Information Collection Domain: Post-Transplant Periodic Information Collection

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
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	yes	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	yes	What was the indication for subsequent 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		What was the indication for subsequent 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	

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Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Specify other indication:	open text		Specify other indication:	open text	
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	yes	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	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	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 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)		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	Was an initial platelet count ≥ 20 x 10^9/L achieved?	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 10^9/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L) ,Previously reported(≥ 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	

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Post-Transplant Essential Data		no	yes	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	
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	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	
Post-Transplant Essential Data	Graft vs. Host Disease	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)		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)	
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 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	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	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		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	

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Post-Transplant Essential Data	Graft vs. Host Disease	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 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 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	

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Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	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		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 Disease	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 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	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 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 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	Graft vs. Host 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	

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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	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of maximum grade of chronic GVHD:	YYYY/MM/DD		Date of maximum grade of chronic GVHD:	YYYY/MM/DD	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify if chronic GVHD was limited or extensive	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 and/or liver dysfunction		Specify if chronic GVHD was limited or extensive	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 and/or liver dysfunction	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	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 mg/kg/day for children)	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		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
Post-Transplant Essential Data		no	yes	Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?	No,Yes		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop 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	

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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	
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 Essential Data	Covid-19 Vaccine	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 Essential Data	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	
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
Post-Transplant Essential Data	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		Were chimerism studies performed since the date of last report?	no,yes	
Post-Transplant Essential Data	Chimerism Study Performed	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)	No,Yes	
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	

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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	
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	
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	Age:	MM __ __ (if less than 1 year); YY __ __ __		Age:	MM __ __ (if less than 1 year); YY __ __ __	
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	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Method	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	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	Specify:	open text		Specify:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Cell source	Bone marrow,Peripheral blood		Cell source	Bone marrow,Peripheral blood	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Cell type	B-cells,Granulocytes,Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole		Cell type	B-cells,Granulocytes,Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Specify:	open text		Specify:	open text	

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Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Total cells examined:	open text		Total cells examined:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Number of donor cells:	open text		Number of donor cells:	open text	
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
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Percent donor cells:	__ __ __ %		Percent donor cells:	__ __ __ %	
Disease Assessment at the Time of Best Response to HCT		no	yes	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		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 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		no	yes	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 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 Best Response to HCT		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	
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	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes		Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via FISH?	No,Not Applicable,Yes		Was the disease status assessed via FISH?	No,Not Applicable,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	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via karyotyping?	No,Not Applicable,Yes		Was the disease status assessed via karyotyping?	No,Not Applicable,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	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 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	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes		Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,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	
Disease Assessment at the Time of Best 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	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		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	

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
Post-HCT Therapy		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	
Post-HCT Therapy		no	yes	Specify systemic therapy (check all that apply)	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,Rituximab,Sorafenib,Sunitinib,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	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,Rituximab,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		Specify other therapy:	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
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 difficile, 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	yes	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	yes	Was the date of the first clinical / hematologic relapse or progression previously reported?	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	yes	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	yes	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	yes	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	

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
Relapse or Progression Post-HCT		no	yes	Specify systemic therapy (check all that apply)	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,Rituximab,Sorafenib,Sunitinib,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	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,Rituximab,Sorafenib,Sunitinib,Thalidomide, Daratumumb (Darzalex), Venetoclax	Be consistent with current clinical landscape, improve transplant outcome data
Relapse or Progression Post-HCT		no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
Relapse or Progression Post-HCT		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
Current Disease Status		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		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	
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?	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

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
Recipient Death Data	Recipient Death	yes	no	Primary cause of death	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 purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS), 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	Change/Clarification of Response Options	Primary cause of death	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),Diffuse alveolar hemorrhage (DAH),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 (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-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Be consistent with current clinical landscape, improve transplant outcome data
Recipient Death Data	Recipient Death	yes	no	Specify:	open text		Specify:	open text	

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
Recipient Death Data	Recipient Death	yes	no	Contributing cause of death	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 purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS), 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	Change/Clarification of Response Options	Contributing cause of death	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),Diffuse alveolar hemorrhage (DAH),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 (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-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Be consistent with current clinical landscape, improve transplant outcome data
Recipient Death Data	Recipient Death	yes	no	Specify:	open text		Specify:	open text	

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
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Specify the new malignancy	**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 (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. kidney, bladder, cervix, uterus, ovary, prostate, testis), Central nervous system (CNS) malignancy (e.g. meningioma, glioma), Thyroid cancer	Change/Clarification of Response Options	Specify the new malignancy	**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. **Solid Tumors:** Bone sarcoma (regardless of site), Soft tissue sarcoma (regardless of site), 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. kidney, bladder, cervix, uterus, ovary, prostate, testis), Central nervous system (CNS) malignancy (e.g. meningioma, glioma), Thyroid 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	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
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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

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Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify CNS malignancy	Glioma,Meningioma,Other CNS malignancy	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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	yes	yes	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	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	yes	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	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	yes	Was the pathology of the tumor EBV positive?	no,yes		Was the pathology of the tumor EBV positive?	no,yes	
Subsequent Neoplasms	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
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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

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
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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 Neoplasms	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 Neoplasms	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
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	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, 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	yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
Subsequent Neoplasms		no	yes	Last Name:	open text		Last Name:	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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