

Answer the following questions regarding changes in approach to HCT since M
Submit spreadsheet via Service Now. Please use Category "COVID-19 (SARS-C

Always Answer

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

Options:
Yes - continue with Q2.
No - skip to Initials (Column Q).

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

March 1, 2020. This is *required* for ALL allogeneic HCTs and
CoV2) Impact on Hematopoietic Cell Transplantation (HCT)

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

Options:
Yes

2.Original date of HCT:	Date estimated	No change to planned HCT date due to COVID-19 pandemic
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and requested for autologous HCT.
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Answer if Q1 = Yes and Donor was ALLO

Options:
Yes - continue with Q3.
No - skip to Q5.

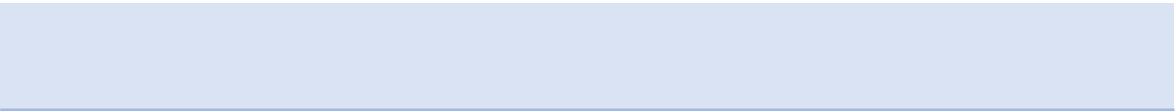
Answer if Q3 = Yes and Donor was ALLO

Options:
Unrelated donor
Syngeneic (monozygotic twin)
HLA-identical sibling (may include non-monozygotic twin)
HLA-matched other relative (does NOT include a haplo-identical donor)
HLA-mismatched relative

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

4.Specify the originally intended donor:

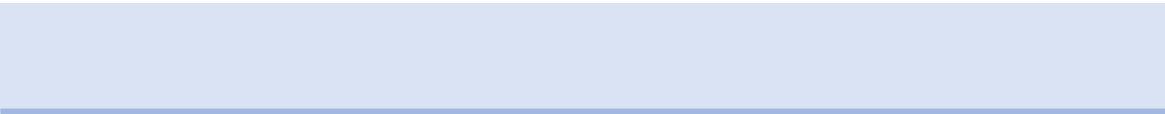




Answer if Q1 = Yes and Donor was ALLO	Answer if Q5 = Yes	Answer if Q6 = Other
<i>Options:</i> Yes No	<i>Options:</i> Bone marrow -continue with Q8 PBSC -continue with Q8 Single CBU -continue with Q8 Other product – Go to question 7	<i>(Free text)</i>

5.Is the product type (bone marrow, PBSC, single cord blood unit) different than the originally intended product type? <i>If Yes, complete Q6. If no, skip to Q8.</i>	6.Specify the originally intended product type:	7.Specify other product type:
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Answer if Q5 = Yes <i>Options:</i> Yes No	Answer if Q1 = Yes and Donor was ALLO <i>Options:</i> Yes No	Answer if Q1 = Yes and Donor was ALLO <i>Options:</i> Yes No
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8.Was the current product thawed from a cryopreserved state prior to infusion?	9.Did the preparative regimen change from the original plan?	10.Did the GVHD prophylaxis change from the original plan?
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Always Answer

(Free text)

Initials of person
completing record



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