

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
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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)

<p>5. Is the product type (bone marrow, PBSC, single cord blood unit) different than the originally intended product type? <i>If Yes, complete Q6. If no, skip to Q8.</i></p>	<p>6. Specify the originally intended product type:</p>	<p>7. Specify other product type:</p>
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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?
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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