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Information Collection Domain: Pre-Transplant Information Collection

CIBMIR CRITER OR INTERNATIONAL BLOOD AMARIONS TRANSPORT REVEATOR	Information Colle	Information Collection Domain: Pre-Transplant Information Collection										
Information Collection Domain Dollection Domain Additional Su ub-Type Domain	Response required if b Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update				
e-Transplant sential Data	no	no	Sequence Number:	Auto Filled Field	i i	Sequence Number:	Auto Filled Field	·				
e-Transplant sential Data	no	no	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field					
e-Transplant		no .										
sential Data e-Transplant	no	no	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field					
sential Data	no	no	EBMT Code (CIC):	Auto Filled Field		EBMT Code (CIC):	Auto Filled Field					
e-Transplant sential Data	no	no	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field					
e-Transplant sential Data	no	no	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID					
re-Transplant ssential Data	no	no	Date of birth:	YYYY/MM/DD		Date of birth:	YYYY/MM/DD					
e-Transplant sential Data	no	no	Sex	female,male		Sex	female,male					
re-Transplant ssential Data	no	no	Ethnicity	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown		Ethnicity	Hispanic or Latino,Not applicable (not a resident o the USA),Not Hispanic or Latino,Unknown					
e-Transplant ssential Data	no	no	Race (check all that apply)	American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian or Other Pacific Islander, Unknown, White		Race (check all that apply)	American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian or Other Pacific Islander, Unknown, White					
re-Transplant ssential Data		no	Race detail (check all that apply)	African American, African (both parents born in Africa), South Aslan, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean, Caribbean Indian, Other White, Eastern European, Filipino (Pilipino), Guamanian, Hawaiian, Japanese, Korean, Mediterranean, Middle Eastern, North American, North Coast of Africa, Chinese, Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vietnammese, White Caribbean, Western European, White South or Central American		Race detail (check all that apply)	African American, African (both parents born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut. North American Indian, Black Caribbean, Caribbean Indian, Other White, Eastern European, Filipino (Pilipino), Guamanian, Hawaiian, Japanese, Korean, Mediterranean, Middle Eastern, North American, North Coast of Africa, Chinese, Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vietnamese, White Caribbean, Western European, White South or Central American					

Information Collection Domain	Information Collection Domain Additional Sub		Information Collection may be	Current Information Collection Data	Current Information Collection Data	Propo	osed Information Collection	Proposed Information Collection Data	
Sub-Type	Domain	applies	requested multiple times	Element (if applicable)	at,Malta,Mauritius,Maidives,Malawi,Me	on Collection update: Data I	Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
					xico,Malaysia,Mozambique,Namibia,Ne w Caledonia,Niger,Norfolk		L	Lucia, Liechtenstein, Sri Lanka, Liberia, Lesotho, Lithuania, Luxembourg, Latvi	
					Island,Nigeria,Nicaragua,Netherlands,No		a	a,Libya,Morocco,Monaco,Moldova,Montenegro,Sa	
					rway,Nepal,Nauru,Niue,New Zealand,Oman,Panama,Peru,French		i	int Martin, French,Madagascar,Marshall Islands,Macedonia,Mali,Myanmar,Mongolia,Maca	
					Polynesia, Papua New		ļ.	u,Northern Mariana	
					Guinea, Philippines, Pakistan, Poland, Saint Pierre and Miguelon, Pitcairn		I	Islands, Martinique, Mauritania, Montserrat, Malta, Mauritius, Maldives, Malawi, Mexico, Malaysia, Moza	
					Islands, Puerto Rico, Palestine, State		ļr	mbique,Namibia,New Caledonia,Niger,Norfolk	
					of,Portugal,Palau,Paraguay,Qatar,Reunio n,Romania,Serbia,Russia,Rwanda,Saudi		II.	lsland,Nigeria,Nicaragua,Netherlands,Norway,Nep al,Nauru,Niue,New	
					Arabia,Solomon Islands,Seychelles,Sudan,Sweden,Singap			Zealand,Oman,Panama,Peru,French Polynesia,Papua New	
					ore,Saint Helena,Slovenia,Svalbard and			Guinea, Philippines, Pakistan, Poland, Saint Pierre	
					Jan Mayen,Slovak Republic,Sierra Leone,San		ā	and Miquelon,Pitcairn Islands,Puerto Rico,Palestine, State	
					Marino, Senegal, Somalia, Suriname, South		lo	of,Portugal,Palau,Paraguay,Qatar,Reunion,Romani	
					Sudan,Sao Tome and Principe,El Salvador,Sint Maarten,		ā	a, Serbia, Russia, Rwanda, Saudi Arabia, Solomon Islands, Seychelles, Sudan, Sweden, Singapore, Saint	
					Dutch, Syria, Swaziland, Turks and Caicos		-	Helena, Slovenia, Svalbard and Jan Mayen, Slovak	
					Islands,Chad,French Southern Territories,Togo,Thailand,Tajikistan,Toke		F	Republic,Sierra Leone,San Marino,Senegal,Somalia,Suriname,South	
					lau,Timor-			Sudan, Sao Tome and Principe, El Salvador, Sint	
					Leste,Turkmenistan,Tunisia,Tonga,Turke y,Trinidad and		ľ	Maarten, Dutch,Syria,Swaziland,Turks and Caicos Islands,Chad,French Southern	
					Tobago, Tuvalu, Taiwan, Tanzania, Ukraine,		h	Territories, Togo, Thailand, Tajikistan, Tokelau, Timor	
					Uganda,United States Minor Outlying Islands,United		L	Leste,Turkmenistan,Tunisia,Tonga,Turkey,Trinidad and	
					States, Uruguay, Uzbekistan, Holy		[1	Tobago,Tuvalu,Taiwan,Tanzania,Ukraine,Uganda,U nited States Minor Outlying Islands,United	1
					See,Saint Vincent and the Grenadines,Venezuela,British Virgin		5	States, Uruguay, Uzbekistan, Holy See, Saint Vincent	
					Islands,United States Virgin Islands,Vietnam,Vanuatu,Wallis and		ā	and the Grenadines, Venezuela, British Virgin Islands, United States Virgin	
					Futuna		ļi	Islands, Vietnam, Vanuatu, Wallis and Futuna	
Pre-Transplant Essential Data		no	no	Country of primary residence	Islands,Samoa,Yemen,Mayotte,South Africa,Zambia,Zimbabwe	Count	ry of primary residence	Islands,Samoa,Yemen,Mayotte,South Africa,Zambia,Zimbabwe	
Essericia: Butu				esumary or primary residence	, mica, cambia, cambia sive	- Count	, or primary residence	The age and a grant and a gran	
Pre-Transplant Essential Data		no	no	State of residence of recipient	Acre, Alagoas, Amapa, Amazonas, Bahia, Ce ara, Distrito Federal, Espirito Santo, Goias, Maranhao, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Para, Paraiba, Parana, Pernambuco, Piaui, Rio Grande do Norte, Rio Grande do Sul, Rio de Janeiro, Rondonia, Roraima, Santa Catarina, Sao Paulo, Sergipe, Tocantins	State o		Acre, Alagoas, Amapa, Amazonas, Bahia, Ceara, Distrit o Federal, Espirito Santo, Goias, Maranhao, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Para, Paraiba, Parana, Pernambuco, Piaui, Rio Grande do Norte, Rio Grande do Sul, Rio de Janeiro, Rondonia, Roraima, Santa Catarina, Sao Paulo, Sergipe, Tocantins	
Pre-Transplant Essential Data		no	по	Province or territory of residence of recipient	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	Provin recipie	nce or territory of residence of	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	
Pre-Transplant Essential Data Pre-Transplant		no	по	State of residence of recipient	Alaska,Alabama,Arkansas,Arizona,Califor nia,Colorado,Connecticut,District of Columbia,Delaware,Florida,Georgia,Haw aii,Jowa,Idaho,Jllinois,Indiana,Kansas,Ken tucky, Louisiana, Massachusetts, Maryland ,Maine,Michigan,Minnesota,Missouri,Mi ssissippi,Montana,North Carolina,North Dakota,Nebraska,New Hampshire,New Jersey,New Mexico,Nevada,New York,Ohio,Oklahoma,Oregon,Pennsylvan ia,Rhode Island,South Carolina,South Dakota,Tennessee,Texas,Utah,Virginia,Vermont,Washington,Wisconsin,West Virginia,Wyoming	State o	(Alaska, Alabama, Arkansas, Arizona, California, Colora do, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Jowa, Ic aho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Mat sachusetts, Maryland, Maline, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Wa ashington, Wisconsin, West Virginia, Wyoming	
Essential Data		no	no	NMDP Recipient ID (RID):	open text	NMDP	Recipient ID (RID):	open text	
re-Transplant				Zip or postal code for place of recipient's			postal code for place of ent's residence (USA and		
ssential Data		no	no	residence (USA and Canada residents only)	open text			open text	

nformation Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Allogeneic Recipient	yes	no	Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneit HCTs only)?	No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)		Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneic HCTs only)?	No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)	
re-Transplant ssential Data	Allogeneic Recipient	yes	no	Date form was signed:	YYYY/MM/DD		Date form was signed:	YYYY/MM/DD	
re-Transplant ssential Data	Related Donors	yes	no	Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)			Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	no,yes	
re-Transplant ssential Data	Related Donors	yes	no	Research sample recipient ID:	open text		Research sample recipient ID:	open text	
re-Transplant ssential Data				Is the recipient participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes data)	no.ves		Is the recipient participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes data)	no.ves	
re-Transplant ssential Data	Clinical Trial Participants	ves	no	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET	Change/Clarification of Response Options	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET, PedAL	Be consistent with current clinical landscape, improve transplant outcome data
re-Transplant issential Data	Clinical Trial Participants Clinical Trial Participants	yes	no	Specify other sponsor:	open text Treatment,BMT CTN 0803 - Auto HCT in HIV + Patients, RCI BMT 09 - MRD,RCI BMT 09 - Plex,BMT CTN 0901 - Myeloablative vs. RIC, BMT 09 - MRD,RCI BMT 09 - Plex,BMT CTN 0902 - Myeloablative vs. RIC, BMT CTN 0903 - Allo HCT in HIV + Patients, RCI BMT 10 - CBA,RCI BMT 10 - CMSMDS-1,RCI BMT 11 - Tree,BMT CTN 1101 - Haplo vs. Double UCB with RIC,BMT CTN 1102 - MDS in older patients, RCI BMT 12 - Moxe,BMT CTN 1202 - Biomarker,BMT CTN 1203 - GVHD Prophylaxis,BMT CTN 1203 - GVHD Prophylaxis,BMT CTN 1204 - HLH,BMT CTN 1205 - Easy-to-read Consent Form (ETRIC),RCI BMT 13 - TLEC,BMT CTN 1301 - CNI-Free,BMT CTN 1302 - Allo MM,BMT CTN 1401 - Myeloma Vaccine,RCI BMT 145-ADS- 202,RCI BMT 15 - MMUD,BMT CTN 1502 - CHAMP Aplastic Anemia,BMT CTN 1503 - STRIDE2,BMT CTN 1506 - AML Maintenance Therapy,BMT CTN 1507 - Haplo Sickle Cell,RCI BMT 14-CMS- MF,RCI BMT 16 - NTCD,RCI BMT 17- CMS-SCD,RCI BMT 17 - CSIDE,BMT CTN 1703 - PROGRESS III,BMT CTN 1704 - CHARM,BMT CTN 1903 - HIV T Cell,BMT CTN 1704 - Treo BM Failure Syndromes,BMT CTN 1905 - BEAT-MS (ITNO77AI),PIDT C 6901 - Disorders of the immune system (CGD),PIDTC 6904 - Disorders of the immune system (CSCI),RCI BMT SQL.		Specify other sponsor:	open text Is shown here. This list will change on a frequent basis to accommodate updates – changes in the response options do not affect burden of completing this question.BMT CTN 0301 - Aplastic nemia.BMT CTN 0601 - Sickle Cell Anemia.BMT CTN 0701 - Follicular Lymphoma,BMT CTN 0702 - Myeloma,BMT CTN 0801 - Chronic GVHD Treatment,BMT CTN 0801 - Chronic GVHD Treatment,BMT CTN 0803 - Auto HCT in HIN + Patients,RCI BMT 09 - MRD,RCI BMT 09 - PIex,BMT CTN 0901 - Myeloablative vs. RIC,BMT CTN 0902 - Peri-TX Stress Mgmt,BMT CTN 0903 - Allo HCT in HIV + Patients,RCI BMT 10 - CBA,RCI BMT 10- CMSMD5-1,RCI BMT 11 - Treo,BMT CTN 1101 - Haplo vs. Double UCB with RC, BMT CTN 1102 - MDS in older patients,RCI BMT 12 - Moxe,BMT CTN 1202 - Biomarker,BMT CTN 1203 - GWHD TON 1202 - Biomarker,BMT CTN 1203 - GWHD TCN 1202 - Biomarker,BMT CTN 1203 - GWHD MM,BMT CTN 1401 - Myeloma Vaccine,RCI BMT 145-ADS-202,RCI BMT 15 - MMUD,BMT CTN 1501 - Standard Risk GVHD,BMT CTN 1502 - CHAMP Aplastic Anemia,BMT CTN 1503 - STRIDE2,BMT CTN 1206 - AML Maintenance Therapy,BMT CTN 1506 - AML Maintenance Therapy,BMT CTN 1506 - AML Maintenance Therapy,BMT CTN 1507 - Haplo Sickle Cell,RCI BM 16-CMS-MF,RCI BMT 16 - NTCD.RCI BMT 17 - CD33,RCI BMT 17 - CSIDE,BMT CTN 1903 - PROGRESS III,BMT CTN 1704 - CHARM,BMT CTN 1803 - Haplo NK Cell,BMT CTN 1903 - HIN T Cell,BMT CTN 1904 - Treo BM Failure Syndromes, BMT CTN 1903 - BEAT-MS (ITMO77AI),PIDTC 6903 - Disorders of the immune system (CGO),PIDTC 6904 - Disorders of the imm	
re-Transplant ssential Data	Clinical Trial Participants	yes	no	Subject ID:	open text		Subject ID:	open text	
e-Transplant sential Data	Clinical Trial Participants	yes	no	Specify the ClinicalTrials.gov identification number:	open text		Specify the ClinicalTrials.gov identification number:	open text	
e-Transplant sential Data e-Transplant	Autologous Transplant Autologous	yes	no	Is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)	no,yes		Is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)	no,yes	
re-Transplant	Transplant	yes	no	Specify subsequent HCT planned	Allogeneic, Autologous		Specify subsequent HCT planned Has the recipient ever had a prior	Allogeneic, Autologous	
sential Data re-Transplant				Has the recipient ever had a prior HCT?	No,Yes		HCT?	No,Yes	
sential Data	1	1	1	Specify the number of prior HCTs:	open text	1	Specify the number of prior HCTs:	open text	ĺ

Information Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Date of the prior HCT:	YYYY/MM/DD		Date of the prior HCT:	YYYY/MM/DD	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Date estimated	checked		Date estimated	checked	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Was the prior HCT performed at a different institution?	: No,Yes		Was the prior HCT performed at a different institution?	No,Yes	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Name:	open text		Name:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	City:	open text		City:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	State:	open text		State:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Country:	open text		Country:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	What was the HPC source for the prior HCT? (check all that apply)	Allogeneic - related, Allogeneic - unrelated, Autologous		What was the HPC source for the prior HCT? (check all that apply)	Allogeneic - related, Allogeneic -unrelated, Autologous	
Pre-Transplant Essential Data		no	no	Reason for current HCT	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease		Reason for current HCT	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease	
Pre-Transplant Essential Data		no	no	Date of graft failure / rejection:	YYYY/MM/DD		Date of graft failure / rejection:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Date of relapse:	YYYY/MM/DD		Date of relapse:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Date of secondary malignancy:	YYYY/MM/DD		Date of secondary malignancy:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Specify other reason:	open text		Specify other reason:	open text	
Pre-Transplant Essential Data		no	no	Has the recipient ever had a prior cellular therapy? (do not include DLIs)	No,Unknown,Yes		Has the recipient ever had a prior cellular therapy? (do not include DLIs)	No,Unknown,Yes	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Were all prior cellular therapies reported to the CIBMTR?	No,Unknown,Yes		Were all prior cellular therapies reported to the CIBMTR?	No,Unknown,Yes	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Date of the prior cellular therapy:	YYYY/MM/DD		Date of the prior cellular therapy:	YYYY/MM/DD	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Was the cellular therapy performed at a different institution?	No,Yes		Was the cellular therapy performed at a different institution?	No,Yes	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Name:	open text		Name:	open text	
re-Transplant ssential Data	Prior Cellular Therapies	yes	no	City:	open text		City:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	State:	open text		State:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Country:	open text		Country:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Specify the source(s) for the prior cellular therapy (check all that apply)	Allogeneic-related,Allogeneic- unrelated,Autologous		Specify the source(s) for the prior cellular therapy (check all that apply)	Allogeneic-related,Allogeneic- unrelated,Autologous	
Pre-Transplant Essential Data		no	no	Multiple donors?	no,yes		Multiple donors?	no,yes	
Pre-Transplant Essential Data		no	no	Specify number of donors:	open text		Specify number of donors:	open text	
Pre-Transplant Essential Data		no	yes	Specify donor	Allogeneic-related donor, Allogeneic- unrelated donor, Autologous		Specify donor	Allogeneic-related donor, Allogeneic-unrelated donor, Autologous	
Pre-Transplant Essential Data		no	yes	Specify product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit		Specify product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit	
Pre-Transplant Essential Data		no	yes	Specify other product:	open text		Specify other product:	open text	
Pre-Transplant Essential Data		yes	ves	Is the product genetically modified?	No,Yes		Is the product genetically modified?		

nformation collection Domain ub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
e-Transplant sential Data	Allogeneic Donors	ves	ves	Specify the related donor type	HLA-matched other relative,HLA- mismatched relative,HLA-identical sibling (may include non-monozygotic twin),Syngeneic (monozygotic twin)		Specify the related donor type	HLA-matched other relative,HLA-mismatched relative,HLA-identical sibling (may include non-monozygotic twin), Syngeneic (monozygotic twin)	
e-Transplant sential Data	Allogeneic Donors		yes	Specify the biological relationship of the donor to the recipient	Fraternal twin, Father, Grandchild, Grandparent, Mo ther, Maternal aunt, Maternal cousin, Maternal uncle, Other biological relative, Paternal aunt, Paternal cousin, Paternal uncle, Recipient's child, Sibling			Fraternal twin,Father,Grandchild,Grandparent,Mother,Maternal aunt,Maternal cousin,Maternal uncle,Other biological relative,Paternal aunt,Paternal cousin,Paternal uncle,Recipient's child,Sibling	
e-Transplant ential Data	Allogeneic Donors	yes	yes	Specify other biological relative:	open text		Specify other biological relative:	open text	
e-Transplant sential Data	Allogeneic Donors	yes	yes	Degree of mismatch (related donors only)	1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)		Degree of mismatch (related donors only)	1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)	
e-Transplant sential Data	Allogeneic Donors	ves	yes	Specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated		Specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated	
e-Transplant sential Data	Allogeneic Donors		yes	Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product?	No,Yes		Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product?	No,Yes	
e-Transplant sential Data	Allogeneic Donors	ves	yes	Was this donor used for any prior HCTs? (for this recipient)	no,yes		Was this donor used for any prior HCTs? (for this recipient)	no,yes	
e-Transplant				Global Registration Identifier for Donors			Global Registration Identifier for		
ential Data -Transplant	Allogeneic Donors	yes	yes	(GRID)	open text		Donors (GRID)	open text	
ential Data -Transplant	Allogeneic Donors	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID: Non-NMDP unrelated donor	open text	
ential Data	Allogeneic Donors	yes	yes	Non-NMDP unrelated donor ID:	open text	Change/Clarification of Information Requested	ID:Registry donor ID:	open text	Capture data accurately
e-Transplant sential Data	Allogeneic Donors	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
e-Transplant sential Data	Allogeneic Donors	yes	yes	Is the CBU ID also the ISBT DIN number?	No,Unknown,Yes		Is the CBU ID also the ISBT DIN number?	No,Unknown,Yes	
e-Transplant sential Data	Allogeneic Donors	ves	yes	Specify the ISBT DIN number:	open text		Specify the ISBT DIN number:	open text	
re-Transplant					Ursula Jaworska Foundation - Bone Marrow Donor Registry, (FL)5 Polish Central Bone Marrow Donor Registry, (FL)5 Polish Central Bone Marrow Donor Registry - Adult Donors, (PMCB) Elie Katz Umbilical Cord Blood Program, (R) Russian Bone Marrow Donor Registry of Unrelated Donors of Hematopoietic Stem Cells, (S) Tobias Registry of Swedish Bone Marrow Donors, (SG) Singapore Bone Marrow Donors, (SG) Singapore Bone Marrow Donor Programme (BMDP), (SK) Slovak National Bone Marrow Donor Registry, (SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry, (SLCBB) St Louis Cord Blood Bank, (SLO) Slovenia Donor, (SM) San Marino Bone Marrow Donor Registry, (TLCB) TRAN - Cord Blood, (TACB) Stem Cyte, Inc. Taiwan, (TECB) Healthbanks Biotech, Co., Ltd, (TH) Thai Stem Cell Donor Registry (TSCDR), (TOCB) Tokyo Cord Blood Bank, (TPCB) BIONET / BabpBank, (TRAN) TRAN - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood, (UJCB) National Marrow Donor Program - Cord Blood, (USA1) National Marrow Donor Program - Cord Blood, (USA2) America Bone Marrow Donor Registry, (UY) SINDOME, (VIAC) Viacord, (W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood, (WACB) Unrelated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (USAU) National Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Marow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry - Cord Blood, (WACB) Unterlated Bone Marrow Donor Registry			Iwarrow Donor Registry,(NL) Europdonor Foundation - Adult Donors, (NLCB) Europdonor Foundation - Cord Blood, (NYCB) National Cord Blood Center, (OTH) Other Registry, (P) Portuguese Bone Marrow Donor Registry, (PL) Unrelated Blood Center, (OTH) Other Registry, (PL) Unrelated Blood Center, (OTH) Other Registry, (PL) Unrelated Blood Center, (PL) Hordon Registry, Adult Donors, (PL3) Against Leukemia Foundation Marrow Donor Registry, (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry, - Adult Donors, (PMCB) Elie Katz Umbilical Cord Blood Program, (Pl. Nausian Bone Marrow Donor Registry, - Adult Donors, (PMCB) Elie Katz Umbilical Cord Blood Program, (Pl. Nausian Bone Marrow Donor Registry, (R2) Karelian Registry of Unrelated Donors of Hematopoletic Stem Cells, (S) Toblas Registry of Swedish Bone Marrow Donors, (SG) Singapore Bone Marrow Donor Registry, (SCB) Singapore Bone Marrow Donor Registry, (SCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry, (SLCB) St Louis Cord Blood Bank, (SLO) Slovenia Donor, (SM) San Marino Bone Marrow Donor Registry, (TLB) TRAN - cord Blood, (TACB) StemCyte, Inc. Taiwan, (TECB) Healthbanks Biotech, Co., Ltd, (TH) Thai Stem Cell Donor Registry (TSCB), (TCCB) Tokyo Cord Blood Bank, (TPCB) BIONET / BabyBanks, (TRAN) TRAN - Adult Donors, (TRIS) Bone Marrow Donor Registry, (USA1) National Marrow Donor Program - Adult Donors, (TRIS) Bone Marrow Donor Registry, (USA1) National Marrow Donor Program - Cord Blood, (USA31) National Marrow Donor Registry - Cord Blood, (UNACB) Polish Central Bone Marrow Donor Registry - Cord Blood, (UNACB) Polish Central Bone Marrow Donor Registry - Cord Blood, (UNACB) Polish Central Bone Marrow Donor Registry - Cord Blood, (UNACB) Polish Central Bone Marrow Donor Registry - Cord Blood, (UNACB) Polish Central Bone Marrow Donor Registry - Cord Blood, (UNACB)	
sential Data e-Transplant	Allogeneic Donors		yes	Registry or UCB Bank ID Specify other Registry or UCB Bank:	Registry		Registry or UCB Bank ID Specify other Registry or UCB Bank:	Blood,(ZA) South African Bone Marrow Registry	
ential Data -Transplant	Allogeneic Donors		yes		open text				
ential Data	Allogeneic Donors	yes	yes	Donor date of birth	Known,Unknown		Donor date of birth	Known,Unknown	

nformation Collection Domain Sub-Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor date of birth:	YYYY/MM/DD		Donor date of birth:	YYYY/MM/DD	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor age	Known,Unknown		Donor age	Known,Unknown	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor age: Months (use only if less than 1 years old), Years	open text		Donor age: Months (use only if less than 1 years old), Years	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor sex	female,male		Donor sex	female,male	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify blood type (donor) (non-NMDP allogeneic donors only)	A,AB,B,O		Specify blood type (donor) (non- NMDP allogeneic donors only)	A,AB,B,O	
Pre-Transplant Essential Data	Allogeneic Donors		yes	Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative,Positive		Specify Rh factor (donor) (non-NMDF allogeneic donors only)	Negative,Positive	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor CMV-antibodies (IgG or Total) (Allogeneic HCTs only)	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive		Donor CMV-antibodies (IgG or Total) (Allogeneic HCTs only)	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (Related donors only)	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)		Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDF / CIBMTR? (Related donors only)	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)	
Pre-Transplant Essential Data	Allogeneic Donors	ves	yes	Date form was signed:	YYYY/MM/DD		Date form was signed:	YYYY/MM/DD	
Pre-Transplant	Allogeneic Donors	yes	yes	Did the donor submit a research sample to the NMDP/CIBMTR repository? (Related	TTT/NIN/OD		Did the donor submit a research sample to the NMDP/CIBMTR	TTT/MIN DD	
Essential Data Pre-Transplant	Allogeneic Donors	yes	yes	donors only)	no,yes		repository? (related donors only)	no,yes	
Essential Data	Allogeneic Donors	yes	yes	Research sample donor ID:	open text		Research sample donor ID:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify number of products infused from this donor:	open text		Specify number of products infused from this donor:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify the number of these products intended to achieve hematopoietic engraftment:	open text		Specify the number of these product intended to achieve hematopoietic engraftment:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (filgrastim, Neupogen), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Change/Clarification of Response Options	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (TBO-filgrastim, filgrastim, Granix, Neupogen), GM-CSF (sargramostim, Leukine), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data	Autologous Transplant	ves	yes	Specify other agent:	open text		Specify other agent:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Name of product (gene therapy recipients)			Name of product (gene therapy recipients)	Other name	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify other name:	open text		Specify other name:	open text	
Pre-Transplant Essential Data	·	no	no	What scale was used to determine the recipient's functional status?	Karnofsky,Lansky		What scale was used to determine the recipient's functional status?	Karnofsky,Lansky	
Pre-Transplant					100 Normal; no complaints; no evidence of disease, 10 Moribund; fatal process progressing rapidly, 20 Very sick; hospitalization necessary, 30 Severely disabled; hospitalization indicated, although death not imminent, 40 Disabled; requires special care and assistance, 50 Requires considerable assistance and frequent medical care, 60 Requires occasional assistance but is able to care for most needs, 70 cares for self; unable to carry on normal activity or to do active work, 80 Normal activity with effort, 90 Able to carry on normal		Karnofsky Scale (recipient age ≥ 16	100 Normal; no complaints; no evidence of disease, 10 Moribund; fatal process progressing rapidly, 20 Very sick; hospitalization necessary, 30 Severely disabled; hospitalization indicated, although death not imminent, 40 Disabled; requires special care and assistance, 50 Requires considerable assistance and frequent medical care, 60 Requires occasional assistance but is able to care for most needs, 70 Cares for self; unable tc carry on normal activity or to do active work, 80 Normal activity with effort, 90 Able to carry on	

formation ollection Domain ub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
e-Transplant sential Data		no	no	Lansky Scale (recipient age ≥ 1 year and < 16 years)	100 Fully active,10 Completely disabled, not even passive play,20 Limited to very passive activity initiated by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play; fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance / supervision,70 Both greater restrictions of, and less time spent in, active play &R Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play		Lansky Scale (recipient age ≥ 1 year and < 16 years)	100 Fully active, 10 Completely disabled, not even passive play, 20 Limited to very passive activity initiated by others (e.g., TV), 30 Needs considerable assistance for quiet activity, 40 Able to initiate quiet activities, 50 Considerable assistance required for any active play, fully able to engage in quiet play, 60 Ambulatory up to 50% of time, limited active play with assistance / supervision, 70 Both greater restrictions of, and less time spent in, active play, 80 Restricted in strenuous play, tires more easily, otherwise active, 90 Minor restriction in physically strenuous play	
e-Transplant sential Data	Allogeneic Recipient	ves	no	Specify blood type (of recipient) (For allogeneic HCTs only)	A,AB,B,O		Specify blood type (of recipient) (For allogeneic HCTs only)	A,AB,B,O	
e-Transplant sential Data	Allogeneic Recipient	yes	no	Specify Rh factor (of recipient) (For allogeneic HCTs only)	Negative, Positive		Specify Rh factor (of recipient) (For allogeneic HCTs only)	Negative,Positive	
re-Transplant ssential Data	,	no	no	Recipient CMV-antibodies (IgG or Total)	Indeterminate,Non-reactive,Not done,Reactive		Recipient CMV-antibodies (IgG or Total)	Indeterminate,Non-reactive,Not done,Reactive	
Pre-Transplant Essential Data Pre-Transplant Essential Data				Has the patient been infected with COVID- 19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion? Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes		Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion? Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes	
re-Transplant				Was mechanical ventilation used for COVID-19 (SARS-CoV-2) infection?	No.Yes	Change/Clarification of Information Requested	Was mechanical ventilation used given for COVID-19 (SARS-CoV-2) infection?	No.Yes	Examples added or typographical errors corrected for clarificati
re-Transplant				Was a vaccine for COVID-19 (SARS-CoV-2)		Change/Clarification of information requested	Was a vaccine for COVID-19 (SARS-		examples added or typographical errors corrected for clarificati
ssential Data		no	yes	received?	No,Unknown,Yes		CoV-2) received?	No,Unknown,Yes	
re-Transplant ssential Data	COVID-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca, Johnson & Johnson/Janssen, Moderna, Novavax, Oth er (specify), Pfizer-BioNTech		Specify vaccine brand	AstraZeneca, Johnson & Johnson/Janssen, Moderna, Novavax, Other (specify), Pfizer-BioNTech	
re-Transplant ssential Data	COVID-19 Vaccine	ves	ves	Specify other type:	open text		Specify other type:	open text	
re-Transplant ssential Data	COVID-19 Vaccine		yes	Select dose(s) received	Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose	
e-Transplant sential Data	COVID-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
e-Transplant sential Data	COVID-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	
e-Transplant ssential Data		no	no	Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?	no,yes		Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?	no,yes	
re-Transplant ssential Data		no	no	Is there a history of invasive fungal infection?	No,Yes		Is there a history of invasive fungal infection?	No,Yes	
re-Transplant		no	no	Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)	Known,Unknown		Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)	Known, Unknown	
re-Transplant ssential Data		no	no	Glomerular filtration rate (GFR):	mL/min/1.732		Glomerular filtration rate (GFR):	mL/min/1.732	
Pre-Transplant Essential Data		no	no	Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)	No,Yes		Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excludin simple ASD, VSD, or PDA repair) (pediatric only)	g No.Yes	

Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data		no	no	Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoletic cell transplantation. Blood, 121(15), 2854-2863.)	e No,Yes endoscopy or radiologic diagnosis		Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoletic cell transplantation. Blood, 121(15), 2854-2863.)	No,Yes Inflammatory bowel disease -Any history of	
ere-Transplant issential Data	Comorbid Conditions	Yes	no	Specify co-existing diseases or organ impairment (check all that apply)	requiring treatment Psychiatric disturbance -Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g., bipolar disorder oschizophrenia) requiring continuous treatment in the last 4 weeks Pulmonary, moderate -Corrected diffusion capacity of carbon monoxide and/or FEV1 of 66-80% or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe -Corrected diffusion capacity of carbon monoxide and/or FEV1 of s 65% or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant Renal, moderate / severe -Serum creatinine > 2 mg/dL or > 177 µmol/L; or dialysis during the 4 weeks prior to transplant (SR prior renal transplantation -go to question 102 Rheumatologic Any history of a rheumatologic fisease (e.g., systemic lupus erythematosis, rheumatologic disease, e.g., systemic lupus erythematosis, theumatolid isease, osteoarthritis). Prior malignancy-Treated at any time point in the patient's past history, other than the primary disease for which this infusion is being performed -go to question 103		Specify co-existing diseases or organ impairment (check all that apply)	crohn's disease or ulcerative colitis requiring treatment Obesity-Patients older than 18 years with a body mass index (BMI) > 35 kg/m2 prior to the start of conditioning or a BMI of the 95th percentile of higher for patients aged 18 years or younger Peptit culer-Amy history of peptic (gastric or duodenal) ulcer confirmed by endoscopy or radiologic diagnosis requiring treatment Psychiatric disturbance-Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g., bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 week Pulmonary, moderate-Corrected diffusion capacity of carbon monoxide and/or FEV1 of 6680% or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe-Corrected diffusion capacity of carbon monoxide and/or FEV1 of 55% or dyspnea at rest attributed to pulmonary disease of the need for intermittent or continuous oxygen during the 4 weeks prior to transplant; Nenal, moderate / severe-Serum creatinine > 2 mg/dt or > 177 µmol/t; on dialysis during the 4 weeks prior to transplant (Renal, moderate / severe-Serum creatinine > 2 mg/dt or > 177 µmol/t; on dialysis during the 4 weeks prior to transplant (SR prior renal transplantation -go to question 100 Rheumatologic Any history of a rheumatologic disease (e.g., systemic lupus erythematosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica, etc.) requiring treatment. (Do NOT linclude degenerative joint disease, osteoarthritis) Prior malignancy-Treated at any time point in the patient's past history, other than the primary	
e-Transplant sential Data	Comorbid Conditions	Yes	no	Was the recipient on dialysis immediately prior to start of preparative regimen?	No,Unknown,Yes Breast cancer		Was the recipient on dialysis immediately prior to start of preparative regimen?	No,Unknown,Yes Breast cancer	
					Central nervous system (CNS) malignancy (e.g., globlastoma, astrocytome) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor			Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Leukemia Actute myeloid leukemia Chronic myeloid leukemia Chronic lymphoblastic leukemia Chronic lymphoblastic leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngaal cancer (e.g., tongue, buccal mucca) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor	
Transplant ential Data Transplant	Comorbid Conditions Comorbid Conditions	Yes	no	Specify prior malignancy (check all that apply) Specify other skin malignancy: (prior)		Change/Clarification of Response Options Deletion of Information Requested	Specify prior malignancy (check all that apply)		Be consistent with current clinical landscape, improve transplant outcome data Reduce redundancy in data capture

	Information Collection								
Information Collection Domair Sub-Type	Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Specify other hematologic malignancy: (prior)	open text		Specify other hematologic malignancy: (prior)	open text	
Pre-Transplant Essential Data		no	no	Specify other solid tumor: (prior)	open text		Specify other solid tumor: (prior)	open text	
Pre-Transplant Essential Data		no	no	Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown		Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
Pre-Transplant Essential Data		no	no	Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	ng/mL (µg/L)		Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	ng/mL (μg/L)	
Pre-Transplant Essential Data		no	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Upper limit of normal for your institution:	open text		Upper limit of normal for your institution:	open text	
Pre-Transplant Essential Data		no	no	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown		Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
Pre-Transplant Essential Data		no	no	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	•g/dL •g/L		Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	•g/dL • g/L	
Pre-Transplant Essential Data		no	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown		Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
Pre-Transplant Essential Data		no	no	Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	x 10°/L (x 10³/mm³) x 10°/L		Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	x 10°/L (x 10³/mm³)	
Pre-Transplant Essential Data		no	no	Were platelets transfused < 7 days before date of test?	No,Unknown,Yes		Were platelets transfused < 7 days before date of test?	No,Unknown,Yes	
Pre-Transplant Essential Data		no	no	Did the recipient have a prior solid organ transplant?	No,Yes		Did the recipient have a prior solid organ transplant?	No,Yes	
Pre-Transplant Essential Data	Prior Solid Organ Transplant	yes	yes	Specify organ	Bowel,Heart,Kidney(s),Liver,Lung,Other organ,Pancreas		Specify organ	Bowel,Heart,Kidney(s),Liver,Lung,Other organ,Pancreas	
Pre-Transplant Essential Data	Prior Solid Organ Transplant	yes	yes	Specify other organ:	open text		Specify other organ:	open text	
Pre-Transplant Essential Data	Prior Solid Organ Transplant	yes	yes	Year of prior solid organ transplant:	YYYY		Year of prior solid organ transplant:		
Pre-Transplant Essential Data		no	no	Height at initiation of pre-HCT preparative regimen:	inches cms	Change/Clarification of Response Options	Height at initiation of pre-HCT preparative regimen:	inches cms	Capture data accurately
Pre-HCT Preparative Regimen		no	no	Actual weight at initiation of pre-HCT preparative regimen:	pounds kilograms		Actual weight at initiation of pre-HCT preparative regimen:		
Pre-HCT Preparative Regimen	:	no	no	Was a pre-HCT preparative regimen prescribed?	no,yes		Was a pre-HCT preparative regimen prescribed?	no,yes	
Pre-HCT Preparative Regimen	Allogeneic Recipient	yes	no	Classify the recipient's prescribed preparative regimen (Allogeneic HCTs only)	Myeloablative,Non-myeloablative (NST),Reduced intensity (RIC)		Classify the recipient's prescribed preparative regimen (Allogeneic HCTs only)	Myeloablative,Non-myeloablative (NST),Reduced intensity (RIC)	
Pre-HCT Preparative Regimen		no	no	Was irradiation planned as part of the pre- HCT preparative regimen?	no,yes		Was irradiation planned as part of the pre-HCT preparative regimen?	no,yes	
Pre-HCT Preparative Regimen		no	no	What was the prescribed radiation field?	Total body by intensity-modulated radiation therapy (IMRT),Thoracoabdominal region,Total body,Total lymphoid or nodal regions		What was the prescribed radiation field?	Total body by intensity-modulated radiation therapy (IMRT),Thoracoabdominal region,Total body,Total lymphoid or nodal regions	
Pre-HCT Preparative Regimen		no	no	Total prescribed dose: (dose per fraction x total number of fractions)	: Gy : cGy		Total prescribed dose: (dose per fraction x total number of fractions)		

	Information								
Information Collection Domair Sub-Type	Collection Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-HCT Preparative Regimen		no	no	Date started:	YYYY/MM/DD		Date started:	YYYY/MM/DD	
Pre-HCT Preparative Regimen	:	no	no	Was the radiation fractionated?	no,yes		Was the radiation fractionated?	no,yes	
Pre-HCT Preparative Regimen		no	no	Total number of fractions:	open text		Total number of fractions:	open text	
Pre-HCT Preparative Regimen		no	no	Drug (drop down list)	Bendamustine, Busulfan, Carboplatin, Car mustine, Clofarabine, Cyclophosphamide, Cytarabine, Etoposide, Fludarabine, Gemci tabine, Ibritumomab tituxetan, Ifosfamide, Lomustine, Melphala n, Methylperdinisolone, Other, Pentostatin , Propylene glycol-free melphalan, Rituximab, Thiotepa, Tositumo mab, Treosulfan	Change/Clarification of Response Options	Drug (drop down list)	Bendamustine, Busulfan, Carboplatin, Carmustine, Cofarabine, Cyclophosphamide, Cytarabine, Etoposide, Fludarabine, Gemcitabine, Ibritumomab tituxetan, Ifosfamide, Lomustine, Melphalan, Methyl, rednisolone, Other, Pentostatin, Propylene glycolfree melphalan, Rituximab, Thiotepa, Tositumomab, Treosulfan, Azathioprine, Bortezomib, Cisplatin, Hydroxyurea, and Vincristine.	
Pre-HCT Preparative Regimen		no	ves	Specify other drug:	open text		Specify other drug:	open text	
Pre-HCT Preparative Regimen		no	yes	Total prescribed dose:			Total prescribed dose:	mg/m2mg/kgJUC (mg x h/L)AUC (µmol x min/L)CSS (ng/mL)	
Pre-HCT Preparative Regimen		no	yes	Date started:	YYYY/MM/DD		Date started:	YYYY/MM/DD	
Pre-HCT Preparative Regimen	:	no	yes	Specify administration (busulfan only)	Both,IV,Oral		Specify administration (busulfan only)	Both,IV,Oral	
Additional Drugs Given In the Peri- Transplant Period		no	no	ALG, ALS, ATG, ATS	no,yes	Change/Clarification of Information Requested and Response Option	ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol	no.yes (check all that apply)	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri- Transplant Period		no	no	Total prescribed dose:	mg/kg		Total prescribed dose:	mg/kg	
Additional Drugs Given In the Peri- Transplant Period		no	no	Specify source	ATGAM (horse),ATG - Fresenius (rabbit),Other,Thymoglobulin (rabbit)		Specify source	ATGAM (horse),ATG - Fresenius (rabbit),Other,Thymoglobulin (rabbit)	
Additional Drugs Given In the Peri- Transplant Period		no	no	Specify other source:	open text		Specify other source:	open text	
Additional Drugs Given In the Peri- Transplant Period		no	no	Alemtuzumab (Campath)	no,yes	Deletion of Information: Merged to Check all that Apply	Alemtuzumab (Campath)	no.ves	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri- Transplant Period		no	no	Total prescribed dose:	mg/m2 mg/kg mg/kg		Total prescribed dose:	mg/m2 mg/kg mg/kg	
Additional Drugs Given In the Peri- Transplant Period		no	no	Defibrotide	No.Yes	Deletion of Information: Merged to Check all that Apply	Defibratice Defibration	No Yes	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri- Transplant Period		no	no	KGF	No,Yes	Deletion of Information: Merged to Check all that Apply	KCE	No Yes	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri- Transplant Period		no	no	Ursodiol	No,Yes	Deletion of Information: Merged to Check all that Apply	Ursodiol	No.Yes	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
	Allogeneic Recipient	yes	no	Was GVHD prophylaxis planned?	No,Yes		Was GVHD prophylaxis planned?	No,Yes	

Information Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
GVHD Prophylaxis	Allogeneic Recipient	γes	no	Specify drugs / intervention (check all that apply)	Abatacept, Anti CD 25(Zenapax, Daclizumab, AntīTAC), Blinded randomized trial, Bortezomib, CD34 enriched(CD34+ selection), Corticosteriods (systemic), Cyclophosphamide (Cytoxan), Cyclosporine (CSA, Neoral, Sandimmune), Extra-corporeal photopheresis (ECP), Ex-vivo T-cell depletion, Filgotinib, Maraviroc, Mycophe nolate mofetii (MMF) (Cellcept), Methotrexate (MTX) (Amethopterin), Other agent, Ruxolitinib, Sirolimus (Rapamycin, Rapamune), Tacrolimus (Rapamycin, Sob), Tocilizumab		Specify drugs / intervention (check all that apply)	Abatacept, Anti CD 25 (Zenapax, Daclizumab, AntiTAC), Blinded randomized trial, Bortezonib, CD34 enriched (CD34+ selection), Corticosteriods (systemic), Cyclophosphamide (Cytoxan), Cyclophosphamide (Cytoxan), Cyclopsoprine (CSA, Neoral, Sandimmune), Extra-corporeal photopheresis (ECP), Ex-vivo T-cell depletion, Filgotinib, Maraviroc, Mycophenolate mofetil (MMP) (Cellcept), Methotrexate (MTX) (Amethopterin), Other agent, Ruxolitinib, Sirolimus (Rapamycin, Rapamune), Tacrolimus (FK 506), Tocilizumab	
GVHD Prophylaxis	Allogeneic Recipient	yes	no	Specify other agent:	open text (do not report ATG, campath)		Specify other agent:	open text (do not report ATG, campath)	
Post-HCT Disease Therapy Planned as of Day 0	F	no	no	Is additional post-HCT therapy planned?	no,yes		Is additional post-HCT therapy planned?	no,yes	
Post-HCT Disease Therapy Planned as of Day 0		no	по	Specify post-HCT therapy planned	Azacitidine(Vidaza), Blinatumomab, Borte zomib (Velcade), Bosutinib, Brentuximab, Carfilzomib, Cellular therapy (e.g. DCI, DII), Crenolanib, Daratumumab, Dasatinib Decitabine, Elotuzumab, Enasidenib, Cilter titnib, Bruttinib, Imanitib mesylate (Gleevec, Gilvec), Intrathecal chemotherapy, Vosidenib, Ixazomib, Lenal idomide (Revlimid), Lestaurtinib, Local radiotherapy, Midostaurin, Nilotinib, Obin utuzumab Other, Pacritinib, Ponatinib, Qui zartinib, Rituximab (Rituxan, Mathtera), Sorafenib, Sunitinib, Thalidomide (Thalomid), Unknown		Specify post-HCT therapy planned	Azacitidine(Vidaza), Blinatumomab, Bortezomib (Velcade), Bosutinib, Brentuximab, Carflizomib, Cellu ar therapy (e.g., DCI, DLI), Crenolanib, Daratumumab, Dasatinib, Decitabir e, Elotuzumab, Enasidenib, Gilteritinib, Ibrutinib, Imanitib mesylate (Gleevec, Glivec), Intrathecal chemotherapy, Vosidenib, Nazomib, Lenalidomide (Revlimid), Lestaurtinib, Local radiotherapy, Midostaurin, Nilotinib, Obinutuzumab, Other, Pacritinib, Ponatinib, Quizartinib, Rituximab (Rituxan, Mabthera), Sorafenib, Sunitinib, Thalidomide (Thalomid), Unknown	
Post-HCT Disease Therapy Planned as of Day 0		no	no	Specify other therapy:	open text		Specify other therapy:	open text	
Prior Exposure: Potential Study Eligibility		no	no	Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)	Blinatumomab(Blincyto),Gemtuzumab ozogamicin (Mylotarg),Inotuzumab ozogamicin (Besponsa) ,Mogamulizumab (Poteligeo) ,None,Thiotepa		Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)	Blinatumomab (Blincyto), Gemtuzumab ozogamicin (Mylotarg), Inotuzumab ozogamicin (Besponsa) , Mogamulizumab (Poteligeo), None, Thiotepa	
							Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-		
Covid-19 Impact Covid-19 Impact		no	no			Addition of Information Requested Addition of Information Requested	2) pandemic? Is the HCT date different than the originally intended HCT date?	no,yes	Covid-19 Impact Covid-19 Impact
		no	no no			·	Original Date of HCT	7	
Covid-19 Impact		110	110			Addition of Information Requested	Original Date of HCT	YYYY/MM/DD	Covid-19 Impact
Covid-19 Impact		200	no no			Addition of Information Requested Addition of Information Requested	Is the donor different than the originally intended donor?	ne ves	Covid-19 Impact
Covid-19 Impact Covid-19 Impact		no	no			Addition of information Requested Addition of Information Requested	Specify the originally intended donor	no,yes unrelated donor, syngeneic (monozygotic twin), HLA-idential sibling (may include non-monozygotic twin), HLA-matched other relative (does NOT include a haplo-identical donor), HLA-mismatched relative	Covid-19 Impact Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Is the product type (bone marrow, PBSC, cord blood unit) different than the originally intended product type?	no,yes	Covid-19 Impact

nformation Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
ovid-19 Impact		no	no			Addition of Information Requested	Specify the originally intended product type	bone marrow,Other product,PBSC, cord blood unit	Covid-19 Impact
vid-19 Impact		no	no			Addition of Information Requested	Specify other product type	open text	Covid-19 Impact
vid-19 Impact		no	no			Addition of Information Requested	Was the current product thawed from a cryopreserved state prior to infusion?	no,yes	Covid-19 Impact
ovid-19 Impact		no	no			Addition of Information Requested	Did the preparative regimen change from the original plan?	no, yes	Covid-19 Impact
ovid-19 Impact		no	no			Addition of Information Requested	Did the GVHD prophylaxis change from the original plan?	no,yes	Covid-19 Impact
Disease Classification		no	yes	Date of diagnosis of primary disease for HCT / cellular therapy:	YYYY/MM/DD		Date of diagnosis of primary disease for HCT / cellular therapy:	YYYY/MM/DD	
					Autoimmune diseases, Acute Inympholastic leukemia (ALL), Acute myelogenous leukemia (ANL or ANLL), Chronic myelogenous leukemia (CML), Hemoglobinopathies, Histiocytic disorders, Hodgkin lymphoma, Inherited Bone Marrow Failure Syndromes (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) – Disorders of the immune system, Inherited disorders of metabolism, Inherited abnormalities of platelets, Myelodysplastic syndrome (MDS) (If recipient has transformed to AML, indicate AML as the primary disease.), Myeloproliferative neoplasms (MPN)(If recipient has transformed to AML, indicate AML as the primary disease.), Non-Hodgkin lymphoma, Acute leukemia of ambiguous lineage and other myeloid neoplasms, Other disease, Other leukemia (includes CLL), Multiple myeloma / plasma cell disorder (PCD), Paroxymal nocturnal hemoglobinuria (PNH), Recessive dystrophic epidermolysis bullosa, plastic Anemial (If the recipient developed MDS).			Autoimmune diseases. Acute lymphoblastic leukemia (ALL), Acute myelogenous-myeloid leukemia (AML), Acute myelogenous-myeloid leukemia (CML), Hemoglobinopathies. Histiocytic disorders. Hodgkin lymphoma, Inherited Bone Marrow Failure Syndromes(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) –, Disorders of the immune system, Inherited disorders of metabolism, Inherited abnormalities of platelets, Myelodysplastic syndrome (MDS) (If recipient has transformed to AML, indicate AML as the primary disease.) Myeloproliferative neoplasms (MPN)(If recipient has transformed to AML, indicate AML as the primary disease.), Nonlengiam (MPN)(If recipient has transformed to AML, indicate AML as the primary disease.), Nonlengiam of ambiguous lineage and other myeloid neoplasms, Other disease, Other leukemia (includes CLL), Multiple myeloma / plasma cell disorder (PCD), Paroxysmal nocturnal hemoglobinuria (PNH), Recessive dystrophic epidermolysis bullosa. Aplastic	
Disease				What was the primary disease for which	or AML, indicate MDS or AML as the primary disease.) ,Solid		What was the primary disease for which the HCT / cellular therapy was	Anemia(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.), Solid tumors, Tolerance induction	
assification		no	no	the HCT / cellular therapy was performed?		Change/Clarification of Response Options	performed?	associated with solid organ transplant	Capture data accurately

formation ollection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
•					RUNX1T1 (281), AML with inv(16) (p13.1;1q22) or	·		AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5) AML with t(6;9) (p23;q34.1); DEK-NUP214 (6),	
					t(16;16)(p13.1; q22); CBFB-MYH11 (282), APL with PML-RARA (283),			AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7),	
					AML with BCR-ABL1 (provisional entity) (3),			AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8),	
					AML with mutated NPM1 (4), AML with biallelic mutations of CEBPA			AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281),	
					(297), AML with mutated RUNX1 (provisional			AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282),	
					entity) (298), AML with 11q23 (MLL) abnormalities			APL with PML-RARA (283), AML with BCR-ABL1 (provisional entity) (3),	
					(i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284),			AML with mutated NPM1 (4), AML with biallelic mutations of CEBPA (297),	
					AML with myelodysplasia – related changes (285),			AML with mutated RUNX1 (provisional entity) (298),	
					Therapy related AML (t-AML) (9),			AML with 11q23 (MLL) abnormalities (i.e., t(4;11),	
					AML, not otherwise			t(6;11), t(9;11), t(11;19)) (284), AML with myelodysplasia – related changes (285),	
					specified: AML, not otherwise specified (280),			Therapy related AML (t-AML) (9), AML,	
					AML, minimally differentiated (286), AML without maturation (287),			not otherwise specified: AML, not otherwise specified (280),	
					AML with maturation (288) , Acute myelomonocytic leukemia (289),			AML, minimally differentiated (286), AML without maturation (287) ,	
					Acute monoblastic / acute monocytic leukemia (290),			AML with maturation (288) , Acute myelomonocytic leukemia (289),	
					Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia)			Acute monoblastic / acute monocytic leukemia (290),	
					(291), Acute megakaryoblastic leukemia (292),			Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291),	
					Acute basophilic leukemia (293), Acute panmyelosis with myelofibrosis			Acute megakaryoblastic leukemia (292), Acute basophilic leukemia (293),	
	Acute				(294), Myeloid sarcoma (295),			Acute panmyelosis with myelofibrosis (294), Myeloid sarcoma (295),	
ease ssification	Myelogenous Leukemia (AML)	yes	no	Specify the AML classification	Myeloid leukemia associated with Down syndrome (299).			Myeloid leukemia associated with Down syndrom (299).	
Sincación	Acute	yes		Specify the Airle diassification	Syndrome (277),		Specify the Affic classification	(277),	
ease ssification	Myelogenous Leukemia (AML)	yes	no	Did AML transform from MDS or MPN?	no,yes-Also complete MDS or MPN Disease Classification questions		Did AML transform from MDS or MPN?	no,yes-Also complete MDS or MPN Disease Classification questions	
sease	Acute Myelogenous								
assification	Leukemia (AML)	yes	no	Is the disease (AML) therapy related?	no,Unknown,yes		Is the disease (AML) therapy related?	no,Unknown,yes	
sease assification	Acute Myelogenous Leukemia (AML)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes	
sease assification	Acute Myelogenous	yes	no	Specify condition	Bloom syndrome, Dyskeratosis congenita, Down Syndrome, Fanconi anemia, Other condition			Bloom syndrome, Dyskeratosis congenita, Down Syndrome, Fanconi anemia, Other condition	
	Acute								
ease ssification	Myelogenous Leukemia (AML)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
ease ssification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
ase	Acute Myelogenous								
sification	Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
ease ssification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
	Acute			International System for Human			International System for Human		
ease ssification	Myelogenous Leukemia (AML)	yes	yes	Cytogenetic Nomenclature (ISCN) compatible string:	open text		Cytogenetic Nomenclature (ISCN) compatible string:	open text	
ease	Acute Myelogenous			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
ssification	Leukemia (AML)	yes	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2	
					(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) /			(11q23) any abnormality,12p any	
					16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q)			abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) /	
					/ 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-			21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-	
	Acute	1	1	1	Y,Other abnormality,t(15;17) and	I.	1	Y.Other abnormality.t(15:17) and	1

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Acute								
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Acute								
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
	Acute								
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease	Acute Myelogenous			International System for Human Cytogenetic Nomenclature (ISCN)			International System for Human Cytogenetic Nomenclature (ISCN) compatible string:		
Classification	Leukemia (AML) Acute	yes	yes	compatible string:	open text		compatible string:	open text	
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-del(16q) / 16q-del(17q) / 17q-del(20q) / 20q-del(21q) / 21q-del(3q) / 3q-del(5q) / 5q-del(7q) / 7q-del(9q) / 9q-inv(16),inv(3),-17,-18,-5,-7,X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(33),t(6);t(8);21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,- V,Other abnormality,t(15;17) and variants,t(16;16),t(3),3t(6);1(8);21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8	
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	СЕВРА	Negative,Not Done,Positive		СЕВРА	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant), Monoallelic (single mutant), Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - TKD (point mutations in D835 or deletions of codon 1836)	Negative,Not done,Positive		FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
6.	Acute								
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD mutation	Negative,Not Done,Positive		FLT3 - ITD mutation	Negative,Not Done,Positive	
Disease	Acute								
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown	
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:		
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	yes	yes	IDH1	Negative,Not Done,Positive		IDH1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative.Not Done.Positive	
o.assiiication	Acute	1,00	,	10112	- togative, for Dolle, i ositive		I I I I I I I I I I I I I I I I I I I	Topacro, tot bone, osteve	
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative, Not Done, Positive	
	Acute		,		J			-,,,	
Disease Classification	Myelogenous	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
	Acute								
Disease	Myelogenous								

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Acute					·			·
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease	Acute Myelogenous			Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last			Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or relapse and last		
Classification	Leukemia (AML)	yes	yes	evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality, 12p any abnormality, 41p any abnormality, 41q1,		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q.del(16q) / 16q.del(17q) / 17q.del(20q) / 20q.del(21q) / 21q.del(3q) / 3q.del(5q) / 5q.del(7q) / 7q.del(9q) / 9q.inv(16),im(3)-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8:21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality, 12p any abnormality, 41p any abnormality, 41e(11q) / 11q-, de(11q) / 16q-, de(11q) / 17q-, de(20q) / 20q-, de(12q) / 21q-, de(3q) / 3q-, de(5q) / 5q-, de(17q) / 7q-, de(17q) /		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q.del(16q) / 16q.del(17q) / 17q.del(20q) / 20q.del(21q) / 21q.del(3q) / 3q.del(5q) / 5q.del(7q) / 7q.del(9q) / 9q.inv(16).inv(3).17,-18.5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;10,1(3;3),t(6);10;10;11,t(9;11),t(9;21,+11,+13,+14,+21,+22,+4,+8)	
Disease Classification	Acute Myelogenous	lugs.	No.	Specification abnormality	open text		Specify other abn	open text	
Disease	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality: Was documentation submitted to the	open toke		Specify other abnormality: Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH		
Classification Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report) Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)		Change/Clarification of Information Requested	report) Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	No,Yes no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	CEBPA	Negative, Not Done, Positive	and the second s	CEBPA	Negative,Not Done,Positive	contains, in add capture

Information Collection Domaii Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease	Acute Myelogenous				Biallelic (homozygous),Monoallelic			Biallelic (double mutant), Monoallelic (single	
Classification	Leukemia (AML)	yes	yes	Specify CEBPA mutation	(heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive		FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 – ITD mutation	Negative,Not Done,Positive		FLT3 – ITD mutation	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	ves	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known, Unknown	
Disease Classification	Acute Myelogenous								
Disease	Acute Myelogenous	yes	yes	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:		
Classification		yes	yes	IDH1	Negative, Not Done, Positive		IDH1	Negative,Not Done,Positive	
Disease Classification	Leukemia (AML) Acute	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative,Not Done,Positive	
Disease Classification	Myelogenous Leukemia (AML) Acute	yes	yes	KIT	Negative,Not Done,Positive		кіт	Negative,Not Done,Positive	
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q.del(16q) / 16q.del(17q) / 17q.del(20q) / 20q.del(21q) / 21q.del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q.inv(16),inv(3)171857XY,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6);p,t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q,del(16q) / 16q,del(17q) / 17q,del(20q) / 20q,del(21q) / 21q,del(3q) / 3q,del(5q) / 5q,del(7q) / 7q,del(9q) / 9q,inv(16),inv(3),17,-18,-5,-7,X,-Y,Other abnormality,t(15;17) and variants,t(16;10),t(3;3),t(6)p),t(8;21),t(9;11),t(9;22,+11,+13,+14,+21,+22,+4,+8)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	

Information Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease	Acute Myelogenous			International System for Human Cytogenetic Nomenclature (ISCN)			International System for Human Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (AML)	yes	yes	compatible string:	open text		compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q)/11q-,del(16q)/16q-,del(17q)/17q-,del(20q)/20q-,del(21q)/21q-,del(3q)/3q-,del(5q)/5q-,del(7)/7q-,del(9q)/9q-,inv(16),inv(3)-,17-,18-5-,7-X-/70,ther abnormality,t(15:17) and variants,t(16:16),t(3:3),t(6:9),t(8:21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-del(16q) / 16q-del(17q) / 17q-del(20q) / 20q-del(21q) / 21q-del(3q) / 3q-del(5q) / 5q-del(7q) / 7q-del(9q) / 9q-inv(16),inv(3)-17-18-5-7-,X,- V,Other abnormality,t(15;17) and variants,t(16:16),t(3:3),t(6:9),t(6;21),t(9;11),t(9;22) +11,+13,+14,+21,+22,+4,+8	
Disease Classification	Acute Myelogenous Leukemia (AML)	ves	ves	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease	Acute Myelogenous	yes	yes	Was documentation submitted to the	open text		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH	open text	
Classification	Leukemia (AML)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		report)	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	ves	ves	Were tests for molecular markers performed?(e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes		Were tests for molecular markers performed?(e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes	
	Acute	,,,,,	,,,,,,	cratationy	ino,onanovin,yes		Craidationy	inc,onkinomi, jes	
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	СЕВРА	Negative,Not Done,Positive		СЕВРА	Negative,Not Done,Positive	
Disease	Acute Myelogenous				Biallelic (homozygous),Monoallelic			Biallelic (double mutant), Monoallelic (single	
Classification	Leukemia (AML) Acute	yes	yes	Specify CEBPA mutation	(heterozygous), Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	mutant), Unknown	Capture data accurately
Disease Classification	Myelogenous	yes	yes	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive		FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	yes	yes	FLT3 - ITD mutation	Negative,Not Done,Positive		FLT3 - ITD mutation	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	ves	ves	FLT3 - ITD allelic ratio	Known.Unknown		FLT3 - ITD allelic ratio	Known.Unknown	
	Acute		,		,			,	
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:		
Disease Classification	Acute Myelogenous Leukemia (AML)	ves		IDH1	Named to Nat Dana Basistica		IDH1	Nametica Nat David Davidica	
Classification	Acute	yes	yes	IDHI	Negative,Not Done,Positive		IDHI	Negative,Not Done,Positive	
Disease Classification	Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative,Not Done,Positive	
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative,Not Done,Positive	
Disease Classification	Myelogenous	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease	Acute Myelogenous Leukemia (AML)	ves	no	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion:			Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes	

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ormation Ilection Domain b-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no	What was the disease status?	1st complete remission,1st relapse,2nd complete remission,2nd relapse,≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure		What was the disease status?	1st complete remission,1st relapse,2nd complete remission,2nd relapse,≥ 3rd complete remission, 23rd relapse,No treatment,Primary induction failure	
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no	How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)	1,2,≥ 3		How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)	1,2,≥ 3	
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Deletion of Information Requested	Was-the-recipient in remission by flow-cytometry?	Not applicable,No,Unknown,Yes	Reduce redundancy in data capture
ease ssification	` '	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification	` '	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification	` '	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification		yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
ease essification	. ,	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
ease sification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
ease ssification	Acute Myelogenous Leukemia (AML)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domair	Information Collection Domain Additional Sub	Response required if Additional Sub Domain	Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
Sub-Type	Domain	applies	requested multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Element Response Option(s) B-lymphoblastic leukemia / lymphoma:	Rationale for Information Collection Update
					B-lymphoblastic leukemia / lymphoma: B-lymphoblastic leukemia / lymphoma,			B-lymphoblastic leukemia / lymphoma, NOS (B-cel ALL, NOS) (191),	
					NOS (B-cell ALL, NOS) (191), B-lymphoblastic leukemia / lymphoma			B-lymphoblastic leukemia / lymphoma with t(9;22) (q34.1;q11.2); BCR-ABL1 (192),	
					with t(9;22)(q34.1;q11.2); BCR-ABL1 (192),			B-lymphoblastic leukemia / lymphoma with	
					B-lymphoblastic leukemia / lymphoma			t(v;11q23.3); KMT2A rearranged (193), B-lymphoblastic leukemia / lymphoma with t(1;19)	
					with t(v;11q23.3); KMT2A rearranged (193),			(q23;p13.3); TCF3-PBX1 (194), B-lymphoblastic leukemia / lymphoma with	
					B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1			t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195), B-lymphoblastic leukemia / lymphoma with t(5;14)	
					(194), B-lymphoblastic leukemia / lymphoma			(q31.1;q32.3); IL3-IGH (81),	
					with t(12;21) (p13.2;q22.1); ETV6-RUNX	1		B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82),	
					(195), B-lymphoblastic leukemia / lymphoma			B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<46 chromosomes) (83),	
					with t(5;14) (q31.1;q32.3); IL3-IGH (81), B-lymphoblastic leukemia / lymphoma			B-lymphoblastic leukemia / lymphoma, BCR-ABL1-	
					with Hyperdiploidy (51-65 chromosomes) (82),			like (provisional entity) (94), B-lymphoblastic leukemia / lymphoma, with	
İ					B-lymphoblastic leukemia / lymphoma			iAMP21 (95), T-cell lymphoblastic leukemia / lymphoma:	
l					with Hypodiploidy (<46 chromosomes) (83),			T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196),	
					B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94),			Early T-cell precursor lymphoblastic leukemia	
					B-lymphoblastic leukemia / lymphoma, with iAMP21 (95),			(96),NK cell lymphoblastic leukemia / lymphoma: Natural killer (NK)- cell lymphoblastic leukemia /	
					T-cell lymphoblastic leukemia /			lymphoma (97)	
					lymphoma: T-cell lymphoblastic leukemia /				
					lymphoma (Precursor T-cell ALL) (196), Early T-cell precursor lymphoblastic				
	A 4				leukemia (96),NK cell lymphoblastic				
Disease	Acute Lymphoblastic				leukemia / lymphoma: Natural killer (NK)- cell lymphoblastic leukemia /				
Classification	Leukemia (ALL)	yes	no	Specify ALL classification	lymphoma (97)		Specify ALL classification		
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes	
	Acute				Aplastic anemia,Bloom syndrome,Down				
Disease Classification	Lymphoblastic Leukemia (ALL)	ves	no	Specify condition	Syndrome,Fanconi anemia,Other condition		Specify condition	Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition	
	Acute	/							
Disease Classification	Lymphoblastic Leukemia (ALL)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
I							Were tyrosine kinase inhibitors given		
	Acute			Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the			for therapy at any time prior to the start of the preparative regimen /		
Disease Classification	Lymphoblastic Leukemia (ALL)	yes	no	preparative régimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)	no,yes		infusion? (e.g. imatinib mesylate, dasatinib, etc.)	no,yes	
olassinaation	Acute	700		matriis mespiace, addernis, ecci	110,700		Were cytogenetics tested	110,700	
Disease Classification	Lymphoblastic Leukemia (ALL)	ves	ves	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	(karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
	Acute								
Disease Classification	Lymphoblastic Leukemia (ALL)	ves	ves	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
	Acute	y ==	γ ==				The sycogenical costs various	* · · · · · · · · · · · · · · · · · · ·	
Disease	Lymphoblastic			Described from the	Abnormalities identified,No		D		
Classification	Leukemia (ALL)	yes	yes	Results of tests	abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease	Acute Lymphoblastic			International System for Human Cytogenetic Nomenclature (ISCN)			International System for Human Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (ALL)	yes	yes	compatible string:	open text		compatible string:	open text	
Disease	Acute Lymphoblastic			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Leukemia (ALL)	yes	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
					(11q23) any abnormality,12p any abnormality,9p any				
					abnormality,add(14q),del(12p) /			(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) /	
					12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (<			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid	
	Acute				46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(1			(< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8	
isease lassification	Lymphoblastic Leukemia (ALL)	yes	ves	Specify abnormalities (check all that apply)	2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22)	,	Specify abnormalities (check all that apply)),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22), +17,+21,+4,+8	
assilicatiON	Leukeiiilä (ALL)	likes	laca	рреспу авногнаниез (спеск ан that apply)	1(1,22),711,721,74,70		lahhià)	11,121,74,70	

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	ves	ves	Were cytogenetics tested via karyotyping?	No Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease	Acute Lymphoblastic	, , , , , , , , , , , , , , , , , , ,	,,		Abnormalities identified,No			Abnormalities identified, No abnormalities, No	
Classification Disease	Leukemia (ALL) Acute Lymphoblastic	yes	yes	Results of tests International System for Human Cytogenetic Nomenclature (ISCN)	abnormalities,No evaluable metaphases		Results of tests International System for Human Cytogenetic Nomenclature (ISCN)	evaluable metaphases	
Classification Disease	Leukemia (ALL) Acute Lymphoblastic	yes	yes	compatible string: Specify number of distinct cytogenetic	open text Four or more (4 or more),One (1),Three		compatible string: Specify number of distinct	open text	
Classification	Leukemia (ALL)	yes	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,9p any abnormality,4d(14q),del(12p) / 12p,del(6q) / 6q-del(9p) / 9p. Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,70,ther abnormality,t(1;19),t(10;14),t(1;14),t(1;22),t(2;21),t(2,8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,40p any abnormality,40p any abnormality,40p any abnormality,40p any abnormality,40p any abnormality,41p,40p any	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)			Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)			Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)		
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)		Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	TEL-AML / AML1	Negative,Not Done,Positive		TEL-AML / AML1	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or at relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2	

Information Collection Domai Sub-Type	Information Collection Domain n Additional Sub Domain	Response required if Additional Sub Domain applies	n Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,9d (14q),del(12p) / 12p-del(6q) / 6q-del(9p) / 9p-,Hyperdiploid / 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(1 2;21),t(2;31),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p.del(6q), 6q.del(9p),9p.Hyperdiploid > 50),Hypodiploid (< 46),IAMP217,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22), +17,+21,+4,+8	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality, 12p any abnormality, 9p any abnormality, 3dd(14q), del(12p) / 12p-, del(6q), 4cq, del(9p) / 9p-, Hyperdiploid (> 50), Hypodiploid (< 46), iAMP21, 7-Other abnormality, 1(1:19), 1(10:14), 1(11:14), 1(1 2:21), 1(2:8), 1(4:11), 1(5:14), 1(8:14), 1(8:22), 1(2:22), 1(7, 21, 44, +8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,40p any abnormality,40d(14q),del(12p)/12pdel(6q),6qdel(9p)/9pHyperdipioid (> 50),Hypodipioid (< 46),iMP21-7,Other abnormality,t(1:19),t(10:14),t(1:14),t(1:14),t(1:22),t(2:8),t(4:11),t(5:14),t(8:14),t(8:22),t(9:22),+17,+21,+4+8	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)			Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)		
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	n no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	TEL-AML / AML1	Negative,Not Done,Positive		TEL-AML / AML1	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	

nformation Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
sease	Acute Lymphoblastic			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
assification	Leukemia (ALL)	yes	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,40d(14q),del(12p) / 12p.;del(6q) / 6q.;del(9p) / 9p.;Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(1 2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8			(11q23) any abnormality, 12p any abnormality, 9p any abnormality, 4dd(14q), del(12p) / 12p-, del(6q) / 6q-, del(9p) / 9p-, Hyperdiploid (> 50), Hypodiploid (< 46), iAMP21-7, Other abnormality, t(1;19), t(10;14), t(11;14), t(12;21), t(2;8), 1,(4;11), t(5;14), t(8;14), t(8;22), t(9;22), +17,+21,+4,+8	
isease	Acute Lymphoblastic								
assification	Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease	Acute Lymphoblastic			Were cytogenetics tested via karyotyping?			Were cytogenetics tested via		
Classification	Leukemia (ALL)	yes	yes	(at last evaluation)	No,Yes		karyotyping? (at last evaluation)	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
isease lassification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,4p any abnormality,4p and the property add(14q),del(12p) / 12p-del(6q) / 6q-del(9p) / 9p-Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,1t(1,19),1t(10;14),t(11;14),t(1;2,11),t(2),it(4;11),t(5;14),t(8;14),t(8;22),t(2),21,7,+21,+4,+8			(11q23) any abnormality, 12p any abnormality, 9p any abnormality, add(14q), del(12p) / 12p-, del(6q) / 6q-, del(9p) / 9p-, Hyperdiploid (> 50), Hypodiploid (< 46), IAMP21-7, Other abnormality, t(1;19), t(10;14), t(11;14), t(12;21), t(2;8), t(4;11), t(5;14), t(8;14), t(8;22), t(9;22), +17,+21,+4+8	
isease lassification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
isease lassification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
	Acute			Were tests for molecular markers			Were tests for molecular markers		
isease lassification	Lymphoblastic Leukemia (ALL)	yes	yes	performed? (e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes		performed? (e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes	
	Acute								
sease assification	Lymphoblastic Leukemia (ALL)	yes	yes	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive	
	Acute								
sease assification	Lymphoblastic Leukemia (ALL)	yes	yes	TEL-AML / AML1	Negative,Not Done,Positive		TEL-AML / AML1	Negative,Not Done,Positive	
sease	Acute Lymphoblastic								
assification	Leukemia (ALL)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
isease assification	Acute Lymphoblastic Leukemia (ALL)	ves	ves	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
isease assification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion:			Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	What was the disease status?	1st complete remission (include CRi),1st relapse,2nd complete remission,2nd relapse,2 and complete remission, 23rd relapse,No treatment,Primary induction failure			1st complete remission (include CRI),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, 23rd relapse, to treatment,Primary induction failure	

Information Collection Domain Sub-Type	Information Collection Domain n Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
•	Acute			How many cycles of induction therapy			How many cycles of induction		
Disease Classification	Lymphoblastic Leukemia (ALL)	yes	no	were required to achieve 1st complete remission?	1,2, ≥ 3		therapy were required to achieve 1st complete remission?	1,2, ≥ 3	
	Acute			L					
Disease Classification	Lymphoblastic Leukemia (ALL)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable, No, Unknown, Yes	Deletion of Information Requested	Was the recipient in remission by flow cytometry?	Not-applicable,No,Unknown,Yes	Reduce redundancy in data capture
	Acute						Specify method(s) that was used to		
isease lassification	Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no.yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	по			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease	Acute Lymphoblastic								
Classification	Leukemia (ALL)	yes	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms		no	Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification	Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm, Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1.Mixed phenotype acute leukemia with t(y: 11q23.3); KMT2A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm		Specify acute leukemias of ambiguous lineage and other myeloic neoplasm classification	Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm, Mixed phenotype acute leukemia, B/myeloid, NOS, Mixed phenotype acute leukemia (MPAL) with t(9:22) (q34.1;q11.2); BCR-ABL1.Mixed phenotype acute leukemia with t(v: 11q23.3); KMT2A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm	1
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms		no	Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text		Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text	
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	What was the disease status? (based on hematological test results)	1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse,≥3rd complete remission,≥3rd relapse,No treatment,Primary induction failure		What was the disease status? (based on hematological test results)	1st complete remission (no previous marrow or extramedullary relapse), 1st relapse, 2nd complete remission, 2nd relapse, 2 3rd complete remission, 3rd relapse, No treatment, Primary induction failur	≥
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	ves		Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
assintation	recopiasitis	1700	Ino	Date assessed.	11171411100		Date assessed.	1111/14114/00	1

nformation Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
isease lassification	Chronic Myelogenous Leukemia (CML)	yes	no	Was therapy given prior to this HCT?	no,yes		Was therapy given prior to this HCT?	no,yes	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Combination chemotherapy	no,yes		Combination chemotherapy	no,yes	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Hydroxyurea (Droxia, Hydrea)	no,yes		Hydroxyurea (Droxia, Hydrea)	no,yes	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no,yes		Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no,yes	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Interferon-α (Intron, Roferon) (includes PEG)	no,yes		Interferon-α (Intron, Roferon) (includes PEG)	no,yes	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Other therapy	no,yes		Other therapy	no,yes	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify other therapy:	open text		Specify other therapy:	open text	
isease lassification	Chronic Myelogenous Leukemia (CML)	yes	no	What was the disease status?	Accelerated phase, Blast phase, Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase, Complete hematologic response (CHR) preceded only by chronic phase, Chronic phase		What was the disease status?	Accelerated phase, Blast phase, Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase, Complete hematologic response (CHR) preceded only by chronic phase, Chronic phase	
sease assification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify level of response	Complete cytogenetic response (CCyR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CyR),Partial cytogenetic response (PCyR)		Specify level of response	Complete cytogenetic response (CCyR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Minor cytogenetic response (No CyR),Partial cytogenetic response (No CyR),Partial cytogenetic response (PCyR)	
sease assification	Chronic Myelogenous Leukemia (CML)	ves	no	Number	1st,2nd,3rd or higher		Number	1st,2nd,3rd or higher	
isease	Chronic Myelogenous	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					Atypical chronic myeloid leukemia (aCML), BCR-ABL1-,Chronic myelomonocytic leukemia (CMMoL),Juvenile myelomonocytic leukemia (MMMOL),Juvenile myelomonocytic leukemia (MMMU/CML),Myelodysplastic syndrome with isolated del(5a),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring isdieroblasts and thrombocytosis (MDS / MPN-RS-17),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable, Refractory cytopenia of childhood. Myelodysplatic Syndrome with scores blasts (MDS-EB): MDS with			Atypical chronic myeloid leukemia (aCML), BCR-ABL1-Chronic myelomonocytic leukemia (CMMoL), Juvenile myelomonocytic leukemia (JMML) JCML), Myelodysplastic syndrome with isolated del(5q), Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD), MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T), Myelodysplastic syndrome (MPN-RS-T), Myelodysplastic syndrome (MDS), unclassifiable, syndrome with single lineage dysplasia (MDS-SLD), Myelodysplastic syndrome (MDS), unclassifiable, Refractory cytopenia of childhood.	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	What was the MDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions	excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). Myelodysplatic syndrome with ring sideroblasts: MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS- SLD),Myelodysplastic		What was the MDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification	Myelodysplatic Syndrome with excess blasts (MDS-EB): MDS with excess blasts-1 (MDS-EB-1), MDS with excess blasts-2 (MDS-EB-2). Myelodysplatic Syndrome with ring sideroblasts: MDS-RS with multilineage dysplasia (MDS-RS-MLD), MDS-RS with single lineage dysplasia (MDS-RS-SLD), Myelodysplastic	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia		Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts, MDS-U based on defining cytogenetic abnormality, MDS-U with single lineage dysplasia and pancytopenia	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Was the disease MDS therapy related?	no,Unknown,yes		Was the disease MDS therapy related?	no,Unknown,yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes	
Disease Classification	Myelodysplastic	yes	по		Aplastic anemia,DDX41-associated familial MDS, Fanconi anemia,GATA2 deficiency (Including Emberger syndrome, MonoMac syndrome, DCML deficiency), Li-Fraumeni Syndrome, Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNXI 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)			Aplastic anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency), Li-Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX 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)	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
Disease Classification	Myelodysplastic		yes	Date CBC drawn:	YYYY/MM/DD			YYYY/MM/DD	
Disease Classification	Myelodysplastic Syndrome (MDS)		yes	WBC	Known,Unknown			Known, Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)		yes	WBC	(x 10 ³ /mm ³)			0°/mm²) • x 10°/L (x	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	%		Neutrophils	%	

Information	Information Collection Domain	Response required if						
Collection Domain Sub-Type	Additional Sub Domain	applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s) Information Collecti		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	Known,Unknown	Blasts in blood	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	%	Blasts in blood	%	
Disease Classification	Myelodysplastic Syndrome (MDS)	vec	ves	Hemoglobin	Known,Unknown	Hemoglobin	Known,Unknown	
		yes	yes	nemogrobin	• g/dL	nemoglobiii	• g/dL	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	At Diagnosis: Hemoglobin		At Diagnosis: Hemoglobin	• g/L • mmol/L	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	Known,Unknown	Platelets	Known,Unknown	
Disease Classification	Myelodysplastic	yes	ves	Were platelets transfused ≤ 7 days before date of test?	No,Yes	Were platelets transfused ≤ 7 days before date of test?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)		ves	Were platelets transfused ≤ 7 days before	No,Yes	Were platelets transfused ≤ 7 days before date of test?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)		yes		Known.Unknown	Blasts in bone marrow	Known.Unknown	
Disease	Syndrome (IVIDS)		yes		%		%	
Classification	Myelodysplastic	yes	yes	Blasts in bone marrow		Blasts in bone marrow		
Disease Classification	Syndrome (MDS)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested via FISH?	No,Yes	Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow	Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes		Abnormalities identified,No abnormalities	Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Myelodysplastic Syndrome (MDS)	ves	VPS	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)		ves	Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three (3),Two (2)	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification Disease Classification	Myelodysplastic Syndrome (MDS) Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,117q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1:3),t(11:16),t(2:11),t(3:21)	Specify abnormalities (check all that apply) Specify other abnormality:	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-Y. Other abnormality, t(1:3),t(11:16),t(2:11),t(3:21),t(3:3),t(6:9),+19,+8 open text	
Disease	Myelodysplastic		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Was documentation submitted to the		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH		
Classification Disease	Myelodysplastic	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)		report) Were cytogenetics tested via	No,Yes	
Classification Disease	Syndrome (MDS) Myelodysplastic	yes	yes	Were cytogenetics tested via karyotyping?	NU, TES	karyotyping?	No,Yes	
Classification	Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow	Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes		Abnormalities identified,No abnormalities,No evaluable metaphases	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
				International System for Human	,	International System for Human	·	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Cytogenetic Nomenclature (ISCN) compatible string:	open text	Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes		Four or more (4 or more),One (1),Three (3),Two (2)	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes		del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,ti(1;3),t(11;16),t(2;11),t(3;21 ,t(3;3),t(6;9),+19,+8	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-Y.Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text	Specify other abnormality:	open text	

Information Collection Domair	Information Collection Domain Additional Sub	Response required if Additional Sub Domain	Information Collection may be		Current Information Collection Data	Proposed Information Collection	Proposed Information Collection Data	
Sub-Type	Domain	applies	requested multiple times	Element (if applicable)	Element Response Option(s) Info	· · · · · ·	Element Response Option(s)	Rationale for Information Collection Update
Disease	Myelodysplastic			Was documentation submitted to the		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH		
Classification	Syndrome (MDS)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion?	No,Yes	Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify the MDS subtype or AML after transformation	Transformed to AML, Chronic myelomonocytic leukemia (CMMoL), Myelodysplastic syndrome with isolated del(5q), Myelodysplastic syndrome with multilineage dysplasia (MDS-MD), MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T), Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD), Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD), Myelodysplastic syndrome (MDS), unclassifiable Refractory cytopenia of childhood. Myelodysplatic Syndrome with excess blasts-1 (MDS-EB-1), MDS with excess blasts-2 (MDS-EB-1), MDS with excess blasts-2 (MDS-EB-1). Myelodysplatic syndrome with ring sideroblasts: MDS-RS with multilineage dysplasia (MDS-RS-MLD), MDS-RS with single lineage dysplasia (MDS-RS-MLD), MDS-RS with single lineage dysplasia (MDS-RS-MLD), MDS-RS-SLD).	Specify the MDS subtype or AML after transformation	Transformed to AML, Chronic myelomonocytic leukemia (CMMol.), Myelodysplastic syndrome with isolated del(Sq.), Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD), MDS / MPN with ring sideroblasts and thrombocytosis (MDS/ MPN-RS-T), Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD), Myelodysplastic syndrome (MDS), unclassifiable, Refractory cytopenia of childhood. Myelodysplatic Syndrome with excess blasts (MDS-EB): MDS with excess blasts 1 (MDS-EB-I), MDS with excess blasts 2 (MDS-EB-Z). Myelodysplatic syndrome with ring sideroblasts: MDS-RS with multilineage dysplasia (MDS-RS-SMLD), MDS-RS with single lineage dysplasia (MDS-RS-SLD).	
Disease Classification	Myelodysplastic Syndrome (MDS)	Voc.	luc.	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts, MDS-U based on defining cytogenetic abnormality, MDS-U with single lineage dysplasia and pancytopenia	
Disease Classification	Myelodysplastic Syndrome (MDS)		yes	Specify the date of the most recent transformation:	YYYY/MM/DD	Specify the date of the most recent transformation:	YYYY/MM/DD	
Disease Classification	Myelodysplastic Syndrome (MDS)		yes	Date of MDS diagnosis:	YYYY/MM/DD	Date of MDS diagnosis:	YYYY/MM/DD	
Disease	Myelodysplastic			Data CDC durant	V000//AAA/DD	Data CDC danium	1000/ h 4h 4 /DD	
Classification Disease	Syndrome (MDS) Myelodysplastic	yes	yes	Date CBC drawn:	YYYY/MM/DD	Date CBC drawn:	YYYY/MM/DD	
Classification	Syndrome (MDS)	yes	yes	WBC	Known,Unknown	WBC	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	Known,Unknown	Neutrophils	Known,Unknown	
Disease	Myelodysplastic			·				
Classification Disease	Syndrome (MDS) Myelodysplastic	yes	yes	Neutrophils	%	Neutrophils	%	
Classification	Syndrome (MDS)	yes	yes	Blasts in blood	Known,Unknown	Blasts in blood	Known, Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	ves	ves	Blasts in blood	%	Blasts in blood	%	
Disease	Myelodysplastic	,						
Classification	Syndrome (MDS)	yes	yes	Hemoglobin	Known,Unknown	Hemoglobin	Known,Unknown	
Disease	Myelodysplastic				g/dL g/l		• g/dL • g/L	
Classification	Syndrome (MDS)	yes	yes	Prior to Infusion: Hemoglobin		Prior to Infusion: Hemoglobin	• mmol/L	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes	
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Platelets	Known,Unknown	Platelets	Known,Unknown	
Disease	Myelodysplastic				10 ³ /mm ³) x 10 ⁹ /L (x		x 10°/L (x 10³/mm³	
Classification	Syndrome (MDS)	yes	yes	Platelets	x 10 ⁶ /L	 Platelets	x 10 /L (x 10 /lillil	

nformation ollection Domain ub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
d	N. d. color de combratés				x 10°/L (x 10°/mm³)			140% // (1.403/3)	
isease lassification	+ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - ' - '	yes	yes	Platelets	x 10 ⁶ /L		Platelets	x 10°/L (x 10³/mm³)	
isease lassification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known, Unknown	
sease assification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	%		Blasts in bone marrow	%	
isease assification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
sease assification	Myelodysplastic Syndrome (MDS)	ves	ves	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
sease	Myelodysplastic		yes						
assification sease	Syndrome (MDS) Myelodysplastic	yes	yes	Sample source	Peripheral blood,Bone marrow Abnormalities identified,No		Sample source	Peripheral blood,Bone marrow	
assification	Syndrome (MDS)	yes	yes	Results of tests International System for Human	abnormalities		Results of tests International System for Human	Abnormalities identified,No abnormalities	
isease lassification	Myelodysplastic Syndrome (MDS)	yes	yes	Cytogenetic Nomenclature (ISCN) compatible string:	open text		Cytogenetic Nomenclature (ISCN) compatible string:	open text	
isease assification	Myelodysplastic Syndrome (MDS)		ves	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (1).Three (3).Two (2)	
isease lassification	Myelodysplastic Syndrome (MDS)		yes	Specify abnormalities (check all that apply)	del(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(3q) / 3q-del(5q) / 5q-del(7q) / 7q-del(9q) / 9q-del(13q) / 13q-i17q, inv(3)-13, -20, -5, -7, -V, Other abnormality, (1;3), (1;1), (1;3), (1;4), (1;4); (3)			del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,- 20,-5,-7,-V,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6 ;3),+19,+8	
isease assification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
isease assification	Myelodysplastic Syndrome (MDS)		yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)			Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
isease assification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
sease assification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
sease assification	Myelodysplastic Syndrome (MDS)		yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
sease assification	Myelodysplastic Syndrome (MDS)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
sease sssification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
sease assification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(1;16),t(2;11),t(3;21),t(3),3t(5),+19,+8		Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,- 20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;2),+19,+19	
sease assification	Myelodysplastic	ves	ves	Specify other abnormality:	open text		Specify other abnormality:	open text	
sease assification	Myelodysplastic Syndrome (MDS)	,	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	·		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH	·	
sease assification	Myelodysplastic Syndrome (MDS)		no	What was the disease status?	Complete remission (CR),Hematologic improvement (HI),Not assessed,No response (NR) / stable disease (SD),Progression from hematologic improvement (Prog from HI),Relapse from complete remission (Rel from CR)		What was the disease status?	Complete remission (CR),Hematologic improvement (HI),Not assessed,No response (NR) / Stable disease (SD),Progression from hematologic improvement (Prog from HI),Relapse from complete remission (Rel from CR)	
sease sssification	Myelodysplastic Syndrome (MDS)	yes	no	Specify the cell line examined to determine HI status	HI-E,HI-N,HI-P	Change/Clarification of Information Requested	Specify the cell lines examined to determine HI status	HI-E,HI-N,HI-P	Examples added or typographical errors corrected for clarification
sease assification	Myelodysplastic Syndrome (MDS)			Specify transfusion dependence	Low-transfusion burden (LTB),Non- transfused (NTD)			Low-transfusion burden (LTB),Non-transfused (NTD)	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain Myelodysplastic	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s) Info	rmation Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Syndrome (MDS)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	по	What was the MPN subtype at diagnosis?	Chronic eosinophilic leukemia, not otherwise specified (NOS),Primary myelofibrosis (PMF),Chronic neutrophilic leukemia, Essential thrombocythemia, Myeloproliferative neoplasm (MPN), unclassifiable, Myeloid / lymphoid neoplasms with FCR1 rearrangement, Myeloid / lymphoid neoplasms with FCM1-JAK2,Myeloid / lymphoid neoplasms with PCM1-JAK2,Myeloid / lymphoid neoplasms with PDGFRA rearrangement, Myeloid / lymphoid neoplasms with PDGFRB rearrangement, Polycythemia vera (PCV), Mastocytosis: Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS)		What was the MPN subtype at diagnosis?	Chronic eosinophilic leukemia, not otherwise specified (NOS), Primary myelofibrosis (PMF), Chronic neutrophilic leukemia, Essential thrombocythemia, Myeloproliferative neoplasm (MPN), unclassifiable, Myeloid / lymphoid neoplasms with FGFR1 rearrangement, Myeloid / lymphoid neoplasms with POFRA POFRA rearrangement, Myeloid / lymphoid neoplasms with POFRA rearrangement, Polycythemia vera (PCV), Mastocytosis: Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM),Indolent systemic mastocytosis (ISM),Mast cell leukemia (MCL),Systemic mastocytosis with an associated hematological neoplasm (SM- AHN),Smoldering systemic mastocytosis (SSM)		Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM),Indolent systemic mastocytosis (ISM),Mast cell leukemia (MCL),Systemic mastocytosis with an associated hematological neoplasm (SM-AHN),Smoldering systemic mastocytosis (SSM)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	; yes	yes	Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No, Unknown, Yes		Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	WBC	(x 10 ³ /mm ³)		WBC	● x 10°/L (x 10°/mm²)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	Neutrophils	%		Neutrophils	%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	%		Blasts in blood	%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	• g/dL • g/L • mmol/L		Hemoglobin	g/dL g/L g/L mmol/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes	

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known,Unknown		Platelets	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	x 10°/L (x 10°/mm²) x 10°/L		Platelets	x 10°/L (x 10³/mm³)	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No,Yes		Were platelets transfused ≤ 7 days before date of test?	No,Yes	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	%		Blasts in bone marrow	%	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were tests for driver mutations performed?	No,Unknown,Yes		Were tests for driver mutations performed?	No,Unknown,Yes	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2	Negative,Not done,Positive		JAK2	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 V617F	Negative,Not done,Positive		JAK2 V617F	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 Exon 12	Negative,Not done,Positive		JAK2 Exon 12	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR	Negative,Not done,Positive		CALR	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 1	Negative,Not done,Positive		CALR type 1	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 2	Negative,Not done,Positive		CALR type 2	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Not defined	Negative,Not done,Positive		Not defined	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	MPL	Negative,Not done,Positive		MPL	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	CSF3R	Negative,Not done,Positive		CSF3R	Negative,Not done,Positive	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other			del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	abnormality,t(1;any),t(11q23;any),t(12p		Specify abnormalities (check all that apply)	abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t (3q21;any),t(6;9),+8,+9	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	
isease lassification	Myeloproliferative Neoplasms (MPN)	e yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	e yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified, No abnormalities, No evaluable metaphases	
isease lassification	Myeloproliferative Neoplasms (MPN)		yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
isease lassification	Myeloproliferative Neoplasms (MPN)	e yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	e yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q), 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q), 13q-,dup(1),117q,inv(3)-5,7-Y,Other abnormality (1;any),(t1q23;any),t(12p 11.2;any),t(3q21;any),t(6;9),+8,+9		Specify abnormalities (check all that apply)	del(11q) / 11q-, del(12p) / 12p-, del(20q) / 20q-, del(5q) / 5q-, del(7q) / 7q-, del(13q) / 13q-, dup(1),17q, inv(3), -5, -7, -Y, Other abnormality,(1;any),t(11q23;any),t(12p11.2;any),t (3q21;any),t(6;9),+8,+9	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
isease lassification	Myeloproliferative Neoplasms (MPN)	e yes	yes	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	e yes	no	Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?	No.Yes		Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?	No.Yes	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the MPN subtype or AML after transformation	Transformed to AML,Post-essential thrombocythemic myelofibrosis,Post-polycythemic myelofibrosis		Specify the MPN subtype or AML after transformation	Transformed to AML,Post-essential thrombocythemic myelofibrosis,Post-polycythemic myelofibrosis	
isease assification	Myeloproliferative Neoplasms (MPN)	e yes	no	Specify the date of the most recent transformation:	YYYY/MM/DD		Specify the date of the most recent transformation:	YYYY/MM/DD	
isease lassification	Myeloproliferative Neoplasms (MPN)		no	Date of MPN diagnosis:	YYYY/MM/DD		Date of MPN diagnosis:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	e yes	no	Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (HTB)- (2 8 RBC: in 16weeks; 2 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Nontransfused (NTD) - (0 RBCs in 16 weeks)	5	Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (HTB)- (≥ 8 RBCs in 16weeks; ≥ 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Non-transfused (NTD) – (0 RBCs in 16 weeks)	

nformation ollection Domai ub-Type	Information Collection Domain n Additional Sub Domain	Response required if Additional Sub Domain applies	n Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data	Information Collection undate:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
ір-і уре	Domain	applies	requested multiple times	Element (ir applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Element Response Option(s)	Rationale for information Collection Opdate
isease assification	Myeloproliferative Neoplasms (MPN)	; yes	yes	Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes		Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes	
ease ssification	Myeloproliferative Neoplasms (MPN)	, yes	no	Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No,Not applicable(splenectomy),Unknown,Yes		Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No,Not applicable(splenectomy) ,Unknown,Yes	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the method used to measure spleen size	CT/MRI scan,Physical exam,Ultrasound		Specify the method used to measure spleen size	CT/MRI scan,Physical exam,Ultrasound	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the spleen size:	: centimeters below left costal margin		Specify the spleen size:	:centimeters below left costal margin	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the spleen size:	:centimeters		Specify the spleen size:	:centimeters	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?	no,Unknown,yes		Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?	no,Unknown,yes	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the method used to measure liver size	CT/MRI scan,Physical exam,Ultrasound		Specify the method used to measure liver size	CT/MRI scan,Physical exam,Ultrasound	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the liver size:	: centimeters below right costal margin		Specify the liver size:	: centimeters below right costal margin	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the liver size:	: centimeters		Specify the liver size:	: centimeters	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
ease ssification	Myeloproliferative Neoplasms (MPN)		yes	WBC	Known,Unknown		WBC	Known, Unknown	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	(x 10 ³ /mm ³)		wвc	● x 10°/L (x 10°/mm³)	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	%		Neutrophils	%	
ease ssification	Myeloproliferative Neoplasms (MPN)		yes	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unknown	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	%		Blasts in blood	%	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	g/dL g/L g/L mmol/L		Hemoglobin	g/dL g/L mmol/L	
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes	

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known,Unknown		Platelets	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	x 10°/L (x 10°/mm²) x 10°/L		Platelets	x 10°/L (x 10³/mm³)	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No,Yes		Were platelets transfused ≤ 7 days before date of test?	No,Yes	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	%		Blasts in bone marrow	%	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were tests for driver mutations performed?	No,Unknown,Yes		Were tests for driver mutations performed?	No,Unknown,Yes	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2	Negative,Not done,Positive		JAK2	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 V617F	Negative,Not done,Positive		JAK2 V617F	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 Exon 12	Negative,Not done,Positive		JAK2 Exon 12	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR	Negative,Not done,Positive		CALR	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 1	Negative,Not done,Positive		CALR type 1	Negative,Not done,Positive	
isease lassification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 2	Negative,Not done,Positive		CALR type 2	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Not defined	Negative,Not done,Positive		Not defined	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	MPL	Negative,Not done,Positive		MPL	Negative,Not done,Positive	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	CSF3R	Negative,Not done,Positive		CSF3R	Negative,Not done,Positive	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)

nformation Collection Domain ub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s) Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p 11.2;any),t(3q21;any),t(6;9),+8,+9	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t (3q21;any),t(6;9),+8,+9
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text	Specify other abnormality:	open text
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Were cytogenetics tested via karyotyping?	No,Yes	Were cytogenetics tested via karyotyping?	No,Yes
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow	Sample source	Peripheral blood,Bone marrow
isease lassification	Myeloproliferative Neoplasms (MPN)		yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)
isease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),17q,in(3),-5-7-Y.Other abnormality,t(1;any),t(11q23;any),t(12p 11.2;any),t(3q21;any),t(6;9),+8,+9	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),17q,in(3),-5,-7-,V,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t (3q21;any),t(6;9),+8,+9
sease assification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text	Specify other abnormality:	open text
sease assification	Myeloproliferative Neoplasms (MPN)		yes	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes
sease assification	Myeloproliferative Neoplasms (MPN)		no	What was the disease status?	Clinical improvement (Cl),Complete clinical remission (CR),Not assessed,PartIal clinical remission (PR),Progressive disease,Relapse,Stable disease (SD)	What was the disease status?	Clinical improvement (CI),Complete clinical remission (CR),Not assessed,Partial clinical remission (PR),Progressive disease,Relapse,Stable disease (SD)
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	no	Was an anemia response achieved?	No,Yes	Was an anemia response achieved?	No,Yes
ease ssification	Myeloproliferative Neoplasms (MPN)		no	Was a spleen response achieved?	No,Yes	Was a spleen response achieved?	No,Yes
ease ssification	Myeloproliferative Neoplasms (MPN)	yes	no	Was a symptom response achieved?	No,Yes	Was a symptom response achieved?	No,Yes
sease assification	Myeloproliferative Neoplasms (MPN)	yes	no	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD
sease assification	Myeloproliferative Neoplasms (MPN)		по	Specify the cytogenetic response	Complete response (CR Eradication of pre-existing abnormality.Not assessed.Not applicable.None of the above: Does not meet the CR or PR criteria, Partial response (PR) > 50% reduction in abnormal metaphases, Remergence of pre-existing cytogenetic abnormality	Specify the cytogenetic response	Complete response (CR Eradication of pre-existing abnormality, Not assessed, Not applicable, None of the above: Does not meet the CR or PR criteria, Partial response (PR) ≥ 50% reduction in abnormal metaphases. Re-emergence of pre-existing cytogenetic abnormality
sease assification	Myeloproliferative Neoplasms (MPN)	yes	no	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the molecular response	Complete response (CR): Eradication of pre-existing abnormality ,Not assessed,Not applicable,None of the above: Does not meet the CR or PR criteria. Partial response (PR): 550% decrease in allele burden ,Re-emergence of a pre-existing molecular abnormality		Specify the molecular response	Complete response (CR): Eradication of pre- existing abnormality, Not assessed, Not applicable, None of the above: Does not meet the CR or PR criteria. Partial response (PR): ±50% decrease in allele burden ,Re-emergence of a pre- existing molecular abnormality	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Other Leukemia (OL)	yes	no	Specify the other leukemia classification	Chronic lymphocytic leukemia (CLL), NOS,Chronic lymphocytic leukemia (CLL) B-cell / small lymphocytic lymphoma (SLL),Hairy cell leukemia,Hairy cell leukemia variant,Monoclonal B-cell lymphocytosis,Other leukemia,Other leukemia, NOS,PLL,B cell,Prolymphocytic leukemia (PLL), NOS,PLL,T-cell		Specify the other leukemia classification	Chronic lymphocytic leukemia (CLL), NOS,Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL),Hairy cell leukemia. Hairy cell leukemia variant, Monoclonal B-cell lymphocytosis, Other leukemia, Other leukemia, NOS,PLL, B-cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell	
Disease Classification	Other Leukemia (OL)	yes	no	Specify other leukemia:	open text		Specify other leukemia:	open text	
Disease Classification	Other Leukemia (OL)	yes	no	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no,yes	
Disease Classification	Other Leukemia (OL)	yes	no	Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?	no,yes		Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?	no,yes	
Disease Classification	Other Leukemia (OL)	yes	no	What was the disease status? (Atypical CML)	1st complete remission (no previous bone marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse,≥3rd complete remission,≥3rd relapse,No treatment,Primary induction failure		What was the disease status? (Atypical CML)	1st complete remission (no previous bone marrow or extramedullary relapse).1st relapse,2nd complete remission,2nd relapse,≥3rd complete remission,≥3rd relapse,No treatment,Primary induction failure	
Disease Classification	Other Leukemia (OL)	yes	no	What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)	Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)		What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)	Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)	
Disease Classification	Other Leukemia (OL)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	по	Specify the lymphoma histology	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 CD3+ T-cell lymphoma (1852) Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous CD30+ T-cell lymphoma (1852) Primary cutaneous CD30+ T-cell lymphoma (C-ALCL), lymphodi papulosis] (147) Primary cutaneous yō T-cell lymphoma (1851) Sezary syndrome (142) Subcutaneous pannicultitis-like T-cell lymphoma (146) Systemic EB8+T-cell lymphoma of childhood (1855) T-cell large granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139) Posttransplant lymphoproliferative disorders (PTLD) Classical Hodgkin lymphoma PTLD (1873) Infectious mononucleosis PTLD (1873) Infectious mononucleosis PTLD (1873) Infectious mononucleosis PTLD (1873) Infectious mononucleosis PTLD (1873) Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)	Change/Clarification of Response Options	Specify the lymphoma histology	Indolent T-cell lymphonyoliferative 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 with TFH phenotype (1860) Peripheral T-cell lymphoma (17LL), NOS (130) Primary cutaneous CD4+ T-cell lymphoma (1853) Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854) Primary cutaneous CD8+ T-cell lymphoma (1852) Primary cutaneous CD9+ T-cell lymphoma (1851) Sezary syndrome (142) Subcutaneous panniculitis-like T-cell lymphoma (1851) Systemic EBV+T-cell lymphoma of childhood (1855) T-cell alrage granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139) Posttransplant lymphoproliferative disorders (PTLD) Classical Hodgkin lymphoma PTLD (1873) Infectious mononucleosis PTLD (1874)	Be consistent with current clinical landscape, improve transplant outcome data
Disease	Hodgkin and Non- Hodgkin								
Classification Disease Classification	Lymphoma Hodgkin and Non- Hodgkin Lymphoma	yes	no	Specify other lymphoma histology: Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on	open text Gene expression profile, mmunohistochemistry (e.g. Han's algorithm),Unknown		Specify other lymphoma histology: Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on	open text Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown	
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	no	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes	Change/Clarification of Response Options	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes (Also complete Chronic Lymphocytic Leukemia (CLL))	Capture additional relevent disease information
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	по	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no,yes	
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	no	Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)	No,Yes		Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)	No,Yes	

Information Collection Domain Collection Domain Collection Domain Additional Sub Sub-Type Domain Response requir Additional Sub D applies		Current Information Collection Data able) Current Information Collection Data Element Response Option(s) phenotype,Nodular sclerosis,Other T-c / NK-cell lymphoma,Other B-cell lymphoma,Primary cutaneous CD8+		roposed Information Collection	Proposed Information Collection Data	
nformation Domain Response require Collection Domain Additional Sub	omain Information Collection may be Current Informat	able) Element Response Option(s) phenotype, Nodular scierosis, Other T-c / NK-cell lymphoma, Other B-cell		Proposed Information Collection	Proposed Information Collection Data	
		able) Element Response Option(s) phenotype, Nodular scierosis, Other T-c / NK-cell lymphoma, Other B-cell		Proposed Information Collection	Proposed Information Collection Data	
			elt ·	Data Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
					type (MALT),Mixed cellularity,Primary mediastinal (thymic) large B-cell lymphoma,Monomorphic	
					epitheliotropic intestinal T-cell lymphoma, Mycosis	
		aggressive epidermotropic cytotoxic T- cell lymphoma,Primary cutaneous CD3	0+		fungoides,Mantle cell lymphoma,Nodular lymphocyte predominant Hodgkin	
		T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-ce	u		ymphoma, Nodal marginal zone B-cell lymphoma (± monocytoid B-cells),Nodal peripheral	
		lymphoma (C-ALCL), lymphoid			T-cell lymphoma with TFH phenotype,Nodular	
		papulosis], Primary cutaneous acral CD T-cell lymphoma, Primary cutaneous	5+		sclerosis, Other T-cell / NK-cell lymphoma, Other B- cell lymphoma, Primary cutaneous CD8+ aggressive	,
		CD4+ small / medium T-cell lymphoproliferative disorder Primary			epidermotropic cytotoxic T-cell lymphoma,Primary cutaneous CD30+ T-cell lymphoproliferative	
		cutaneous follicle center			disorders [Primary cutaneous anaplastic large-cell	
		lymphoma,Primary cutaneous gamma- delta T-cell lymphoma,Primary diffuse,			lymphoma (C-ALCL), lymphoid papulosis],Primary cutaneous acral CD8+ T-cell lymphoma,Primary	
		large B-cell lymphoma of the CNS, Primary cutaneous DLBCL, leg			cutaneous CD4+ small / medium T-cell lymphoproliferative disorder,Primary cutaneous	
		type,Pediatric nodal marginal zone			follicle center lymphoma, Primary cutaneous	
		lymphoma, Plasmacytic hyperplasia PTLD, Plasmablastic lymphoma, Primary			gamma-delta T-cell lymphoma,Primary diffuse, large B-cell lymphoma of the CNS,Primary	
		effusion lymphoma,Peripheral T-cell lymphoma (PTCL), NOS,Florid follicular			cutaneous DLBCL, leg type,Pediatric nodal marginal zone lymphoma.Plasmacytic hyperplasia	
		hyperplasia PTLD, Classical Hodgkin			PTLD,Plasmablastic lymphoma,Primary effusion	
		lymphoma PTLD, Monomorphic PTLD (E and T-/NK-cell types). Polymorphic	3-		lymphoma, Peripheral T-cell lymphoma (PTCL), NOS, Florid follicular hyperplasia PTLD, Classical	
		PTLD,Splenic B-cell lymphoma /			Hodgkin lymphoma PTLD, Monomorphic PTLD (B-	
		leukemia, unclassifiable, Splenic diffuse red pulp small B-cell lymphoma, Splenic	:		and T-/NK-cell types),Polymorphic PTLD,Splenic B- cell lymphoma / leukemia, unclassifiable,Splenic	
		marginal zone B-cell lymphoma, Burkitt lymphoma, Subcutaneous panniculitis-			diffuse red pulp small B-cell lymphoma,Splenic marginal zone B-cell lymphoma,Burkitt	
		like T-cell lymphoma, Systemic EBV+ T-			ymphoma,Subcutaneous panniculitis-like T-cell	
		cell lymphoma of childhood,Sezary syndrome,T-cell / histiocytic rich large	3-		lymphoma, Systemic EBV+ T-cell lymphoma of childhood, Sezary syndrome, T-cell / histiocytic rich	
Hodgkin and Non-		céll lymphoma,T-cell large granular lymphocytic leukemia,Waldenstrom			large B-cell lymphoma,T-cell large granular lymphocytic leukemia,Waldenstrom	
Disease Hodgkin Classification Lymphoma yes	Specify the original no (prior to transform	lymphoma histology macroglobulinemia / Lymphoplasmacy		pecify the original lymphoma	macroglobulinemia / Lymphoplasmacytic lymphoma	
Hodgkin and Non-	(prior to dansion)	утрична		istology (prior to dialistormation)	ymphoma	
Disease Hodgkin Classification Lymphoma yes	no Specify other lympi	noma histology: open text		pecify other lymphoma histology:	open text	
Lassification Lymphoma yes	ito Specify other lymp	oma ilistology.		pecify other tymphoma histology.	open text	
Hodgkin and Non-	Date of original lyn	phoma diagnosis:		ate of original lymphoma diagnosis:		
Disease Hodgkin Classification Lymphoma yes	(report the date of lymphoma subtype	diagnosis of original) YYYY/MM/DD	[0	report the date of diagnosis of original lymphoma subtype)	YYYY/MM/DD	
Eymphonia yes	по путриота завеуре	1111/1111/05		, , , , , ,	1117/111/05	
Hodgkin and Non-	Was a PFT (or PFT	CT) scan performed? (at		Vas a PET (or PET/CT) scan performed? (at last evaluation prior		
Disease Hodgkin	last evaluation price	r to the start of the	it	o the start of the preparative		
Classification Lymphoma yes	no preparative regime			,	no,yes	
Hodgkin and Non- Disease Hodgkin		T/CT) scan positive for nent at any disease		Vas the PET (or PET/CT) scan ositive for lymphoma involvement		
Classification Lymphoma yes	no site?	no,yes	a	t any disease site?	no,yes	
Hodgkin and Non- Disease Hodgkin						
Classification Lymphoma yes	no Date of PET scan	Known,Unknown		Oate of PET scan	Known, Unknown	
Hodgkin and Non-						
Disease Hodgkin Classification Lymphoma yes	no Date of PET (or PET	/CT) scan: YYYY/MM/DD		Date of PET (or PET/CT) scan:	YYYY/MM/DD	
, ,	Date of FET (of FET	1117/111/00		Saco S. 1. ET (OF TET/OT) Scalls.	,,	
Hodgkin and Non- Disease Hodgkin	Deauville (five-poir	t) score of the PET (or		Deauville (five-point) score of the PET		
Lymphoma yes	no PET/CT) scan	Known, Unknown	(1)	or PET/CT) scan	Known,Unknown	
		1- no uptake or no residual uptake				
		2- slight uptake, but below blood pool				
		(mediastinum) 3- uptake above mediastinal, but belov	v		1- no uptake or no residual uptake 2- slight uptake, but below blood pool	
		or equal to uptake in the liver 4- uptake slightly to moderately higher			(mediastinum) 3- uptake above mediastinal, but below or equal	
Hodgkin and Non-		than liver			to uptake in the liver	
Disease Hodgkin Classification Lymphoma yes	no Scale	5- markedly increased uptake or any new lesion	s	cale	4- uptake slightly to moderately higher than liver 5- markedly increased uptake or any new lesion	

Information Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s) complete remission.Pif res - Primary	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Hodgkin and Non-				induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.plf sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.plf sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.plf unk – 1st relapse – resistant: stable or progressive disease with treatment.REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2),REL1 unk - 1st relapse – sensitivity unknown,REL1 unt - 1st relapse – sensitivity index either bone marrow or extramedullary relapse,REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment,REL2 sen - 2nd relapse – sensitivity: partial remission (if complete remission achieved, classify as CR3+),REL2 unk - 2nd relapse – sensitivity unknown,REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse,REL3+ res - 3rd or subsequent relapse - resistant: stable or progressive disease with treatment,REL3+ sen - 3rd or subsequent relapse - resistant: stable or progressive disease with treatment,REL3+ sen - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3			CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant,CR2 - 2nd complete remission,R3+ - 3rd or subsequent complete remission,PIF res - Primary induction failure - resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment,PIF sen / PR1 - Primary induction failure - sensitive: NEVER in COMPLETE remission but with partial remission on treatment,PIF unk-Primary induction failure - sensitivity unknown,REL1 res - 1st relapse - resistant: stable or progressive disease with treatment,REL1 sen - 1st relapse - sensitive: partial remission (if complete remission was achieved, classify as CR2),REL1 unk - 1st relapse - sensitivity unknown,REL2 unk - 1st relapse - untreated; includes either bone marrow or extramedullary relapse,REL2 res - 2nd relapse - resistant: stable or progressive disease with treatment,REL2 unk - 2nd relapse - sensitivity unknown,REL2 unt - 2nd relapse - sensitivity unknown,REL2 unt - 3nd relapse - sensitivity unknown,REL3 unt - 3nd relapse - resistant: stable or progressive disease with treatment,REL2 unt - 3nd relapse - resistant: stable or progressive disease with treatment,REL3+ sen-3rd or subsequent relapse - resistant: stable or progressive disease with treatment,REL3+ sen-3rd or subsequent relapse - sensitive: partial remission of (fromplete remission achieved, classify as CR3+),REL3+ unk - 3rd relapse or greater - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitive; partial remission of the complete remission achieved, classify as CR3+),REL3+ unk - 3rd relapse or greater - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitive; partial remission of the complete remission achieved, classify as CR3+),REL3+ unk - 3rd relapse or greater - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL3+ unt - 3rd or subsequent relapse - sensitivity unknown,REL	
Disease Classification	Hodgkin Lymphoma Hodgkin and Non-	yes	no	What was the disease status?	bone marrow or extramedullary relapse,Disease untreated		What was the disease status? Total number of lines of therapy	relapse – untreated; includes either bone marrow or extramedullary relapse,Disease untreated	
Disease Classification	Hodgkin Lymphoma	yes	no	Total number of lines of therapy received (between diagnosis and HCT / infusion)	1 line,2 lines,3+ lines		received (between diagnosis and HCT / infusion)	1 line,2 lines,3+ lines	
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify the multiple myeloma/plasma cell disorder (PCD) classification	Amyloidosis,Monoclonal gammopathy of renal significance (MGRS),Multiple myeloma,Multiple myeloma-light chain only,Multiple myeloma-non-secretory,Osteosclerotic myeloma / POEMS syndrome,Other plasma cell disorder (PCD),Plasma cell leukemia (PCL),Smoldering myeloma,Solitary plasmacytoma		Specify the multiple myeloma/plasma cell disorder (PCD) classification	Amyloidosis, Monoclonal gammopathy of renal significance (MGRS), Multiple myeloma, Multiple myeloma-light chain only, Multiple myeloma-non-secretory, Osteosclerotic myeloma / POEMS syndrome, Other plasma cell disorder (PCD), Plasm; cell leukemia (PCL), Smoldering myeloma, Solitary plasmacytoma	a
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)		no	Specify other plasma cell disorder:	open text		Specify other plasma cell disorder:	open text	
oisease lassification	Multiple Myeloma / Plasma Cell Disorder (PCD)		no	Specify heavy and/or light chain type (check all that apply)	IgA (heavy chain only),IgA kappa,IgA lambda,IgD (heavy chain only),IgD kappa,IgB lambda,IgE (heavy chain only),IgE kappa,IgE lambda,IgG (heavy chain only),IgG kappa,IgG lambda,IgM (heavy chain only),IgM kappa,IgM lambda,Kappa (light chain only),Lambda (light chain only)		Specify heavy and/or light chain type (check all that apply)	IgA (heavy chain only),IgA kappa,IgA lambda,IgD (heavy chain only),IgD kappa,IgD lambda,IgE (heavy chain only),IgE kappa,IgE lambda,IgG (heavy chain only),IgM kappa,IgM lambda,IgM (heavy chain only),IgM kappa,IgM lambda,Kappa (light chain only),Lambda (light chain only)	
isease lassification	Multiple Myeloma / Plasma Cell Disorder (PCD)		no	Specify Amyloidosis classification	AH amyloidosis,AHL amyloidosis,AL amyloidosis		Specify Amyloidosis classification	AH amyloidosis,AHL amyloidosis,AL amyloidosis	

Information Collection Domair Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	γes	по	Select monoclonal gammopathy of renal significance (MGRS) classification	C3 glomerulopathy with monoclonal gammopathy, Crystal-storing histocytosis, Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID), Light chain fanconi syndrome, Monoclonal immunoglobulin deposition disease (MIDD), Non-amyloid fibrillary glomerulonephritis; Proliferative glomerulonephritis with monoclonal immunoglobulin depositio (FORNMID). Proximal tubulopathy without crystals, Type 1 cryoglobulinemic glomerulonephritis, Unknown		Select monoclonal gammopathy of renal significance (MGRS) classification	C3 glomerulopathy with monoclonal gammopathy.Crystal-storing histicoytosis,Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID), Light chain fanconi syndrome,Monoclonal immunoglobulin depositior disease (MIDD), Non-amyloid fibrillary glomerulonephritis, Proliferative glomerulonephritis, Proliferative glomerulonephritis deposits (PGNMID), Proximal tubulopathy without crystals, Type 1 cryoglobulinemic glomerulonephritis, Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Select monoclonal immunoglobulin deposition disease (MIDD) subtype	Heavy chain deposition disease (HCDD),Light chain deposition disease (LCDD),Light and heavy chain deposition disease (LHCDD)		Select monoclonal immunoglobulin deposition disease (MIDD) subtype	Heavy chain deposition disease (HCDD),Light chair deposition disease (LCDD),Light and heavy chain deposition disease (LHCDD)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Solitary plasmacytoma was	Bone derived,Extramedullary		Solitary plasmacytoma was	Bone derived,Extramedullary	
olsease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	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) - ,Stage II (Fitting neither Stage I or Stage III), 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]. Unknown		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 norma 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) – Stage II (Fitting neither Stage I or Stage III), Stage III (One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lyttic bone Isoions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h), Juknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	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)		What was the Durie-Salmon sub classification? (at diagnosis)	A - relatively normal renal function (serum creatinine < 2.0 mg/dL,B - abnormal renal functior (serum creatinine ≥ 2.0 mg/dL)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Did the recipient have a preceding or concurrent plasma cell disorder?	No,Yes		Did the recipient have a preceding or concurrent plasma cell disorder?	No,Yes	
oisease Ilassification	Preceding or Concurrent Plasma Cell Disorder	yes	yes	Specify preceding / concurrent disorder	Amyloidosis, Monoclonal gammopathy of renal significance, Monoclonal gammopathy of unknown significance, Multiple myeloma - Nultiple myeloma - Iight chain only, Multiple myeloma - Non-secretory, Osteosclerotic myeloma / POEMS syndrome, Other disease, Plasma cell leukemia, Smoldering myeloma, Solitary plasmacytoma		Specify preceding / concurrent disorder	Amyloidosis, Monoclonal gammopathy of renal significance, Monoclonal gammopathy of unknowr significance, Multiple myeloma, Multiple myeloma light chain only, Multiple myeloma - non-secretory, Osteosclerotic myeloma / POEMS syndrome, Other disease, Plasma cell leukemia, Smoldering myeloma, Solitary plasmacytoma	

	Info								
Information Collection Domaii Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
							,	,	
Disease Classification	Preceding or Concurrent Plasma Cell Disorder	yes	yes	Specify other preceding/concurrent disorder:	open text		Specify other preceding/concurrent disorder:	open text	
Disease Classification	Preceding or Concurrent Plasma Cell Disorder	yes	yes	Date of diagnosis of preceding / concurrent disorder:	t YYYY/MM/DD		Date of diagnosis of preceding / concurrent disorder:	YYYY/MM/DD	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum beta2 - microglobulin	Known,Unknown		Serum beta2 - microglobulin	Known, Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	ves	no	Serum beta2-microglobulin:	:		Serum beta2-microglobulin:	: μg/dL : mg/L : nmol/L	
	Multiple	yes		Scrum betaz microgiobam.	· · · · · · · · · · · · · · · · · · ·		Scram beta2 microgrobanii.	into, E	
Disease Classification	Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum albumin	Known,Unknown		Serum albumin	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum albumin:	:•g/dL :•g/L		Serum albumin:	g/dL g/L	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	I.S.S Stage	Known,Unknown		I.S.S Stage	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	I.S.S Stage	1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL), 2(Not fitting stage 1 or 3),3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)		I.S.S Stage	1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dl.), 2(Not fitting stage 1 or 3) ,3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	R-I.S.S Stage	Known,Unknown		R-I.S.S Stage	Known, Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	R-I.S.S Stage	1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p. t(4:4), t(14:16)] and normal LDH levels). 2[Not R-ISS stage II or III), 3[SS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p. t(4:14), t(14:16)] or high LDH levels)		R-I.S.S Stage	1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH (deletion 17p / 17p-, t(4:14) t(14:16)] and normal LIDH levels). 2(Not R-ISS stage I or III), 3(ISS stage III and either high-risk cytogenetic abnormalities by FISH (deletion 17p / 17p-, t(4:14), t(14:16)] or high LDH levels)	
	Multiple								
Disease Classification	Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by flow cytometry	Known,Unknown	Capture data accurately
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	%		Plasma cells in blood by flow cytometry	%	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by morphologic assessment	Known,Unknown	Capture data accurately
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	%		Plasma cells in blood by morphologic assessment	· %	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	109/L (x 103/mm3)		Plasma cells in blood by morphologic assessment	103/mm3)	

Information Collection Domai Sub-Type	Information Collection Domain in Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a lives	no	LDH	Known,Unknown		LDH	Known,Unknown	
ciassincation	cell bisorder (i eb	7,703		EDIT	Kilowijonkilowii		LOIT	KIOWI, STIKIOWI	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	LDH	• o U/L		LDH	• o U/L o μkat/L	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD		no	Upper limit of normal for LDH:	·		Upper limit of normal for LDH:	·	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD		no	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	
	Multiple								
Disease Classification	Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease	Multiple Myeloma / Plasma	a			Abnormalities identified,No				
Classification	Cell Disorder (PCD)) yes	no	Results of tests	abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD		no	Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q,del(17p) / 17p-Hyperdiploid (> 50,Hypodiploid (< 46),13,-17,MVC rearrangement,Other abnormality,(1;1:14),(14;20),t(4;14),t(14;20),t(4;14),t(14;20),t(4;14),t(14;20),t(4;14),t(14;20),t(4;14),t(14;14),t(14;20),t(4;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),		Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q,del(17p) / 17p,.Hyperdiploid (> 50),Hypothiploid (< 46),-13,-17,MYC rearrangement.Other abnormality,t(11;14),t(4:16),t(14;20),t(4:14),t(6:4),+11,+15,+19,+3,+5,+7,+9	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a)) yes	no	Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q,del(17p) / 17p-Hyperdiploid (> 50,Hypodiploid (< 46)-13,-17,MYC rearrangement,Other abnormality,(11;14),t(14;16),t(14;20),t(4;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t(14;14),t		Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q,del(17p) / 17p,.Hyperdiploid (> 50),Hypodiploid (< 46),-13,-17,MYC rearrangement,Other abnormality,(11;14),t(14;16),t(14;20),t(4;14),t(6;:4),+11,+15,+19,+3,+5,+7,+9	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	

	Information								
Information Collection Domain Sub-Type	Collection Domain n Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	nformation Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD			Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No.Yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No. Voc	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a	no	What is the hematologic disease status?	Complete remission (CR),Progressive disease (PD),Partial remission (PR),Relapse from CR (Rel) (untreated),Stringent complete remission (sCR),Stable disease (SD),Unknown,Very good partial remission (VGPR)		What is the hematologic disease status?	Complete remission (CR).Progressive disease (PD).Partial remission (PR).Relapse from CR (Rel) (untreated).Stringent complete remission (sCR).Stable disease (SD).Unknown,Very good partial remission (VGPR)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a o) yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a) yes	no	Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Rel) (untreated),Unknown,Very good partial response (VGPR)		Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR), No response (NR) / stable disease (SD), Progressive disease (PD), Partial response (PR), Relapse from CR (ReI) (untreated), Unknown, Very good partial response (VGPR)	,
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	a o) yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification Disease Classification	Solid Tumors Solid Tumors	yes yes	no no	Specify the solid tumor classification Specify other solid tumor:	Breast cancer,Bone sarcoma (excluding Ewing family tumors),Cervical,Central nervous system tumor, including CNS PNET,Colorectal,Ovarian (epithelial),Ewing family tumors, extraosseous (including PNET),Ewing family tumors of bone (including PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell tumor, extragonadal,Hepatobiliary,Head / neck,Hemangiosarcoma,Lung, not otherwise specified,Leiomyosarcoma,Lymphangio sarcoma,Liposarcoma,Medialstinal neoplasm,Melanoma,Neuroblastoma,Mediastinal neoplasm,Melanoma,Neuroblastoma,Melastinal neoplasm,Melanoma,Neuroblastoma,Renal cell,Other solid tumor, Prostate,Renal cell,Retinoblastoma,Rhabdomyosarcoma,Lung, small cell,Synovial sarcoma,Solid tumor, not otherwise specified,Pancreatic,Soft tissue sarcoma (excluding Ewing family tumors),Testicular,Thymoma,Uterine,Vaginal,Wilm Tumor		Specify the solid tumor classification Specify other solid tumor:	Breast cancer,Bone sarcoma (excluding Ewing family tumors), Cervical,Central nervous system tumor, including CNS PNET,Colorectal,Ovarian (epithelial),Ewing family tumors, extraosseous (including PNET),Ewing family tumors of bone (including PNET),Ewing family tumors of bone (including PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell tumor, extragonadal,Hepatobiliary,Head / neck,Hemangiosarcoma,Lung, not otherwise psecified,Leiomyosarcoma,Lung, nompsecified,Leiomyosarcoma,Lymphangio sarcoma,Lung, non-small cell,Other solid tumor,Prostate,Renal cell,Retinoblastoma,Rhabdomyosarcoma,Lung, small cell,Synovial sarcoma,Solid tumor, not otherwise specified, Pancreatic,Soft tissue sarcomi (excluding Explication), Testicular, Thymoma, Uterine, Vaginal, Wilr Tumor	3
Disease Classification	Aplastic Anemia	yes	no	Specify the aplastic anemia classification - If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired amegakaryocytosis (not congenital), Acquired pure red cell aplasia (not congenital), Acquired AA, not otherwise specified, Other acquired cytopenic syndrome, Acquired AA secondary to chemotherapy, Acquired AA, secondary to immunetherapy or immune effector cell therapy, Acquired AA, secondary to immunetherapy or immune effector cell therapy, Acquired AA, secondary to toxin / other drug		Specify the aplastic anemia classification – If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired amegakaryocytosis (not congenital), Acquired pure red cell aplasia (not congenital), Acquired A, not otherwise specified, Other acquired cytopenic syndrome, Acquired AA, secondary to chemotherapy, Acquired AA secondary to hepatitis, Acquired AA secondary to immunotherapy or immune effector cell therapy, Acquired AA, secondary to toxin / other drug	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Aplastic Anemia	ves	no	Specify severity	Not severe,Severe / very severe		Specify severity	Not severe, Severe / very severe	
Disease Classification	Aplastic Anemia	yes	no	Specify other acquired cytopenic syndrome:	open text		Specify other acquired cytopenic syndrome:	open text	
Disease Classification	Inherited Bone Marrow Failure Syndromes	yes	no	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond	Change/Clarification of Response Options	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita, Fanconi anemia, Severe congenital neutropenia, Diamond-Blackfan anemia, Shwachman-Diamond, Other inherited bone failure syndromes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Inherited Bone Marrow Failure Syndromes	Ves	no	Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?	No,Yes	Deletion of Information Requested	Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?	No Yes	Reduce redundancy in data capture
Disease Classification	Hemoglobinopathi es	yes	no	Specify the hemoglobinopathy classification	Other hemoglobinopathy,Sickle cell disease,Transfusion dependent thalassemia	Secretary management	Specify the hemoglobinopathy classification	Other hemoglobinopathy, Sickle cell disease, Transfusion dependent thalassemia	The second secon
Disease Classification	Hemoglobinopath es	i yes	no	Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia		Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia	
Disease Classification	Hemoglobinopathi es	yes	no	Specify other hemoglobinopathy:	open text		Specify other hemoglobinopathy:	open text	
Disease Classification	Hemoglobinopathi es	i yes	no	Did the recipient receive gene therapy to treat the hemoglobinopathy?	No,Yes	Deletion of Information Requested	Did the recipient receive gene therapy to treat the hemoglobinopathy?	No.Yes	Reduce redundancy in data capture
Disease Classification	Hemoglobinopathi es	yes	no	Was tricuspid regurgitant jet velocity (TRIV) measured by echocardiography?	No,Unknown,Yes		Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?	No,Unknown,Yes	
Disease Classification	Hemoglobinopath es	yes	no	TRJV measurement	Known,Unknown		TRJV measurement	Known,Unknown	
Disease Classification	Hemoglobinopath es	yes	no	TRJV measurement:	• m/sec		TRJV measurement:	• m/sec	
Disease Classification	Hemoglobinopath	yes	no	Was liver iron content (LIC) tested within 6 months prior to infusion?	No,Yes		Was liver iron content (LIC) tested within 6 months prior to infusion?	No,Yes	
Disease Classification	Hemoglobinopathi es	i yes	no	Liver iron content:	weight mg Fe/g liver dry weight g Fe/kg liver dry weight umol Fe / g liver dry		Liver iron content:	mg Fe/g liver dry weight g Fe/kg liver dry weight umol Fe / g liver dry weight	
Disease Classification	Hemoglobinopathi es	yes	no	Method used to estimate LIC?	FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI		Method used to estimate LIC?	FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI	
Disease Classification	Hemoglobinopathi	yes	no	Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)	No,Yes		Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)	No,Yes	
Disease Classification	Hemoglobinopath es	yes	no	Year of first transfusion: (since diagnosis):	YYYY		Year of first transfusion: (since diagnosis):	YYYY	
Disease Classification	Hemoglobinopath es	yes	no	Was iron chelation therapy given at any time since diagnosis?	No,Unknown,Yes		Was iron chelation therapy given at any time since diagnosis?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathi	yes	по	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)?	No, iron chelation therapy given, but not meeting criteria, iron chelation therapy given, but details of administration unknown, Ves, iron chelation therapy given as specified		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)?	No, iron chelation therapy given, but not meeting criteria, Iron chelation therapy given, but details of administration unknown, Yes, iron chelation therapy given as specified	
Disease Classification	Hemoglobinopath es	yes	no	Specify reason criteria not met	Non-adherence,Other,Toxicity due to iron chelation therapy		Specify reason criteria not met	Non-adherence,Other,Toxicity due to iron chelation therapy	
Disease Classification	Hemoglobinopath es	yes	no	Specify other reason criteria not met:	open text		Specify other reason criteria not met:	open text	
Disease Classification	Hemoglobinopath es	yes	no	Year iron chelation therapy started	Known,Unknown		Year iron chelation therapy started	Known, Unknown	
Disease Classification	Hemoglobinopath es		no	Year started:	YYYY		Year started:	YYYY	
Disease Classification	Hemoglobinopath es	j yes	no	Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)	no,Unknown,yes		Did the recipient have hepatomegaly? (2 2 cm below costal margin)	no,Unknown,yes	

Information Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease	Hemoglobinopathi			Liver size as measured below the costal			Liver size as measured below the costal margin at most recent		
Classification	es	yes	no	margin at most recent evaluation:	cm		evaluation:	cm	
Disease Classification	Hemoglobinopath es	yes	no	Was a liver biopsy performed at any time since diagnosis?	no,yes		Was a liver biopsy performed at any time since diagnosis?	no,yes	
Disease Classification	Hemoglobinopathi es	i yes	no	Date functional status assessed	Known,Unknown		Date functional status assessed	Known,Unknown	
Disease Classification	Hemoglobinopathi es	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Hemoglobinopathi es	ves	no	Date estimated	checked		Date estimated	checked	
Disease	Hemoglobinopath			Was there evidence of liver cirrhosis?					
Classification Disease	es Hemoglobinopathi	yes	no		No,Unknown,Yes		Was there evidence of liver cirrhosis?		
Classification Disease	es Hemoglobinopathi	yes	no	Was there evidence of liver fibrosis?	No,Unknown,Yes		Was there evidence of liver fibrosis?	No,Unknown,Yes	
Classification	es	yes	no	Type of fibrosis	Bridging,Other,Periportal,Unknown		Type of fibrosis	Bridging,Other,Periportal,Unknown	
Disease Classification	Hemoglobinopath es	yes	no	Was there evidence of chronic hepatitis?	No,Unknown,Yes		Was there evidence of chronic hepatitis?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathi es	yes	no	Was documentation submitted to the CIBMTR? (e.g. liver biopsy)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. liver biopsy)	No,Yes	
Disease	Hemoglobinopathi			Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at			Is there evidence of abnormal cardiac iron deposition based on MRI of the		
Classification	es	yes	no	time of infusion?	No,Yes		heart at time of infusion?	No,Yes	
Disease Classification	Hemoglobinopath es	yes	no	Did the recipient have a splenectomy?	no,Unknown,yes		Did the recipient have a splenectomy?	no,Unknown,yes	
Disease Classification	Hemoglobinopath es	yes	no	Serum iron	Known,Unknown		Serum iron	Known,Unknown	
Disease Classification	Hemoglobinopathi es	yes	no	Serum iron:	: μg / dL : μmol / L		Serum iron:		
Disease Classification	Hemoglobinopathi	ves	no	Total iron binding capacity (TIBC)	Known,Unknown		Total iron binding capacity (TIBC)	Known,Unknown	
Disease Classification	Hemoglobinopathi es	ť	no	TIBC:	: μg / dL : μmol / L		TIBC:	:	
Disease Classification	Hemoglobinopathi	yes	no	Total serum bilirubin	Known.Unknown		Total serum bilirubin	Known.Unknown	
Disease Classification	Hemoglobinopath	i		Total serum bilirubin:	:		Total serum bilirubin:	: • mg/dL : • μmol / L	
Disease Classification	Hemoglobinopathi	yes	no	Upper limit of normal for total serum bilirubin:	•_ µnor/ E		Upper limit of normal for total serum bilirubin:		
	es	yes			Ataxia telangiectasia, Bare lymphocyte syndrome, Cartilage hair hypoplasia, CD44 ligand deficiency, Chronic granulomatoud disease, DiGeorge anomaly, Griscelli syndrome type 2, HIV infection, Hermansky-Pudlak syndrome type 2, Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies, Neutrophil actin deficiency, Chediak-Higashi syndrome, Other immunodeficiencies, Omenn syndrome, Other pigmentary dilution disorder, Other SCID, Reticular disorder, Other SCID, Reticular disorder, Other SCID, Reticular disorder, Other SCID, SCID, on to therwise specified, Absence of T and B cell SCID, Dimmune deficiency, not otherwise specified, Common variable			Ataxia telangiectasia, Bare lymphocyte syndrome, Cartilage hair hypoplasia, CD40 ligand deficiency, Chronic granulomatous disease, DiGeorge anomaly, Griscelli syndrome type 2, HIV infection, Hermansky-Pudlak syndrome type 2, Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies, Neutrophil actin deficiency, Chediak-Higashi syndrome, Other immunodeficiencies, Omenn syndrome, Other jimmentary dilutton disorder, Other SCID, Reticular dysgenesis, Adenosine deaminase (ADA) deficiency severe combined immunodeficiency (SCID), SCID, not otherwise specified Absence of T and B cells SCID hymmune	
Disease Classification	Disorders of the Immune System	yes	no	Specify disorder of immune system classification	specified,Common variable immunodeficiency,Wiskott-Aldrich syndrome,X-linked lymphoproliferative syndrome		Specify disorder of immune system classification	SCID.Absence of T, normal B cell SCID.Immune deficiency, not otherwise specified,Common variable immunodeficiency,Wiskott-Aldrich syndrome,X-linked lymphoproliferative syndrome	

Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Disorders of the Immune System	yes	no	Specify other SCID:	open text		Specify other SCID:	open text	
Disease Classification	Disorders of the Immune System	yes	no	Specify other immunodeficiency:	open text		Specify other immunodeficiency:	open text	
Disease Classification	Disorders of the Immune System	yes	no	Specify other pigmentary dilution disorder:	open text		Specify other pigmentary dilution disorder:	open text	
Disease Classification	Disorders of the	yes	no	Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?	No,Yes		Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?	No,Yes	
Disease Classification Disease Classification	Disorders of the Immune System Disorders of the Immune System	yes	no no	Specify viral pathogen (check all that apply) Has the recipient ever been infected with PCP / PJP?	Adenovirus, BK Virus, Chikaugunya Virus, Cytomegalovirus (CMV), Coronavirus, Dengue Virus, Epstein-Barr Virus (EBV), Enterovirus (D68), Enterovirus (CBC), Coxsackie), Enterovirus, ROS, Enterovirus (CDG), Enterovirus (ECHO), Coxsackie), Enterovirus, NOS, Enterovirus (polio), Hepatitis A Virus, Hepatitis B Virus, Hepatitis E Virus, Hepatitis C Virus, Hepatitis E, Human herpesvirus of (HHV-6), Human Immunodeficiency Virus 1 or 2, Human Papillomavirus (HPV), Herpes Simplex Virus (HSV), Human T-lymphotropic Virus 1 or 2, Influenza A Virus, Influenza B Virus, Influenza A Virus, Influenza B Virus, Influenza Nirus, Influenza Nirus, Influenza Nirus, Influenza Virus (Albeola), Mumps Virus, Rorovirus, Human Parainfluenza Virus (all species), Respiratory Syncytal Virus (RSV), Rubella Virus, Varicella Virus, Vest Nile Virus (WNV)		Specify viral pathogen (check all that apply) Has the recipient ever been infected	Adenovirus, BK Virus, Chikaugunya Virus, Cytomegalovirus (CMV), Coronavirus, Dengue Virus, Epstein-Barr Virus (EBV), Enterovirus D68 (EV D68), Enterovirus (ECHO, Coxsackie), Enterovirus, NOS, Enterovirus (Bolio), Hepatitis A Virus, Hepatitis Virus, Hepatitis C Virus, Hepatitis E, Human herpesvirus 6 (HHV-6), Human Inmunodefficiency Virus 1 or 2, Human metapneumovirus, Human Papillomavirus (HPV), Herpes Simplex Virus (HSV), Human T-lymphotropic Virus 1 or 2, Influenza A Virus, Influenza B Virus, Influenza, NOS, LO Virus (Progressive Multifocal Leukoencephalopathy (PML)), Measles Virus (Rubeola), Mumps Virus, Norovirus, Human Parainfluenza Virus (all species), Respiratory Snrytial Virus (RSV), Rubela Virus, Varicella Virus, West Nile Virus (WNV)	-
Disease Classification	Disorders of the Immune System	yes	no	Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	No,Yes		Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	No,Yes	
oisease lassification	Inherited Abnormalities of Platelets	yes	no	Specify inherited abnormalities of platelets classification	Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)		Specify inherited abnormalities of platelets classification	Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)	
isease lassification	Inherited Abnormalities of Platelets	yes	no	Specify other inherited platelet abnormality:	open text		Specify other inherited platelet abnormality:	open text	

	Information Collection								
Information Collection Domain Sub-Type	Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Inherited				Adrenoleukodystrophy (ALD) (543).Aspartyl glucosaminidase (561),ß-glucuronidase deficiency (VII) (537).Fucosidosis (562). Gaucher disease (541).Glucose storage disease (548).Hunter syndrome (II) (533).Hurler syndrome (II) (533).Hurler syndrome (II) (533).Hurler syndrome (II) (534).Hessh-Nyhan (HcRPRT deficiency) (522).Mannosidosis (563).Maroteaux-Lamy (VII) (536).Metachromatic leukodystrophy (MLD) (542).Mucolipidoses, not otherwise specified (540).Morquio (IV) (535).Mucopolysaccharidosis (V) (538).Mucopolysaccharidosis, not otherwise specified (530).Niemann-Pick disease (545).Neuronal ceroid lipiofuscinosis (Satten disease) (523).Osteopetrosis (malignant infantile osteopetrosis) (521).Polysaccharide hydrolase abnormality, not otherwise specified (560).Sanflippor (IS34).Scheie syndrome (IS) (532).Inherited metabolic disorder (532)).Scheie syndrome (IS) (532).Inherited metabolic disorder, not			Hereditary diffuse leukoencephalopathy with spheroids, Adrenoleukodystrophy (ALD) (543), Aspartyl glucosaminidase (561), Reglucuronidase deficiency (VIII) (537), Fucosidosis (562), Gaucher disease (544), Culucose storage disease (548), Hunter syndrome (III) (533), Hurer syndrome (III) (533), Hurer syndrome (III) (534), Huser hyptome (1543), Marcobiol leukodystrophy) (544), Marcolipidoses, not otherwise specified (540), Morquio (IV) (535), Mucopolysaccharidosis (V) (535), Mucopolysaccharidosis, not otherwise specified (540), Morquio (IV) (535), Mucopolysaccharidosis, not otherwise specified (530), Niemann-Pick disease (545), Neuronal ceroid lipofuscinosis (Batten disease) (523), Other inherited metabolic disorder (529), Osteopetrosis (Call, Polysaccharide hydrolase abnormality, not otherwise specified (560), Sanfilipo (III) (534), Scheie syndrome (IS)	
ease ssification	Disorders of Metabolism	yes	no	Specify inherited disorders of metabolism classification	otherwise specified (520), Wolman	Change/Clarification of Response Options	Specify inherited disorders of metabolism classification	(532),Inherited metabolic disorder, not otherwise specified (520),Wolman disease (547)	Be consistent with current clinical landscape, improve transplant outcome data
sease assification	Inherited Disorders of Metabolism	yes	no	Specify other inherited metabolic disorder:	open text		Specify other inherited metabolic disorder:	open text	
ease ssification	Inherited Disorders of Metabolism	yes	no	Loes composite score	Adrenoleukodystrophy (ALD) only		Loes composite score	Adrenoleukodystrophy (ALD) only	
sease assification	Histiocytic Disorders	yes	по	Specify histiocytic disorder classification	Histiocytic disorder, not otherwise specified (570), langerhans cell histiocytosis (histiocytosis:X) (572), Hemophagocytic lymphohistiocytosis (HLH) (571), Hemophagocytosis (reactive or viral associated) (573), Malignant histiocytosis (574), Other histiocytic disorder (579)		Specify histiocytic disorder classification	Histiocytic disorder, not otherwise specified (570),Langerhans cell histiocytosis (histiocytosis-X) (572),Hemophagocytic lymphohistiocytosis (HLH) (571),Hemophagocytosis (reactive or viral associated) (573),Malignanh histiocytosis (574),Other histiocytic disorder (579)	
ease ssification	Histiocytic Disorders	yes	no	Specify other histiocytic disorder:	open text		Specify other histiocytic disorder:	open text	
sease assification	Histiocytic Disorders	ves	no	Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? Hemophagocytic lymbohistiocytosis (HLH) only	No.Yes		Did the recipient have an active or recent infection with a viral pathoger within 60 days of HCT? Hemophagocytic lymphohistiocytosis (HLH) only		

	Information								
Information Collection Domain Sub-Type	Collection Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	nformation Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Sub-Type	Domain	арриез	requested multiple times	Lienent (ii applicable)	Lientent Response Option(s)	normation conection appeare.	Data Liement (ii applicable)	Element Response Option(s)	Rationale for information confection opuate
					Adenovirus, BK Virus, Chikaugunya Virus, Cytomegalovirus (CMV), Coronavirus, Dengue Virus, Egstein-Barr Virus (EBV), Enterovirus D68 (EV-D68), Enterovirus D68 (EV-D68), Enterovirus (EHO, Coxsackie), Enterovirus, NOS, Enterovirus (polio), Hepatitis A Virus, Hepatitis B Virus, Hepatitis C Virus, Hepatitis E, Human herpesvirus 6 (HHV-6), Human Immunodeficiency Virus 1 or 2, Human metapneumovirus, Human Papillomavirus (HPV), Herpes Simplex Virus (HSV), Human T-lymphotropic Virus 1 or 2, Influenza A Virus, Influenza B Virus, Influenza, NOS, JC Virus (Progressive Multifocal Leukoencephalopathy (PML)), Measles Virus (Rubeola), Mumps Virus, Norovirus, Human Parainfluenza			Adenovirus,BK Virus, Chikaugunya Virus, Cytomegalovirus (CMV), Coronavirus, Dengue Virus, Epstein-Barr Virus (EBV), Enterovirus D68 (EV 068), Enterovirus (ECHO, Coxsackie), Enterovirus, NOS, Enterovirus (polio), Hepatitis A, Virus, Hepatitis B Virus, Hepatitis C, Virus, Hepatitis E, Human herpesvirus 6 (HHV-6), Human Immunodeficiency Virus 1 or 2, Human metapneumovirus, Human Papillomavirus (HPV), Herpes Simplex Virus (HSV), Human T-lymphotropic Virus 1 or 2, Influenza A Virus, Influenza B Virus, Influenza, NOS, IZ Virus (Progressive Multifocal Leukoencephalopathy (PML)), Measles Virus	
					Virus (all species),Rhinovirus (all species),Rotavirus (all			(Rubeola), Mumps Virus, Norovirus, Human Parainfluenza Virus (all species), Rhinovirus (all	
Disease Classification	Histiocytic	l vos		Enocify viral nathogon (check all that apply)	species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West		Specify viral pathogen (check all that	species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)	
Disease	Disorders Histiocytic	yes	no	Specify viral pathogen (check all that apply) Has the recipient ever been infected with			apply) Has the recipient ever been infected with PCP / PJP?		
Classification	Disorders	yes	no	PCP / PJP?	No,Yes		with PCP / PJP?	No,Yes	
Disease Classification	Autoimmune Diseases	yes	по	Specify autoimmune disease classification	Antiphospholipid syndrome, Behcet syndrome, Churg-Strauss, Classical polyarteritis nodosa, Crohn's disease, Diabetes mellitus type I, Evan syndrome, Giant cell arteritis, Hemolytic anemia, Idiopathic thrombocytopenic purpura (ITP), Juvenile idiopathic arthritis (IJA): oltopathic arthritis (IJA): obtyarticular, Juvenile idiopathic arthritis (IJA): polyarticular, Juvenile idiopathic arthritis (IJA): polyarticular, Juvenile idiopathic arthritis (IJA): systemic (Stills disease), Microscopic polyarteritis nodosa, Multiple sclerosis, Myasthenia gravis, Other autoimmune disorder, Overlap necrotizing arteritis, Other autoimmune bowel disorder, Other autoimmune neurological disorder, Other autoimmune neurological disorder, Other autoimmune neurological disorder, Other sutoims, Psoriatic arthritis, Sporiatic arthritis, Ypsoriatic arthritis / psoriatis, Psoriatic arthritis / psoriatis, Psoriatic arthritis / dermatomyositis, Rheumatoid arthritis, Sigern syndrome, Systemic lupus erythematosis (SLE), Systemic sclerosis, Takayasu, Ulcerative colitis, Wegener granulomatosis		Specify autoimmune disease	Antiphospholipid syndrome, Behcet syndrome, Churg-Strauss, Classical polyarteritis nodosa, Crohn's disease, Diabetes mellitus type I, Evan syndrome, Ghart dell arteritis, Hemolytic anemia, Idiopathic athroitis (IIA): oligoarticular Juvenile idiopathic arthritis (IIA): oligoarticular Juvenile idiopathic arthritis (IIA): polyarticular, Juvenile idiopathic arthritis (IIA): systemic (Stills disease), Microscopic polyarteritis, podosa, Multiple sclerois, Myasthenia gravis, Other autoimmune disorder, Overlap necrotizing arteritis, Other arthritis, Other autoimmune bowel disorder, Other autoimmune cytopenia, Other autoimmune neurological disorder, Other connective tissue disease, Other vasculitis, Psoriasis, Polymyositis dermatomyositis, Rheumatoid arthritis, Sjogren syndrome, Systemic lupus erythematosis (SLE), Systemic sclerois, Takayasu, Ulcerative collitis, Wegener granulomatosis	
Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune cytopenia:	open text		Specify other autoimmune cytopenia:	open text	
Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune bowel disorder:	open text		Specify other autoimmune bowel disorder:	open text	
Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune disease:	open text			open text	
Disease	Tolerance Induction Associated with Solid Organ	,,,,		Specify solid organ transplanted (check all			Specify solid organ transplanted		
lassification	Transplant	yes	no	that apply)	Kidney,Liver,Other organ,Pancreas		(check all that apply)	Kidney,Liver,Other organ,Pancreas	

Information Collection Domain	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Tolerance Induction Associated with Solid Organ Transplant	yes	по	Specify other organ:	open text		Specify other organ:	open text	
Disease	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other disease:	open text		Specify other disease:	open text	
Pre-Transplant Essential Data			yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
Pre-Transplant Essential Data			yes	Last Name:	open text		Last Name:	open text	
Pre-Transplant Essential Data			yes	E-mail address:	open text		E-mail address:	open text	
Pre-Transplant Essential Data			yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	



Information Collection Domain: Transplant Procedure and Product Information

& RABROW TRANSPLANT RESEARCH									
Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers			yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
Infectious Disease Markers			yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
Infectious Disease Markers			yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
Infectious Disease Markers			yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
Infectious Disease Markers				Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Infectious Disease Markers		no	no	HCT type (check all that apply)	Allogeneic, related,Allogeneic, unrelated		HCT type (check all that apply)	Allogeneic, related, Allogeneic, unrelated	
Infectious Disease Markers		no	no		Bone marrow,Other product,PBSC,Single cord blood unit		Product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit	
Infectious Disease Markers		no	no	Other product. Specify:	open text		Other product. Specify:	open text	
Infectious Disease Markers		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
Infectious Disease Markers		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Infectious Disease Markers		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Infectious Disease Markers		no	no	ISBT DIN:	open text		ISBT DIN:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s) Tokyo Cord Blood Bank,(TPCB)	Information Collection update:	Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s) Bone Marrow Donor Registry, (LVCB) Leuven Cord Blood Bank, (MACB) Victoria Angel Registry of Hope, (MX)	Rationale for Information Collection Update
Infectious Disease Markers		no	no	Registry or UCB Bank ID	BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors, (USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Donor			Mexican Bone Marrow Donor Registry, (N) The Norwegian Bone Marrow Donor Registry, (NL) Europdonor Foundation - Adult Donors, (NLCB) Europdonor Foundation - Cord Blood, (NYCB) National Cord Blood Program, New York Blood Center, (OTH) Other Registry, (P) Portuguese Bone Marrow Donors Registry, (PL) National Polish Bone Marrow Registry, (PL2) Unrelated Bone Marrow Donor Registry - Adult Donors, (PJ3) Against Leukemia Foundation Marrow Donor Registry, (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry - Adult Donors, (PMCB) Elie Katz Umbilical Cord Blood Program, (R) Russian Bone Marrow Donor Registry, (R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells, (S) Tobias Registry of Swedish Bone Marrow Donor Registry, (SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry, (SLCBB) St Louis Cord Blood Bank, (SLO) Slovenia Donor, (SM) San Marino Bone Marrow Donor Registry, (T1CB) TRAN - Cord Blood, (TACB) StemCyte, Inc. Taiwan, (TECB) Healthbanks Biotech, Co., Ltd., (TH) Thai Stem Cell Donors, (TRIS) Bone Marrow Bank of Istanbul Medical Faculty, (TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood, (U1CB) National Marrow Donor Program - Adult Donors, (U3CA) America Bone Marrow Donor Registry, (SCA) U1CB) National Marrow Donor Program - Cord Blood, (U3CA) National Marrow Donor Program - Cord Blood, (U3CA) America Bone Marrow Donor Registry, CORD Blood, (UACB) Unrelated Bone Marrow Donor Registry - Cord Blood, (UACB) Unrelated Bone Marrow Donor Registry - Cord Blood, (UACB) Unrelated Bone Marrow Donor Registry - Cord Blood, (UACB) One Marrow Donor Registry - Cord Blood, (UACB) One Marrow Registry	
Infectious Disease		110	IIIO	Ballk ID	Marrow Registry		REGISTRY OF OCE BATIK ID	Bolle Mallow Registry	
Markers		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
Infectious Disease Markers		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
Infectious Disease Markers		no	no	Donor sex	female,male		Donor sex	female,male	
Infectious Disease Markers	I	yes	no	Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)		Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)	
Infectious Disease Markers	I	yes	no	HBsAg: (hepatitis B surface antigen)			HBsAg: (hepatitis B surface antigen)	Non-reactive,Not done,Reactive	

Information Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti HBc: (hepatitis B core antibody)	Non-reactive,Not done,Reactive		Anti HBc: (hepatitis B core antibody)	Non-reactive,Not done,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HBV	Negative,Not done,Positive		FDA licensed NAAT testing for HBV	Negative,Not done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no		Non-reactive,Not done,Reactive		Anti-HCV: (hepatitis C antibody)	Non-reactive,Not done,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	по	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	

Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Collection Data	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HCV	Negative,Not done,Positive		FDA licensed NAAT testing for HCV	Negative,Not done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	HIV-1 p24 antigen	Non-reactive,Not done,Not reported,Reactive		HIV-1 p24 antigen	Non-reactive,Not done,Not reported,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord	yes	no	FDA licensed NAAT testing for HIV-1	Negative,Not done.Positive		FDA licensed NAAT testing for HIV-1	Negative.Not done.Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord	yes	по	Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)	Non-reactive,Not done,Not reported,Reactive		Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)	Non-reactive,Not done,Not reported,Reactive	

Information Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Chagas testing	Negative,Not Done,Positive		Chagas testing	Negative,Not Done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HSV (Herpes simplex virus antibody)	Negative,Not Done,Positive		Anti-HSV (Herpes simplex virus antibody)	Negative, Not Done, Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-EBV (Epstein- Barr virus antibody)	Inconclusive,Negati ve,Not done,Positive		Anti-EBV (Epstein-Barr virus antibody)	Inconclusive,Negative,Not done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	

Collection Domain Sub-	Additional Sub	Response required if Additional Sub Domain applies	Information Collection may be requested multiple	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no		Negative,Not Done,Positive		Anti-VZV (Varicella zoster virus antibody)	Negative,Not Done,Positive	
Infectious Disease	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	по	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Other infectious disease marker, specify	no,yes		Other infectious disease marker, specify	no,yes	
Infectious Disease	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test and method:	open text		Specify test and method:	open text	
Infectious Disease	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test results:	open text		Specify test results:	open text	
Confirmation of	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	по	Registry donor ID:	open text		Registry donor ID:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	ISBT DIN:	open text Tokyo Cord Blood		ISBT DIN:	open text Bone Marrow Donor Registry,(LVCB) Leuven Cord Blood	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Registry or UCB	Bank.(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(UJCB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors, (USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Donor			Bank,(MACB) Victoria Angel Registry of Hope,(MX) Mexican Bone Marrow Donor Registry,(N) The Norwegian Bone Marrow Donor Registry,(NL) Europdonor Foundation - Adult Donors,(NLCB) Europdonor Foundation - Cord Blood,(NYCB) National Cord Blood Program, New York Blood Center,(OTH) Other Registry,(P) Portuguese Bone Marrow Donors Registry,(PL) National Polish Bone Marrow Donors Registry,(PL3) Against Leukemia Foundation Marrow Donor Registry,(PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry - Adult Donors,(PMCB) Elie Katz Umbilical Cord Blood Program,(R) Russian Bone Marrow Donor Registry,(R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells,(S) Tobias Registry of Swedish Bone Marrow Donors,(SG) Singapore Bone Marrow Donor Programme (BMDP),(SK) Slovak National Bone Marrow Donor Registry,(SCCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry,(SLCBB) St Louis Cord Blood Bank,(SLO) Slovenia Donor,(SM) San Marino Bone Marrow Donor Registry,(T1CB) TRAN - Cord Blood, (TACB) StemCyte, Inc. Taiwan,(TECB) Healthbanks Biotech, Co., Ltd,(TH) Thai Stem Cell Donor Registry (TSCDR),(TOCB) Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors,(TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Cord Blood,(USA2) America Bone Marrow Donor Registry,(UY) SINDOME, (VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(UACB) One Marrow Registry	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Additional Sub Domain	Information Collection may be requested multiple times	Collection Data	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor sex	female,male		Donor sex	female,male	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specify the person for whom this typing is being done	Donor,Recipient-final typing		Specify the person for whom this typing is being done	Donor,Recipient-final typing	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes		Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus A	Known, Unknown		Locus A	Known,Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First A* allele designations:	open text		First A* allele designations:	open text	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Additional Sub Domain	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second A* allele designations:	open text		Second A* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus B	Known,Unknown		Locus B	Known, Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First B* allele designations:	open text		First B* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second B* allele designations:	open text		Second B* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information		no	Locus C	Known, Unknown		Locus C	Known, Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First C* allele designations:	open text		First C* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	по	Second C* allele designations:	open text		Second C* allele designations:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus DRB1	Known,Unknown		Locus DRB1	Known,Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First DRB1* allele designations:	open text		First DRB1* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second DRB1* allele designations:	open text		Second DRB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB3	Known,Unknown		Locus DRB3	Known, Unknown	
Confirmation of HLA Typing		no	no	First DRB3* allele designations:	open text		First DRB3* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB3* allele designations:	open text		Second DRB3* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB4	Known,Unknown		Locus DRB4	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB4* allele designations:	open text		First DRB4* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB4* allele designations:	open text		Second DRB4* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB5	Known,Unknown		Locus DRB5	Known, Unknown	
Confirmation of HLA Typing		no	no	First DRB5* allele designations:	open text		First DRB5* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB5* allele designations:	open text		Second DRB5* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DQB1	Known,Unknown		Locus DQB1	Known, Unknown	
Confirmation of HLA Typing			no	First DQB1* allele designations:	open text		First DQB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DQB1* allele designations:	open text		Second DQB1* allele designations:	open text	

Information	Information		Information	Current Information	Current Information Collection Data				
Collection	Collection Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be	Collection Data Element (if applicable)	Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)		Rationale for Information Collection Update
Confirmation of HLA Typing		no	no	Locus DPB1	Known,Unknown		Locus DPB1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DPB1* allele designations:	open text		First DPB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DPB1* allele designations	open text		Second DPB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DQA1	Known,Unknown		Locus DQA1	Known, Unknown	
Confirmation of HLA Typing		no	no	First DQA1* allele designations:	open text		First DQA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DQA1* allele designations	open text		Second DQA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DPA1	Known,Unknown		Locus DPA1	Known, Unknown	
Confirmation of HLA Typing		no	no	First DPA1* allele designations:	open text		First DPA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DPA1* allele designations	open text		Second DPA1* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	A Antigens. Number of antigens provided	one,two		A Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	A1,A10,A11,A19,A2 ,A203,A210,A23(9), A24(9),A2403,A25(10),A26(10),A28,A2 9(19),A3,A30(19),A 31(19),A32(19),A33 (19),A34(10),A36,A 43,A66(10),A68(28) ,A69(28),A74(19),A 80,A9,AX		Specificity – 1st antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A2 5(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19), A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	A1,A10,A11,A19,A2 ,A203,A210,A23(9), A24(9),A2403,A25(10),A26(10),A28,A2 9(19),A3,A30(19),A 31(19),A32(19),A33 (19),A34(10),A36,A 43,A66(10),A68(28) ,A69(28),A74(19),A 80,A9,AX		Specificity – 2nd antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A2 5(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19), A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	B Antigens. Number of antigens provided	one,two		B Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	B12,B13,B14,B15,B 16,B17,B18,B21,B2 2,B27,B2708,B35,B 37,B38(16),B39(16), B3901,B3902,B40,B 4005,B41,B42,B44(12),B45(12),B46,B4 7,B48,B49(21),B5,B 50(21),B51(5),B510 2,B5103,B52(5),B53 6(22),B57(17),B58(17),B59,B60(40),B6 1(40),B62(15),B63(15),B64(14),B65(14 1,B67,B7,B70,B703, B71(70),B72(70),B7 3,B75(15),B76(15),B77(15),B78,B8,B81, B82,BX		Specificity – 1st antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,E4(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5),B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B58(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15),B76(15),B78,B8,B81,B82,BX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	B12,B13,B14,B15,B 16,B17,B18,B21,B2 2,B27,B2708,B35,B 37,B38(16),B39(16), B3901,B3902,B40,B 4005,B41,B42,B44(12),B45(12),B46,B4 7,B48,B49(21),B5,B 50(21),B51(5),B510 2,B55(22),B5 6(22),B57(17),B58(17),B59,B60(40),B6 1(40),B62(15),B63(140),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703, B71(70),B72(70),B7 3,B75(15),B78,B8,B81, B82,BX		Specificity – 2nd antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,E4(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5),B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B58(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15),B76(15),B77(15),B78,B8,B81,B82,BX	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	C Antigens. Number of antigens provided	one,two		C Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	Cw1,Cw10(W3),Cw 2,Cw3,Cw4,Cw5,Cw 6,Cw7,Cw8,Cw9(W 3),CX			Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 2nd antigen	Cw1,Cw10(W3),Cw 2,Cw3,Cw4,Cw5,Cw 6,Cw7,Cw8,Cw9(W 3),CX			Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw4 present?	no,yes		Specificity Bw4 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw6 present?	no,yes		Specificity Bw6 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DR Antigens. Number of antigens provided	one,two		DR Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 1st antigen	DR1,DR10,DR103,D R11(5),DR12(5),DR1 3(6),DR14(6),DR140 3,DR1404,DR15(2), DR16(2),DR17(3),D R18(3),DR2,DR3,DR 4,DR5,DR6,DR7,DR 8,DR9,DRX			DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1 403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3 ,DR4,DR5,DR6,DR7,DR8,DR9,DRX	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DR1,DR10,DR103,D R11(5),DR12(5),DR1 3(6),DR14(6),DR140 3,DR1404,DR15(2), DR16(2),DR17(3),D R18(3),DR2,DR3,DR 4,DR5,DR6,DR7,DR 8,DR9,DRX		Specificity – 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1 403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3 ,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR51 present?	no,yes		Specificity DR51 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR52 present?	no,yes		Specificity DR52 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR53 present?	no,yes		Specificity DR53 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DQ Antigens. Number of antigens provided	one,two		DQ Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DQ1,DQ2,DQ3,DQ4 ,DQ5(1),DQ6(1),DQ 7(3),DQ8(3),DQ9(3) ,DQX		Specificity – 1st antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DQ1,DQ2,DQ3,DQ4 ,DQ5(1),DQ6(1),DQ 7(3),DQ8(3),DQ9(3) ,DQX			DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	requested multiple	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DP Antigens. Number of antigens provided	one,two		DP Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DPw1,DPw2,DPw3, DPw4,DPw5,DPw6, DPX		Specificity – 1st antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DPw1,DPw2,DPw3, DPw4,DPw5,DPw6, DPX		Specificity – 2nd antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	
Hematopoietic Cellular Transplant (HCT) Infusion		no	no	HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologo us		HCT type (check only one)	Allogeneic, related, Allogeneic, unrelated, Autologous	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Product type (check only one)	Bone marrow,Other product,PBSC,Singl e cord blood unit		Product type	Bone marrow,Other product,PBSC,Single cord blood unit	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify:	open text		Specify:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP Product	No,Yes		NMDP Product	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP donor ID:	open text		NMDP donor ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry donor ID:	open text		Registry donor ID:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	ISBT DIN:	open text		ISBT DIN:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product Hematopoietic Cellular			no	Registry or UCB Bank ID	Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors, (USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry Marrow Registry		Registry or UCB Bank ID	Bone Marrow Donor Registry, (LVCB) Leuven Cord Blood Bank, (MACB) Victoria Angel Registry of Hope, (MX) Mexican Bone Marrow Donor Registry, (N) The Norwegian Bone Marrow Donor Registry, (NL) Europdonor Foundation- Adult Donors, (NLCB) Europdonor Foundation- Adult Donors, (NLCB) Europdonor Foundation- Adult Donors, (NLCB) Europdonor Foundation- Cord Blood, (NYCB) National Cord Blood Program, New York Blood Center. (OTH) Other Registry, (P) Portuguese Bone Marrow Donors Registry, (PL1) National Polish Bone Marrow Registry, (PL2) Unrelated Bone Marrow Donor Registry -Adult Donors, (PL3) Against Leukemia Foundation Marrow Donor Registry, (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry, (PL5) Polish Central Bone Marrow Donor Registry, -Adult Donors, (PMCB) Elie Katz Umbilical Cord Blood Program, (R) Russian Bone Marrow Donor Registry, (R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells, (S) Tobias Registry of Swedish Bone Marrow Donors, (SG) Singapore Bone Marrow Donor Programme (BMDP), (SK) Slovak National Bone Marrow Donor Registry, (SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry, (SLCBB) St Louis Cord Blood Bank, (SLO) Slovenia Donor, (SM) San Marino Bone Marrow Donor Registry, (T1CB) TRAN - Cord Blood, (TACB) StemCyte, Inc. Taiwan, (TECB) Healthbanks Biotech, Co., Ltd, (TH) Thai Stem Cell Donor Registry (TSCDR), (TOCB) Tokyo Cord Blood Bank, (TPCB) BlONET / BabyBanks, (TRAN) TRAN - Adult Donors, (TRIS) Bone Marrow Bank of Istanbul Medical Faculty, (TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood, (USA1) National Marrow Donor Program - Cord Blood, (USA1) National Marrow Donor Registry - Cord Blood, (WACB) Unrelated Bone Marrow Donor Registry - Cord Blood, (WACB) Unrelated Bone Marrow Donor Registry - Cord	
Transplant (HCT) Infusion Product		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor sex	open text, check "Months" or check "Years"		Donor sex	open text, check "Months" or check "Years"	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT?	No,Yes		Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylat ed G- CSF(pegfilgrastim, Neulasta), Plerixafor (Mozobil) Other growth or mobilizing factor(s)		Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylated G- CSF(pegfilgrastim, Neulasta) , Plerixafor (Mozobil) Other growth or mobilizing factor(s)	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Specify other growth or mobilizing factor(s):	open text		Specify other growth or mobilizing factor(s):	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date of first collection for this mobilization:	YYYY/MM/DD		Date of first collection for this mobilization:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Were anticoagulants or other agents added to the product between collection and infusion?	No,Yes		Were anticoagulants or other agents added to the product between collection and infusion?	No,Yes	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	other agents	Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetet raacetic acid (EDTA), Heparin, Other agent			Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetetraacetic acid (EDTA), Heparin, Other agent	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other agent:	open text		Specify other agent:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was this product collected off-site and shipped to your facility?	no,yes		Was this product collected off-site and shipped to your facility?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date of receipt of product at your facility:	YYYY/MM/DD		Date of receipt of product at your facility:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no		Hour:Minute Check standard time or check daylight savings		Time of receipt of product (24-hour clock):	Hour:Minute Check standard time or check daylight savings	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	Change/Clarification of Response Options	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other shipping environment:	open text		Specify other shipping environment:		

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	requested multiple	Element (if	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	по	Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?	no,yes	Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	по	Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes	Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Was the cord blood unit stored at your center prior to thawing?	no,yes	Was the cord blood unit stored at your center prior to thawing?	no,yes	
	Cord Blood Product Infusion	yes	no	Specify the storage method used for the cord blood unit	nitrogen,Vapor	Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Temperature during storage	<-150 OC , > -150 OC to < -135 OC , > - 135 OC to < -80 OC, > -80 OC	Temperature during storage	< -150 OC , > -150 OC to < -135 OC , > -135 OC to < -80 OC, > -80 OC	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date storage started:	YYYY/MM/DD	Date storage started:	YYYY/MM/DD	
	Cord Blood Product Infusion	yes	no	Total nucleated cells: (Includes nucleated red and nucleated white cells)	x 10 (Includes nucleated red and nucleated white cells) (Cord blood units only)	Total nucleated cells: (Includes nucleated red and nucleated white cells)	x 10 (Includes nucleated red and nucleated white cells) (Cord blood units only)	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	CD34+ cells	Done,Not done	CD34+ cells	Done,Not done	

Information Collection Domain Sub- Type	Additional Sub		requested multiple	Information	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total number of CD34+ cells:	x 10		Total number of CD34+ cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product thawed from a cryopreserved state prior to infusion?	no,yes		Was the product thawed from a cryopreserved state prior to infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the entire product thawed?	no,yes		Was the entire product thawed?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the percent of the product that was thawed? (Cord Blood units only)	20%,80%,Other		Specify the percent of the product that was thawed? (Cord Blood units only)	20%,80%,Other percent	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify other percent:	%		Specify other percent:	%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date thawing process initiated:	YYYY/MM/DD		Date thawing process initiated:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		по	no	Time at initiation of thaw (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"		Time at initiation of thaw (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Time of thaw completion:	Hour:Minute Check "standard time" or "check daylight savings time"		Time of thaw completion:	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	What method was used to thaw the product?	Electric warmer,Other method,Waterbath		What method was used to thaw the product?	Electric warmer,Other method,Waterbath	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	requested multiple	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no		Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes		Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product processed prior to infusion?	No,Yes		Was the product processed prior to infusion?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	по	Specify processing (check all that	Buffy coat enriched (buffy coat preparation) ,Dilute d,Plasma reduced,RBC reduced,Washed		Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product manipulated prior to infusion?	no,yes		Was the product manipulated prior to infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify manipulations performed (check	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex-vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation		Specify manipulations performed	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex- vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	по	Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody		Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other antibody:	open text		Specify other antibody:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		по	no	Specify T-cell depletion method	Antibody affinity column,Immunoma gnetic beads,Other Method		Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	requested multiple	Element (if	Current Information Collection Data Element Response Option(s)			Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other cell manipulation:	open text		Specify other cell manipulation:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify the timepoint in the product preparation phase that the product was analyzed	Product arrival (cord blood only) , At infusion (final quantity infused)		Specify the timepoint in the product preparation phase that the product was analyzed	Product arrival (cord blood only) , At infusion (final quantity infused)	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Date of product analysis:	YYYY/MM/DD		Date of product analysis:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total volume of product plus additives:	ml		Total volume of product plus additives:	ml	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells (TNC)	Done,Not done		Total nucleated cells (TNC)	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells:	x 10		Total nucleated cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC	Done,Not done,Unknown		Viability of TNC	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC:	%		Viability of TNC:	%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing TNC viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options		Flow cytometry based (7AAD, AOPI, AOEB),Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain			Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated white blood cells	Done,Not done		Nucleated white blood cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of nucleated white blood cells:	x 10		Total number of nucleated white blood cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Mononuclear cells	Done,Not done		Mononuclear cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of mononuclear cells:	x 10		Total number of mononuclear cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated red blood cells	Done,Not done		Nucleated red blood cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of nucleated red blood cells:	x 10		Total number of nucleated red blood cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD34+ cells:	x 10		Total number of CD34+ cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product			yes	Viability of CD34+	Done,Not done,Unknown		Viability of CD34+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product			yes	Viability of CD34+ cells:	%		Viability of CD34+ cells:	%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD34+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD34+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method, Trypan blue	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain	Information Collection may be requested multiple		Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+ cells	Done,Not done		CD3+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells	Done,Not done,Unknown		Viability of CD3+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+ cells:	x 10		Total number of CD3+ cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells:	%		Viability of CD3+ cells:	%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method, Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD4+ cells	Done,Not done		CD3+CD4+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD4+ cells:	x 10		Total number of CD3+CD4+ cells:	x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of	Done,Not done,Unknown		Viability of CD3+CD4+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no		Viability of CD3+CD4+ cells:	%		Viability of CD3+CD4+ cells:	%	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested multiple	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD8+ cells	Done,Not done		CD3+CD8+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD8+ cells:	* x 10		Total number of CD3+CD8+ cells:	* x 10	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells	Done,Not done,Unknown		Viability of CD3+CD8+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells:	%		Viability of CD3+CD8+ cells:	%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product	yes	yes	Were the colony- forming units (CFU) assessed after thawing? (cord blood units only)	no,yes		Were the colony-forming units (CFU) assessed after thawing? (cord blood units only)	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Was there growth?				no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM	Done,Not done	Merged to Check all that Apply	Indicate which Assessments were Carried out (Check all that apply)	Total CFU-GM, Total CFU-GEMM, Total BFU-E	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)		Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM:	x10		Total CFU-GM:	x10	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM	Done,Not done	Merged to Check all that Apply	Total CFU GEMM	Done,Not done	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM:	x10		Total CFU-GEMM:	x10	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E	Done,Not done	Merged to Check all that Apply	Total BFU-E	Done,Not done	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E:	x10		Total BFU-E:	x10	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)			Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)	No,Pending,Unknown,Yes	

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	Information Collection may be requested multiple times	Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)		Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					Vibrio (all species) Fungal Infections:			Influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella	
					210 Aspergillus,			pneumophila, 190 Legionella non-pneumophila, 103	
					NOS, 211			Leptospira (all species), 148 Leptotrichia buccalis, 149	
					Aspergillus flavus,			Leuconostoc (all species), 104 Listeria monocytogenes,	
					212 Aspergillus			151 Micrococcus, NOS, 118 Mycobacterium abscessus,	
					fumigatus, 213			112 Mycobacterium avium - intracellulare (MAC, MAI),	
					Aspergillus niger.			108 Mycobacterium cheloneae, 109 Mycobacterium	
					215 Aspergillus			fortuitum, 114 Mycobacterium haemophilum, 115	
					terreus, 214			Mycobacterium kansasii, 116 Mycobacterium marinum,	
					Aspergillus ustus,			117 Mycobacterium mucogenicum, 110 Mycobacterium	
					270 Blastomyces			tuberculosis (tuberculosis, Koch bacillus), 105	
					(dermatitidis), 201			Mycoplasma (all species), 183 Neisseria gonorrhoeae,	
					Candida albicans, 208 Candida non-			184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157	
					albicans, 271			Pseudomonas or Burkholderia cepacia, 185	
					Coccidioides (all			Pseudomonas aeruginosa, 186 Pseudomonas non-	
					species), 222			aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia	
					Cryptococcus gattii,			(all species), 160 Salmonella (all species), 161 Serratia	
					221 Cryptococcus			marcescens, 162 Shigella (all species), 180	
					neoformans, 230			Staphylococcus aureus (Methicillin Resistant), 179	
					Fusarium (all			Staphylococcus aureus (Methicillin Sensitive), 158	
					species), 261			Stenotrophomonas maltophilia, 166 Stomatococcus	
					Histoplasma			mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182	
					(capsulatum), 241			Streptococcus, Group B, 178 Streptococcus pneumoniae	
					Mucorales (all			168 Treponema (syphilis), 169 Vibrio (all species) Fungal	
					species), 260			Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus,	
					Pneumocystis			1212 Aspergillus fumigatus, 213 Aspergillus niger, 215	
					(PCP / PJP), 242			Aspergillus terreus, 214 Aspergillus ustus, 270	
					Rhizopus (all			Blastomyces (dermatitidis), 201 Candida albicans, 208	
					species), 272			Candida non-albicans, 271 Coccidioides (all species), 222	
					Scedosporium (all			Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum),	
					species), 240			Fusarium (all species), 261 Histoplasma (capsulatum),	
Hematopoietic					Zygomycetes, NOS,			241 Mucorales (all species), 260 Pneumocystis (PCP /	
Cellular				Constitution of the Consti	503 Suspected	Character (Clariff and in a f Dannana		PJP), 242 Rhizopus (all species), 272 Scedosporium (all	E
Transplant (HCT)	Duaduat Analysis			Specify Organism		Change/Clarification of Response		species), 240 Zygomycetes, NOS, 503 Suspected fungal	Examples added or typographical errors
Product Infusion	Product Analysis	yes	yes	Code(s):	777 Other organism	Options	Specify Organism Code(s):	infection, 777 Other organism	corrected for clarification

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Information Collection Data	Current Information Collection Data Element Response Option(s)			Response Option(s)	Rationale for Information Collection Update
					Fungal Infections:			influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella	
					210 Aspergillus,			pneumophila, 190 Legionella non-pneumophila, 103	
					NOS, 211			Leptospira (all species), 148 Leptotrichia buccalis, 149	
					Aspergillus flavus,			Leuconostoc (all species), 104 Listeria monocytogenes,	
					212 Aspergillus			151 Micrococcus, NOS, 118 Mycobacterium abscessus,	
					fumigatus, 213			112 Mycobacterium avium - intracellulare (MAC, MAI),	
					Aspergillus niger,			108 Mycobacterium cheloneae, 109 Mycobacterium	
					215 Aspergillus			fortuitum, 114 Mycobacterium haemophilum, 115	
					terreus, 214			Mycobacterium kansasii, 116 Mycobacterium marinum,	
					Aspergillus ustus,			117 Mycobacterium mucogenicum, 110 Mycobacterium	
					270 Blastomyces (dermatitidis), 201			tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae,	
					Candida albicans,			184 Neisseria meningitidis, 106 Nocardia (all species),	
					208 Candida non-			153 Pasteurella multocida. 155 Proteus (all species), 157	
					albicans, 271			Pseudomonas or Burkholderia cepacia, 185	
					Coccidioides (all			Pseudomonas aeruginosa, 186 Pseudomonas non-	
					species), 222			laeruginosa, 159 Rhodococcus (all species), 107 Rickettsia	
					Cryptococcus gattii,			(all species), 160 Salmonella (all species), 161 Serratia	
					221 Cryptococcus			marcescens, 162 Shigella (all species), 180	
					neoformans, 230			Staphylococcus aureus (Methicillin Resistant), 179	
					Fusarium (all			Staphylococcus aureus (Methicillin Sensitive), 158	
					species), 261			Stenotrophomonas maltophilia, 166 Stomatococcus	
					Histoplasma			mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182	
					(capsulatum), 241			Streptococcus, Group B, 178 Streptococcus pneumoniae,	
					Mucorales (all			168 Treponema (syphilis), 169 Vibrio (all species) Fungal	
					species), 260			Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215	
					Pneumocystis			212 Aspergillus fumigatus, 213 Aspergillus niger, 215	
					(PCP / PJP), 242			Aspergillus terreus, 214 Aspergillus ustus, 270	
					Rhizopus (all			Blastomyces (dermatitidis), 201 Candida albicans, 208	
					species), 272			Candida non-albicans, 271 Coccidioides (all species), 222	
					Scedosporium (all			Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum),	
					species), 240			Fusarium (all species), 261 Histoplasma (capsulatum),	
Hematopoietic					Zygomycetes, NOS,			241 Mucorales (all species), 260 Pneumocystis (PCP /	
Cellular				s 's o '	503 Suspected	Cl (Cl :(: 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1;		PJP), 242 Rhizopus (all species), 272 Scedosporium (all	
Transplant (HCT)	Duradicat Amelica:			Specify Organism		Change/Clarification of Response	Consider Oppositions Conductor	species), 240 Zygomycetes, NOS, 503 Suspected fungal	Examples added or typographical errors
Product Infusion	Product Analysis	yes	yes	coae(s):	777 Other organism	Options	Specify Organism Code(s):	infection, 777 Other organism	corrected for clarification

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	Information Collection may be requested multiple times	Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)		Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					Vibrio (all species) Fungal Infections:			Influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella	
					210 Aspergillus,			pneumophila, 190 Legionella non-pneumophila, 103	
					NOS, 211			Leptospira (all species), 148 Leptotrichia buccalis, 149	
					Aspergillus flavus,			Leuconostoc (all species), 104 Listeria monocytogenes,	
					212 Aspergillus			151 Micrococcus, NOS, 118 Mycobacterium abscessus,	
					fumigatus, 213			112 Mycobacterium avium - intracellulare (MAC, MAI),	
					Aspergillus niger.			108 Mycobacterium cheloneae, 109 Mycobacterium	
					215 Aspergillus			fortuitum, 114 Mycobacterium haemophilum, 115	
					terreus, 214			Mycobacterium kansasii, 116 Mycobacterium marinum,	
					Aspergillus ustus,			117 Mycobacterium mucogenicum, 110 Mycobacterium	
					270 Blastomyces			tuberculosis (tuberculosis, Koch bacillus), 105	
					(dermatitidis), 201			Mycoplasma (all species), 183 Neisseria gonorrhoeae,	
					Candida albicans, 208 Candida non-			184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157	
					albicans, 271			Pseudomonas or Burkholderia cepacia, 185	
					Coccidioides (all			Pseudomonas aeruginosa, 186 Pseudomonas non-	
					species), 222			aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia	
					Cryptococcus gattii,			(all species), 160 Salmonella (all species), 161 Serratia	
					221 Cryptococcus			marcescens, 162 Shigella (all species), 180	
					neoformans, 230			Staphylococcus aureus (Methicillin Resistant), 179	
					Fusarium (all			Staphylococcus aureus (Methicillin Sensitive), 158	
					species), 261			Stenotrophomonas maltophilia, 166 Stomatococcus	
					Histoplasma			mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182	
					(capsulatum), 241			Streptococcus, Group B, 178 Streptococcus pneumoniae	
					Mucorales (all			168 Treponema (syphilis), 169 Vibrio (all species) Fungal	
					species), 260			Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus,	
					Pneumocystis			1212 Aspergillus fumigatus, 213 Aspergillus niger, 215	
					(PCP / PJP), 242			Aspergillus terreus, 214 Aspergillus ustus, 270	
					Rhizopus (all			Blastomyces (dermatitidis), 201 Candida albicans, 208	
					species), 272			Candida non-albicans, 271 Coccidioides (all species), 222	
					Scedosporium (all			Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum),	
					species), 240			Fusarium (all species), 261 Histoplasma (capsulatum),	
Hematopoietic					Zygomycetes, NOS,			241 Mucorales (all species), 260 Pneumocystis (PCP /	
Cellular				Constitution of the Consti	503 Suspected	Character (Clariff and in a f Dannana		PJP), 242 Rhizopus (all species), 272 Scedosporium (all	E
Transplant (HCT)	Duaduat Analysis			Specify Organism		Change/Clarification of Response		species), 240 Zygomycetes, NOS, 503 Suspected fungal	Examples added or typographical errors
Product Infusion	Product Analysis	yes	yes	Code(s):	777 Other organism	Options	Specify Organism Code(s):	infection, 777 Other organism	corrected for clarification

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus flavus, 212 Aspergillus flavus, 212 Aspergillus flavus, 213 Aspergillus niger, 215 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non- albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	(bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium muberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160 Salmonella (all species), 161 Serratia marcescens, 162 Shigella (all species), 180 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 260 Pneumocysti	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify organism:	open text		Specify organism:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date of this product infusion:	YYYY/MM/DD		Date of this product infusion:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Was the entire volume of received product infused?	no,yes		Was the entire volume of received product infused?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate		Specify what happened to the reserved portion	cryopreserved for future use, discarded, other fate	

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	requested multiple	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular								
Transplant (HCT) Product Infusion		no	yes	Specify other fate:	open text	Specify other fate:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Time product infusion initiated (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	Time product infusion initiated (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT)				Date infusion				
Product Infusion		no	yes		YYYY/MM/DD	Date infusion stopped:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Time product infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	Time product infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	of product infusion	Intramedullary,Intr avenous,Other route of infusion	Specify the route of product infusion (24-hour clock);	Intramedullary,Intravenous,Other route of infusion	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other route of infusion:	open text	Specify other route of infusion:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Were there any adverse events or incidents associated with the stem cell infusion?	no,yes	Were there any adverse events or incidents associated with the stem cell infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Brachycardia	no,yes	Brachycardia	no,yes	
	Cord Blood Product Infusion	yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chest tightness / pain	no,yes	Chest tightness / pain	no,yes	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chills at time of infusion	no,yes		Chills at time of infusion	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever ≤ 103 °F within 24 hours of infusion	no,yes		Fever ≤ 103 °F within 24 hours of infusion	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever > 103° F within 24 hours of infusion	no,yes		Fever > 103° F within 24 hours of infusion	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Gross hemoglobinuria	no,yes		Gross hemoglobinuria	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	requested multiple	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Headache	no,yes		Headache	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hives	no,yes		Hives	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypertension	no,yes		Hypertension	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypotension	no,yes		Hypotension	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
	Cord Blood Product Infusion	yes	no	Hypoxia requiring oxygen (O ₂) support	no,yes		Hypoxia requiring oxygen (O ₂) support	no,yes	

Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple	Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Nausea	no,yes		Nausea	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, mild	no,yes		Rigors, mild	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, severe	no,yes		Rigors, severe	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Shortness of breath (SOB)	no,yes		Shortness of breath (SOB)	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Tachycardia	no,yes		Tachycardia	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Vomiting	no,yes		Vomiting	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other expected AE	no,yes		Other expected AE	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other expected AE:	open text		Specify other expected AE:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other unexpected AE	no,yes		Other unexpected AE	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other unexpected AE:	open text		Specify other unexpected AE:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown, Yes		Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Number of pregnancies	Known,Unknown		Number of pregnancies	Known,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify number of pregnancies:	open text		Specify number of pregnancies:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information		no	Ethnicity (donor)	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown		Ethnicity (donor)	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race (donor) (check all that apply)	American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown, White		Race (donor) (check all that apply)	American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian or Other Pacific Islander, Unknown, White	

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	requested multiple	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race detail (donor)	American, African (both parents born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean, Caribbea n Indian, Other White, Eastern European, Filipino (Pilipino), Guamania n, Hawaiian, Japanes e, Korean, Mediterra nean, Middle Eastern, North American, North Coast of Africa, Chinese, Nort hern European, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vie tnamese, White Caribbean, Western European, White South or Central American, Western European, White South or Central			African American, African (both parents born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean, Caribbean Indian, Other White, Eastern European, Filipino (Pilipino), Guamanian, Hawaiian, Japanese, Korean, Medite rranean, Middle Eastern, North American, North Coast of Africa, Chinese, Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vietnamese, White Caribbean, Western European, White South or Central American	
	Non NMDP Allogeneic Donor / Infant Demographic		no	Was the donor a carrier for potentially transferable genetic diseases?			Was the donor a carrier for potentially transferable genetic diseases?	No,Yes	
Hematopoietic	Non NMDP Allogeneic Donor / Infant Demographic		no		Other hemoglobinopathy, Other disease,Sickle cell anemia,Thalassemi a			Other hemoglobinopathy,Other disease,Sickle cell	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other disease:	open text		Specify other disease:	open text	

Information Collection Domain Sub- Type	Additional Sub	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor / product tested for other transferable genetic or clonal abnormalities?	No,Unknown,Yes		Was the donor / product tested for other transferable genetic or clonal abnormalities?	No,Unknown,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information		no	Clonal hematopoiesis of indeterminate potential (CHIP)	No,Yes		Clonal hematopoiesis of indeterminate potential (CHIP)	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	What was the method of testing used?	open text		What was the method of testing used?	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Monoclonal B-cell lymphocytosis	No,Yes		Monoclonal B-cell lymphocytosis	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Other transferable genetic or clonal abnormality	No,Yes		Other transferable genetic or clonal abnormality	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other transferable genetic or clonal abnormality:	open text		Specify other transferable genetic or clonal abnormality:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did this donor have a central line placed?	no,yes		Did this donor have a central line placed?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Was the donor hospitalized (inpatient) during or after the collection?	no,yes		Was the donor hospitalized (inpatient) during or after the collection?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the donor experience any life-threatening complications during or after the collection?	no,yes		Did the donor experience any life- threatening complications during or after the collection?	no,yes	

Information Collection Domain Sub- Type	Additional Sub	Additional Sub Domain	Information Collection may be requested multiple	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify:	open text		Specify:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes		Did the allogeneic donor give one or more autologous transfusion units?	No,Yes		Did the allogeneic donor give one or more autologous transfusion units?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Date of collection:	YYYY/MM/DD		Date of collection:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Number of units:	open text		Number of units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	result of the	Allogeneic transfusions,Autolo gous transfusions,No		Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autologous transfusions,No	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify number of autologous units:	open text		Specify number of autologous units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify number of allogeneic units:	open text		Specify number of allogeneic units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes		Did the donor die as a result of the collection?	no,yes		Did the donor die as a result of the collection?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes		Specify cause of death:	open text		Specify cause of death:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	First Name (person completing form):			First Name (person completing form):	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Last Name:	open text		Last Name:	open text	

Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domair applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)		Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	E-mail address:	open text		E-mail address:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	

CIBM CONTROL OF TATERAL	TR [®]	Information	Collection	Domain: Post-Transplant Peri	odic Information Collection				
Collection	Information Collection Domain Additional Sub Domain	required if Additional Sub	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)			Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data		no	yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
Post- Transplant Essential Data		no	yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
Post- Transplant Essential Data		no	yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
Post- Transplant Essential Data		no	yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
Post- Transplant Essential Data		no	yes	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Post- Transplant Essential Data		no	yes	Visit	100 day,1 year,2 years,> 2 years,6 months		Visit	100 day,1 year,2 years,> 2 years,6 months	
Post- Transplant Essential Data		no	yes	Specify:	open text		Specify:	open text	
Post- Transplant Essential Data		no		Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD		Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD	
Post- Transplant Essential Data		no	yes	Specify the recipient's survival status at the date of last contact	Alive,Dead	Change/Clarification of Response Options	Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	Capture additional relevent disease information
Post- Transplant Essential Data		no	yes	Did the recipient receive a subsequent HCT since the date of last report?	no,yes		Did the recipient receive a subsequent HCT since the date of last report?	no,yes	
Post- Transplant Essential Data	Subsequent Transplant	yes	yes	Date of subsequent HCT:	YYYY/MM/DD		Date of subsequent HCT:	YYYY/MM/DD	
Post- Transplant Essential Data	Subsequent Transplant	yes			Graft failure / insufficient hematopoietic recovery, Insufficient chimerism, New malignancy (including PTLD and EBV lymphoma), Other, Persistent primary disease, Planned subsequent HCT, per protocol, Recurrent primary disease			Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease	
Post- Transplant Essential Data	Subsequent Transplant	yes	yes	Specify other indication:	open text		Specify other indication:	open text	

Domain Sub-	Collection Domain Additional Sub	required if Additional Sub	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data	Subsequent Transplant	yes	yes	Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous		Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous	
Post- Transplant Essential Data		no		Has the recipient received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)	no,yes		Has the recipient received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)	no,yes	
Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Was this infusion a donor lymphocyte infusion (DLI)?	no,yes	Capture additional relevent disease information
Post- Transplant Essential Data		yes	yes			Addition of Information Requested	Number of DLIs in this reporting period		Capture additional relevent disease information
Post- Transplant Essential Data		yes	yes			Addition of Information Requested	Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	Capture additional relevent disease information
Post- Transplant Essential Data	Subsequent Transplant	yes	yes	Date of cellular therapy:	yyyy/mm/dd		Date of cellular therapy:	YYYY/MM/DD	
Post- Transplant Essential Data		no	yes	Was there evidence of initial	No(ANC ≥ 500/mm3 was not achieved) ,Not applicable(ANC never dropped below 500/mm3 at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report) ,Yes(ANC ≥ 500/mm3 achieved and sustained for 3 lab values)		Was there evidence of initial hematopoietic recovery?	No(ANC ≥ 500/mm3 was not achieved) ,Not applicable(ANC never dropped below 500/mm3 at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report), Yes(ANC ≥ 500/mm3 achieved and sustained for 3 lab values)	
Post- Transplant Essential Data		no	yes	Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD		Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD	
Post- Transplant Essential Data		no	yes	Did late graft failure occur?	No,Yes		Did late graft failure occur?	No,Yes	
Post- Transplant Essential Data		no	yes		No,Not applicable(Platelet count never dropped below 20 x 109/L) ,Previously reported(≥ 20 x 109/L was achieved and reported previously),Yes		Was an initial platelet count ≥ 20 x 10°/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L),Previously reported(2 20 x 109/L was achieved and reported previously),Yes	
Post- Transplant Essential Data		no	yes	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD		Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	
Post- Transplant Essential Data		no		Did acute GVHD develop since the date of last report?	No,Unknown,Yes		Did acute GVHD develop since the date of last report?	No,Unknown,Yes	

Collection Domain Sub- Type		required if Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of acute GVHD diagnosis:	YYYY/MM/DD		Date of acute GVHD diagnosis:	YYYY/MM/DD	
Post- Transplant Essential Data	Graft vs. Host Disease	yes		Did acute GVHD persist since the date of last report?	No,Unknown,Yes		Did acute GVHD persist since the date of last report?	No,Unknown,Yes	
Essential Data	Graft vs. Host Disease Graft vs. Host	yes	yes	Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin > 15 mg/dL. Not applicable (acute GVHD present but cannot be graded) Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 2 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, > 50% of body surface		Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded) Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 2 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, > 50% of body surface Stage 4 - Generalized erythroderma with bullae formation and/or desquamation	
Essential Data	Disease Graft vs. Host	yes	yes	Skin Lower intestinal tract (use mL/day for adul recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea footnote-step: 100 mL/day (adult), or				

Collection Domain Sub-	Additional Sub	required if Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 µmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53-103 µmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104-256 µmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 µmol/L)		Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 µmol/L) Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L) Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 µmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 µmol/L)	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Maximum overall grade of acute GVHD	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 ml/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 ml/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)		Maximum overall grade of acute GVHD	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date maximum overall grade of acute GVHD:	YYYY/MM/DD	Change/Clarification of Information Requested	First date maximum overall grade of acute GVHD:	YYYY/MM/DD	Capture data accurately
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Skin	Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 2 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, > 50% of body surface Stage 4 - Generalized erythroderma with bullae formation and/or desquamation		Skin	Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 3 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, > 50% of body surface Stage 4 - Generalized erythroderma with bullae formation and/or desquamation	

Collection	Information Collection Domain - Additional Sub Domain	required if Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	yes	Lower intestinal tract (use mL/day for adul recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
Post- Transplant Essential Data	Graft vs. Host	yes	yes	Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting		Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting	
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	yes	Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 µmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53-103 µmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104-256 µmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 µmol/L)		Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 µmol/L) Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L) Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 µmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 µmol/L)	
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	yes	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
Post- Transplant Essential Data	Graft vs. Host Disease	yes		Did chronic GVHD develop since the date of last report?	No,Unknown,Yes		Did chronic GVHD develop since the date of last report?	No,Unknown,Yes	
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	yes	Date of chronic GVHD diagnosis:	YYYY/MM/DD		Date of chronic GVHD diagnosis:	YYYY/MM/DD	
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	γes	Date estimated	checked	Deletion of Information: Merged to Check all that Apply	Date estimated	ehecked	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	yes	Did chronic GVHD persist since the date of last report?	No,Unknown,Yes		Did chronic GVHD persist since the date of last report?	No,Unknown,Yes	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Maximum grade of chronic GVHD (according to best clinical judgment)	Mild,Moderate,Severe,Unknown		Maximum grade of chronic GVHD (according to best clinical judgment)	Mild, Moderate, Severe, Unknown	

Domain Sub-	Collection Domain Additional Sub	required if Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant	Graft vs. Host						Date of maximum grade of chronic		
Essential Data	Disease	yes	yes	Date of maximum grade of chronic GVHD:	YYYY/MM/DD		GVHD:	YYYY/MM/DD	
Post- Transplant	Graft vs. Host			Specify if chronic GVHD was limited or	Extensive – One or more of the following: – Generalized skin involvement; or, – Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or, – Involvement of eye: Schirmer's test with < 5 mm wetting; or – Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or – Involvement of any other target organ, Limited - Localized skin involvement		Specify if chronic GVHD was limited	Extensive – One or more of the following: - Generalized skin involvement; or, - Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or, - Involvement of eye: Schirmer's test with < 5 mm wetting; or - Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or - Involvement of any other target organ, Limited -	
Essential Data		yes	yes	extensive	and/or liver dysfunction		or extensive	Localized skin involvement and/or liver dysfunction	
Post-	Graft vs. Host	yes		Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 mg/day for adults, <0.1 mg/kg/day for children)	No,Not Applicable,Unknown,Yes		Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose <10 mg/day for adults, <0.1	No,Not Applicable,Unknown,Yes	
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?	No,Not Applicable,Unknown,Yes		Is the recipient still taking (non- steroid) immunosuppressive agents (including PUVA) for GVHD?	No,Not Applicable,Unknown,Yes	
Post- Transplant Essential Data		no	yes	Was specific therapy used to prevent liver toxicity?	No,Yes		Was specific therapy used to prevent liver toxicity?	No,Yes	
Post- Transplant Essential Data		no	yes	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol	Change/Clarification of Response Options	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol, Enoxaparin (Lovenox), Heparin	Be consistent with current clinical landscape, improve transplant outcome data
Post- Transplant Essential Data				Specify other therapy:	and tout		Specify other therapy:	open text	
Post- Transplant Essential Data		no		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?	open text No,Yes		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last	No,Yes	
Post- Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
Post- Transplant Essential Data		no	yes	Did the recipient develop COVID-19 (SARS-CoV-2) since the date of last report?	No,Yes		Did the recipient develop COVID-19 (SARS-CoV-2) since the date of last report?	No,Yes	
Post- Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	

Domain Sub-	Collection Domain Additional Sub	Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes		Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	
Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca, Johnson & Johnson, Moderna, Novavax, Other (specify), Pfizer-BioNTech		Specify vaccine brand	AstraZeneca, Johnson & Johnson, Moderna, Novavax, Other (specify), Pfizer-BioNTech	
Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify other type:	open text		Specify other type:	open text	
Post- Transplant		yes	yes	Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose, First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose	
Post- Transplant	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
Post- Transplant		yes	yes	Date estimated	checked		Date estimated	checked	
Post- Transplant Essential Data		no	ves	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes	Change/Clarification of Response Options	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previosly reported	Capture additional relevent disease information
Post-	Allogenic Recipients of Cord Blood units, Beta Thalassemia, and/or Sickle Cell Disease	yes	yes	Were chimerism studies performed since the date of last report?	no,yes	Change cameuton of response options	Were chimerism studies performed since the date of last report?	no,yes	copare dualities references mornation
Post-	Chimerism Study	yes	yes	Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)		
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Were chimerism studies assessed for more than one donor / multiple donors?	No,Yes		Were chimerism studies assessed for more than one donor / multiple donors?	No,Yes	
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Registry donor ID:	open text		Registry donor ID:	open text	

	Information		Information						
Domain Sub-	Additional Sub	Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
7.							у при	,	
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
D			,						
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Date of birth:	YYYY/MM/DD	Change/Clarification of Information Requested	Donor Date of birth:	YYYY/MM/DD	Capture data accurately
D t									
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Age:	MM (if less than 1 year); YY		Age:	MM (if less than 1 year); YY	
D									
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Sex	female,male	Change/Clarification of Information Requested	Donor Sex	female,male	Capture data accurately
Doct									
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
					Fluorescent in situ hybridization (FISH)			PCR(includes quantitative, real time, and fluorescent	
Post- Transplant	Chimerism Study				for XX/XY,Karyotyping for XX/XY,Other,Restriction fragment-length polymorphisms (RFLP),VNTR or STR,			multiplex), Fluorescent in situ hybridization (FISH) for XX/XY,Karyotyping for XX/XY,Other,Restriction fragment length polymorphisms (RFLP),VNTR or STR, micro or min	:- ii
Essential Data	Performed	yes	<mark>yes</mark>	Method	micro or mini satellite	Change/Clarification of Response Options	Method	satellite	Examples added or typographical errors corrected for clarification
Post- Transplant	Chimerism Study								
Essential Data	Performed	yes	yes	Specify:	open text		Specify:	open text	
	Chimerism Study								
Essential Data	Performed	yes	yes	Cell source	Bone marrow,Peripheral blood		Cell source	Bone marrow,Peripheral blood	
	Chimerism Study				B-cells,Granulocytes,Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear			B-cells, Granulocytes, Hematopoietic progenitor cells, NK cells, Other, Red blood cells, T-cells, Total mononuclear	
Essential Data	Performed	yes	yes	Cell type	cells,Unsorted / whole		Cell type	cells,Unsorted / whole	
Post- Transplant	Chimerism Study								
Essential Data	Performed	yes	yes	Specify:	open text		Specify:	open text	
Post- Transplant	Chimerism Study								
Essential Data	Performed	yes	yes	Total cells examined:	open text		Total cells examined:	open text	
	Chimerism Study			No. 1					
Essential Data	rertormed	yes	yes	Number of donor cells:	open text		Number of donor cells:	open text	
Post- Transplant	Chimerism Study	vac.	1405	More departed detects 43	No Vos	Deletion of Information Democrated	More departed to the 42	No Voc	Paduse redundency is data century
Essential Data	репогтеа	yes	yes	Were donor cells detected?	No,Yes	Deletion of Information Requested	Were donor cells detected?	No,Yes	Reduce redundancy in data capture
Post- Transplant Essential Data	Chimerism Study	yes	yes	Percent donor cells:	%		Percent donor cells:	%	

	T				1	1		I	
Domain Sub-	Collection Domain Additional Sub	required if Additional Sub	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Assessment at the Time of Best Response to HCT		no		Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report?	Continued complete remission (CCR),Complete remission (CR),Not in complete remission,Not evaluated		Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report?	Continued complete remission (CCR), Complete remission (CR), Not in complete remission, Not evaluated	
Disease Assessment at the Time of Best Response to HCT		no	yes	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR		Specify disease status if not in complete remission	Disease detected, No disease detected but incomplete evaluation to establish CR	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the date of best response previously reported?	no,yes		Was the date of best response previously reported?	no,yes	
Disease Assessment at the Time of Best Response to HCT				Date assessed:	YYYY/MM/DD		Date assessed:	yyyy/mm/DD	
Disease Assessment at the Time of Best Response to HCT				Was the disease status assessed by molecular testing?	No,Not Applicable,Yes		Was the disease status assessed by molecular testing?	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT			,						
Disease Assessment at the Time of Best Response to		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Response to HCT Disease Assessment at the Time of Best		no	yes	Was the disease status assessed via flow cytometry?	No,Not Applicable,Yes		Was the disease status assessed via flow cytometry?	No,Not Applicable,Yes	
Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information	Information	Response	Information						
Collection	Collection Domain	required if	Collection may						
	Additional Sub Domain	Additional Sub	be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Туре	Domain	Domain applies	munipie unies	пентент (п аррисавіе)	Element Response Option(s)	information collection update.	Data Element (II applicable)	Response Option(s)	Rationale for information collection opulate
Disease									
Assessment at									
the Time of Best									
Response to									
нст		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
L.									
Disease Assessment at									
the Time of									
Best Response to				Was the disease status assessed by			Was the disease status assessed by cytogenetic testing? (karyotyping or		
HCT		no	yes	cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes		FISH)	No,Not Applicable,Yes	
Disease									
Assessment at the Time of									
Best									
Response to HCT		no	ves	Was the disease status assessed via FISH?	No Not Applicable Yes		Was the disease status assessed via FISH?	No,Not Applicable,Yes	
			,	The the disease states assessed the field	restrict philades, res			i to, tot i ppilodzie, to	
Disease									
Assessment at									
the Time of Best									
Response to HCT					2004/2414/25			1000/00/00/00	
HCI		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease									
Assessment at									
the Time of Best									
Response to									
нст		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at									
the Time of									
Best Response to				Was the disease status assessed via			Was the disease status assessed via		
нст		no		karyotyping?	No,Not Applicable,Yes			No,Not Applicable,Yes	
Disease Assessment at									
the Time of	1								
Best Response to									
HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease									
Assessment at the Time of									
Best									
Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
			,	Tras allocate detected.	,,		Trus disease detected.	,	
Disease									
Assessment at									
the Time of Best				Was the disease status assessed by			Was the disease status assessed by		
Response to HCT				radiological assessment? (e.g. PET, MRI,	No Not Applicable V		radiological assessment? (e.g. PET,	No Not Applicable Ves	
HCI	L	no	yes	ст)	No,Not Applicable,Yes		MRI, CT)	No,Not Applicable,Yes	

Information	Information	Response	Information						
Collection Domain Sub-	Collection Domain Additional Sub	required if Additional Sub	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Assessment at the Time of									
Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best									
Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at the Time of									
Response to HCT		no	yes	Was the disease status assessed by clinical / hematologic assessment?	no,yes		Was the disease status assessed by clinical / hematologic assessment?	no,yes	
Disease Assessment at the Time of Best									
Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best									
Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Post-HCT Therapy		no		Was therapy given since the date of the last report for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes		Was therapy given since the date of the last report for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes	
Post-HCT Therapy		no		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other	
					Alemtuzumab, Azacytidine, Blinatumoma b, Bortezomib, Bosutinib, Carfilzomib, Che motherapy, Dasatinib, Decitabine, Gemtuz umab, Gilteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaur tinib, Midostaurin, Nilotinib, Nivolumab, Ot her systemic therapy, Pembrolizumab, Pomalidomide,			Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bosutinib, Carfilzomib, Chemotherapy , Dasatinib, Decitabine, Gemtuzumab, Gilteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaurtinib, Midostaurin, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Ritux	i
Post-HCT Therapy		no	yes	Specify systemic therapy (check all that apply)	Quizartinib,Rituximab,Sorafenib,Sunitini b,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	imab,Sorafenib,Sunitinib,Thalidomide, Brentuximab vendotin, Daratumumab (Darzalex)	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
Post-HCT Therapy		no	yes	Specify other therapy:	open text			open text	
Post-HCT Therapy		no	yes			Addition of Information Requested	Did a fecal microbiota transplant (FMT) occur since the date of last report?	No, Yes	Be consistent with current clinical landscape, improve transplant outcome data

Collection Domain Sub-	Information Collection Domain Additional Sub Domain	required if Additional Sub		Current Information Collection Data	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-HCT Therapy		no	yes			Addition of Information Requested	Date of FMT	DD/MM/YY	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify the indication for the FMT	Graft versus host disease (GVHD), Clostridium difficle, Other	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify other indication:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Relapse or Progression Post-HCT		no		Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes		Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No.Yes	
Relapse or Progression Post-HCT		no		Was the date of the first clinical / hematologic relapse or progression	No,Yes (only valid >day 100)		Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)	
Relapse or Progression Post-HCT		no	yes	Date first seen:	YYYY/MM/DD		Date first seen:	YYYY/MM/DD	
Relapse or Progression Post-HCT		no		Was intervention given for relapsed, persistent or progressive disease since the date of last report?	No,Yes		Was intervention given for relapsed, persistent or progressive disease since the date of last report?	No,Yes	
Relapse or Progression Post-HCT		no		Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease		Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease	
Relapse or Progression Post-HCT		no		Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological		Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological	
Relapse or Progression Post-HCT		no	yes	Date intervention started:	YYYY/MM/DD		Date intervention started:	YYYY/MM/DD	
Relapse or Progression Post-HCT		no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial, Cellular therapy, Other therapy, Radiation, Systemic therapy	
Relapse or Progression Post-HCT		no	yes	Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumoma b, Bortezomib, Bosutinib, Carfilzomib, Che motherapy, Dasatinib, Decitabine, Gemtuz umab, Gilteritinib, Imstinib mesylate, Ixazomib, Lenalidomide, Lestaur tinib, Midostaurin, Nilotinib, Nivolumab, Ot her systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Rituximab, Sorafenib, Sunitini b, Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, B sutinib, Carfilzomib, Chemotherapy, Dasatinib, Decitabine, Gemtuzumab, Gilteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaurtinib, Midostaur n, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Ritus imab, Sorafenib, Sunitinib, Thalidomide, Daratumumb (Darzalex), Venetoclax	
Relapse or Progression									
Post-HCT Relapse or		no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
Progression Post-HCT		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
Current Disease Status	S	no	yes	What is the current disease status?	Complete remission (CR),Not in complete remission,Not evaluated		What is the current disease status?	Complete remission (CR),Not in complete remission,Not evaluated	
Current Disease Status	S	no		Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR		Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	

Collection	- Additional Sub	required if Additional Sub		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Current Disease Statu	5	no	yes	Date of most recent disease assessment	Known, Unknown	Deletion of Information Requested	Date of most recent disease assessment	Known, Unknown	Reduce redundancy in data capture
Current Disease Statu	s	no	yes	Date of most recent disease assessment:	YYYY/MM/DD	Change/Clarification of Information Requested	Date of most recent disease assessment Date of -assesment of current disease status	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date of death:	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date estimated	checked	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was cause of death confirmed by autopsy?	Autopsy pending, No, Unknown, Yes	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was documentation submitted to the CIBMTR?	No,Yes	Reduce redundancy in data capture
Recipient					Accidental death,Acute GVHD,Adult respiratory distress syndrome (ARDS) (other than IPS),Bacterial infection,Cardiac failure,Chronic GVHD,Central nervous system (CNS) failure,CoVID-19 (SARS-CoV-2),Cytokine release syndrome,Diffuse alveolar damage (without hemorrhage), Disseminated intravascular coagulation (DIC),Fungal infection, Gastrointestinal (GI) failure (not liver),Graft rejection or failure, Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic Durpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (HUS)),Idiopathic pneumonia syndrome (HUS)),Idiopathic pneumonia syndrome (HUS), identified, Other cause, Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection, Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thromboembolic, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD))		Accidental death, Acute GVHD, Adult respiratory distress syndrome (ARDS) (other than IPS), Bacterial infection, Cardiac failure, Chronic GVHD, Central nervous system (CNS) failure, CVUTD-19 (SARS-COV-2), Cytokine release syndrome, Diffuse alveolar damage (without hemorrhage). Diffuse alveolar hemorrhage (OAH), Disseminated intravascular coagulation (DIC), Fungal infection, Gastrointestinal hemorrhage, Gastrointestinal (GI) failure (not liver), Graft rejection or failure, Hemorrhagic cystitis, Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (IPS), Intracrania hemorrhage, Liver failure (not VOD), Multiple organ failure, New malignancy, Infection, organism not identified, Other cause, Other hemorrhage neurotoxicity (ICANS), Other infection, Other organ failure, Other pulmonary syndrome (excluding pulmonary hemorrhage). Other vascular, Prior malignancy, Protozoal infection, Pulmonary hemorrhage pulmonary failure, Recurrence / persistence / progression of disease, Renal failure, Suicide, Thromboembolic, Tumor lysis syndrome, Pneumonitis due to Cytomegalovirus (CCMV), Viral infection, Pneumonitis due to other virus, Veno-occlusive disease (VOD) / sinusoidal	Be consistent with current clinical landscape, improve transplant
Death Data Recipient	Recipient Death	yes	no	Primary cause of death	/ sinusolual obstruction synurome (505)	Change/Clarification of Response Options	Primary cause of death	obstruction syndrome (SOS)	outcome data
Death Data	Recipient Death	yes	no	Specify:	open text		Specify:	open text	

Accidate an armity access to the second of t	Collection Domain Sub-	o- Additional Sub	ection Domain required if Collection may litional Sub Additional Sub be requested Current Information Collection Data Current Information Collection		Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update	
Death Data Recipient Death res no Specify: Open text		Recipient Death	yes			respiratory distress syndrome (ARDS) (other than IPS),Bacterial infection,Cardiac failure,Chronic GVHD,Central nervous system (CNS) failure,CVID-19 (SAS-Cov-2),Cytokine release syndrome,Diffuse alveolar damage (without hemorrhage), Disseminated intravascular coagulation (DIC),Fungal infection, Gastrointestinal (GI) failure (not liver),Graft rejection or failure, Thrombotic microanglopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (HPS), Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause, Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection, Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide, Thromboembolic, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD)		Contributing cause of death	syndrome (ARDS) (other than IPS). Bacterial infection, Cardiac failure, Chronic GVHD, Central nervous system (CNS) failure, COVID-19 (SARS-CoV-2), Cytokine release syndrome, Diffuse alveolar damage (without hemorrhage). Diffuse alveolar hemorrhage (DAH), Disseminated intravascular coagulation (DIC), Fungal infection, Gastrointestinal hemorrhage, Castrointestinal (GI) failure (not liver), Graft rejection or failure, Hemorrhagic cystitis, Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)), Idiopathic pneumonia syndrome (IPS), Intracranial hemorrhage, Liver failure (not VOD), Multiple organ failure, New malignancy, Infection, organism not identified, Other cause, Other hemorrhage neurotoxicity (ICANS), Other infection, Other organ failure, Other pulmonary syndrome (excluding pulmonary hemorrhage), Other vascular, Prior malignancy, Protozoal infection, Pulmonary hemorrhage, Pulmonary failure, Recurrence / persistence / progression of disease, Renal failure, Suicide, Thromboembolic, Tumor lysis syndrome, Pneumonitis due to Cytomegalovirus (CMV), Viral infection, Pneumonitis due to other virus, Veno-cclusive disease (VOD) / sinusoidal	Be consistent with current clinical landscape, improve transplant
Hematologic Malignancy: Acute myeloid leukemia (AMI. / ANI.), Other leukemia, Myelodyspalsit syndrome (MDS), Myelogyroliflerative negolasm (MMI), Molysh (MM	Recipient Death Data	Recipient Death	ves	no	Specify:	open text		Specify:	open text	
	Scarr Data	recipient Beatti	7 20		pp. 2.	Hematologic Malignancy: Acute myeloid leukemia (AML / ANLL), Other leukemia, Myelodysplastic syndrome (MDS), Myeloproliferative neoplasm (MPN), Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation Solid Tumors: Oropharyngeal cancer		pk.co. t.	Hematologic Malignancy: Acute myeloid leukemia (AML / ANLL), Acute lymphoblastic leukemia (ALL), Other leukemia, Myelodysplastic syndrome (MDS), Myeloproliferative neoplasm (MPN), Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Multiple myeloma / plasma cell neoplasms, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation.	

Collection Domain Sub-		required if Additional Sub			Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify type of PTLD	Monomorphic, Polymorphic, Unknown	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	Be consistent with current clinical landscape, improve transplant outcome data
	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify gastrointestinal malignancy	Anus,Colon,Esophagus,Liver ,Pancreas,Rectum,Small intestine (DUODENUM, JEJUNUM, ILEUM),Stomach, Other gastrointestinall cancer	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify genitourinary malignancy	Bladder, Cervix, Kidney, Ovary, Prostate, Testicle, Uterus, Other genitourary malignancy	Be consistent with current clinical landscape, improve transplant outcome data
	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify CNS malignancy	Glioma,Meningioma,Other CNS malignancy	Be consistent with current clinical landscape, improve transplant outcome data
	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes	Specify other new malignancy:	open text		Specify other new malignancy:	open text	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder			Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes		Was the new malignancy donor / cell product derived?	No,Not Done,Yes		Was the new malignancy donor / cell product derived?	No,Not Done,Yes	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes		Was documentation submitted to the CIBMTR?	no,yes		Was documentation submitted to the CIBMTR?	no,yes	

Domain Sub-	Collection Domain Additional Sub	required if Additional Sub			Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was PTLD confirmed by biopsy?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes		Was the pathology of the tumor EBV positive?	no,yes		Was the pathology of the tumor EBV positive?	no,yes	
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was there EBV reactivation in the blood?	No,Not Done,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	How was EBV reactivation diagnosed?	Other method, Qualitative PCR of blood, Quantitative PC of blood	R Be consistent with current clinical landscape, improve transplant outcome data
	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify other method:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Quantitative EBV viral load of blood: At diagnosis	copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Highest EBV viral load of blood:	copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was there lymphomatous involvement?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify sites of PTLD involvement (check all that apply)	Bone marrow,Central nervous system (brain or cerebrospinal fluid),Liver,Lung,Lymph node(s),Other,Spleen	Be consistent with current clinical landscape, improve transplant outcome data

	nformation Collection Domain Additional Sub Domain Domain Additional Sub Domain applies Collection may Additional Sub Domain applies Current Information Culture Current Information C		Current Information Collection Data Element (if applicable) Current Information Collection Data Element Response Option(s)				Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify other site:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms		no	ves	First Name (person completing form):	open text		First Name (person completing form):	open text	
Subsequent Neoplasms		no		Last Name:	open text			open text	
Subsequent Neoplasms		no	yes	E-mail address:	open text		E-mail address:	open text	
Subsequent Neoplasms		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	
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			1						-
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]



Information Collection Domains

Indicates the category of information collection by time period that corresponds to the burden table. For each of the following Domains, there is a corresponding Tab.

1- Pre-Transplant Information Collection
2- Transplant Procedure and Product Information
3- Post-Transplant Periodic Information Collection
Below are the definitions for each column heading.

Column Header Title	Column Header Title Definitions
Information Collection Domain Sub-Type	Identifies a grouping of information collection within an Information Collection Domain. These information collection domain sub types roughly correspond to section/domain headers currently found on CIBMTR data collection instruments.
Information Collection Domain Additional Sub Domain	Additional Sub Domain set recipeint, donor, infusion type or product criteria that must be met for an information collection element to be required
Response required if Additional Sub Domain applies	Response options are "yes" or "no". If the criteria noted in Additional sub domain applies, the information collection data element will be applicable and information collection data element responses supplied. Always "yes" when an additional sub domain is present.
Information Collection may be requested at multiple times	Response options are "yes" or "no". Some information may be collected at "multiple" time points or in multiple iterations. A multiple request may occur with a new or duplicate event, new infusion, changes in treatment or outcomes follow up. For example: product analyses at multple timepoints, chimerism analyses on multple dates, subsequent neoplasms, co-morbidities, covid infection, Disease Status, Post Transplant Therapy, GVHD, labs and pathology (collected at diagnosis, between diagnosis and infusion, at infusion and during followup)
Current Information Collection Data Element (if applicable)	Depicts the information collection data element currently being requested.
Current Information Collection Data Element Response Option(s)	Depicts the information collection data element response options currently being requested.
Information Collection update:	Notes the type of update. If Blank, there was no change.
	options:
	Addition of Information Requested
	Deletion of Information Requested
	Deletion of Information: Merged to Check all that Apply
	Change/Clarification of Information Requested
	Change/Clarification of Response Options
	Change/Clarification of Information Requested and Response Options
Proposed Information Collection Data Element (if applicable)	Depicts the changes to the information collection data element requested in red line format. Rows containing changes are highlighted in Yellow
Proposed Information Collection Data Element Response Option(s)	Depicts the changes to the information collection data element response options in red line format. Rows containing changes are highlighted in yellow.
Rationale for Information Collection Update	The following options identify the change summary:

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Column Header Title	Column Header Title Definitions
	options:
	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
	Be consistent with current clinical landscape, improve transplant outcome data
	Capture data accurately
	Examples added or typographical errors corrected for clarification
	Covid-19 Impact
	Capture additional relevent disease information

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Change Summary of all Information Collection Data Element and Response Changes

& MARROW TRANSPLANT RESEARCH							<u> </u>		
Information Collection Domain	Domain Additional Sub		Collection may be requested	Element (if	Collection Data Element Response	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre- Transplant Essential Data	Clinical Trial Participants	yes	no		BMT CTN,COG,Other,PIDTC ,RCI BMT,USIDNET	Change/Clarification of Response Options	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET, PedAL	Be consistent with current clinical landscape, improve transplant outcome data
Pre- Transplant Essential Data	Allogeneic Donors	yes	yes	Non-NMDP unrelated donor ID:	open text	Change/Clarification of Information Requested	Non-NMDP unrelated donor HD:Registry donor ID:	open text	Capture data accurately
Pre- Transplant Essential Data	Autologous Transplant	yes	yes	What agents were used to mobilize the autologous recipient for this HCT? (check all	G-CSF (filgrastim, Neupogen), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Change/Clarification of Response Options	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (TBO-filgrastim, filgrastim, Granix, Neupogen), GM-CSF (sargramostim, Leukine), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Be consistent with current clinical landscape, improve transplant outcome data
Pre- Transplant Essential Data				Was mechanical ventilation used for COVID-19 (SARS-CoV- 2) infection?	No,Yes	Change/Clarification of Information Requested	Was mechanical ventilation used given for COVID-19 (SARS-CoV-2) infection?	No,Yes	Examples added or typographical errors corrected for clarification

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Information Collection Domain	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection update:	Proposed Information Collection Data Element (if applicable)		Rationale for Information Collection Update
Pre- Transplant Essential Data	Comorbid Conditions	Yes	no	Specify prior malignancy (check all	Breast cancer Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Leukemia Lung cancer Lymphoma (includes Hodgkin & non- Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy	Change/Clarification of Response Options	Specify prior malignancy (check all that apply)	Breast cancer Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Leukemia Chronic myeloid leukemia Acute lymphoblastic leukemia Chronic lymphoblastic leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor	Be consistent with current clinical landscape, improve transplant outcome data
Pre- Transplant Essential Data	Comorbid Conditions	Yes	no	Specify other skin malignancy: (prior)	open text	Deletion of Information Requested	Specify other skin malignancy: (prior)	open text	Reduce redundancy in data capture
Pre- Transplant Essential Data		no	no	Height at initiation of pre-HCT preparative regimen:	inches cms	Change/Clarification of Response Options	Height at initiation of pre-HCT preparative regimen:	inches cms	Capture data accurately

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Information Collection Domain	Information Collection Domain Additional Sub Domain	required if	Collection may be requested	Element (if	Collection Data Element Response		Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-HCT Preparative Regimen		no	no		Bendamustine,Busulfa n,Carboplatin,Carmus tine,Clofarabine,Cyclo phosphamide,Cytarab ine,Etoposide,Fludara bine,Gemcitabine,Ibrit umomab tiuxetan,Ifosfamide,Lo mustine,Melphalan,M ethylprednisolone,Oth er,Pentostatin,Propyle ne glycol-free melphalan,Rituximab, Thiotepa,Tositumoma b,Treosulfan		Drug (drop down list)	Bendamustine,Busulfan,Car boplatin,Carmustine,Clofar abine,Cyclophosphamide,C ytarabine,Etoposide,Fludar abine,Gemcitabine,Ibritum omab tiuxetan,Ifosfamide,Lomustine,Melphalan,Methylpredni solone,Other,Pentostatin,Propylene glycol-free melphalan,Rituximab,Thiot epa,Tositumomab,Treosulf an, Azathioprine, Bortezomib, Cisplatin, Hydroxyurea, and Vincristine.	
Additional Drugs Given In the Peri- Transplant Period		no	no	ALG, ALS, ATG, ATS	no,yes	Change/Clarification of Information Requested and Response Option	ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol		Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri- Transplant Period Additional Drugs Given In the Peri-		no	no	Alemtuzumab (Campath)	no,yes	Deletion of Information: Merged to Check all that Apply		no,yes	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply" Reduce burden: expanded response options to include responses previously
Transplant Period Additional		no	no	Defibrotide	No,Yes	Deletion of Information: Merged to Check all that Apply	Defibrotide	No,Yes	reported manually or created a "check all that apply"
Drugs Given In the Peri- Transplant Period		no	no	KGF	No,Yes	Deletion of Information: Merged to Check all that Apply	KGF	No,Yes	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

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Domain	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Additional Drugs Given In the Peri- Transplant Period		no	no	Ursodiol	No,Yes	Deletion of Information: Merged to Check all that Apply	Ursodiol	No,Yes	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Covid-19 Impa	act	no	no			Addition of Information Requested	Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-2) pandemic?	no,yes	Covid-19 Impact
Covid-19 Impa	act	no	no			Addition of Information Requested	Is the HCT date different than the originally intended HCT date?	no,yes	Covid-19 Impact
Covid-19 Impa	act	no	no			Addition of Information Requested Addition of Information	Original Date of HCT	YYYY/MM/DD	Covid-19 Impact
Covid-19 Impa		no	no			Requested Addition of Information	Date estimated Is the donor different than the	checked	Covid-19 Impact
Covid-19 Impa	act	no	no			Requested	originally intended donor?	no,yes	Covid-19 Impact
Covid-19 Impa	oct.	no	no			Addition of Information Requested	Specify the originally intended donor	unrelated donor, syngeneic (monozygotic twin), HLA- idential sibling (may include non-monozygotic twin), HLA-matched other relative (does NOT include a haplo- identical donor), HLA- mismatched relative	Covid-19 Impact
Covid-19 Impa		no	no			Addition of Information Requested	Is the product type (bone marrow, PBSC, cord blood unit) different than the originally intended product type?	no,yes	Covid-19 Impact
Covid-19 Impa	act	no	no			Addition of Information Requested	Specify the originally intended product type	bone marrow,Other product,PBSC, cord blood unit	Covid-19 Impact

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Information Collection Domain Sub-Type	Domain Additional Sub		Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Covid-19 Imp	act	no	no			Addition of Information Requested	Specify other product type	open text	Covid-19 Impact
Covid-19 Imp		no	no			Addition of Information Requested	Was the current product thawed from a cryopreserved state prior to infusion?	no,yes	Covid-19 Impact
Covid-19 Imp	a <mark>ct</mark>	no	no			Addition of Information Requested	Did the preparative regimen change from the original plan?	no, yes	Covid-19 Impact
Covid-19 Imp	act	no	no			Addition of Information Requested	Did the GVHD prophylaxis change from the original plan?	no,yes	Covid-19 Impact

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Information Collection Domain	Information Collection Domain Additional Sub Domain	required if	Collection may be requested	Element (if	Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
Disease Classification		no	no	What was the primary disease for which the HCT / cellular therapy	induction associated	Change/Clarification of Response Options	What was the primary disease for which the HCT / cellular therapy was performed?	indicate MDS or AML, indicate MDS or AML as the primary disease.) – ,Disorders of the immune system,Inherited disorders of metabolism,Inherited abnormalities of platelets,Myelodysplastic syndrome (MDS) (If recipient has transformed to AML, indicate AML as the primary disease.),Myeloproliferative neoplasms (MPN)(If recipient has transformed to AML, indicate AML as the primary disease.),Non-Hodgkin lymphoma,Acute leukemia of ambiguous lineage and other myeloid neoplasms,Other disease,Other leukemia (includes CLL),Multiple myeloma / plasma cell disorder (PCD),Paroxysmal nocturnal hemoglobinuria (PNH),Recessive dystrophic epidermolysis bullosa,Aplastic Anemia(If the recipient developed MDS or AML as the primary disease.) ,Solid tumors,Tolerance induction associated with solid organ transplant	
Disease	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)		Reduce redundancy in data capture

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Information Collection Domain Sub-Type	Domain Additional Sub	required if	Collection may be requested		Collection Data Element Response	Information Collection update:	Proposed Information Collection Data Element (if applicable)		Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoal lelic (heterozygous),Unkno wn	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or relapse and last evaluation)	no, Unknown, yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	_yes	Specify CEBPA mutation	Biallelic (homozygous),Monoal lelic (heterozygous),Unkno wn	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoal lelic (heterozygous),Unkno wn	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unkno wn,Yes	Deletion of Information Requested	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)		Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data

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	Information Collection Domain Additional Sub Domain		Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or at relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture

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Information Collection Domain Sub-Type	Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unkno wn,Yes	Deletion of Information Requested	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data

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Domain	Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify the cell line examined to determine HI status	HI-E,HI-N,HI-P Primary cutaneous γδ	Change/Clarification of Information Requested	Specify the cell lines examined to determine HI status	HI-E,HI-N,HI-P Primary cutaneous CD8+	Examples added or typographical errors corrected for clarification
					T-cell lymphoma (1851) Sezary syndrome (142)			aggressive epidermotropic cytotoxic T-cell lymphoma (1852) Primary cutaneous CD30+	
					Subcutaneous panniculitis-like T-cell lymphoma (146) Systemic EBV+ T-cell			T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large- cell lymphoma (C-ALCL),	
					lymphoma of childhood (1855) T-cell large granular lymphocytic leukemia			lymphoid papulosis] (147) Primary cutaneous γδ T-cell lymphoma (1851) Sezary syndrome (142)	
					(126) Other T-cell / NK-cell lymphoma (139)			Subcutaneous panniculitis- like T-cell lymphoma (146) Systemic EBV+ T-cell lymphoma of childhood (1855)	
					Posttransplant lymphoproliferative disorders (PTLD) Classical Hodgkin			T-cell large granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139)	
					lymphoma PTLD (1876) Florid follicular hyperplasia PTLD (1873)			Posttransplant lymphoproliferative disorders (PTLD)	
					Infectious mononucleosis PTLD (1872) Monomorphic PTLD			Classical Hodgkin lymphoma PTLD (1876) Florid follicular hyperplasia PTLD (1873)	
					(B- and T-/NK-cell types) (1875) Plasmacytic hyperplasia PTLD			Infectious mononucleosis PTLD (1872) Monomorphic PTLD (B- and T-/NK-cell types) (1875)	
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	no	Specify the lymphoma histology	(1871)	Change/Clarification of Response Options	Specify the lymphoma histology	Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)	Be consistent with current clinical landscape, improve transplant outcome data

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Information Collection Domain	Domain Additional Sub	required if	Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	no	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes	Change/Clarification of Response Options	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes (Also complete Chronic Lymphocytic Leukemia (CLL))	Capture additional relevent disease information
	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by flow cytometry	Known, Unknown	Capture data accurately
	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by morphologic assessment	Known,Unknown	Capture data accurately
	Inherited Bone Marrow Failure Syndromes	yes	no		Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond -Blackfan anemia,Shwachman- Diamond	Change/Clarification of Response Options	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond- Blackfan anemia,Shwachman- Diamond, Other inherited bone failure syndromes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Inherited Bone Marrow Failure Syndromes	yes	no	Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?	No,Yes	Deletion of Information Requested	Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?	No,Yes	Reduce redundancy in data capture
Disease Classification	Hemoglobinopathi es	yes	no	Did the recipient receive gene therapy to treat the hemoglobinopathy?	No,Yes	Deletion of Information Requested	Did the recipient receive gene therapy to treat the hemoglobinopathy?	No,Yes	Reduce redundancy in data capture

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Information Collection Domain Sub-Type	Domain Additional Sub		Collection may be requested		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					(523),Marinosidosis (536),Maroteaux- Lamy (VI) (536),Metachromatic leukodystrophy (MLD) (542),Mucolipidoses, not otherwise specified (540),Morquio (IV) (535),Mucopolysacch			syndrome (II) (533),Hurler syndrome (II) (531),I-cell disease (546),Krabbe disease (globoid leukodystrophy) (544),Lesch-Nyhan (HGPRT deficiency) (522),Mannosidosis (563),Maroteaux-Lamy (VI)	
					aridosis (V) (538),Mucopolysacch aridosis, not otherwise specified (530),Niemann-Pick disease (545),Neuronal ceroid lipofuscinosis (Batten disease) (523),Other			(536),Metachromatic leukodystrophy (MLD) (542),Mucolipidoses, not otherwise specified (540),Morquio (IV) (535),Mucopolysaccharidosi s (V) (538),Mucopolysaccharidosi s, not otherwise specified	
					inherited metabolic disorder (529),Osteopetrosis (malignant infantile osteopetrosis) (521),Polysaccharide hydrolase abnormality, not otherwise specified			(530),Niemann-Pick disease (545),Neuronal ceroid lipofuscinosis (Batten disease) (523),Other inherited metabolic disorder (529),Osteopetrosis (malignant infantile osteopetrosis)	
Disease Classification	Inherited Disorders of Metabolism	yes	no	Specify inherited disorders of metabolism classification	(560),Sanfilippo (III) (534),Scheie syndrome (IS) (532),Inherited metabolic disorder, not otherwise specified	Change/Clarification of Response Options	Specify inherited disorders of metabolism classification	(521),Polysaccharide hydrolase abnormality, not otherwise specified (560),Sanfilippo (III) (534),Scheie syndrome (IS) (532),Inherited metabolic	Be consistent with current clinical landscape, improve transplant outcome data
Hematopoieti c Cellular Transplant (HCT) Infusion Product	i	no	no	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	Change/Clarification of Response Options	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	Examples added or typographical errors corrected for clarification

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Information Collection Domain Sub-Type	Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested		Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoieti c Cellular Transplant (HCT) Infusion Product	i	no	yes	Method of testing TNC viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing TNC viability	Flow cytometry based (7AAD, AOPI, AOEB),Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoieti c Cellular Transplant (HCT) Infusion Product	i	no	yes	Method of testing CD34+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD34+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoieti c Cellular Transplant (HCT) Infusion Product	i	no	yes	Method of testing CD3+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoieti c Cellular Transplant (HCT) Infusion Product	i	no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoieti c Cellular Transplant (HCT) Infusion Product	i	no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoieti c Cellular Transplant (HCT) Product Infusion		yes	yes	Total CFU-GM	Done,Not done	Merged to Check all that Apply	Indicate which Assessments were Carried out (Check all that apply)		Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

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Domain	Information Collection Domain Additional Sub Domain		Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoieti c Cellular Transplant (HCT) Product Infusion		yes	yes	Total CFU-GEMM	Done,Not done	Merged to Check all that Apply	Total CFU-GEMM	Done,Not done	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoieti c Cellular Transplant (HCT) Product Infusion		yes	yes	Total BFU-E	Done,Not done	Merged to Check all that Apply	Total BFU-E	Done,Not done	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

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	Information Collection Domain Additional Sub Domain		be requested '	Element (if	Current Information Collection Data Element Response Option(s) hemolytic, 182	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					Streptococcus, Group			Staphylococcus aureus	
					B, 178 Streptococcus			(Methicillin Sensitive), 158	
					pneumoniae, 168			Stenotrophomonas	
					Treponema (syphilis),			maltophilia, 166	
					169 Vibrio (all species)			Stomatococcus	
					Fungal Infections: 210			mucilaginosis, 181	
					Aspergillus, NOS, 211			Streptococcus, alpha-	
					Aspergillus flavus, 212			hemolytic, 182	
					Aspergillus fumigatus,			Streptococcus, Group B,	
					213 Aspergillus niger,			178 Streptococcus	
					215 Aspergillus			pneumoniae, 168	
					terreus, 214			Treponema (syphilis), 169	
					Aspergillus ustus, 270			Vibrio (all species) Fungal	
					Blastomyces (dermatitidis), 201			Infections: 210 Aspergillus,	
					(dermatitidis), 201			NOS, 211 Aspergillus flavus,	
					Candida albicans, 208			212 Aspergillus fumigatus,	
					Candida non-albicans,			213 Aspergillus niger, 215 Aspergillus terreus, 214	
					271 Coccidioides (all			Aspergillus terreus, 214	
					species), 222			Aspergillus ustus, 270	
					Cryptococcus gattii,			Blastomyces (dermatitidis),	
					221 Cryptococcus			201 Candida albicans, 208	
					neoformans, 230			Candida non-albicans, 271	
					Fusarium (all species),			Coccidioides (all species),	
					261 Histoplasma			222 Cryptococcus gattii,	
					(capsulatum), 241 Mucorales (all			221 Cryptococcus neoformans, 230 Fusarium	
					Mucorales (all			neoformans, 230 Fusarium	
					species), 260			(all species), 261	
					Pneumocystis (PCP / PJP), 242 Rhizopus (all			Histoplasma (capsulatum), 241 Mucorales (all species),	
					species), 272			241 Mucorales (all species), 260 Pneumocystis (PCP /	
					Scedosporium (all			PJP), 242 Rhizopus (all	
Hematopoieti					species), 240			species), 272 Scedosporium	
nematopoieti c Cellular					Zygomycetes, NOS,			(all species), 240	
Transplant					503 Suspected fungal			Zygomycetes, NOS, 503	
(HCT) Product				Specify Organism	infection, 777 Other	Change/Clarification of		Suspected fungal infection	Examples added or typographical errors
Infusion	Product Analysis	WOC	1/05	Code(s):	organism	Response Options	Specify Organism Code(s):	777 Other organism	corrected for clarification
iiusioii	IFTUULCE ATTAIVSIS	IVES	yes	ICOUCISI.	U gai S	IVESPOUSE OBUIDUS	ispectiv Organism Code(s):	1/// Other digariishi	ICOLLECTED TOLCIAL HICATION

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Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain		Collection may be requested		Collection Data Element Response Option(s)	Information Collection update:	Collection Data Element (if	Response Option(s)	Rationale for Information Collection Update
					hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus flavus, 213 Aspergillus niger, 215 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma			(Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha- hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus rumigatus, 213 Aspergillus rerreus, 214 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii,	
Hematopoiet c Cellular Transplant (HCT) Product Infusion		yes	yes	Specify Organism Code(s):	(capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503	Examples added or typographical errors corrected for clarification

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Domain	Information Collection Domain Additional Sub Domain	required if	Collection may be requested	Element (if	Collection Data Element Response Option(s)	Information Collection update:	Collection Data Element (if	Response Option(s)	Rationale for Information Collection Update
					hemolytic, 182 Streptococcus, Group			(Methicillin Resistant), 179 Staphylococcus aureus	
					B, 178 Streptococcus			(Methicillin Sensitive), 158	
					pneumoniae, 168			Stenotrophomonas	
					Treponema (syphilis),			maltophilia, 166	
					169 Vibrio (all species)			Stomatococcus	
					Fungal Infections: 210			mucilaginosis, 181	
					Aspergillus, NOS, 211			Streptococcus, alpha-	
					Aspergillus flavus, 212 Aspergillus fumigatus,			hemolytic, 182 Streptococcus, Group B,	
					213 Aspergillus niger,			178 Streptococcus	
					215 Aspergillus			pneumoniae, 168	
					terreus, 214			Treponema (syphilis), 169	
					Aspergillus ustus, 270			Vibrio (all species) Fungal	
								Infections: 210 Aspergillus,	
					Blastomyces (dermatitidis), 201			NOS, 211 Aspergillus flavus,	
					Candida albicans, 208			212 Aspergillus fumigatus,	
					Candida non-albicans,			213 Aspergillus niger, 215	
					271 Coccidioides (all			213 Aspergillus niger, 215 Aspergillus terreus, 214	
					species), 222			Aspergillus ustus, 270	
					Cryptococcus gattii,			Blastomyces (dermatitidis),	
					221 Cryptococcus			201 Candida albicans, 208	
					neoformans, 230			Candida non-albicans, 271	
					Fusarium (all species),			Coccidioides (all species),	
					261 Histoplasma			222 Cryptococcus gattii,	
					(capsulatum), 241			221 Cryptococcus	
					Mucorales (all			neoformans, 230 Fusarium	
					species), 260			(all species), 261	
					Pneumocystis (PCP /			Histoplasma (capsulatum),	
					PJP), 242 Rhizopus (all			241 Mucorales (all species),	
					species), 272			260 Pneumocystis (PCP /	
					Scedosporium (all			PJP), 242 Rhizopus (all	
Hematopoieti					species), 240			species), 272 Scedosporium	
c Cellular					Zygomycetes, NOS, 503 Suspected fungal			(all species), 240 Zygomycetes, NOS, 503	
Transplant (HCT) Product				Specify Organism		Change/Clarification of			Examples added or typographical errors
		1/05	vos	Code(s):			Specify Organism Code(s)		corrected for clarification
nfusion	Product Analysis	yes	yes	code(s):	organism	Response Options	Specify Organism Code(s):	777 Other organism	corrected for clarification

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Information Collection Domain	Information Collection Domain Additional Sub Domain		Collection may be requested	Element (if	Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoieti c Cellular Transplant (HCT) Product Infusion		yes	yes	Specify Organism	hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus rereus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	Kiethicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alphahemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, 121 Aspergillus flavus, 212 Aspergillus flavus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification
Post- Transplant Essential Data		no	yes	Specify the recipient's survival status at the date of last contact	Alive,Dead	Change/Clarification of Response Options	Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	Capture additional relevent disease information
Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Was this infusion a donor lymphocyte infusion (DLI)?	no,yes	Capture additional relevent disease information

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Domain	Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if	Collection Data Element Response	Information Collection	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Number of DLIs in this reporting period		Capture additional relevent disease information
Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	Capture additional relevent disease information
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date maximum overall grade of acute GVHD:	YYYY/MM/DD	Change/Clarification of Information Requested	First date maximum overall grade of acute GVHD:	YYYY/MM/DD	Capture data accurately
Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date estimated	checked	Deletion of Information: Merged to Check all that Apply	Date estimated	checked	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Post- Transplant Essential Data		no	yes		Defibrotide,N- acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol	Change/Clarification of Response Options	Specify therapy (check all that apply)	Defibrotide,N- acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol, Enoxaparin (Lovenox), Heparin	Be consistent with current clinical landscape, improve transplant outcome data
Post- Transplant Essential Data		no	yes	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes	Change/Clarification of Response Options	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previosly reported	Capture additional relevent disease information

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Information Collection Domain	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Date of birth:	YYYY/MM/DD	Change/Clarification of Information Requested	Donor Date of birth:	YYYY/MM/DD	Capture data accurately
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Sex	female,male	Change/Clarification of Information Requested	Donor Sex	female,male	Capture data accurately
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Method	Fluorescent in situ hybridization (FISH) for XX/XY,Karyotyping for XX/XY,Other,Restrictio n fragment-length polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Change/Clarification of Response Options	Method	PCR(includes quantitative, real time, and fluorescent multiplex), Fluorescent in situ hybridization (FISH) for XX/XY, Karyotyping for XX/XY, Other, Restriction fragment-length polymorphisms (RFLP), VNTR or STR, micro or mini satellite	Examples added or typographical errors corrected for clarification
Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Were donor cells detected?	No,Yes	Deletion of Information Requested	Were donor cells detected?	No,Yes	Reduce redundancy in data capture

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Information Collection Domain Sub-Type	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-HCT				Specify systemic	Alemtuzumab, Azacyti dine, Blinatumomab, B ortezomib, Bosutinib, C arfilzomib, Chemother apy, Dasatinib, Decitabi ne, Gemtuzumab, Gilte ritinib, Ibrutinib, Imatin ib mesylate, Ixazomib, Le nalidomide, Lestaurtinib, Midostaurin, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizum ab, Pomalidomide, Quizartinib, Rituximab, Sortenib Cupitinib, Tholidomia	Change/Clarification of	Specify systemic therapy (check	Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bosutinib, Carfilzomib, Chemotherapy, Dasatinib, Decitabin e, Gemtuzumab, Gilteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalido mide, Lestaurtinib, Midostaurin, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Rituximab, Sorafenib, Sunitinib, Thalidomide, Brentuximab yendotin, Daratumumab	
Therapy		no	yes	apply)	omide	Response Options	all that apply)	(Darzalex)	data
Post-HCT Therapy		no	yes			Addition of Information Requested	Did a fecal microbiota transplant (FMT) occur since the date of last report?	No, Yes	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Date of FMT	DD/MM/YY	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify the indication for the FMT		Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify other indication:	open text	Be consistent with current clinical landscape, improve transplant outcome data

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Domain	Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					Alemtuzumab, Azacyti dine, Blinatumomab, B ortezomib, Bosutinib, C				
					arfilzomib,Chemother apy,Dasatinib,Decitabi ne,Gemtuzumab,Gilte ritinib,Ibrutinib,Imatin ib mesylate,Ixazomib,Le nalidomide,Lestaurtini b,Midostaurin,Nilotini b,Nivolumab,Other			Alemtuzumab,Azacytidine,B linatumomab,Bortezomib,B osutinib,Carfilzomib,Chemo therapy,Dasatinib,Decitabin e,Gemtuzumab,Gilteritinib,I brutinib,Imatinib mesylate,Ixazomib,Lenalido mide,Lestaurtinib,Midostau rin,Nilotinib,Nivolumab,Oth	
Relapse or Progression Post-HCT		no	yes	Specify systemic	systemic therapy,Pembrolizum ab,Pomalidomide,Qui zartinib,Rituximab,Sor	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	er systemic therapy,Pembrolizumab,Po malidomide,Quizartinib,Rit uximab,Sorafenib,Sunitinib,	Be consistent with current clinical landscape, improve transplant outcome data
Current Disease Status		no	yes	Date of most recent disease assessment	Known,Unknown	Deletion of Information Requested	Date of most recent disease assessment	Known,Unknown	Reduce redundancy in data capture
Current Disease Status		no	yes	Date of most recent disease assessment:	YYYY/MM/DD	Change/Clarification of Information Requested	Date of most recent disease assessment Date of -assesment of current disease status	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date of death:	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date estimated	checked	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was cause of death confirmed by autopsy?		Reduce redundancy in data capture

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Domain	Domain Additional Sub		Collection may be requested	Element (if	Collection Data Element Response	Information Collection update:	Collection Data Element (if		Rationale for Information Collection Update
Recipient						Addition of Information	Was documentation submitted to		
	Recipient Death	ves	no			Requested	the CIBMTR?	No,Yes	Reduce redundancy in data capture
Death Data	кесіріені реаці	yes	110		(TMA) (Thrombotic	Requested	the Cibivitik:	microangiopathy (TMA)	Reduce reduitables in data capture
					thrombocytopenic			(Thrombotic	
					purpura			thrombocytopenic purpura	
					(TTP)/Hemolytic			(TTP)/Hemolytic Uremic	
					Uremic Syndrome			Syndrome (HUS)),Idiopathic	
					(HUS)),Idiopathic			pneumonia syndrome	
					pneumonia syndrome			(IPS),Intracranial	
					(IPS), Liver failure (not			hemorrhage,Liver failure	
					VOD),Multiple organ			(not VOD),Multiple organ	
					failure,New			failure,New	
					malignancy,Infection,			malignancy,Infection,	
					organism not			organism not	
					identified,Other			identified,Other	
					cause, Other			cause,Other hemorrhage	
					infection,Other organ			neurotoxicity (ICANS),	
					failure,Other			Other infection, Other organ	
					pulmonary syndrome			failure,Other pulmonary	
					(excluding pulmonary			syndrome (excluding	
					hemorrhage),Other			pulmonary	
					vascular, Prior			hemorrhage),Other	
					malignancy,Protozoal			vascular,Prior	
					infection, Pulmonary			malignancy,Protozoal	
					failure,Recurrence /			infection,Pulmonary	
					persistence /			hemorrhage,Pulmonary	
					progression of			failure,Recurrence /	
					disease,Renal			persistence / progression of	
					failure,Suicide,Throm			disease,Renal	
					boembolic,			failure,Suicide,Thromboem	
					Pneumonitis due to			bolic, Tumor lysis	
					Cytomegalovirus			syndrome, Pneumonitis due	
					(CMV), Viral			to Cytomegalovirus	
					infection,Pneumonitis			(CMV),Viral	
					due to other			infection,Pneumonitis due	
					virus, Veno-occlusive			to other virus,Veno-	
					disease (VOD) /				Be consistent with current clinical
Recipient						Change/Clarification of		sinusoidal obstruction	landscape, improve transplant outcome
Death Data	Recipient Death	yes	no	death	syndrome (SOS)	Response Options	Primary cause of death	syndrome (SOS)	data

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	Information Collection Domain Additional Sub Domain		Collection may be requested		Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)		Rationale for Information Collection Update
					(TMA) (Thrombotic thrombocytopenic			(Thrombotic	
					purpura			thrombocytopenic purpura	
					(TTP)/Hemolytic			(TTP)/Hemolytic Uremic	
					Uremic Syndrome			Syndrome (HUS)),Idiopathic	
					(HUS)),Idiopathic			pneumonia syndrome	
					pneumonia syndrome			(IPS),Intracranial	
					(IPS), Liver failure (not			hemorrhage,Liver failure	
					VOD), Multiple organ			(not VOD), Multiple organ	
					failure,New			failure,New	
					malignancy,Infection,			malignancy,Infection,	
					organism not			organism not	
					identified,Other			identified,Other	
					cause, Other			cause,Other hemorrhage	
					infection,Other organ			neurotoxicity (ICANS),	
					failure,Other			Other infection, Other organ	
					pulmonary syndrome			failure,Other pulmonary	
					(excluding pulmonary			syndrome (excluding	
					hemorrhage),Other			pulmonary	
					vascular,Prior			hemorrhage),Other	
					malignancy,Protozoal			vascular,Prior	
					infection, Pulmonary			malignancy,Protozoal	
					failure,Recurrence /			infection,Pulmonary	
					persistence /			hemorrhage,Pulmonary	
					progression of			failure,Recurrence /	
					disease,Renal			persistence / progression of	
					failure,Suicide,Throm			disease,Renal	
					boembolic,			failure,Suicide,Thromboem	
					Pneumonitis due to			bolic, Tumor lysis	
					Cytomegalovirus			syndrome, Pneumonitis due	
					(CMV),Viral			to Cytomegalovirus	
					infection,Pneumonitis			(CMV),Viral	
					due to other			infection,Pneumonitis due	
					virus, Veno-occlusive			to other virus, Veno-	De consistent vith comment din i
) a similar t				Contributive	disease (VOD) /	Change (Clarification of			Be consistent with current clinical
Recipient	D : : 1 D ::			Contributing cause of	sinusoidal obstruction	Change/Clarification of	6 1 11 11	sinusoidal obstruction	landscape, improve transplant outcome
Death Data	Recipient Death	ves	no	death	syndrome (SOS)	Response Options	Contributing cause of death	syndrome (SOS)	data

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Domain	Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent	New Malignancy, Lymphoproliferativ e or Myeloproliferative				neoplasm (MPN), Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non- Hodgkin lymphoma, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation Solid Tumors: Oropharyngeal cancer (e.g. tongue, mouth, throat), Gastrointestinal malignancy (e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas), Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin malignancy, Breast cancer, Genitourinary malignancy (e.g.	Change/Clarification of		Myelodysplastic syndrome (MDS), Myeloproliferative neoplasm (MPN), Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Non-Hodgkin lymphoma, ell neoplasms, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation. Solid Tumors: Bone sarcoma (regardless of site), Soft tissue sarcoma (regardless of site), Coropharyngeal cancer (e.g. tongue, mouth, throat), Gastrointestinal malignancy (e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas), Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin malignancy, Basal cell skin malignancy (e.g. kidney, bladder, cervix, uterus,	Be consistent with current clinical landscape, improve transplant outcome
Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	,	yes	malignancy	kidney, bladder, cervix, uterus,	Response Options Addition of Information Requested	Specify the new malignancy Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?	ovary, prostate, testis), No,Yes	Be consistent with current clinical landscape, improve transplant outcome data

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Information Collection Domain Sub-Type	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection	Collection Data Element (if		Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify type of PTLD	Monomorphic, Polymorphic,	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify oropharyngeal cancer	Other oropharyngeal	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify gastrointestinal malignancy	Anus,Colon,Esophagus,Liver,Pancreas,Rectum,Smallintestine (DUODENUM, JEJUNUM, ILEUM),Stomach,Other gastrointestinall cancer	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify genitourinary malignancy	Other genitourary	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify CNS malignancy		Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was PTLD confirmed by biopsy?		Be consistent with current clinical landscape, improve transplant outcome data

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Information Collection Domain Sub-Type	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was there EBV reactivation in the blood?	No,Not Done,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	How was EBV reactivation diagnosed?	Other method,Qualitative PCR of blood,Quantitative PCR of blood	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify other method:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Quantitative EBV viral load of blood: At diagnosis	copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data

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Domain	Domain Additional Sub	required if	Collection may be requested	Element (if	Collection Data Element Response	Information Collection	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Highest EBV viral load of blood:	copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Was there lymphomatous involvement?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify sites of PTLD involvement (check all that apply)	Bone marrow,Central nervous system (brain or cerebrospinal fluid),Liver,Lung,Lymph node(s),Other,Spleen	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferativ e or Myeloproliferative Disease / Disorder		yes			Addition of Information Requested	Specify other site:	open text	Be consistent with current clinical landscape, improve transplant outcome data

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Below are pull down options for Column U: Do not delete

Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

Be consistent with current clinical landscape, improve transplant outcome data Capture data accurately

Examples added or typographical/grammatical errors corrected for clarification Covid-19 Impact

Capture additional relevent disease information Reduce redundancy in data capture

Below are pull down options for Column O: Do not delete

Addition of Information Requested
Deletion of Information Requested
Merged to Check all that Apply
Change/Clarification of Information Requested and Response Option
Change/Clarification of Information Requested
Change/Clarification of Response Options