 Transformed to AML (70) - **Go to question 222**

Myelodysplastic syndrome with excess blasts (MDS-EB)

- MDS with excess blasts-1 (MDS-EB-1) (61) - **Go to question 221**
 MDS with excess blasts-2 (MDS-EB-2) (62) - **Go to question 221**

Myelodysplastic syndrome with ring sideroblasts

- MDS-RS with single lineage dysplasia (MDS-RS-SLD) (1453) - **Go to question 221**
 MDS-RS with multilineage dysplasia (MDS-RS-MLD) (1454) - **Go to question 221**

220. 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

221. Specify the date of the most recent transformation:
 ____/____/____ - *Go to question 223*
 YYYY MM DD

222. Date of MDS diagnosis:
 ____/____/____ - *Go to signature line*
 YYYY MM DD

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

223. Date CBC drawn: ____/____/____
 YYYY MM DD

224. WBC

- Known
- Unknown

225. _____ • _____ x 10⁹/L (x 10³/mm³) x 10⁶/L

226. Neutrophils

- Known
- Unknown

227. _____%

228. Blasts in blood

- Known
- Unknown

229. _____%

230. Hemoglobin

- Known
- Unknown

231. _____ • _____ g/dL g/L mmol/L
 232. Were RBCs transfused ≤ 30 days before date of test? Yes No

233. Platelets

- Known
- Unknown

234. _____ x 10⁹/L (x 10³/mm³) x 10⁶/L
 235. Were platelets transfused ≤ 7 days before date of test? Yes No

236. Blasts in bone marrow

- Known
- Unknown

237. _____%

238. Were cytogenetics tested (karyotyping or FISH)?

- Yes →
- No
- Unknown

239. Were cytogenetics tested via FISH?

- Yes →
- No

240. Sample source

- Blood
- Bone Marrow

241. Results of tests

- Abnormalities identified
- No abnormalities

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 _____

245. Specify other abnormality: _____

246. Was documentation submitted to the CIBMTR? (e.g. FISH report) Yes No

247. Were cytogenetics tested via karyotyping?

- Yes →
- No

248. Sample source

- Blood
- Bone Marrow

249. Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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 _____

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 →
- HI-P
- HI-N

257. Specify transfusion dependence

- Non transfused (NTD)
- Low transfusion burden (LTB)
- High transfusion burden (HTB) →

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

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

Yes No

Mastocytosis

- Cutaneous mastocytosis (CM) (1465)
- Systemic mastocytosis (1470) →
- Mast cell sarcoma (MCS) (1466)

261. Specify Systemic mastocytosis

- Indolent systemic mastocytosis (ISM)
- Smoldering systemic mastocytosis (SSM)
- Systemic mastocytosis with an associated hematological neoplasm (SM-AHN)
- Aggressive systemic mastocytosis (ASM)
- Mast cell leukemia (MCL)

Assessment at diagnosis

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

- Yes No Unknown

Laboratory studies at diagnosis of MPN

264. Date CBC drawn: ____/____/____
 YYYY MM DD

265. WBC

- Known →
- Unknown

266. _____ • ____ x 10⁹/L (x 10³/mm³) x 10⁶/L

267. Neutrophils

- Known →
- Unknown

268. _____ %

269. Blasts in blood

- Known →
- Unknown

270. _____ %

| | | | | | | | | | |
|---|---|---|---|---|--|-----------------------------------|---|--|--|
| <p>271. Hemoglobin</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p> | <p>272. _____ • _____ <input type="checkbox"/> g/dL <input type="checkbox"/> g/L <input type="checkbox"/> mmol/L</p> <p>273. Were RBCs transfused ≤ 30 days before date of test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | |
| <p>274. Platelets</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p> | <p>275. _____ <input type="checkbox"/> x 10⁹/L (x 10³/mm³) <input type="checkbox"/> x 10⁶/L</p> <p>276. Were platelets transfused ≤ 7 days before date of test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | |
| <p>277. Blasts in bone marrow</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p> | <p>278. _____ %</p> | | | | | | | | |
| <p>279. Were tests for driver mutations performed?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>280. JAK2</p> <p><input type="checkbox"/> Positive →</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> </td> <td style="border: 1px solid black; padding: 5px;"> <p>281. JAK2 V617F</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>282. JAK2 Exon 12</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>283. CALR</p> <p><input type="checkbox"/> Positive →</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> </td> <td style="border: 1px solid black; padding: 5px;"> <p>284. CALR type 1</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>285. CALR type 2</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>286. Not defined</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>287. MPL</p> <p>288. CSF3R</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>289. Was documentation submitted to the CIBMTR?</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> </table> | <p>280. JAK2</p> <p><input type="checkbox"/> Positive →</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> | <p>281. JAK2 V617F</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>282. JAK2 Exon 12</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> | <p>283. CALR</p> <p><input type="checkbox"/> Positive →</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> | <p>284. CALR type 1</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>285. CALR type 2</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>286. Not defined</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> | <p>287. MPL</p> <p>288. CSF3R</p> | <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> | <p>289. Was documentation submitted to the CIBMTR?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>280. JAK2</p> <p><input type="checkbox"/> Positive →</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> | <p>281. JAK2 V617F</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>282. JAK2 Exon 12</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> | | | | | | | | |
| <p>283. CALR</p> <p><input type="checkbox"/> Positive →</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> | <p>284. CALR type 1</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>285. CALR type 2</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p>286. Not defined</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> | | | | | | | | |
| <p>287. MPL</p> <p>288. CSF3R</p> | <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> | | | | | | | | |
| <p>289. Was documentation submitted to the CIBMTR?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | |

290. Were cytogenetics tested (karyotyping or FISH)?

- Yes →
- No
- Unknown

291. Were cytogenetics tested via FISH?

- Yes →
- No

292. Sample source

- Blood
- Bone Marrow

293. Results of tests

- Abnormalities identified →
- No abnormalities

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(11q23;any)
- t(12p11.2;any)
- t(6;9)

Deletion

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

Inversion

- dup(1)
- inv(3)

Other

i17q

Other abnormality

297. Specify other abnormality: _____

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

Yes

No

299. Were cytogenetics tested via karyotyping?

Yes →

No

300. Sample source

Blood

Bone Marrow

301. Results of tests

Abnormalities identified

No evaluable metaphases

No abnormalities

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(11q23;any)

t(12p11.2;any)

t(6;9)

Deletion

del(5q) / 5q-

del(7q) / 7q-

del(11q) / 11q-

del(12p) / 12p-

del(13q) / 13q-

del(20q) / 20q-

Inversion

dup(1)

inv(3)

Other

i17q

Other abnormality _____

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 →
- No

308. Specify the MPN subtype or AML after transformation

Post-essential thrombocythemic myelofibrosis (1467) →

Post-polycythemic myelofibrosis (1468) →

309. Specify the date of the most recent transformation:

____/____/____

YYYY MM DD

- Go to question 311

Transformed to AML (70) →

310. Date of MPN diagnosis:

____/____/____

YYYY MM DD

- Go to signature line

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 weeks)
- Low-transfusion burden (LTB) – (3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks)
- High-transfusion burden (HTB) – (≥ 8 RBCs in 16weeks; ≥ 4 in 8 weeks)

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

- Yes No Unknown

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

- Yes →
- No
- Unknown
- Not applicable (**splenectomy**)

314. Specify the method used to measure spleen size

- Physical assessment →
- Ultrasound →
- CT/ MRI →

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 →
- No
- Unknown

318. Specify the method used to measure liver size

- Physical assessment →
- Ultrasound →
- CT/ MRI →

319. Specify the liver size: _____ centimeters below left 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 →
- Unknown

323. _____ • _____ x 10⁹/L (x 10³/mm³) x 10⁶/L

324. Neutrophils

- Known →
- Unknown

325. _____ %

326. Blasts in blood

- Known →
- Unknown

327. _____ %

328. Hemoglobin

- Known →
- Unknown

329. _____ • _____ g/dL g/L mmol/L

330. Were RBCs transfused ≤ 30 days before date of test? Yes No

331. Platelets

- Known →
- Unknown

332. _____ x 10⁹/L (x 10³/mm³) x 10⁶/L

333. Were platelets transfused ≤ 7 days before date of test? Yes No

334. Blasts in bone marrow

- Known →
- Unknown

335. _____ %

336. Were tests for driver mutations performed?

Yes →

No

Unknown

337. JAK2

Positive →

Negative

Not done

338. JAK2 V617F

Positive Negative Not done

339. JAK2 Exon 12

Positive Negative Not done

340. CALR

Positive →

Negative

Not done

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 →

No

Unknown

348. Were cytogenetics tested via FISH?

Yes →

No

349. Sample source Blood Bone Marrow

350. Results of tests

Abnormalities identified →

No abnormalities

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(11q23;any)
- t(12p11.2;any)
- t(6;9)

Deletion

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

Inversion

- dup(1)
- inv(3)

Other

- i17q
- Other abnormality _____

354. Specify other abnormality: _____

355. Was documentation submitted to the CIBMTR? (e.g. FISH report) Yes No

356. Were cytogenetics tested via karyotyping?

- Yes →
- No

357. Sample source Blood Bone Marrow

358. Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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(11q23;any)
- t(12p11.2;any)
- t(6;9)

Deletion

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

Inversion

- dup(1)
- inv(3)

Other

- i17q
- Other abnormality _____

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) →
- Stable disease (SD) - **Go to question 368**
- Progressive disease - **Go to question 368**
- Relapse - **Go to question 368**
- Not assessed

| | | |
|---|------------------------------|-----------------------------|
| 365. Was an anemia response achieved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 366. Was a spleen response achieved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 367. Was a symptom response achieved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 368. Date assessed: _____ / _____ / _____ | | |
| | YYYY | MM DD |

369. Specify the cytogenetic response

- Complete response (CR): **Eradication of pre-existing abnormality** →
- Partial response (PR): **≥ 50% reduction in abnormal metaphases** →
- Re-emergence of pre-existing cytogenetic abnormality →
- Not assessed
- Not applicable
- None of the above (**Does not meet the CR or PR criteria**) →

| |
|-----------------------|
| 370. Date assessed: |
| _____ / _____ / _____ |
| YYYY MM DD |

371. Specify the molecular response

- Complete response (CR): **Eradication of pre-existing abnormality** →
- Partial response (PR): **≥50% decrease in allele burden** →
- Re-emergence of a pre-existing molecular abnormality →
- Not assessed - **Go to First Name**
- Not applicable - **Go to First Name**
- None of the above (**Does not meet the CR or PR criteria**) →

| |
|-----------------------|
| 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 / infusion377. 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 (\pm 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 $\gamma\delta$ 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 →
 No

384. Was any 17p abnormality detected?

- Yes No

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

- Yes →
 No

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

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

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 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 387**
 Diffuse, large B-cell lymphoma - Germinal center B-cell type (1820) - **Go to question 387**
 Diffuse large B-cell Lymphoma (cell of origin unknown) (107)
 DLBCL associated with chronic inflammation (1825)
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 Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
 Pediatric nodal marginal zone lymphoma (1813)
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- Plasmablastic lymphoma (1836)
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- Other B-cell lymphoma (129) - **Go to question 387**

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- Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854)
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- 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 387**

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- Infectious mononucleosis PTLD (1872)

- Monomorphic PTLD (B- and T-/NK-cell types) (1875)
- Plasmacytic hyperplasia PTLD (1871)
- Polymorphic PTLD (1874)

387. Specify other lymphoma histology: _____

388. Date of original lymphoma diagnosis: ____/____/____
 YYYY MM DD

(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 →
- No

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

- Yes No

391. Date of PET scan

- Known →
- Unknown

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

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

- Known →
- Unknown

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 questions 400**
- Multiple myeloma-light chain only (186) - **Go to questions 400**
- Multiple myeloma-non-secretory (187) - **Go to questions 406**
- Plasma cell leukemia (172) - **Go to questions 408**
- Solitary plasmacytoma (no evidence of myeloma) (175) - **Go to questions 405**
- Smoldering myeloma (180) - **Go to questions 408**
- Amyloidosis (174) - **Go to questions 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
 - IgA kappa
 - IgM kappa
 - IgD kappa
 - IgE kappa
 - IgG lambda
 - IgA lambda
 - IgM lambda
 - IgD lambda
 - IgE lambda
 - IgG (heavy chain only)
 - IgA (heavy chain only)
 - IgM (heavy chain only)
 - IgD (heavy chain only)
 - IgE (heavy chain only)
 - Kappa (light chain only)
 - Lambda (light chain only)
- **Go to question 406**

401. Specify Amyloidosis classification

- AL amyloidosis AH amyloidosis 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**

412. Serum β 2-microglobulin

- Known \longrightarrow
- Unknown

413. Serum β 2-microglobulin: _____ \cdot _____ $\mu\text{g/dL}$ mg/L nmol/L

414. Serum albumin

- Known \longrightarrow
- Unknown

415. Serum albumin: _____ \cdot _____ g/dL g/L

I.S.S. at diagnosis

416. Stage

- Known \longrightarrow
- Unknown

417. Stage

- 1 (**β 2-mic < 3.5, S. albumin \geq 3.5**)
- 2 (**not fitting stage 1 or 3**)
- 3 (**β 2-mic \geq 5.5; S. albumin ---**)

R - I.S.S. at diagnosis

418. Stage

- Known \longrightarrow
- Unknown

419. Stage

- 1 (**ISS stage I and standard-risk chromosomal abnormalities by iFISH and normal LDH levels**)
- 2 (**Not R-ISS stage I or III**)
- 3 (**ISS stage III and either high-risk chromosomal abnormalities by iFISH or high LDH levels**)

420. Plasma cells in blood by flow cytometry

- Known \longrightarrow
- Unknown

421. _____ \cdot _____%

422. _____ \cdot _____ $\times 10^9/\text{L}$ ($\times 10^3/\text{mm}^3$) $\times 10^6/\text{L}$

423. Plasma cells in blood by morphologic assessment

- Known \longrightarrow
- Unknown

424. _____%

425. _____ \cdot _____ $\times 10^9/\text{L}$ ($\times 10^3/\text{mm}^3$) $\times 10^6/\text{L}$

426. LDH

- Known \longrightarrow
- Unknown

427. _____ \cdot _____ U/L $\mu\text{kat/L}$

428. Upper limit of normal for LDH: _____ \cdot _____

Labs at diagnosis

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

- Yes →
- No
- Unknown

430. Were cytogenetics tested via FISH?

- Yes →
- No

431. Results of tests

- Abnormalities identified →
- No abnormalities

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 →

434. Specify other abnormality:

435. Was documentation submitted to the CIBMTR? (e.g. FISH report) Yes No

436. Were cytogenetics tested via karyotyping?

- Yes →
- No

437. Results of tests

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

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 →

440. Specify other abnormality:

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

Yes No

Status at transplantation / infusion

442. What is the hematologic disease status?

- Stringent complete response (sCR)
- Complete response (CR)
- Very good partial response (VGPR)
- Partial response (PR)
- No response (NR) / Stable disease (SD)
- Progressive disease (PD)
- Relapse from CR (Rel) (untreated)
- Unknown

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) →

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) →

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 question 453**

452. Specify other hemoglobinopathy: _____ - **Go to question 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 →
- No
- Unknown

455. TRJV measurement

- Known →
- Unknown

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 →
- No

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 transfusion dependent? **(requiring transfusion to maintain HGB >7g/dL)**

- Yes →
- No

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

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

- Yes →
- No
- Unkown

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
- Go to question 466
- No, iron chelation therapy given, but not meeting criteria listed - **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, specify →

465. Specify other reason criteria not met:

466. Year iron chelation therapy started

- Known →
- Unknown

467. Year started: _____
YYYY

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

- Yes →
- No
- 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 →
- No

471. Date assessed

- Known →
- Unknown

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 patient 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 → Unknown

480. _____ µg / dL µmol / L

481. Total iron binding capacity (TIBC)
 Known → Unknown

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 488**
- Absence of T and B cells SCID (402) - **Go to question 488**
- Absence of T, normal B cell SCID (403) - **Go to question 488**
- Omenn syndrome (404) - **Go to question 488**
- Reticular dysgenesis (405) - **Go to question 488**
- Bare lymphocyte syndrome (406) - **Go to question 488**
- Other SCID (419) - **Go to question 485**
- SCID, not otherwise specified (410) - **Go to question 488**
- Ataxia telangiectasia (451) - **Go to question 488**
- HIV infection (452) - **Go to question 488**
- DiGeorge anomaly (454) - **Go to question 488**
- Common variable immunodeficiency (457) - **Go to question 488**
- Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459) - **Go to question 488**
- Kostmann agranulocytosis (congenital neutropenia) (460) - **Go to question 488**
- Neutrophil actin deficiency (461) - **Go to question 488**
- Cartilage-hair hypoplasia (462) - **Go to question 488**
- CD40 ligand deficiency (464) - **Go to question 488**
- Other immunodeficiencies (479) - **Go to question 486**
- Immune deficiency, not otherwise specified (400) - **Go to question 488**
- Chediak-Higashi syndrome (456) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form - Go to question 488**
- Griscelli syndrome type 2 (465) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form - Go to question 488**
- Hermansky-Pudlak syndrome type 2 (466) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form - Go to question 488**
- 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 488**
- Wiskott-Aldrich syndrome (453) - **Go to question 488**
- X-linked lymphoproliferative syndrome (458) - **Go to question 488**

485. Specify other SCID: _____ - **Go to question 488**486. Specify other immunodeficiency: _____ - **Go to question 488**487. Specify other pigmentary dilution disorder: _____ - **Go to question 488**

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

- Yes →
- No

489. Specify viral pathogen (**check all that apply**)

- 304 Adenovirus
- 341 BK Virus
- 344 Coronavirus
- 303 Cytomegalovirus (CMV)
- 347 Chikungunya Virus
- 346 Dengue Virus
- 325 Enterovirus (ECHO, Coxsackie)
- 327 Enterovirus D68 (EV-D68)

- 326 Enterovirus (polio)
- 328 Enterovirus NOS
- 318 Epstein-Barr Virus (EBV)
- 306 Hepatitis A Virus
- 307 Hepatitis B Virus
- 308 Hepatitis C Virus
- 340 Hepatitis E
- 301 Herpes Simplex Virus (HSV)
- 317 Human herpesvirus 6 (HHV-6)
- 309 Human Immunodeficiency Virus 1 or 2
- 343 Human metapneumovirus
- 322 Human Papillomavirus (HPV)
- 349 Human T-lymphotropic Virus 1 or 2
- 310 Influenza, NOS
- 323 Influenza A Virus
- 324 Influenza B Virus
- 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- 311 Measles Virus (Rubeola)
- 312 Mumps Virus
- 345 Norovirus
- 316 Human Parainfluenza Virus (all species)
- 314 Respiratory Syncytial Virus (RSV)
- 321 Rhinovirus (all species)
- 320 Rotavirus (all species)
- 315 Rubella Virus
- 302 Varicella Virus
- 348 West Nile Virus (WNV)

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

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) →

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) →
- Krabbe disease (globoid leukodystrophy) (544)
- Lesch-Nyhan (HGPRT deficiency) (522)
- Neuronal ceroid lipofuscinosis (Batten disease) (523)

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

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) →
- Inherited metabolic disorder, not otherwise specified (520)

495. Specify other inherited metabolic disorder:

- 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 → No500. Specify viral pathogen (**check all that apply**)

- 304 Adenovirus
- 341 BK Virus
- 344 Coronavirus
- 303 Cytomegalovirus (CMV)
- 347 Chikungunya Virus
- 346 Dengue Virus
- 325 Enterovirus (ECHO, Coxsackie)
- 327 Enterovirus D68 (EV-D68)
- 326 Enterovirus (polio)
- 328 Enterovirus NOS
- 318 Epstein-Barr Virus (EBV)
- 306 Hepatitis A Virus
- 307 Hepatitis B Virus
- 308 Hepatitis C Virus
- 340 Hepatitis E
- 301 Herpes Simplex Virus (HSV)
- 317 Human herpesvirus 6 (HHV-6)
- 309 Human Immunodeficiency Virus 1 or 2
- 343 Human metapneumovirus
- 322 Human Papillomavirus (HPV)
- 349 Human T-lymphotropic Virus 1 or 2
- 310 Influenza, NOS
- 323 Influenza A Virus
- 324 Influenza B Virus
- 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- 311 Measles Virus (Rubeola)
- 312 Mumps Virus
- 345 Norovirus
- 316 Human Parainfluenza Virus (all species)
- 314 Respiratory Syncytial Virus (RSV)
- 321 Rhinovirus (all species)

- 320 Rotavirus (all species)
- 315 Rubella Virus
- 302 Varicella Virus
- 348 West Nile Virus (WNV)

501. Has the recipient ever been infected with PCP/PJB?
- **Go to signature line**

Yes No

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 erythematosus (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 transplanted organ (**check all that apply**)

- Kidney
- Liver
- Pancreas
- Other organ



507. Other organ, specify: _____
- 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