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Information Collection Domain: Pre-Transplant Information Collection

CIBMIR CENTER OF INTERNATIONAL BLOOD E MARRIOUV TEACHART.		Information Collection Domain: Pre-Transplant Information Collection									
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) Ra	ationale for Information Collection Update		
Pre-Transplant			·	```	1 ' ' '	·	`		•		
Essential Data		no	no	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field			
Pre-Transplant											
Essential Data		no	no	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field			
Pre-Transplant											
Essential Data		no	no	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field			
Pre-Transplant Essential Data		no	no	EBMT Code (CIC):	Auto Filled Field		EBMT Code (CIC):	Auto Filled Field			
Pre-Transplant		110	lio lio	EBIVIT Code (CIC).	Auto i illed i leid		EBIVIT Code (CIC).	Autornieurieu			
Essential Data		no	no	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field			
Pre-Transplant											
Essential Data		no	no	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID			
Pre-Transplant											
Essential Data		no	no	Date of birth:	YYYY/MM/DD		Date of birth:	YYYY/MM/DD			
Pre-Transplant											
Essential Data		no	no	Sex	female,male		Sex	female,male			
Dec Transplant					Hispanic or Latino, Not applicable (not a			Uissania and atina Nat analisahla (ant a sasidant			
Pre-Transplant Essential Data				Ethnicity	resident of the USA),Not Hispanic or Latino,Unknown		Ethnicity	Hispanic or Latino, Not applicable (not a resident of the USA), Not Hispanic or Latino, Unknown			
Essential Data		no	no	Etimicity	Latino, Orikilowii		Ethnicity	of the OSAJ, NOT HISPANIC OF LAUNO, OTKNOWN			
Pre-Transplant					American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian			American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian or			
Essential Data		no	no	Race (check all that apply)	or Other Pacific Islander, Unknown, White African American, African (both parents		Race (check all that apply)	Other Pacific Islander, Unknown, White			
					born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean Laribbean 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			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			
D T					Asian,Unknown,Vietnamese,White			Asian,Unknown,Vietnamese,White			
Pre-Transplant				December 21 (about all the town 1)	Caribbean, Western European, White			Caribbean, Western European, White South or			
Essential Data		no	no	Race detail (check all that apply)	South or Central American		Race detail (check all that apply)	Central American			

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub		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)	Rationale for Information Collection Update
					Emirates, Afghanistan, Antigua and			Emirates, Afghanistan, Antigua and	
					Barbuda,Anguilla,Albania,Armenia,Neth			Barbuda, Anguilla, Albania, Armenia, Netherlands	
					erlands			Antilles, Angola, Antarctica, Argentina, American	
					Antilles, Angola, Antarctica, Argentina, Am			Samoa, Austria, Australia, Aruba, Aland	
					erican			Islands,Azerbaijan,Bosnia and	
					Samoa, Austria, Australia, Aruba, Aland			Herzegovina, Barbados, Bangladesh, Belgium, Burkin	
					Islands,Azerbaijan,Bosnia and			a Faso,Bulgaria,Bahrain,Burundi,Benin,Saint	
					Herzegovina, Barbados, Bangladesh, Belgi			Barthelemy,Bermuda,Brunei	
					um,Burkina			Darussalam,Bolivia,Bonaire, Sint Eustatius and	
					Faso,Bulgaria,Bahrain,Burundi,Benin,Sai			Saba, Brazil, Bahamas, Bhutan, Bouvet	
					nt Barthelemy,Bermuda,Brunei			Island,Botswana,Belarus,Belize,Canada,Cocos	
					Darussalam, Bolivia, Bonaire, Sint			(Keeling) Islands, Congo, Democratic Republic of	
					Eustatius and			the, Central African Republic, Congo, Republic of	
					Saba,Brazil,Bahamas,Bhutan,Bouvet			the,Switzerland,Cote d'Ivoire,Cook	
					Island,Botswana,Belarus,Belize,Canada,C			Islands,Chile,Cameroon,China,Colombia,Costa	
					ocos (Keeling) Islands,Congo, Democratic			Rica, Cuba, Cape Verde, Curacao, Christmas	
					Republic of the, Central African			Island,Cyprus,Czech	
					Republic,Congo, Republic of			Republic,Germany,Djibouti,Denmark,Dominica,Do	
					the,Switzerland,Cote d'Ivoire,Cook			minican	
					Islands, Chile, Cameroon, China, Colombia,			Republic, Algeria, Ecuador, Estonia, Egypt, Western	
					Costa Rica, Cuba, Cape			Sahara, Eritrea, Spain, Ethiopia, Finland, Fiji, Falkland	
					Verde, Curacao, Christmas			Islands,Micronesia,Faroe	
					Island,Cyprus,Czech			Islands,France,Gabon,United Kingdom (England,	
					Republic,Germany,Djibouti,Denmark,Do			Wales, Scotland, Northern	
					minica,Dominican			Ireland),Grenada,Georgia,French	
					Republic,Algeria,Ecuador,Estonia,Egypt,			Guiana,Guernsey,Ghana,Gibraltar,Greenland,Gam	
Pre-Transplant				L	Western			bia,Guinea,Guadeloupe,Equatorial	
Essential Data		no	no	Country of primary residence	Sahara,Eritrea,Spain,Ethiopia,Finland,Fiji		Country of primary residence	Guinea, Greece, South Georgia and the South	
					Acre, Alagoas, Amapa, Amazonas, Bahia, Ce				
					ara,Distrito Federal,Espirito				
					Santo, Goias, Maranhao, Mato			Acre, Alagoas, Amapa, Amazonas, Bahia, Ceara, Distrit	
					Grosso,Mato Grosso do Sul,Minas			o Federal, Espirito Santo, Goias, Maranhao, Mato	
					Gerais,Para,Paraiba,Parana,Pernambuco			Grosso, Mato Grosso do Sul, Minas	
					,Piaui,Rio Grande do Norte,Rio Grande			Gerais, Para, Paraiba, Parana, Pernambuco, Piaui, Rio	
					do Sul,Rio de			Grande do Norte,Rio Grande do Sul,Rio de	
Pre-Transplant					Janeiro,Rondonia,Roraima,Santa			Janeiro,Rondonia,Roraima,Santa Catarina,Sao	
Essential Data		no	no	State of residence of recipient	Catarina,Sao Paulo,Sergipe,Tocantins		State of residence of recipient	Paulo, Sergipe, Tocantins	
					Alberta, British Columbia, Manitoba, New				
					Brunswick,Newfoundland and			Alberta, British Columbia, Manitoba, New	
					Labrador,Nova			Brunswick,Newfoundland and Labrador,Nova	
					Scotia, Nunavut, Northwest			Scotia, Nunavut, Northwest	
Pre-Transplant				Province or territory of residence of	Territories,Ontario,Prince Edward		Province or territory of residence of	Territories,Ontario,Prince Edward	
Essential Data		no	no	recipient	Island,Quebec,Saskatchewan,Yukon		recipient	Island, Quebec, Saskatchewan, Yukon	
					Alaska, Alabama, Arkansas, Arizona, Califor				
					nia,Colorado,Connecticut,District of				
1					Columbia, Delaware, Florida, Georgia, Haw				
					aii,lowa,ldaho,lllinois,Indiana,Kansas,Ke			Alaska, Alabama, Arkansas, Arizona, California, Color	
					ntucky,Louisiana,Massachusetts,Marylan			ado,Connecticut,District of	
					d,Maine,Michigan,Minnesota,Missouri,			Columbia, Delaware, Florida, Georgia, Hawaii, Iowa, I	
					Mississippi, Montana, North			daho,Illinois,Indiana,Kansas,Kentucky,Louisiana,M	
					Carolina,North Dakota,Nebraska,New			assachusetts,Maryland,Maine,Michigan,Minnesot	
					Hampshire, New Jersey, New			a,Missouri,Mississippi,Montana,North	
					Mexico,Nevada,New			Carolina,North Dakota,Nebraska,New	
					York,Ohio,Oklahoma,Oregon,Pennsylvan			Hampshire,New Jersey,New Mexico,Nevada,New	
					ia,Rhode Island,South Carolina,South			York,Ohio,Oklahoma,Oregon,Pennsylvania,Rhode	
					1				
Dec Tecnesis et					Dakota,Tennessee,Texas,Utah,Virginia,V			Island,South Carolina,South	
Pre-Transplant				Charles of annial annual of the delications	ermont, Washington, Wisconsin, West		State of antidones of contribution	Dakota, Tennessee, Texas, Utah, Virginia, Vermont, W	
Essential Data	-	no	no	State of residence of recipient	Virginia, Wyoming		State of residence of recipient	ashington, Wisconsin, West Virginia, Wyoming	
Pre-Transplant				ANADO Desiries AND (5:5)	L		Luciano de la composição de la composiçã		
Essential Data		no	no	NMDP Recipient ID (RID):	open text		NMDP Recipient ID (RID):	open text	

	Information								
	Collection								
nformation	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
			•			·	Zip or postal code for place of		·
Pre-Transplant				Zip or postal code for place of recipient's			recipient's residence (USA and		
ssential Data		no	no		open text		Canada residents only):	open text	
				, , , , , , , , , , , , , , , , , , , ,	i i		,,	i ·	
				Has the recipient signed an IRB / ethics			Has the recipient signed an IRB /		
				committee (or similar body) approved			ethics committee (or similar body)		
				consent form to donate research blood	No (recipient declined), Not applicable		approved consent form to donate	No (recipient declined), Not applicable (center not	
Pre-Transplant	Allogeneic			samples to the NMDP / CIBMTR (For	(center not participating), Not		1 2 2	participating), Not approached, Yes (recipient	
ssential Data	Recipient			allogeneic HCTs only)?	approached, Yes (recipient consented)		/ CIBMTR (For allogeneic HCTs only)?		
		yes	no	allogerielc HC13 Offly):	approactieu, res (recipient consenteu)		/ CIBIVITA (FOI allogeriel CHCTS Offly)!	consented)	
Pre-Transplant	Allogeneic								
ssential Data	Recipient	yes	no	Date form was signed:	YYYY/MM/DD		Date form was signed:	YYYY/MM/DD	
				Did the recipient submit a research sample			Did the recipient submit a research		
Pre-Transplant				to the NMDP/CIBMTR repository? (Related			sample to the NMDP/CIBMTR		
ssential Data	Related Donors	yes	no	donors only)	no,yes		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	
							Is the recipient participating in a		
				Is the recipient participating in a clinical			clinical trial? (clinical trial sponsors		
Pre-Transplant				trial? (clinical trial sponsors that use			that use CIBMTR forms to capture		
ssential Data					no,yes		outcomes data)	no,yes	
Pre-Transplant	Clinical Trial			CIDIVITY TOTALS to capture outcomes data)	BMT CTN,COG,Other,PIDTC,RCI		outcomes data)	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET,	Be consistent with current clinical landscape, improve
ssential Data	Participants	NO.	20	Study Sponsor	BMT,USIDNET	Change/Clarification of Response Options	Study Sponsor	PedAl	transplant outcome data
		yes	no	Study Sponsor	BIVIT, USIDINE I	Change/Clarification of Response Options	Study Sponsor	PedAL	transplant outcome data
Pre-Transplant	Clinical Trial						a is it		
ssential Data	Participants	yes	no	Specify other sponsor:	open text		Specify other sponsor:	open text	
					response options is shown here. This list			is shown here. This list will change on a frequent	
					will change on a frequent basis to			basis to accommodate updates – changes in the	
					accommodate updates - changes in the			response options do not affect burden of	
					response options do not affect burden of			completing this question.BMT CTN 0301 - Aplastic	
					completing this question. BMT CTN 0301			Anemia,BMT CTN 0601 - Sickle Cell Anemia,BMT	
					- Aplastic Anemia,BMT CTN 0601 - Sickle			CTN 0701 - Follicular Lymphoma,BMT CTN 0702 -	
					Cell Anemia,BMT CTN 0701 - Follicular			Myeloma,BMT CTN 0801 - Chronic GVHD	
					1			Treatment.BMT CTN 0801 - CHOILE GVAD	
					Lymphoma,BMT CTN 0702 -				
					Myeloma,BMT CTN 0801 - Chronic GVHD			Patients,RCI BMT 09 - MRD,RCI BMT 09 - Plex,BMT	
					Treatment,BMT CTN 0803 - Auto HCT in			CTN 0901 - Myeloablative vs. RIC,BMT CTN 0902 -	
					HIV + Patients,RCI BMT 09 - MRD,RCI			Peri-TX Stress Mgmt,BMT CTN 0903 - Allo HCT in	
					BMT 09 - Plex,BMT CTN 0901 -			HIV + Patients,RCI BMT 10 - CBA,RCI BMT 10-	
					Myeloablative vs. RIC,BMT CTN 0902 -			CMSMDS-1,RCI BMT 11 - Treo,BMT CTN 1101 -	
					Peri-TX Stress Mgmt,BMT CTN 0903 -			Haplo vs. Double UCB with RIC,BMT CTN 1102 -	
					Allo HCT in HIV + Patients,RCI BMT 10 -			MDS in older patients,RCI BMT 12 - Moxe,BMT	
					CBA,RCI BMT 10-CMSMDS-1,RCI BMT 11			CTN 1202 - Biomarker,BMT CTN 1203 - GVHD	
					Treo,BMT CTN 1101 - Haplo vs. Double			Prophylaxis,BMT CTN 1204 - HLH,BMT CTN 1205 -	
					UCB with RIC,BMT CTN 1102 - MDS in			Easy-to-read Consent Form (ETRIC),RCI BMT 13 -	
					older patients,RCI BMT 12 - Moxe,BMT			TLEC,BMT CTN 1301 - CNI-Free,BMT CTN 1302 -	
					I to the second				
					CTN 1202 - Biomarker,BMT CTN 1203 -			Allo MM,BMT CTN 1401 - Myeloma Vaccine,RCI	
					GVHD Prophylaxis,BMT CTN 1204 -			BMT 145-ADS-202,RCI BMT 15 - MMUD,BMT CTN	
					HLH,BMT CTN 1205 - Easy-to-read			1501 - Standard Risk GVHD,BMT CTN 1502 -	
					Consent Form (ETRIC),RCI BMT 13 -			CHAMP Aplastic Anemia, BMT CTN 1503 -	
					TLEC,BMT CTN 1301 - CNI-Free,BMT CTN			STRIDE2,BMT CTN 1506 - AML Maintenance	
					1302 - Allo MM,BMT CTN 1401 -			Therapy, BMT CTN 1507 - Haplo Sickle Cell, RCI BMT	
					Myeloma Vaccine,RCI BMT 145-ADS-			16-CMS-MF,RCI BMT 16 - NTCD,RCI BMT 17-	
Pre-Transplant	Clinical Trial				202,RCI BMT 15 - MMUD,BMT CTN 1501			CD33,RCI BMT 17-CMS-MM,RCI BMT 17-CMS-	
ssential Data	Participants	Vec	no	Study ID Number	- Standard Risk GVHD,BMT CTN 1502 -		Study ID Number	SCD,RCI BMT 17 - CSIDE,BMT CTN 1703 -	
Pre-Transplant	Clinical Trial	yes		Study ID Nulliber	Standard Nisk GVIID, DIVIT CTN 1502 -		Study ID Nulliber	SCO, NOI DIVIT 17 - CSIDE, DIVIT CTIV 1703 -	
		luos.		Subject ID:	lanan taut		Subject ID:	anon tout	
	Participants	yes	no	Subject ID:	open text		Subject ID:	open text	
Pre-Transplant	Clinical Trial			Specify the ClinicalTrials.gov identification	1		Specify the ClinicalTrials.gov		
ssential Data	Participants	yes	no	number:	open text		identification number:	open text	
							Is a subsequent HCT planned as part		
				Is a subsequent HCT planned as part of the			of the overall treatment protocol?		
				overall treatment protocol? (not as a			(not as a reaction to post-HCT		
			İ	T	1	1	disease assessment) (For autologous	1	İ
Pre-Transplant	Autologous			reaction to post-HCT disease assessment)			juisease assessifient) (For autologous	1	
Pre-Transplant Essential Data	Autologous Transplant	ves	no		no,yes		HCTs only)	no,yes	
		yes	no	(For autologous HCTs only)	no,yes			no,yes	

	Information							
	Collection							
Information	Domain	Response required if						
Collection 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) Rationale for Information Collection Update
Pre-Transplant							Has the recipient ever had a prior	
Essential Data				Has the recipient ever had a prior HCT?	No,Yes		HCT?	No,Yes
Pre-Transplant				L			L	
Essential Data				Specify the number of prior HCTs:	open text		Specify the number of prior HCTs:	open text
Pre-Transplant				Were all prior HCTs reported to the	L		Were all prior HCTs reported to the	
Essential Data				CIBMTR?	No,Unknown,Yes		CIBMTR?	No,Unknown,Yes
Pre-Transplant	D. Co. T			Data of the color HCT	V000//2424/55		Data of the articular	V000//AMA/DD
Essential Data	Prior Transplant	yes	yes	Date of the prior HCT:	YYYY/MM/DD		Date of the prior HCT:	YYYY/MM/DD
Pre-Transplant	D. C. T. T. C. C. L. C.			Barta and an and	ale al cal		Bara and and a	de et et
Essential Data	Prior Transplant	yes	yes	Date estimated	checked		Date estimated	checked
Pre-Transplant Essential Data	Prior Transplant	wor	ves	Was the prior HCT performed at a different institution?	No,Yes		Was the prior HCT performed at a different institution?	No,Yes
Pre-Transplant	Prior transplant	yes	yes	Ilistitutions	INO, res		different institutions	No, res
Essential Data	Prior Transplant	was	was	Name:	open text		Name:	open text
Pre-Transplant	Filor Halispiant	yes	yes	Name.	open text		Name.	open text
Essential Data	Prior Transplant	ves	ves	City:	open text		City:	lopen text
Pre-Transplant	i noi manspiant	yes	yes	City.	open text		City.	open text
Essential Data	Prior Transplant	Vec	ves	State:	open text		State:	open text
Pre-Transplant	or manapiant	,	,	State.	open cent		Julie -	open cox
Essential Data	Prior Transplant	Vec	ves	Country:	open text		Country:	open text
Pre-Transplant	Thor transplant	yes	yes	What was the HPC source for the prior	Allogeneic - related, Allogeneic -		What was the HPC source for the	Allogeneic - related, Allogeneic -unrelated,
Essential Data	Prior Transplant	ves	ves	HCT? (check all that apply)	unrelated, Autologous		prior HCT? (check all that apply)	Autologous
Essential Data	THOI Transplant	yes	yes	Tier: (encek all that apply)	amelatea, Autologous		prior rier: (cheek air that appry)	Autologous
					Graft failure / insufficient hematopoietic			Graft failure / insufficient hematopoietic
					recovery,Insufficient chimerism,New			recovery,Insufficient chimerism,New malignancy
					malignancy (including PTLD and EBV			(including PTLD and EBV
					lymphoma),Other,Persistent primary			lymphoma),Other,Persistent primary
Pre-Transplant					disease,Planned subsequent HCT, per			disease, Planned subsequent HCT, per
Essential Data		no	no	Reason for current HCT	protocol,Recurrent primary disease		Reason for current HCT	protocol,Recurrent primary disease
Pre-Transplant				neason for current free	protocolynecurrent primary disease		Neadon for current fier	processification primary discuss
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
							Has the recipient ever had a prior	
Pre-Transplant				Has the recipient ever had a prior cellular			cellular therapy? (do not include	
Essential Data		no	no	therapy? (do not include DLIs)	No,Unknown,Yes		DLIs)	No, Unknown, Yes
Pre-Transplant	Prior Cellular			Were all prior cellular therapies reported			Were all prior cellular therapies	
Essential Data	Therapies	yes	no	to the CIBMTR?	No,Unknown,Yes		reported to the CIBMTR?	No,Unknown,Yes
Pre-Transplant	Prior Cellular							
Essential Data	Therapies	yes	no	Date of the prior cellular therapy:	YYYY/MM/DD		Date of the prior cellular therapy:	YYYY/MM/DD
Pre-Transplant	Prior Cellular			Was the cellular therapy performed at a			Was the cellular therapy performed	
Essential Data	Therapies	yes	no	different institution?	No,Yes		at a different institution?	No,Yes
Pre-Transplant	Prior Cellular							
Essential Data	Therapies	yes	no	Name:	open text		Name:	open text
Pre-Transplant	Prior Cellular							
Essential Data	Therapies	yes	no	City:	open text		City:	open text
Pre-Transplant	Prior Cellular							
Essential Data	Therapies	yes	no	State:	open text		State:	open text
Pre-Transplant	Prior Cellular							
Essential Data	Therapies	yes	no	Country:	open text		Country:	open text
Pre-Transplant	Prior Cellular			Specify the source(s) for the prior cellular	Allogeneic-related, Allogeneic-		Specify the source(s) for the prior	Allogeneic-related,Allogeneic-
Essential Data	Therapies	yes	no	therapy (check all that apply)	unrelated, Autologous		cellular therapy (check all that apply)	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	T .	Specify number of donors:	lopen text

Information Collection Domain		Response required if	Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
Sub-Type		applies	requested multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)		ationale for Information Collection Update
Pre-Transplant	Domain	аррисэ	requested materies times	п пррисаме)	Allogeneic-related donor, Allogeneic-	mormation concetion apaate.	Data Element (ii applicable)	Allogeneic-related donor, Allogeneic-unrelated	ationale for information concertion opaute
Essential Data		no	yes	Specify donor	unrelated donor, Autologous		Specify donor	donor,Autologous	
Pre-Transplant			7	appear, assure	Bone marrow,Other product,PBSC,Single		Specify product type (check all that	Bone marrow,Other product,PBSC,Single cord	
Essential Data		no	ves	Specify product type (check all that apply)			apply)	blood unit	
Pre-Transplant			,	The state of the s			- PF 77		
Essential Data		no	ves	Specify other product:	open text		Specify other product:	open text	
Pre-Transplant			7	a processing a second and a second a se			process, carrot process.		
Essential Data		ves	ves	Is the product genetically modified?	No,Yes		Is the product genetically modified?	No.Yes	
		,	,	,,,	HLA-matched other relative,HLA-		, , ,		
					mismatched relative,HLA-identical			HLA-matched other relative,HLA-mismatched	
Pre-Transplant					sibling (may include non-monozygotic			relative,HLA-identical sibling (may include non-	
Essential Data	Allogeneic Donors	ves	ves	Specify the related donor type	twin), Syngeneic (monozygotic twin)		Specify the related donor type	monozygotic twin), Syngeneic (monozygotic twin)	
	.0	,	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fraternal		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					twin,Father,Grandchild,Grandparent,Mo				
					ther,Maternal aunt,Maternal			Fraternal	
					cousin, Maternal uncle, Other biological			twin,Father,Grandchild,Grandparent,Mother,Mate	
					relative,Paternal aunt,Paternal			rnal aunt,Maternal cousin,Maternal uncle,Other	
Pre-Transplant				Specify the biological relationship of the	cousin,Paternal uncle,Recipient's		Specify the biological relationship of	biological relative,Paternal aunt,Paternal	
Essential Data	Allogeneic Donors	ves	ves	donor to the recipient	child,Sibling		the donor to the recipient	cousin,Paternal uncle,Recipient's child,Sibling	
Pre-Transplant	.0	,	,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	
Essential Data	Allogeneic Donors	ves	ves	Specify other biological relative:	open text		Specify other biological relative:	open text	
		,	,	, , , , , , , , , , , , , , , , , , , ,	1 HLA antigen mismatch, greater than or		, , , , , , , , , , , , , , , , , , , ,	1 HLA antigen mismatch, greater than or equal to	
Pre-Transplant					equal to 2 HLA antigen mismatch (does		Degree of mismatch (related donors	2 HLA antigen mismatch (does include	
Essential Data	Allogeneic Donors	ves	ves	Degree of mismatch (related donors only)	include haploidentical donor)		only)	haploidentical donor)	
Pre-Transplant	Ü	,	,	, , , , , , , , , , , , , , , , , , , ,	HLA matched unrelated,HLA		,,	HLA matched unrelated, HLA mismatched	
Essential Data	Allogeneic Donors	ves	ves	Specify unrelated donor type	mismatched unrelated		Specify unrelated donor type	unrelated	
				Did NMDP / Be the Match facilitate the			Did NMDP / Be the Match facilitate		
Pre-Transplant				procurement, collection, or transportation			the procurement, collection, or		
Essential Data	Allogeneic Donors	yes	yes	of the product?	No,Yes		transportation of the product?	No,Yes	
Pre-Transplant	, i			Was this donor used for any prior HCTs?			Was this donor used for any prior		
Essential Data	Allogeneic Donors	yes	yes	(for this recipient)	no,yes		HCTs? (for this recipient)	no,yes	
Pre-Transplant	_			Global Registration Identifier for Donors			Global Registration Identifier for		
Essential Data	Allogeneic Donors	yes	yes	(GRID)	open text		Donors (GRID)	open text	
Pre-Transplant									
Essential Data	Allogeneic Donors	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Pre-Transplant	Ŭ .	·					Non-NMDP unrelated donor		
Essential Data	Allogeneic Donors	yes	yes	Non-NMDP unrelated donor ID:	open text	Change/Clarification of Information Requested	ID:Registry donor ID:	open text C	apture data accurately
Pre-Transplant									
Essential Data	Allogeneic Donors	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Pre-Transplant							Is the CBU ID also the ISBT DIN		
Essential Data	Allogeneic Donors	yes	yes	Is the CBU ID also the ISBT DIN number?	No,Unknown,Yes		number?	No,Unknown,Yes	
Pre-Transplant	, i								
Essential Data	Allogeneic Donors	yes	yes	Specify the ISBT DIN number:	open text		Specify the ISBT DIN number:	open text	

	Information								
	Collection								
nformation	Domain	Response required if							
ollection Domain		Additional Sub Domain	Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
ıb-Type		applies	requested multiple times	Element (if applicable)		Information Collection update:	Data Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
. ,,				The state of the s	Austrian Cord Blood Registry,(ACCB)		,	Cord Blood Registry,(ACCB) StemCyte, Inc,(AE)	
					StemCyte, Inc,(AE) Emirates Bone			Emirates Bone Marrow Donor Registry,(AM)	
					Marrow Donor Registry,(AM) Armenian			Armenian Bone Marrow Donor Registry Charitable	
					Bone Marrow Donor Registry Charitable			Trust,(AOCB) University of Colorado Cord Blood	
					Trust,(AOCB) University of Colorado Cord			Bank,(AR) Argentine CPH Donors Registry,(ARCB)	
					Blood Bank,(AR) Argentine CPH Donors			BANCEL - Argentina Cord Blood Bank,(AUCB)	
					Registry,(ARCB) BANCEL - Argentina Cord			Australian Cord Blood Registry,(AUS) Australian /	
					Blood Bank,(AUCB) Australian Cord			New Zealand Bone Marrow Donor Registry,(B)	
					Blood Registry,(AUS) Australian / New			Marrow Donor Program Belgium,(BCB) Belgium	
					Zealand Bone Marrow Donor Registry,(B)			Cord Blood Registry,(BG) Bulgarian Bone Marrow	
					Marrow Donor Program Belgium,(BCB)			Donor Registry,(BR) INCA/REDOMO,(BSCB) British	
					Belgium Cord Blood Registry,(BG)			Bone Marrow Registry - Cord Blood,(CB) Cord	
					Bulgarian Bone Marrow Donor			Blood Registry,(CH) Swiss BloodStem Cells - Adult	
					Registry,(BR) INCA/REDOMO,(BSCB)			Donors, (CHCB) Swiss Blood Stem Cells - Cord	
					British Bone Marrow Registry - Cord Blood,(CB) Cord Blood Registry,(CH)			Blood,(CKCB) Celgene Cord Blood Bank,(CN) China Marrow Donor Program (CMDP),(CNCB) Shan	
					Swiss BloodStem Cells - Adult			Dong Cord Blood Bank,(CND) Canadian Blood	
					Donors,(CHCB) Swiss Blood Stem Cells -			Services Bone Marrow Donor Registry, (CS2) Czech	
					Cord Blood,(CKCB) Celgene Cord Blood			National Marrow Donor Registry,(CSCR) Czech	
					Bank,(CN) China Marrow Donor Program			Stem Cells Registry,(CY) Cyprus Paraskevaidio Bone	
					(CMDP),(CNCB) Shan Dong Cord Blood			Marrow Donor Registry,(CY2) The Cyprus Bone	
					Bank,(CND) Canadian Blood Services			Marrow Donor Registry,(D) ZKRD - Zentrales	
					Bone Marrow Donor Registry,(CS2)			Knochenmarkspender - Register Deutschland Adul	t
					Czech National Marrow Donor			Donors,(DCB) ZKRD - Zentrales	
					Registry,(CSCR) Czech Stem Cells			Knochenmarkspender - Register Deutschland Cord	
					Registry,(CY) Cyprus Paraskevaidio Bone			Blood,(DK) The Danish Bone Marrow Donor	
-Transplant					Marrow Donor Registry,(CY2) The Cyprus			Registry,(DK2) Bone Marrow Donors Copenhagen	
sential Data	Allogeneic Donors	yes	yes	Registry or UCB Bank ID	Bone Marrow Donor Registry,(D) ZKRD -		Registry or UCB Bank ID	(BMDC),(DUCB) German Branch of the European	
e-Transplant				Secret all a Parista and ISB Bard			C 'f l		
ential Data e-Transplant	Allogeneic Donors	yes	yes	Specify other Registry or UCB Bank:	open text		Specify other Registry or UCB Bank:	open text	
sential Data	Allogeneic Donors	ves	yes	Donor date of birth	Known,Unknown		Donor date of birth	Known, Unknown	
e-Transplant	.0	1	,						
sential Data	Allogeneic Donors	yes	yes	Donor date of birth:	YYYY/MM/DD		Donor date of birth:	YYYY/MM/DD	
e-Transplant									
sential Data	Allogeneic Donors	yes	yes	Donor age	Known,Unknown		Donor age	Known,Unknown	
e-Transplant				Donor age: Months (use only if less than 1			Donor age: Months (use only if less		
ential Data	Allogeneic Donors	yes	yes	years old), Years	open text		than 1 years old), Years	open text	
-Transplant									
ential Data	Allogeneic Donors	yes	yes	Donor sex	female,male		Donor sex	female,male	
-Transplant				Specify blood type (donor) (non-NMDP			Specify blood type (donor) (non-		
sential Data	Allogeneic Donors	yes	yes	allogeneic donors only)	A,AB,B,O		NMDP allogeneic donors only)	A,AB,B,O	<u> </u>
e-Transplant sential Data	Allogeneic Donors	luos.	lugs.	Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative,Positive		Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative, Positive	
ociitiai Dala	Anogeneic Donors	yes	yes	anogeneic donors only)	Indeterminate, Not applicable (cord		anogeneic donors only)	INCERTIFICATION OF THE PROPERTY OF THE PROPERT	1
e-Transplant				Donor CMV-antibodies (IgG or Total)	blood unit), Non-reactive, Not done,		Donor CMV-antibodies (IgG or Total)	Indeterminate, Not applicable (cord blood unit),	
ential Data	Allogeneic Donors	ves	ves	(Allogeneic HCTs only)	Reactive		(Allogeneic HCTs only)	Non-reactive, Not done, Reactive	
	282	,					3	, and the same and the same	
				Has the donor signed an IRB / ethics			Has the donor signed an IRB / ethics		
				committee (or similar body) approved			committee (or similar body)		
				consent form to donate research blood	No (donor declined), Not applicable		approved consent form to donate	No (donor declined), Not applicable (center not	
-Transplant				samples to the NMDP / CIBMTR? (Related	(center not participating), Not			participating), Not approached, Yes (donor	
ential Data	Allogeneic Donors	yes	yes	donors only)	approached, Yes (donor consented)		/ CIBMTR? (Related donors only)	consented)	
-Transplant									
ential Data	Allogeneic Donors	yes	yes	Date form was signed:	YYYY/MM/DD		Date form was signed:	YYYY/MM/DD	
				Did the donor submit a research sample to			Did the donor submit a research		
-Transplant				the NMDP/CIBMTR repository? (Related			sample to the NMDP/CIBMTR		
ential Data	Allogeneic Donors	yes	yes	donors only)	no,yes		repository? (related donors only)	no,yes	
-Transplant									
ential Data	Allogeneic Donors	yes	yes	Research sample donor ID:	open text		Research sample donor ID:	open text	1
-Transplant	Autologous			Specify number of products infused from	1		Specify number of products infused		
ential Data	Transplant	yes	yes	this donor:	open text		from this donor:	open text	

	Information								
	Collection								
nformation	Domain	Response required if							
ollection Domain	Additional Sub	Additional Sub Domain	Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
ub-Type	Domain	applies	requested multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
				Specify the number of these products			Specify the number of these products		
e-Transplant	Autologous			intended to achieve hematopoietic			intended to achieve hematopoietic		
sential Data	Transplant	yes	yes	engraftment:	open text		engraftment:	open text	
								G-CSF (TBO-filgrastim, filgrastim, Granix,	
					G-CSF (filgrastim, Neupogen), Pegylated			Neupogen) ,GM-CSF (sargramostim, Leukine),	
					G-CSF (pegfilgrastim, Neulasta),			Pegylated G-CSF (pegfilgrastim, Neulasta),	
				What agents were used to mobilize the	Plerixafor (Mozobil), Combined with		What agents were used to mobilize	Plerixafor (Mozobil), Combined with	
re-Transplant	Autologous			autologous recipient for this HCT? (check	chemotherapy, Anti-CD20 (rituximab,	a. (a. (a.)	the autologous recipient for this	chemotherapy, Anti-CD20 (rituximab, Rituxan),	Be consistent with current clinical landscape, improve
sential Data	Transplant	yes	yes	all that apply)	Rituxan), Other agent	Change/Clarification of Response Options	HCT? (check all that apply)	Other agent	transplant outcome data
e-Transplant	Autologous			Caralle and a second			Constitution of the consti		
sential Data e-Transplant	Transplant	yes	yes	Specify other agent:	open text		Specify other agent:	open text	
e-Transplant sential Data	Autologous			No. 11 of the desired and the second state of	Other control		Name of product (gene therapy		
	Transplant	yes	yes	Name of product (gene therapy recipients)	Other name		recipients)	Other name	
e-Transplant sential Data	Autologous Transplant	wes	ves	Specify other name:	open text		Specify other name:	open text	
e-Transplant	manspiant	yes	yes	What scale was used to determine the	open text		What scale was used to determine	open text	+
sential Data		lno	no	recipient's functional status?	Karnofsky,Lansky		the recipient's functional status?	Karnofsky,Lansky	
sseritiai Data		110		recipient s functional status:	100 Normal; no complaints; no evidence	<u> </u>	the recipient's functional status:	Ratiotsky, Latisky	
	1				of disease,10 Moribund; fatal process				
					progressing rapidly,20 Very sick;				
					hospitalization necessary,30 Severely			100 Normal; no complaints; no evidence of	
					disabled; hospitalization indicated,			disease,10 Moribund; fatal process progressing	
					although death not imminent,40			rapidly,20 Very sick; hospitalization necessary,30	
					Disabled; requires special care and			Severely disabled; hospitalization indicated,	
								l i i i i i i i i i i i i i i i i i i i	
					assistance,50 Requires considerable			although death not imminent,40 Disabled;	
					assistance and frequent medical care,60			requires special care and assistance,50 Requires	
					Requires occasional assistance but is			considerable assistance and frequent medical	
					able to care for most needs,70 Cares for			care,60 Requires occasional assistance but is able	
					self; unable to carry on normal activity			to care for most needs,70 Cares for self; unable t	0
					or to do active work,80 Normal activity			carry on normal activity or to do active work,80	
e-Transplant					with effort,90 Able to carry on normal		Karnofsky Scale (recipient age ≥ 16	Normal activity with effort,90 Able to carry on	
sential Data		no	no	Karnofsky Scale (recipient age ≥ 16 years)	activity		years)	normal activity	
					100 Fully active,10 Completely disabled,				
					not even passive play,20 Limited to very				
					passive activity initiated by others (e.g.,			100 Fully active,10 Completely disabled, not ever	1
					TV),30 Needs considerable assistance for	r		passive play,20 Limited to very passive activity	
					quiet activity,40 Able to initiate quiet			initiated by others (e.g., TV),30 Needs	
					activities,50 Considerable assistance			considerable assistance for quiet activity,40 Able	
					required for any active play; fully able to	,		to initiate quiet activities,50 Considerable	
					engage in quiet play,60 Ambulatory up			assistance required for any active play; fully able	
					to 50% of time, limited active play with			to engage in quiet play,60 Ambulatory up to 50%	
					assistance / supervision,70 Both greater			of time, limited active play with assistance /	
					restrictions of, and less time spent in,			supervision,70 Both greater restrictions of, and	
					active play,80 Restricted in strenuous			less time spent in, active play,80 Restricted in	
					play, tires more easily, otherwise			strenuous play, tires more easily, otherwise	
e-Transplant	1			Lansky Scale (recipient age ≥ 1 year and <	active,90 Minor restriction in physically		Lansky Scale (recipient age ≥ 1 year	active,90 Minor restriction in physically strenuou	s
sential Data		no	no	16 years)	strenuous play		and < 16 years)	play	
e-Transplant	Allogeneic			Specify blood type (of recipient) (For	,		Specify blood type (of recipient) (For	,	
ential Data	Recipient	ves	no	allogeneic HCTs only)	A,AB,B,O		allogeneic HCTs only)	A,AB,B,O	
-Transplant	Allogeneic	1,	-	Specify Rh factor (of recipient) (For			Specify Rh factor (of recipient) (For		
ential Data	Recipient	ves	no	allogeneic HCTs only)	Negative,Positive		allogeneic HCTs only)	Negative, Positive	
-Transplant		ľ		3	Indeterminate, Non-reactive, Not		Recipient CMV-antibodies (IgG or		
ential Data		no	no	Recipient CMV-antibodies (IgG or Total)	done,Reactive		Total)	Indeterminate, Non-reactive, Not done, Reactive	
			-		, , , , , , , , , , , , , , , , , , , ,		Has the patient been infected with	and the second s	
				Has the patient been infected with COVID-			COVID-19 (SARS-CoV-2) based on a		
				19 (SARS-CoV-2) based on a positive test			positive test result at any time prior		
e-Transplant				result at any time prior to the start of the			to the start of the preparative		
sential Data				preparative regimen / infusion?	No,Yes		regimen / infusion?	No,Yes	
ociitiai Dala	+			Did the patient require hospitalization for	140,165		Did the patient require	110,103	+
e-Transplant				management of COVID-19 (SARS-CoV-2)					
e-Transplant sential Data					No Yes		hospitalization for management of	No Vee	
antial Data	1	I		infection?	No,Yes		COVID-19 (SARS-CoV-2) infection?	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
Pre-Transplant				Was mechanical ventilation used for COVID			Was mechanical ventilation used given for COVID-19 (SARS-CoV-2)		
Essential Data				19 (SARS-CoV-2) infection?	No,Yes	Change/Clarification of Information Requested	infection?	No,Yes	Examples added or typographical errors corrected for clarif
Pre-Transplant				Was a vaccine for COVID-19 (SARS-CoV-2)	110,1103	change, claimeation of information requested	Was a vaccine for COVID-19 (SARS-	110,100	Examples added of typographical errors corrected for class
Essential Data		no	yes	received?	No.Unknown.Yes		CoV-2) received?	No.Unknown.Yes	
		110	yes -		AstraZeneca, Johnson &			AstraZeneca, Johnson &	
Pre-Transplant					Johnson/Janssen,Moderna,Novavax,Oth			Johnson/Janssen,Moderna,Novavax,Other	
Essential Data	COVID-19 Vaccine	ves	ves	Specify vaccine brand	er (specify),Pfizer-BioNTech		Specify vaccine brand	(specify), Pfizer-BioNTech	
Pre-Transplant	COVID 15 Vaccine	,	765	Speeny vacante brana	er (speerly), rizer biorreen		Specify vaccine brana	(Specify), fizer biorrices	
Essential Data	COVID-19 Vaccine	ves	ves	Specify other type:	open text		Specify other type:	open text	
		7			Booster dose,First dose (with planned		ppeciny canal type:		
					second dose) ,One dose (without			Booster dose,First dose (with planned second	
Pre-Transplant					planned second dose) ,Second			dose) ,One dose (without planned second dose)	
Essential Data	COVID-19 Vaccine	ves	ves	Select dose(s) received	dose,Third dose		Select dose(s) received	Second dose,Third dose	
Pre-Transplant			,	· ·			· · ·		
Essential Data	COVID-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
Pre-Transplant									
Essential Data	COVID-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	
				Is there a history of mechanical			Is there a history of mechanical		
Pre-Transplant				ventilation? (excluding COVID-19 (SARS-			ventilation? (excluding COVID-19		
Essential Data		no	no	CoV-2))?	no,yes		(SARS-CoV-2))?	no,yes	
Pre-Transplant				Is there a history of invasive fungal			Is there a history of invasive fungal		
Essential Data		no	no	infection?	No,Yes		infection?	No,Yes	
				Glomerular filtration rate (GFR) before			Glomerular filtration rate (GFR)		
Pre-Transplant				start of preparative regimen (pediatric			before start of preparative regimen		
Essential Data		no	no	only)	Known,Unknown		(pediatric only)	Known, Unknown	
Pre-Transplant					mL/min/1.732			mL/min/1.732	
Essential Data		no	no	Glomerular filtration rate (GFR):			Glomerular filtration rate (GFR):		
							Does the recipient have known		
				Does the recipient have known complex			complex congenital heart disease?		
				congenital heart disease? (corrected or			(corrected or uncorrected) (excluding		
Pre-Transplant				uncorrected) (excluding simple ASD, VSD,			simple ASD, VSD, or PDA repair)		
Essential Data		no	no	or PDA repair) (pediatric only)	No,Yes		(pediatric only)	No,Yes	
							Were there any co-existing diseases		
				Were there any co-existing diseases or			or organ impairment present		
				organ impairment present according to the			according to the HCT comorbidity		
				HCT comorbidity index (HCT-CI)? (Source:			index (HCT-CI)? (Source: Sorror, M. L.		
				Sorror, M. L. (2013). How I assess			(2013). How I assess comorbidities		
				comorbidities before hematopoietic cell			before hematopoietic cell		
Pre-Transplant				transplantation. Blood, 121(15), 2854-			transplantation. Blood, 121(15),		
Essential Data		no	no	2863.)	No,Yes		2854-2863.)	No,Yes	

Information Collection	
Information Demails	
Collection Domain Additional Sub Domain prints of Additional Sub Domain pages of minimation Collection may be gipted in general formation Collection and Collection (Collection Date of Collection (Collection Uniformation Collection update) Prints of Collection Uniformation Collection (Collection Uniformation Collection Uniformation Collecti	
Size-Type Omain applies requested multiple times is Element (if applicable) (Element Response Options) (Immortante Collection updates: Options) (Immortante Coll	
Position of affator, dix situal y profession or antiferration of profession or profess	tion Data
yestome, an eventual armytemial cardiary article and armytemial cardiary article and armytemial cardiary article and armytemial cardiary article and armytemial cardiary article and armytemial cardiary article and armytemial cardiary article armytemial cardiary article armytemial cardiary article armytemial cardiary article armytemial cardiary article armytemial cardiary article article armytemial cardiary article armytemial armytemial cardiary article armytemial armyte	Rationale for Information Collection Update
require greatment (actions Ary habory of cross) arrany doses (or a more vected consulty of cost of consulty of cost of consulty of cost of consulty of cost of	
Cander, Amy habory of conservant array disease (over on more weard-converse and decises (over on more weard-converse and decises (over on more weard-converse and decises (over on more weard-converse and	
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array stands requiring model of treatment, of the open spain, copyages garls,	
testment, stert, or typapas gard), congrative heart fillur, impecration congrative heart fillur, impecration and information, OR operation fraction (590% on Cerefronocation (Seases) Cerefronocatio	
congelive heart failure, mycordial infortartion, 5 50% on the most recent test checked and infortartion, 5 50% on the most recent test checked and infortartion, 5 50% on the most recent test checked and infortartion, 5 50% on the most recent test checked and infortartion, 5 50% on the most recent test checked and infortartion, 5 50% on the most recent test checked and infortartion, 5 500 on the most recent test checked	
inflication, OR ejection fractions > 30% on the most tree test at the process of the most tree test at the process of the most tree test at the process of t	5 50% on the most
The most recent test combinated the most recent test combinate	stony of transient
Cerebrovacular diseases — Any history of transfers (feeds all that apply) of majorite feeds all that apply) of majorite feeds all that apply) of more diseased and seased and	t l
Dabetes-Requiring treatment hemore and controlled benominage or createful trombools, embodism, or hemorrhage Dabetes-Requiring treatment propopers and controlled by the contr	
hemombage or cerebal thrombosis, endlowing, or hemombage or cerebal thrombosis, endlowing, or hemombage or he	9
embolium, or hemorrhage leaders Requiring treatment with insulin or oral hypoghyemic drugs in the last 4 weeks but not or the last 4 weeks but not or the last 4 weeks but not or the last 4 weeks but not but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks the not to the last 4 weeks but not the last 4 weeks but not the last 4 weeks but not the last 4 weeks the not to the last 4 weeks the not to the last 4 weeks the not to the last 4 weeks the not to the last 4 weeks the not to the last 4 weeks the not to the last 4 weeks the not to the last 4 weeks the not to the last	
degree of valve stronois or in solution or oal hypoghyemic drugs in the last 4 weeks but not offet alone learn where disease. At least a moderate to sever degree of valve stronois or in sufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source degree of valve stronois or insufficiency as determined by £cho; prostate intail or a source of valve stronois or insufficiency as determined by £cho; prostate intail or a source of valve stronois or insufficiency as determined by £cho; prostate intail or insufficiency as determined by £cho; prostate intail or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and the stronois or insufficiency and th	
Secretarial Data Secretarial	oderate to severe
Heart value disease. At least a moderate to severe degree of value stensions or insufficiency as determined by Echo; prosthetic mitral or sortic valve; or symptomatic mitral valve prolapse hepsatic, mid-all valviance prolapse hepsati	
os severe degree of valve stenosis or insufficiency sey determined by Etho; promother mitral around prolifer of manufacture promother mitral valve prolifer of mortification and promother mitral valve prolifer of mortification and promother mitral valve prolifer of mortification and promother mitral valve prolifer of mortification support limit of mormal to 2.5 x upper l	
Insufficiency as determined by Echo; prosthetic mitral or anortic wide; or symptomatic mitral vide prolapse Heatic, mild. Billuribu value prolapse Heatic, moderate/severe4. A STAILT value per limit of normal to 2.5 × uper limit of normal and the time of transplant Old any history of hepatitis 8 impairment (check all that apphy) was the recipient on dialysis immediately prior to start of preparative regimen? No, Unknown, Yes prolabse to distribution of the provided season of	
Pre-Transplant Comorbid Essential Data Pre-Transplant Conditions Pre-Tran	
Specify co-existing diseases or organ impairment (check all that apply) Pre-Transplant Essential Data Comorbid Essential Data Essential Data Comorbid Essential Data	
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MDS / MPN MDS / MPN Melanoma Melanoma	
Multiple myeloma / plasma cell disorder Multiple myeloma / plasma cell disorder	
	disorder (PCD)
(PCD) Oropharyngeal cancer (e.g., t	gue, buccal
Oropharyngeal cancer (e.g., tongue, mucosa)	
buccal mucosa) Sarcoma	
Sarcoma Thyroid cancer	
Thyroid cancer Other skin malignancy (basal	
Other skin malignancy (basal cell, Other hematologic malignan	
Squamous cell) Specify prior malignancy (check all that Other hematologic malignancy Specify prior malignancy Specify pri	Be consistent with current clinical landscape, improve
	transplant outcome data
Essential Data Conditions Yes no apply) Other solid tumor Change/Clarification of Response Options that apply) Pre-Transplant Comorbid Co	transplant outcome data
Essential Data 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 Comorbid Specify other hematologic malignancy: Specify other hematologic	
Essential Data Conditions Yes no (prior) open text malignancy: (prior) open text	
Pre-Transplant Pre-Transplant	
Essential Data no no Specify other solid tumor: (prior) open text Specify other solid tumor: (prior) open text	

	I								
	Information								
	Collection								
	Domain	Response required if							
	Additional Sub	Additional Sub Domain		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)	Rationale for Information Collection Update
							Serum ferritin (within 4 weeks prior		
				Serum ferritin (within 4 weeks prior to the			to the start of the preparative		
Pre-Transplant				start of the preparative regimen, use result			regimen, use result closest to the		
Essential Data		no	no	closest to the start date)	Known,Unknown		start date)	Known,Unknown	
							Serum ferritin (within 4 weeks prior		
				Serum ferritin (within 4 weeks prior to the	ng/mL (μg/L)		to the start of the preparative	ng/mL (µg/L)	
Pre-Transplant				start of the preparative regimen, use result			regimen, use result closest to the		
Essential Data		no	no	closest to the start date)			start date)		
Pre-Transplant									
Essential Data		no	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Pre-Transplant							Upper limit of normal for your		
Essential Data		no	no	Upper limit of normal for your institution:	open text		institution:	open text	
							Serum albumin (within 4 weeks prior		
				Serum albumin (within 4 weeks prior to			to the start of the preparative		
Pre-Transplant				the start of the preparative regimen, use	L		regimen, use result closest to the	L	
Essential Data		no	no	result closest to the start date)	Known,Unknown		start date)	Known,Unknown	
				L			Serum albumin (within 4 weeks prior		
				Serum albumin (within 4 weeks prior to	•g/dL		to the start of the preparative	•g/dL	
Pre-Transplant				the start of the preparative regimen, use	• g/L		regimen, use result closest to the	•g/L	
Essential Data		no	no	result closest to the start date)			start date)		
Pre-Transplant									
Essential Data		no	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
				Platelets (within 4 weeks prior to the start			Platelets (within 4 weeks prior to the		
Pre-Transplant				of the preparative regimen, use result			start of the preparative regimen, use		
Essential Data		no	no	closest to the start date)	Known,Unknown		result closest to the start date)	Known,Unknown	
					x 10 ⁹ /L (x				
				Platelets (within 4 weeks prior to the start	10 ³ /mm ³)		Platelets (within 4 weeks prior to the		
Pre-Transplant				of the preparative regimen, use result	x 10 ⁶ /L		start of the preparative regimen, use	x 10 ⁶ /L	
Essential Data		no	no	closest to the start date)	X10 /L		result closest to the start date)		
Pre-Transplant				Were platelets transfused < 7 days before			Were platelets transfused < 7 days		
Essential Data		no	no	date of test?	No,Unknown,Yes		before date of test?	No,Unknown,Yes	
Pre-Transplant				Did the recipient have a prior solid organ			Did the recipient have a prior solid		
Essential Data		no	no	transplant?	No,Yes		organ transplant?	No,Yes	
Pre-Transplant	Prior Solid Organ				Bowel, Heart, Kidney(s), Liver, Lung, Other			Bowel,Heart,Kidney(s),Liver,Lung,Other	
Essential Data	Transplant	yes	yes	Specify organ	organ,Pancreas		Specify organ	organ,Pancreas	
	Prior Solid Organ								
Essential Data	Transplant	yes	yes	Specify other organ:	open text		Specify other organ:	open text	
Pre-Transplant	Prior Solid Organ								
	Transplant	yes	yes	Year of prior solid organ transplant:	YYYY		Year of prior solid organ transplant:		
Pre-Transplant				Height at initiation of pre-HCT preparative			Height at initiation of pre-HCT	inches	
Essential Data		no	no	regimen:	cms	Change/Clarification of Response Options	preparative regimen:	cms	Capture data accurately
					pounds			nounds	
Pre-HCT Preparative				Actual weight at initiation of pre-HCT	pounds		Actual weight at initiation of pre-HCT	pounds kilograms	
Regimen		no	no	preparative regimen:	Kilogranis		preparative regimen:	Kilogranis	
Pre-HCT Preparative				Was a pre-HCT preparative regimen			Was a pre-HCT preparative regimen		
Regimen		no	no	prescribed?	no,yes		prescribed?	no,yes	
							Classify the recipient's prescribed		
Pre-HCT Preparative	Allogeneic			Classify the recipient's prescribed	Myeloablative, Non-myeloablative		preparative regimen (Allogeneic HCTs	Myeloablative,Non-myeloablative (NST),Reduced	
Regimen	Recipient	yes	no	preparative regimen (Allogeneic HCTs only)	(NST),Reduced intensity (RIC)		only)	intensity (RIC)	
Pre-HCT Preparative				Was irradiation planned as part of the pre-			Was irradiation planned as part of		
	<u> </u>	no	no	HCT preparative regimen?	no,yes		the pre-HCT preparative regimen?	no,yes	
Regimen					Total body by intensity-modulated				
Regimen				1	radiation therapy			Total body by intensity-modulated radiation	
Regimen					radiation therapy				
Regimen Pre-HCT Preparative					(IMRT),Thoracoabdominal region,Total		What was the prescribed radiation	therapy (IMRT), Thoracoabdominal region, Total	
		no	no	What was the prescribed radiation field?			What was the prescribed radiation field?	therapy (IMRT),Thoracoabdominal region,Total body,Total lymphoid or nodal regions	
Pre-HCT Preparative		no	no	What was the prescribed radiation field?	(IMRT),Thoracoabdominal region,Total body,Total lymphoid or nodal regions			body,Total lymphoid or nodal regions	
Pre-HCT Preparative		no	no	What was the prescribed radiation field? Total prescribed dose: (dose per fraction x	(IMRT),Thoracoabdominal region,Total				

Information Collection Domai 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 (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-HCT Preparativ	е	no	no	Date started:	YYYY/MM/DD		Date started:	YYYY/MM/DD	
Pre-HCT Preparativ Regimen	е	no	no	Was the radiation fractionated?	no,yes		Was the radiation fractionated?	no,yes	
Pre-HCT Preparativ Regimen	е	no	no	Total number of fractions:	open text		Total number of fractions:	open text	
Pre-HCT Preparativ	e				Bendamustine, Busulfan, Carboplatin, Car mustine, Clofarabine, Cyclophosphamide, Cytarabine, Etoposide, Fludarabine, Gemci tabine, Ibritumomab tiuxetan, Ifosfamide, Lomustine, Melphala n, Methylprednisolone, Other, Pentostatin , Propylene glycol-free melphalan, Rituximab, Thiotepa, Tositumo			Bendamustine, Busulfan, Carboplatin, Carmustine, C ofarabine, Cyclophosphamide, Cytarabine, Etoposid e, Fludarabine, Gemcitabine, Ibritumomab tiuxetan, Ifosfamide, Lomustine, Melphalan, Methyl prednisolone, Other, Pentostatin, Propylene glycol- free melphalan, Rituximab, Thiotepa, Tositumomab, Trec sulfan, Azathioprine, Bortezomib, Cisplatin,	Be consistent with current clinical landscape, improve
Regimen	e	no	no	Drug (drop down list)		Change/Clarification of Response Options	Drug (drop down list)	Hydroxyurea, and Vincristine.	transplant outcome data
Pre-HCT Preparativ Regimen	е	no	yes	Specify other drug:	open text mg/m2		Specify other drug:	open text mg/m2	
Pre-HCT Preparativ	е	no	yes	Total prescribed dose:			Total prescribed dose:		
Pre-HCT Preparativ Regimen	е	no	yes	Date started:	YYYY/MM/DD		Date started:	YYYY/MM/DD	
Pre-HCT Preparativ Regimen	е	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,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	Total prescribed dose:			Total prescribed dose:	mg/m2 mg/kg mg/kg	
Additional Drugs Given In the Peri- Transplant Period		no	no	Defibrotide Defibrotide	No,Yes	Deletion of Information: Merged to Check all that Apply	Defibrotide	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	KGF	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"
GVHD Prophylaxis	Allogeneic Recipient	yes	no	Was GVHD prophylaxis planned?	No,Yes			No,Yes	

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	Additional Sub Domain	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)	Element Response Option(s) Information Collection			Element Response Option(s)	Rationale for Information Collection Update
					Abatacept,Anti CD 25(Zenapax,				
					Daclizumab, AntiTAC),Blinded				
					randomized trial,Bortezomib,CD34				
					enriched(CD34+			Abatacept, Anti CD 25 (Zenapax, Daclizumab,	
								AntiTAC),Blinded randomized	
					selection),Corticosteriods				
					(systemic),Cyclophosphamide			trial,Bortezomib,CD34 enriched(CD34+	
					(Cytoxan),Cyclosporine (CSA, Neoral,			selection),Corticosteriods	
					Sandimmune),Extra-corporeal			(systemic),Cyclophosphamide	
					photopheresis (ECP),Ex-vivo T-cell			(Cytoxan),Cyclosporine (CSA, Neoral,	
					depletion,Filgotinib,Maraviroc,Mycophe			Sandimmune),Extra-corporeal photopheresis	
					nolate mofetil (MMF)			(ECP),Ex-vivo T-cell	
					(Cellcept),Methotrexate (MTX)			depletion, Filgotinib, Maraviroc, Mycophenolate	
					(Amethopterin),Other			mofetil (MMF) (Cellcept),Methotrexate (MTX)	
					agent,Ruxolitinib,Sirolimus (Rapamycin,			(Amethopterin),Other agent,Ruxolitinib,Sirolimus	
	Allogeneic			Specify drugs / intervention (check all that	Rapamune), Tacrolimus (FK	Specifi		(Rapamycin, Rapamune),Tacrolimus(FK	
GVHD Prophylaxis		ves	no	apply)	506),Tocilizumab	that a		506),Tocilizumab	
GVIIDTTOPITYIUXIS	Allogeneic	yes	110	арріу)	500), Tocinzarrias	triat u	ippiy)	300),100:112411145	
GVHD Prophylaxis	Recipient	yes	no	Specify other agent:	open text (do not report ATG, campath)	c:e	fy other agent:	open text (do not report ATG, campath)	
Post-HCT Disease	Recipient	yes	110	Specify other agent.	open text (do not report ATG, campath)	Specify	ly other agent.	open text (do not report ATG, campatil)	
Therapy Planned as						1	ditional post-HCT therapy		
				Land Million of Local District Control of the Contr					
of Day 0		no	no	Is additional post-HCT therapy planned?	no,yes	planne	led?	no,yes	
					Azacitidine(Vidaza),Blinatumomab,Borte				
					zomib				
					(Velcade),Bosutinib,Brentuximab,Carfilz			Azacitidine(Vidaza),Blinatumomab,Bortezomib	
					omib,Cellular therapy (e.g. DCI,			(Velcade), Bosutinib, Brentuximab, Carfilzomib, Cellu	
					DLI),Crenolanib,Daratumumab,Dasatinib			lar therapy (e.g. DCI,	
					,Decitabine,Elotuzumab,Enasidenib,Gilte			DLI), Crenolanib, Daratumumab, Dasatinib, Decitabin	
					ritinib,Ibrutinib,Imanitib mesylate			e,Elotuzumab,Enasidenib,Gilteritinib,Ibrutinib,Ima	
					(Gleevec, Glivec),Intrathecal			nitib mesylate (Gleevec, Glivec),Intrathecal	
					chemotherapy, Ivosidenib, Ixazomib, Lenal			chemotherapy,lvosidenib,lxazomib,Lenalidomide	
					idomide (Revlimid),Lestaurtinib,Local			(Revlimid),Lestaurtinib,Local	
					radiotherapy, Midostaurin, Nilotinib, Obin			radiotherapy, Midostaurin, Nilotinib, Obinutuzumab	
					utuzumab,Other,Pacritinib,Ponatinib,Qu			Other, Pacritinib, Ponatinib, Quizartinib, Rituximab	
Deat LICT Disease									
Post-HCT Disease					izartinib,Rituximab (Rituxan,			(Rituxan,	
Therapy Planned as					Mabthera),Sorafenib,Sunitinib,Thalidomi			Mabthera), Sorafenib, Sunitinib, Thalidomide	
of Day 0		no	no	Specify post-HCT therapy planned	de (Thalomid),Unknown	Specify	fy post-HCT therapy planned	(Thalomid),Unknown	
Post-HCT Disease									
Therapy Planned as									
of Day 0		no	no	Specify other therapy:	open text	Specifi	fy other therapy:	open text	
					Blinatumomab(Blincyto),Gemtuzumab				
					ozogamicin (Mylotarg),Inotuzumab				
Prior Exposure:				Specify if the recipient received any of the	ozogamicin (Besponsa)	Specifi	fy if the recipient received any	Blinatumomab(Blincyto),Gemtuzumab ozogamicin	
Potential Study				following (at any time prior to HCT /	,Mogamulizumab (Poteligeo)	of the	following (at any time prior to	(Mylotarg), Inotuzumab ozogamicin (Besponsa)	
Eligibility		no	no	infusion) (check all that apply)	,None,Thiotepa			,Mogamulizumab (Poteligeo) ,None,Thiotepa	
				7 7 7 7 7 P. P. P. P. P. P. P. P. P. P. P. P. P.			the HCT impacted for a reason	. 5///	
							ed to the COVID-19 (SARS-CoV-		
Covid-19 Impact		no	no		Addition of Information R		ndemic?	no.ves	Covid-19 Impact
II mpace					, add of the matter of	7/1-	HCT date different than the		
Covid-19 Impact		no	no		Addition of Information R		ally intended HCT date?	no ves	Covid-19 Impact
COVIG-13 IIIIpact		110	110		Addition of information is	Tiequested Origina	any intellided Her date:	110,700	COTTO 15 IMPOSE
Covid 10 Impact		20	20		Addition of Information R	Requested	and Date of HCT	YYYY/MM/DD	Covid 10 Impact
Covid-19 Impact		110	110		Addition of information R	nequested Origina	nal Date of HCT	TTTT/WIWI/UU	Covid-19 Impact
0. 11401					A 4 472	Degreeted		alter altered	Carid 10 Invest
Covid-19 Impact		no	no		Addition of Information R		estimated	checked	Covid-19 Impact
							donor different than the		
Covid-19 Impact		no	no		Addition of Information R	Requested original	ally intended donor?	no,yes	Covid-19 Impact
								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	
Covid-19 Impact		no	no		Addition of Information R	Requested Specifi	fy the originally intended donor	relative	Covid-19 Impact

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub		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)	Rationale for Information Collection Update
oub Type	Domain	аррисо	requested mattiple times	Lienent (ii appreadic)	Ziemene nesponse Sprion(s)	mornion concetion aparter	Data Element (ii applicable)	Ziement nespense Option(s)	nationale for information conception opulate
							Is the product type (bone marrow,		
							PBSC, cord blood unit) different than		
Covid-19 Impact		no	no			Addition of Information Requested	the originally intended product type?	no.ves	Covid-19 Impact
	1						Specify the originally intended		
Covid-19 Impact		no	no			Addition of Information Requested	product type	bone marrow,Other product,PBSC, cord blood uni	t Covid-19 Impact
	1					·	· · · · · · · · · · · · · · · · · · ·		·
Covid-19 Impact		no	no			Addition of Information Requested	Specify other product type	open text	Covid-19 Impact
							Was the current product thawed		
							from a cryopreserved state prior to		
Covid-19 Impact		no	no			Addition of Information Requested	infusion?	no,yes	Covid-19 Impact
						·	Did the preparative regimen change	- 77	
Covid-19 Impact		no	no			Addition of Information Requested	from the original plan?	no, yes	Covid-19 Impact
							Did the GVHD prophylaxis change		
Covid-19 Impact		no	no			Addition of Information Requested	from the original plan?	no,yes	Covid-19 Impact
Disease				Date of diagnosis of primary disease for		·	Date of diagnosis of primary disease		
Classification		no	yes	HCT / cellular therapy:	YYYY/MM/DD		for HCT / cellular therapy:	YYYY/MM/DD	
					lymphoblastic leukemia (ALL),Acute				
					myelogenous leukemia (AML or				
					ANLL),Chronic myelogenous leukemia				
					(CML),Hemoglobinopathies,Histiocytic			Autoimmune diseases, Acute lymphoblastic	
					disorders, Hodgkin lymphoma, Inherited			leukemia (ALL), Acute myelogenous myeloid	
					Bone Marrow Failure Syndromes(If the			leukemia (AML or ANLL), Chronic myelogenous	
					recipient developed MDS or AML,			leukemia (CML),Hemoglobinopathies,Histiocytic	
					indicate MDS or AML as the primary			disorders,Hodgkin lymphoma,Inherited Bone	
					disease.)– ,Disorders of the immune			Marrow Failure Syndromes(If the recipient	
					system,Inherited disorders of			developed MDS or AML, indicate MDS or AML as	
					metabolism,Inherited abnormalities of			the primary disease.) – , Disorders of the immune	
					platelets, Myelodysplastic syndrome			system,Inherited disorders of	
					(MDS) (If recipient has transformed to			metabolism,Inherited abnormalities of	
					AML, indicate AML as the primary			platelets, Myelodysplastic syndrome (MDS) (If	
					disease.), Myeloproliferative neoplasms			recipient has transformed to AML, indicate AML a	s
					(MPN)(If recipient has transformed to			the primary disease.), Myeloproliferative	
					AML, indicate AML as the primary			neoplasms (MPN)(If recipient has transformed to	
					disease.),Non-Hodgkin lymphoma,Acute			AML, indicate AML as the primary disease.),Non-	
					leukemia of ambiguous lineage and			Hodgkin lymphoma, Acute leukemia of ambiguous	
					other myeloid neoplasms,Other			lineage and other myeloid neoplasms,Other	
					disease,Other leukemia (includes			disease,Other leukemia (includes CLL),Multiple	
					CLL),Multiple myeloma / plasma cell			myeloma / plasma cell disorder (PCD),Paroxysmal	
					disorder (PCD),Paroxysmal nocturnal			nocturnal hemoglobinuria (PNH),Recessive	
					hemoglobinuria (PNH),Recessive			dystrophic epidermolysis bullosa,Aplastic	
					dystrophic epidermolysis			Anemia(If the recipient developed MDS or AML,	
					bullosa, Aplastic Anemia (If the recipient		What was the primary disease for	indicate MDS or AML as the primary disease.)	
Disease				What was the primary disease for which	developed MDS or AML, indicate MDS or			,Solid tumors,Tolerance induction associated with	
Classification		no	no	the HCT / cellular therapy was performed?	AML as the primary disease.) ,Solid	Change/Clarification of Response Options	performed?	solid organ transplant	Capture data accurately

Information Collection Domair Sub-Type	Information Collection Domain 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)	Proposed Information Collection Data Element Response Option(s) Rationale	e for Information Collection Update
Sub Type	Domain	иррисэ	requested matapie times	Element (ii applicable)	abnormalities:	miorination concetion apaate.	Data Element (ii applicable)	AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5),	to mornation concentration opaute
					AML with t(9;11) (p22.3;q23.3); MLLT3-			AML with t(6;9) (p23;q34.1); DEK-NUP214 (6),	
					KMT2A (5),			AML with inv(3) (q21.3;q26.2) or t(3;3)	
					AML with t(6;9) (p23;q34.1); DEK-			(q21.3;q26.2); GATA2, MECOM (7),	
					NUP214 (6),			AML (megakaryoblastic) with t(1;22)	
					AML with inv(3) (q21.3;q26.2) or t(3;3)			(p13.3;q13.3); RBM15-MKL1 (8),	
					(q21.3;q26.2); GATA2, MECOM (7), AML (megakaryoblastic) with t(1;22)			AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281).	
					(p13.3;q13.3); RBM15-MKL1 (8),			AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1;	
					AML with t(8;21); (q22; q22.1); RUNX1-			q22); CBFB-MYH11 (282),	
					RUNX1T1 (281),			APL with PML-RARA (283),	
					AML with inv(16) (p13.1;1q22) or			AML with BCR-ABL1 (provisional entity) (3),	
					t(16;16)(p13.1; q22); CBFB-MYH11 (282),			AML with mutated NPM1 (4),	
					APL with PML-RARA (283), AML with BCR-ABL1 (provisional entity)			AML with biallelic mutations of CEBPA (297), AML with mutated RUNX1 (provisional entity)	
					(3).			(298).	
					AML with mutated NPM1 (4),			AML with 11q23 (MLL) abnormalities (i.e., t(4;11),	
					AML with biallelic mutations of CEBPA			t(6;11), t(9;11), t(11;19)) (284),	
					(297),			AML with myelodysplasia – related changes (285),	
					AML with mutated RUNX1 (provisional			Therapy related AML (t-AML) (9),	
					entity) (298), AML with 11q23 (MLL) abnormalities			AML, not otherwise specified: AML, not otherwise specified (280),	
					(i.e., t(4;11), t(6;11), t(9;11), t(11;19))			AML, minimally differentiated (286),	
					(284),			AML without maturation (287),	
					AML with myelodysplasia – related			AML with maturation (288) ,	
	Acute				changes (285),			Acute myelomonocytic leukemia (289),	
Disease Classification	Myelogenous Leukemia (AML)	ves		Specify the AML classification	Therapy related AML (t-AML) (9), AML, not otherwise specified:		Specify the AML classification	Acute monoblastic / acute monocytic leukemia (290),	
Classification	Acute	yes	110	Specify the AIVIE classification	AIVIL, HOL Other wise specified.		Specify the AME classification	(250),	
Disease	Myelogenous				no,yes-Also complete MDS or MPN		Did AML transform from MDS or	no,yes-Also complete MDS or MPN Disease	
Classification	Leukemia (AML)	yes	no	Did AML transform from MDS or MPN?	Disease Classification questions		MPN?	Classification questions	
8:	Acute								
Disease Classification	Myelogenous Leukemia (AML)	ves	200	Is the disease (AML) therapy related?	no,Unknown,yes		Is the disease (AML) therapy related?	no Unknown ves	
Classification	Acute	yes		is the disease (AWE) therapy related:	no,onknown,yes		is the disease (Alvie) therapy related:	no,onknown,yes	
Disease	Myelogenous			Did the recipient have a predisposing			Did the recipient have a predisposing		
Classification	Leukemia (AML)	yes	no	condition?	no,Unknown,yes		condition?	no,Unknown,yes	
	Acute				Bloom syndrome, Dyskeratosis				
Disease Classification	Myelogenous Leukemia (AML)	luos.		Specify condition	congenita,Down Syndrome,Fanconi anemia,Other condition		Specify condition	Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition	
Classification	Acute	yes	110	Specify condition	anemia,other condition		Specify condition	Syndrome, rancom anemia, other condition	
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
	Acute						Were cytogenetics tested		
Disease Classification	Myelogenous Leukemia (AML)	vec	Vec	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	(karyotyping or FISH)? (at diagnosis	no,Unknown,yes Reduce re	dundancy in data capture
Cidssification	Acute (AIVIL)	yes	yes	Harry! (at diagnosis)	no,onknown,yes	Change/Claimcation of information Requested	or relapse)	Reduce re	dundancy in data capture
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
	Acute								
Disease Classification	Myelogenous			Results of tests	Abnormalities identified,No abnormalities		Deculto of toots	Abnormalities identified.No abnormalities	
Classification	Leukemia (AML) Acute	yes	yes	Results of tests International System for Human	aunormalities		Results of tests International System for Human	Abnormancies Identified, NO abnormanties	
Disease	Myelogenous			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (AML)	yes	yes	compatible string:	open text		compatible string:	open text	
	Acute								
Disease	Myelogenous			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Leukemia (AML)	yes]yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	

	Information							
	Collection							
Information	Domain	Response required if						
Collection Domain	Additional Sub		Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	
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) Rationale for Information Collection Update
					(11q23) any abnormality,12p any			
					abnormality,del(11q) / 11q-,del(16q) /			(11q23) any abnormality,12p any
					16q-,del(17q) / 17q-,del(20q) / 20q-			abnormality,del(11q) / 11q-,del(16q) / 16q-
					,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q ,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),			,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q- ,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /
					17,-18,-5,-7,-X,-Y,Other			9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other
	Acute				abnormality,t(15;17) and			abnormality,t(15;17) and
Disease	Myelogenous				variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;		Specify abnormalities (check all that	variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22)
Classification	Leukemia (AML)	ves	ves	Specify abnormalities (check all that apply)			apply)	,+11,+13,+14,+21,+22,+4,+8
	Acute	7	,,,,,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text
	Acute							
Disease	Myelogenous						Were cytogenetics tested via	
Classification	Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No, Yes
	Acute							
Disease	Myelogenous				Abnormalities identified,No			Abnormalities identified,No abnormalities,No
Classification	Leukemia (AML)	yes	yes	Results of tests	abnormalities,No evaluable metaphases		Results of tests	evaluable metaphases
D '	Acute			International System for Human			International System for Human	
Disease	Myelogenous			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)	
Classification	Leukemia (AML)	yes	yes	compatible string:	open text		compatible string:	open text
Disease	Acute			Caralfornia har of distinct a tananatio	[Canada a carbon of distinct	
Classification	Myelogenous Leukemia (AML)	NO.	luge.	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)
Classification	Leukeilla (AlviL)	yes	lyes	abilotifiancies	(11q23) any abnormality,12p any		cytogenetic abnormantes	Total of filore (4 of filore), one (1), fillee (3), fwo (2)
					abnormality,del(11q) / 11q-,del(16q) /			(11q23) any abnormality,12p any
					16q-,del(17q) / 17q-,del(20q) / 20q-			abnormality,del(11q) / 11q-,del(16q) / 16q-
					,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q			,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-
					,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),			,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /
					17,-18,-5,-7,-X,-Y,Other			9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other
	Acute				abnormality,t(15;17) and			abnormality,t(15;17) and
Disease	Myelogenous				variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;		Specify abnormalities (check all that	variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22)
Classification	Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	11),t(9;22),+11,+13,+14,+21,+22,+4,+8		apply)	,+11,+13,+14,+21,+22,+4,+8
	Acute							
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text
	Acute						Was documentation submitted to	
Disease	Myelogenous			Was documentation submitted to the	L		the CIBMTR? (e.g. cytogenetic or	
Classification	Leukemia (AML)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes
Disease	Acute Myelogenous			Mana tanta fan malan dan mankan			Mara tasta far malandar mandara	
Classification	Leukemia (AML)	NO.	uec.	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
Classification	Acute	yes	yes	performed: (at diagnosis)	no,onknown,yes	Change/Clarification of information kequested	performed? (at diagnosis of relapse)	Reduce reduitdancy in data capture
Disease	Myelogenous							
Classification	Leukemia (AML)	ves	ves	СЕВРА	Negative, Not Done, Positive		CEBPA	Negative,Not Done,Positive
	Acute	1	1					The second secon
Disease	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
	Acute							
Disease	Myelogenous			FLT3 - TKD (point mutations in D835 or			FLT3 - TKD (point mutations in D835	
Classification	Leukemia (AML)	yes	yes	deletions of codon 1836)	Negative, Not done, Positive		or deletions of codon 1836)	Negative, Not done, Positive
	Acute							
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	FLT3 – ITD mutation	Negative, Not Done, Positive		FLT3 – ITD mutation	Negative,Not Done,Positive
	Acute							
Disease	Myelogenous						L	
Classification	Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known, Unknown
D '	Acute							
Disease	Myelogenous	L		Consider FLT3 LTD all all all and a			Caralfa FLT2 ITD III III	
Classification	Leukemia (AML) Acute	yes	yes	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:	
Dicasca								
Disease Classification	Myelogenous Leukemia (AML)	vec	ves	IDH1	Negative Not Done Positive		IDH1	Negative Not Done Positive
CiassilicatiOff	Leukeiiiid (AIVIL)	laco	yes	linit	Negative, Not Done, Positive	I	linii	Negative, Not Done, Positive

			1					
	Information							
	Collection							
Information	Domain	Response required if						
Collection Domair	Additional Sub	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) Rationale for Information Collection Update
	Acute							
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	IDH2	Negative, Not Done, Positive		IDH2	Negative,Not Done,Positive
	Acute							
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	KIT	Negative, Not Done, Positive		KIT	Negative,Not Done,Positive
	Acute							
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	NPM1	Negative, Not Done, Positive		NPM1	Negative, Not Done, Positive
	Acute							
Disease	Myelogenous							
Classification	Leukemia (AML)	yes	yes	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative,Not Done,Positive
	Acute							
Disease	Myelogenous			L				
Classification	Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text
							Were cytogenetics tested	
	Acute			Were cytogenetics tested (karyotyping or			(karyotyping or FISH)? (between	
Disease	Myelogenous			FISH)? (between diagnosis and last			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
	Acute							
Disease	Myelogenous				L			
Classification	Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No, Yes
B*******	Acute				Alexander Programme and Control Alexander			
Disease	Myelogenous			See the officers	Abnormalities identified,No		Describe of tracks	Alice and Proceedings of Alice and Proceedings of the Control of t
Classification	Leukemia (AML)	yes	yes	Results of tests	abnormalities		Results of tests	Abnormalities identified,No abnormalities
D '	Acute			International System for Human			International System for Human	
Disease Classification	Myelogenous Leukemia (AML)			Cytogenetic Nomenclature (ISCN) compatible string:			Cytogenetic Nomenclature (ISCN) compatible string:	
Classification	Acute (AIVIL)	yes	yes	compatible string:	open text		compatible string:	open text
D:	Myelogenous			Casaif, annulus of distinct a taganatic	[Canada acceptant at distinct	
Disease Classification	Leukemia (AML)			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)
Classification	Leukernia (AIVIL)	yes	yes	abnormanties	(11q23) any abnormality,12p any		cytogenetic apnormalities	Four or more (4 or more), one (1), rinee (3), rwo (2)
					abnormality,del(11q) / 11q-,del(16q) /			(11q23) any abnormality,12p any
					16q-,del(17q) / 17q-,del(20q) / 20q-			abnormality,del(11q) / 11q-,del(16q) / 16q-
					,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q			,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-
					,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),			,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /
					17,-18,-5,-7,-X,-Y,Other			9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other
	Acute				abnormality,t(15;17) and			abnormality,t(15;17) and
Disease	Myelogenous				variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;		Specify abnormalities (check all that	
Classification	Leukemia (AML)	Wes	Ves	Specify abnormalities (check all that apply)			apply)	,+11,+13,+14,+21,+22,+4,+8
C.GJJIIIGGIUII	Acute	yes	7-5	specify abnormances (check an that apply)	21/10(3,22),·11,·13,*14,*21,*22,*4,**0		OPPIN))· ±4/· ±4/· ±4/· ±4/· ±4/· ±4/· ±4/· ±4/
Disease	Myelogenous							
Classification	Leukemia (AML)	ves	ves	Specify other abnormality:	open text		Specify other abnormality:	open text
	Acute	7-5	1,55	apara, series abriormancy.				
Disease	Myelogenous						Were cytogenetics tested via	
Classification	Leukemia (AML)	ves	ves	Were cytogenetics tested via karyotyping?	No.Yes		karyotyping?	No,Yes
	Acute	1,	1	o togenesies tested via kai yotyping:	,		100168.	,
Disease	Myelogenous				Abnormalities identified,No			Abnormalities identified,No abnormalities,No
Classification	Leukemia (AML)	ves	ves	Results of tests	abnormalities,No evaluable metaphases		Results of tests	evaluable metaphases
	Acute	,		International System for Human			International System for Human	
Disease	Myelogenous			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)	
Classification	Leukemia (AML)	ves	ves	compatible string:	open text		compatible string:	open text
	Acute	,	1					
Disease	Myelogenous			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct	
Classification	Leukemia (AML)	ves	ves	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)
	(AIVIL)	1,00	1100	1223	1-11-11-11-11-11-11-11-11-11-11-11-11-1	l .	1-7-obeness abnormances	

	Information								
	Collection								
Information	Domain	Response required if							
Collection 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)	Rationale for Information Collection Update
	20	принез	requested manapie times	Ziement (ii appricable)	(11q23) any abnormality,12p any	The state of the s	Pata Liement (ii applicable)	ziement nesponse option(s)	nationale for information concession opaute
					abnormality,del(11q) / 11q-,del(16q) /			(11q23) any abnormality,12p any	
					16q-,del(17q) / 17q-,del(20q) / 20q-			abnormality,del(11q) / 11q-,del(16q) / 16q-	
					,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q			,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-	
					,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),			,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /	
					17,-18,-5,-7,-X,-Y,Other			9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other	
	Acute				abnormality,t(15;17) and			abnormality,t(15;17) and	
Disease	Myelogenous				variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;		Specify abnormalities (check all that	variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22)
Classification	Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	11),t(9;22),+11,+13,+14,+21,+22,+4,+8		apply)	,+11,+13,+14,+21,+22,+4,+8	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Acute						Was documentation submitted to		
Disease	Myelogenous			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or		
Classification	Leukemia (AML)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes	
	Acuto			More tests for malesular markets			Were tests for molecular markers		
Disease	Acute Myelogenous			Were tests for molecular markers performed? (e.g. PCR, NGS) (between			performed? (e.g. PCR, NGS) (between diagnosis or relapse and last		
Classification	Leukemia (AML)	Ves	Ves	diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Classification	Acute	yes	763	diagnosis and last evaluation)	no,onknown,yes	Change, Claimication of Information Requested	(CVAIGAGIOTI)	no,onknown,yes	neduce redundancy in data capture
Disease	Myelogenous								
Classification	Leukemia (AML)	ves	yes	CEBPA	Negative,Not Done,Positive		СЕВРА	Negative, Not Done, Positive	
	Acute	7	7-2-						
Disease	Myelogenous				Biallelic (homozygous), Monoallelic			Biallelic (double mutant), Monoallelic (single	
Classification	Leukemia (AML)	ves	ves	Specify CEBPA mutation	(heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	mutant),Unknown	Capture data accurately
	Acute								
Disease	Myelogenous			FLT3 - TKD (point mutations in D835 or			FLT3 - TKD (point mutations in D835		
Classification	Leukemia (AML)	yes	yes	deletions of codon 1836)	Negative, Not done, Positive		or deletions of codon 1836)	Negative, Not done, Positive	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	FLT3 – ITD mutation	Negative, Not Done, Positive		FLT3 – ITD mutation	Negative, Not Done, Positive	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown	
Dianan	Acute								
Disease Classification	Myelogenous Leukemia (AML)	NO.	lune.	Specify FLT3 - ITD allelic ratio:	·_·		Specify FLT3 - ITD allelic ratio:	:	
Classification	Acute	yes	yes	Specify FL13 - 11D allelic ratio.			Specify FL13 - 11D allelic ratio.		
Disease	Myelogenous								
Classification	Leukemia (AML)	VAC	ves	IDH1	Negative, Not Done, Positive		IDH1	Negative, Not Done, Positive	
2.223	Acute	700	100	,					
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	IDH2	Negative, Not Done, Positive		IDH2	Negative, Not Done, Positive	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	KIT	Negative, Not Done, Positive		KIT	Negative, Not Done, Positive	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	NPM1	Negative, Not Done, Positive		NPM1	Negative, Not Done, Positive	
	Acute								
Disease	Myelogenous				L		1		
Classification	Leukemia (AML)	yes	yes	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative, Not Done, Positive	
D'	Acute								
Disease	Myelogenous			Cassification makes to contact			Cassificathan males to const.		
Classification	Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Di	Acute			Manage transport to the state of the state o			Were cytogenetics tested		
Disease	Myelogenous	l		Were cytogenetics tested (karyotyping or	no Unknown vos		(karyotyping or FISH)? (at last	no Unknown vos	
Classification	Leukemia (AML) Acute	yes	yes	FISH)? (at last evaluation)	no,Unknown,yes		evaluation)	no,Unknown,yes	
Dicasca									
Disease	Myelogenous Leukemia (AML)	ves	Ves	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No Ves	
Classification			1469	I AA ELE CATORELIEURS LESTER AIG LIQUE	[INU, 1 E3	l .	I ANGLE CATORELIERIES TESTER AND LIQUE	INU, I CO	T. Control of the Con

			I			I		I	
	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
	Acute	- PP					- ш ш ш ш ш ш		
Disease	Myelogenous				Abnormalities identified,No				
Classification	Leukemia (AML)	yes	ves	Results of tests	abnormalities		Results of tests	Abnormalities identified.No abnormalities	
Cidosificación	Acute	703	l l	International System for Human	abilitination and a second a second and a second a second and a second a second and		International System for Human	A Brieffichies Identificațită dibriefficialities	
Disease	Myelogenous			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (AML)	ves	ves	compatible string:	open text		compatible string:	open text	
Classification	Acute	yes	763	compatible string.	open text		compatible string.	open text	
Disease	Myelogenous			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Leukemia (AML)	was	luos.	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Classification	Leukeilla (AlviL)	yes	yes	abilorinalities	(11q23) any abnormality,12p any		cytogenetic abnormanties	Four or more (4 or more), one (1), three (3), two (2)	
					abnormality,del(11q) / 11q-,del(16q) /			(11a22) any ahnormality 12n any	
								(11q23) any abnormality,12p any	
					16q-,del(17q) / 17q-,del(20q) / 20q-			abnormality,del(11q) / 11q-,del(16q) / 16q-	
					,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q	1		,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-	
					,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),	-		,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /	
					17,-18,-5,-7,-X,-Y,Other			9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other	
	Acute				abnormality,t(15;17) and			abnormality,t(15;17) and	
Disease	Myelogenous				variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;		Specify abnormalities (check all that	variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22)	
Classification	Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	11),t(9;22),+11,+13,+14,+21,+22,+4,+8		apply)	,+11,+13,+14,+21,+22,+4,+8	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Acute								
Disease	Myelogenous						Were cytogenetics tested via		
Classification	Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes	
	Acute	,	, · · ·	7 77 0			7 77 0		
Disease	Myelogenous				Abnormalities identified,No			Abnormalities identified, No abnormalities, No	
Classification	Leukemia (AML)	VPS	ves	Results of tests	abnormalities, No evaluable metaphases		Results of tests	evaluable metaphases	
Cidosificación	Acute	763	,,,,,	International System for Human	abnormances), vo evaluable metaphases		International System for Human	evaluable metaphases	
Disease	Myelogenous			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (AML)	was	une.	compatible string:	open text		compatible string:	open text	
Classification	Acute	yes	l yes	compatible string.	open text		compatible string.	open text	
Dianana				Caracific according of distinct autocomotic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Disease Classification	Myelogenous			Specify number of distinct cytogenetic	(3),Two (2)		1 ' '	[] [] [] [] [] [] [] [] [] []	
Classification	Leukemia (AML)	yes	l yes	abnormalities			cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
					(11q23) any abnormality,12p any			(11-22)	
					abnormality,del(11q) / 11q-,del(16q) /			(11q23) any abnormality,12p any	
					16q-,del(17q) / 17q-,del(20q) / 20q-			abnormality,del(11q) / 11q-,del(16q) / 16q-	
					,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q			,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-	
					,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),	1		,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /	
					17,-18,-5,-7,-X,-Y,Other			9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other	
	Acute				abnormality,t(15;17) and			abnormality,t(15;17) and	
Disease	Myelogenous				variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;		Specify abnormalities (check all that	variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22)	
Classification	Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	11),t(9;22),+11,+13,+14,+21,+22,+4,+8		apply)	,+11,+13,+14,+21,+22,+4,+8	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Acute						Was documentation submitted to		
Disease	Myelogenous			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or		
Classification	Leukemia (AML)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes	
	Acute			Were tests for molecular markers			Were tests for molecular markers		
Disease	Myelogenous			performed?(e.g. PCR, NGS) (at last			performed?(e.g. PCR, NGS) (at last		
Classification	Leukemia (AML)	yes	yes	evaluation)	no,Unknown,yes		evaluation)	no,Unknown,yes	
	Acute								
Disease	Myelogenous								
Classification	Leukemia (AML)	ves	yes	СЕВРА	Negative, Not Done, Positive		СЕВРА	Negative, Not Done, Positive	
	Acute	/			<u> </u>				
Disease	Myelogenous				Biallelic (homozygous), Monoallelic			Biallelic (double mutant), Monoallelic (single	
Classification		ves	ves	Specify CEBPA mutation	(heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	mutant),Unknown	Capture data accurately
C.OSSINGULION	Acute	,	700	opening cept A matation	(netc. 02 ygod3/, Onkilowii	Change, claimed to it response Options	Specify CEDI A mutation	, and the state of	supraire data decuratery
Disease	Myelogenous			FLT3 - TKD (point mutations in D835 or			FLT3 - TKD (point mutations in D835		
Classification		voc	ves	deletions of codon 1836)	Negative, Not done, Positive		or deletions of codon 1836)	Negative, Not done, Positive	
Ciassilication		yes	yes	ucictions of couon (830)	ivegative, ivot done, Positive		or detectors of codoff (836)	ivegative, Not dolle, rositive	
Disease	Acute								
	Myelogenous Leukemia (AML)	L		FITTO ITTO COLONIA	N		FLT2 ITD		
Classification		IVES	ives	FLT3 – ITD mutation	Negative, Not Done, Positive	1	FLT3 – ITD mutation	Negative, Not Done, Positive	

	Information								
	Collection								
	Domain	Response required if							
Collection Domain	Additional Sub		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)	Rationale for Information Collection Update
	Acute								
	Myelogenous								
Classification	Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known, Unknown	
	Acute								
	Myelogenous								
Classification	Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:		
	Acute								
	Myelogenous								
Classification	Leukemia (AML)	yes	yes	IDH1	Negative, Not Done, Positive		IDH1	Negative, Not Done, Positive	
	Acute								
	Myelogenous								
Classification	Leukemia (AML)	yes	yes	IDH2	Negative, Not Done, Positive		IDH2	Negative, Not Done, Positive	
	Acute								
	Myelogenous				L				
Classification	Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative, Not Done, Positive	
Disease	Acute								
Disease Classification	Myelogenous	luos.	luar.	NIDNA1	Negative Net Done Proitive		NIDN41	Negative Net Dene Resitive	
Liassification	Leukemia (AML)	yes	yes	NPM1	Negative, Not Done, Positive		NPM1	Negative, Not Done, Positive	
Disease	Acute Myelogenous								
Classification	Leukemia (AML)	ves	ves	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative, Not Done, Positive	
LIASSITICATION	Acute (AIVIL)	yes	yes	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative, Not Done, Positive	
Disease	Myelogenous								
	Leukemia (AML)	ves	luos.	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Liassification	Leukeilla (AlviL)	yes	lyes	Specify other molecular marker.	open text		Did the recipient have central	open text	
	Acute			Did the recipient have central nervous			nervous system leukemia at any time		
Disease	Myelogenous			system leukemia at any time prior to the			prior to the start of the preparative		
Classification	Leukemia (AML)	ves	200	start of the preparative regimen / infusion?	no Unknown ves		regimen / infusion?	no,Unknown,yes	
Classification	Leukeilla (AlviL)	yes	110	start of the preparative regiment/ infusion:	no,onknown,yes		regimen / initiation:	IIO,OTIKITOWIT,yes	
					1st complete remission,1st relapse,2nd			1st complete remission,1st relapse,2nd complete	
	Acute				complete remission,2nd relapse,≥3rd			remission,2nd relapse,≥ 3rd complete remission,	
Disease	Myelogenous				complete remission, ≥3rd relapse, ≥ 3rd complete remission, ≥3rd relapse, No			≥3rd relapse,No treatment,Primary induction	
	Leukemia (AML)	ves		What was the disease status?	treatment, Primary induction failure		What was the disease status?	failure	
Liassification	Leukeilla (AlviL)	yes	110	Wildt was tile disease status:	treatment, Filmary mudction failure		Wildt was tile disease status:	laliule	
	Acute			How many cycles of induction therapy			How many cycles of induction		
	Myelogenous			were required to achieve 1st complete			therapy were required to achieve 1st		
Classification	Leukemia (AML)	vec	200	remission? (includes CRi)	1,2,≥ 3			1,2,≥ 3	
ad33iiicacioii	Acute	yes	110	Termission: (melades ett)	1,2, = 3		complete remission: (merades em)	1,2,5 5	
isease	Myelogenous			Was the recipient in remission by flow			Was the recipient in remission by-		
Classification	Leukemia (AML)	ves	no	cytometry?	Not applicable,No,Unknown,Yes	Deletion of Information Requested	flow cytometry?	Not applicable No Unknown Yes	Reduce redundancy in data capture
adda.Alcution	Acute	100		Cycomesty:	Title applicable, 140, Offictiowit, 165	Science of information requested	Specify method(s) that was used to	The applicable into join in the interest of th	neduce readinatiney in data cupture
Disease	Myelogenous						assess measurable residual disease	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not	Be consistent with current clinical landscape, improve
Classification	Leukemia (AML)	ves	no			Addition of Information Requested	status (check all that apply)	assessed	transplant outcome data
	Acute	-					and the copper		
Disease	Myelogenous						Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (AML)	ves	no			Addition of Information Requested	detected by FISH?	no,yes	transplant outcome data
	Acute								
Disease	Myelogenous						Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (AML)	yes	no			Addition of Information Requested	detected by karyotyping assay?	no,yes	transplant outcome data
	Acute						,,,		
isease	Myelogenous						Which leukemia phenotype was used	original leukemia immunophenotype, aberrant	Be consistent with current clinical landscape, improve
lassification	Leukemia (AML)	ves	no			Addition of Information Requested	for detection (check all the apply)	phenotype	transplant outcome data
	Acute						What is the lower limit of detection		
isease	Myelogenous						(for the original leukemia		Be consistent with current clinical landscape, improve
lassification	Leukemia (AML)	ves	no			Addition of Information Requested	immunophenotype)	open text	transplant outcome data
	Acute	,				The state of the s	пинанорнелосуре)		
isease	Myelogenous						What is the lower limit of detection		Be consistent with current clinical landscape, improve
lassification	Leukemia (AML)	ves	no			Addition of Information Requested	(for the aberrant phenotype)	open text	transplant outcome data
adda//icution	Acute	100				, idation of information requested	(lor the abendite phenotype)	open text	transplant outcome data
Disease	Myelogenous						Was measurable residual disease		Be consistent with current clinical landscape, improve
lassification	Leukemia (AML)	Ves	no			Addition of Information Requested	detected by flow cytometry?	no ves	transplant outcome data
, a s s i c a c i o i i	LCGACITIG (MIVIL)	1,00	1.10			Addition of information requested	actected by now cytometry:	1.0)100	stansplant outcome data

	Information								
	Collection								
Information		Response required if							
Collection Domain	Additional Sub		I	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	· · · · ·	
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)	Rationale for Information Collection Update
Disease	Acute						Was measurable residual disease		Po consistent with surrent clinical landscape, improve
Disease Classification	Myelogenous Leukemia (AML)	wor	20			Addition of Information Requested	detected by PCR?	no ver	Be consistent with current clinical landscape, improve transplant outcome data
Classification	Acute (AML)	yes	no			Addition of information Requested	detected by PCR?	no,yes	transplant outcome data
Disease	Myelogenous						Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (AML)	VAC	no			Addition of Information Requested	detected by NGS?	no ves	transplant outcome data
Classification	Acute	yes				Addition of information requested	detected by 1405:	no, yes	transplant outcome data
Disease	Myelogenous								
Classification	Leukemia (AML)	VAC	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
Classification	Acute	yes	110	Date of most recent relapse.	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		Date of most recent relapse.	TTT/WW/DD	
Disease	Myelogenous								
Classification	Leukemia (AML)	VAC	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Classification	Leukeilla (AlviL)	yes	110	Date assessed.	<u> </u>		Date assessed.	B-lymphoblastic leukemia / lymphoma:	
					B-lymphoblastic leukemia / lymphoma,			B-lymphoblastic leukemia / lymphoma, NOS (B-ce	n l
					NOS (B-cell ALL, NOS) (191),			ALL, NOS) (191),	"
					B-lymphoblastic leukemia / lymphoma				
					with t(9;22)(q34.1;q11.2); BCR-ABL1			B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192),	
					(192),			B-lymphoblastic leukemia / lymphoma with	
					B-lymphoblastic leukemia / lymphoma			t(v;11q23.3); KMT2A rearranged (193),	
					with t(v;11q23.3); KMT2A rearranged			B-lymphoblastic leukemia / lymphoma with	
					(193),			t(1;19)(q23;p13.3); TCF3-PBX1 (194),	
					B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1			B-lymphoblastic leukemia / lymphoma with	
					(194),			t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195),	
					B-lymphoblastic leukemia / lymphoma			B-lymphoblastic leukemia / lymphoma with	
					1			t(5;14) (q31.1;q32.3); IL3-IGH (81),	
					with t(12;21) (p13.2;q22.1); ETV6-			B-lymphoblastic leukemia / lymphoma with	
					RUNX1 (195), B-lymphoblastic leukemia / lymphoma			Hyperdiploidy (51-65 chromosomes) (82),	
					with t(5;14) (q31.1;q32.3); IL3-IGH (81),			B-lymphoblastic leukemia / lymphoma with	
								Hypodiploidy (<46 chromosomes) (83),	
					B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65			B-lymphoblastic leukemia / lymphoma, BCR-ABL1	
					chromosomes) (82),			like (provisional entity) (94),	
					B-lymphoblastic leukemia / lymphoma			B-lymphoblastic leukemia / lymphoma, with	
					with Hypodiploidy (<46 chromosomes)			iAMP21 (95),	
					(83),			T-cell lymphoblastic leukemia / lymphoma:	
					B-lymphoblastic leukemia / lymphoma,			T-cell lymphoblastic leukemia / lymphoma	
					BCR-ABL1-like (provisional entity) (94),			(Precursor T-cell ALL) (196),	
					B-lymphoblastic leukemia / lymphoma,			Early T-cell precursor lymphoblastic leukemia	
	A				with iAMP21 (95),			(96),NK cell lymphoblastic leukemia / lymphoma	
Disease	Acute Lymphoblastic				T-cell lymphoblastic leukemia /			Natural killer (NK)- cell lymphoblastic leukemia /	'
Classification	Leukemia (ALL)			Specify ALL classification	lymphoma:		Specify ALL classification	lymphoma (97)	
Classification		yes	no	Specify ALL classification	тупірпоша.		Specify ALL classification	lymphoma (97)	
Disease	Acute Lymphoblastic			Did the recipient have a predictories			Did the recipient have a prodice asian		
Classification	Leukemia (ALL)	vos	100	Did the recipient have a predisposing condition?	no Unknown yes		Did the recipient have a predisposing condition?		
CidSSIIICatIOII	Acute	yes	IIIO	Conditions	no,Unknown,yes Aplastic anemia,Bloom syndrome,Down		Conditions	no,Unknown,yes	
Disease	Lymphoblastic				Syndrome,Fanconi anemia,Other			Aplastic anemia,Bloom syndrome,Down	
Classification	Leukemia (ALL)	ves	no	Specify condition	condition		Specify condition	Syndrome,Fanconi anemia,Other condition	
CidSSIIICatIOII	Acute	yes	IIIO	Specify condition	Condition		Specify condition	Syndrome, rancom anemia, other condition	
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	ves	no	Specify other condition:	open text		Specify other condition:	open text	
Ciassification	LCGREIIII (ALL)	yes		Specify other condition.	open text		Were tyrosine kinase inhibitors given	open text	
				Were tyrosine kinase inhibitors given for			for therapy at any time prior to the		
	Acute			therapy at any time prior to the start of the	.]		start of the preparative regimen /		
Disease	Lymphoblastic			preparative regimen / infusion? (e.g.			infusion? (e.g. imatinib mesylate,		
Classification		yes	no		no,yes		dasatinib, etc.)	no,yes	
c.assincadon	Acute (ALL)	,		mesmo mesylate, dasatimo, etc.j	поууса		Were cytogenetics tested	noyes	
Disease	Lymphoblastic			Were cytogenetics tested (karyotyping or			(karyotyping or FISH)? (at diagnosis		
Classification	Leukemia (ALL)	ves	ves	FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	or relapse)	no,Unknown,yes	Reduce redundancy in data capture
z. Joshi Cation	Acute	,	7	// (at diagnosis)	nay a said in 1970	and a second sec			- Countainty in data capture
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	ves	ves	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No.Yes	
	Acute	,	,	- , -, ,	-,				
Disease	Lymphoblastic				Abnormalities identified,No				
Classification		ves	ves	Results of tests	abnormalities		Results of tests	Abnormalities identified, No abnormalities	
	uncilia (ALL)	1,700	1700			l .	1		1

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	Information								
16	Collection	D							
Information	Domain	Response required if		Comment Information Callegation Date	C		Duran and Information Collection	Donation College Date	
Collection Domain	Additional Sub		Information Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data	Information Callestian and date	Proposed Information Collection	Proposed Information Collection Data	Batianala fan Information Callestian Hadata
Sub-Type	Domain Acute	applies	requested multiple times	International System for Human	Element Response Option(s)	Information Collection update:	Data Element (if applicable) International System for Human	Element Response Option(s)	Rationale for Information Collection Update
Disease	Lymphoblastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (ALL)	ves	VAS	compatible string:	open text		compatible string:	open text	
Classification	Acute	yes	l yes	companies samg.	Орен секс		compatible string.	open text	
Disease	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		1, 5		
					abnormality,9p any				
					abnormality,add(14q),del(12p) / 12p-			(11q23) any abnormality,12p any abnormality,9p	
					,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid			any abnormality,add(14q),del(12p) / 12p-,del(6q) /	
					(> 50),Hypodiploid (< 46),iAMP21,-			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid	
					7,Other			(< 46),iAMP21,-7,Other	
	Acute				abnormality,t(1;19),t(10;14),t(11;14),t(1			abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8	
Disease	Lymphoblastic				2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22)		Specify abnormalities (check all that),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,	
Classification	Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	,t(9;22),+17,+21,+4,+8		apply)	+8	
	Acute								
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Acute								
Disease	Lymphoblastic				L		Were cytogenetics tested via	L	
Classification	Leukemia (ALL)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes	
D'	Acute				Alexander de la companion de l			Alexander Colonia Colo	
Disease Classification	Lymphoblastic Leukemia (ALL)			Recults of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified, No abnormalities, No	
Classification	Acute (ALL)	yes	yes	Results of tests International System for Human	abnormalities, No evaluable metaphases		Results of tests International System for Human	evaluable metaphases	
Disease	Lymphoblastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (ALL)	ves	Vec	compatible string:	open text		compatible string:	open text	
Classification	Acute	yes	l yes	compatible string.	open text		compatible string.	open text	
Disease	Lymphoblastic			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Leukemia (ALL)	yes	ves	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
		,	,,,,,		(11q23) any abnormality,12p any		-78	(-)	
					abnormality,9p any				
					abnormality,add(14q),del(12p) / 12p-			(11q23) any abnormality,12p any abnormality,9p	
					,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid			any abnormality,add(14q),del(12p) / 12p-,del(6q) /	
					(> 50),Hypodiploid (< 46),iAMP21,-			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid	
					7,Other			(< 46),iAMP21,-7,Other	
	Acute				abnormality,t(1;19),t(10;14),t(11;14),t(1			abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8	
Disease	Lymphoblastic				2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22)		Specify abnormalities (check all that		
Classification	Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	,t(9;22),+17,+21,+4,+8		apply)	+8	
	Acute								
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Diaman	Acute			Was decision to the desired			Was documentation submitted to		
Disease	Lymphoblastic	luos.	luge.	Was documentation submitted to the	No Yes		the CIBMTR? (e.g. cytogenetic or	No Vos	
Classification	Leukemia (ALL) Acute	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes	
Disease	Lymphoblastic			Were tests for molecular markers			Were tests for molecular markers		
Classification	Leukemia (ALL)	ves	Wes	performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	performed? (at diagnosis or relapse)	no Unknown ves	Reduce redundancy in data capture
Ciassification	Acute	yes	763	perioritieu: (at diagnosis)	IIIO,OIIKIIOWII,yes	Change/ Clarification of information requested	performed: (at diagnosis of felapse)	no,onknown,yes	neduce redundancy in data capture
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	ves	ves	BCR / ABL	Negative, Not Done, Positive		BCR / ABL	Negative,Not Done,Positive	
2.23	Acute	1	1						
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	ves	ves	TEL-AML / AML1	Negative, Not Done, Positive		TEL-AML / AML1	Negative, Not Done, Positive	
	Acute	,	,	,	5 -, -:,			<u> </u>	
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	yes	yes	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative, Not Done, Positive	
	Acute	ľ							
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
		•	•	• •	•	•	• • •	•	

	Information								
	Collection								
Information	Domain	Response required if							
Collection 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)	Rationale for Information Collection Update
	Acute			Were cytogenetics tested (karyotyping or			Were cytogenetics tested (karyotyping or FISH)? (between		
Disease	Lymphoblastic			FISH)? (between diagnosis and last			diagnosis or at relapse and last		
Classification	Leukemia (ALL)	yes	yes	evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	evaluation)	no,Unknown,yes	Reduce redundancy in data capture
	Acute								
Disease	Lymphoblastic						l		
Classification	Leukemia (ALL) Acute	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease	Lymphoblastic				Abnormalities identified,No				
Classification	Leukemia (ALL)	ves	ves	Results of tests	abnormalities		Results of tests	Abnormalities identified, No abnormalities	
	Acute	7	,,,,,,	International System for Human			International System for Human		
Disease	Lymphoblastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (ALL)	yes	yes	compatible string:	open text		compatible string:	open text	
	Acute								
Disease Classification	Lymphoblastic	uec.	luge.	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three		Specify number of distinct	Four or more (4 or more) C== (4) Th=== (2) T == (2)	
Cidssilication	Leukemia (ALL)	yes	yes	aunormanues	(3),Two (2) (11q23) any abnormality,12p any		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
					abnormality,9p any				
					abnormality,add(14q),del(12p) / 12p-			(11q23) any abnormality,12p any abnormality,9p	
					,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid			any abnormality,add(14q),del(12p) / 12p-,del(6q) /	
					(> 50),Hypodiploid (< 46),iAMP21,-			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid	
					7,Other			(< 46),iAMP21,-7,Other	
D '	Acute				abnormality,t(1;19),t(10;14),t(11;14),t(1		Constitution of the constitution	abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8	
Disease Classification	Lymphoblastic Leukemia (ALL)			Specify abnormalities (check all that apply)	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)),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,	
Classification	Acute	yes	yes	specify abhormancies (check an that apply)	,((3,22),+17,+21,+4,+8		арріу)	170	
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Acute								
Disease	Lymphoblastic						Were cytogenetics tested via		
Classification	Leukemia (ALL)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes	
Disease	Acute Lymphoblastic				Abaramanisian identified No.			Abanamatisian idansifind Na abanamatisian Na	
Classification	Leukemia (ALL)	WOS	ves	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Classification	Acute	yes	yes	International System for Human	abiliormanies, No evaluable metaphases		International System for Human	evaluable metaphases	
Disease	Lymphoblastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Leukemia (ALL)	yes	yes	compatible string:	open text		compatible string:	open text	
	Acute								
Disease	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) (11q23) any abnormality,12p any		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
					abnormality,9p any				
					abnormality,add(14q),del(12p) / 12p-			(11q23) any abnormality,12p any abnormality,9p	
					,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid			any abnormality,add(14q),del(12p) / 12p-,del(6q) /	
					(> 50),Hypodiploid (< 46),iAMP21,-			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid	
	1				7,Other			(< 46),iAMP21,-7,Other	
	Acute				abnormality,t(1;19),t(10;14),t(11;14),t(1			abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8	
Disease	Lymphoblastic				2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22)		Specify abnormalities (check all that),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,	
Classification	Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	,t(9;22),+17,+21,+4,+8		apply)	+8	
Disease	Acute Lymphoblastic								
Classification	Leukemia (ALL)	ves	ves	Specify other abnormality:	open text		Specify other abnormality:	open text	
2.200	Acute	1,	,				Was documentation submitted to		
Disease	Lymphoblastic			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or		
Classification	Leukemia (ALL)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes	
							Were tests for molecular markers		
B	Acute			Were tests for molecular markers			performed? (e.g. PCR, NGS) (between		
Disease Classification	Lymphoblastic Leukemia (ALL)			performed? (e.g. PCR, NGS) (between	no Hoknowa vos	Change /Clarification of Information Democrated	diagnosis or relapse and last evaluation)	no Unknown voc	Reduce redundancy in data continue
Classification	Acute	yes	yes	diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease	Lymphoblastic								
Classification		ves	ves	BCR / ABL	Negative, Not Done, Positive		BCR / ABL	Negative,Not Done,Positive	
Classification	Leukemia (ALL)	lyes	lyes	BCK / ABL	Inegative, Not Done, Positive	I	BCK / ABL	Inegative, Not Done, Positive	

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	Information							
	Collection							
Information	Domain	Response required if						
Collection Domain		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) Rationale for Information Collection Update
	Acute							
Disease	Lymphoblastic							
Classification	Leukemia (ALL)	yes	yes	TEL-AML / AML1	Negative, Not Done, Positive		TEL-AML / AML1	Negative,Not Done,Positive
8	Acute							
Disease Classification	Lymphoblastic Leukemia (ALL)			Other males des mades	Nagativa Nat Rana Rasitiva		Oth as as also also as as also	Negative Net Dane Peritive
Classification	Acute Acute	yes	yes	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative, Not Done, Positive
Disease	Lymphoblastic							
Classification	Leukemia (ALL)	ves	ves	Specify other molecular marker:	open text		Specify other molecular marker:	open text
Classification	Acute	yes	yes	Specify other molecular marker.	open text		Were cytogenetics tested	open text
Disease	Lymphoblastic			Were cytogenetics tested (karyotyping or			(karyotyping or FISH)? (at last	
Classification	Leukemia (ALL)	Ves	VPS	FISH)? (at last evaluation)	no,Unknown,yes		evaluation)	no,Unknown,yes
Ciassification	Acute	763	765	instry. (action evaluation)	nojeminoum, yes		Craidation	ino)onimonnyeo
Disease	Lymphoblastic							
Classification	Leukemia (ALL)	ves	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes
	Acute							
Disease	Lymphoblastic				Abnormalities identified,No			
Classification	Leukemia (ALL)	yes	yes	Results of tests	abnormalities		Results of tests	Abnormalities identified,No abnormalities
	Acute			International System for Human			International System for Human	
Disease	Lymphoblastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)	
Classification	Leukemia (ALL)	yes	yes	compatible string:	open text		compatible string:	open text
	Acute							
Disease	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			(44.22)
					abnormality,add(14q),del(12p) / 12p-			(11q23) any abnormality,12p any abnormality,9p
					,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-			any abnormality,add(14q),del(12p) / 12p-,del(6q) /
					7,Other			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other
	Acute				abnormality,t(1;19),t(10;14),t(11;14),t(1			abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8
Disease	Lymphoblastic				2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22)		Specify abnormalities (check all that),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,
Classification	Leukemia (ALL)	ves	ves	Specify abnormalities (check all that apply)],t(9;22),+17,+21,+4,+8		apply)	
Ciassification	Acute	763	743	specify autoritatives (effect all that apply)).((3)22)).17,.22,.1,.0		app.y/	
Disease	Lymphoblastic							
Classification	Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text
	Acute		,		·		· · ·	
Disease	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
	Acute							
Disease	Lymphoblastic				Abnormalities identified,No			Abnormalities identified, No abnormalities, No
Classification	Leukemia (ALL)	yes	yes	Results of tests	abnormalities,No evaluable metaphases		Results of tests	evaluable metaphases
	Acute			International System for Human			International System for Human	
Disease	Lymphoblastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)	
Classification	Leukemia (ALL)	yes	yes	compatible string:	open text		compatible string:	open text
Dianana	Acute			Cassification of distinct	5		Casalf, avanhau af division	
Disease	Lymphoblastic	luos.	lune.	Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct	Four or more (4 or more),One (1),Three (3),Two (2)
Classification	Leukemia (ALL)	yes	yes	abnormalities	(3),Two (2) (11q23) any abnormality,12p any		cytogenetic abnormalities	rour or more (4 or more), one (1), rinee (3), two (2)
					abnormality,9p any			
					1 1 1 1			(/1/a/2) any ahnormality 12n any ahnormality 0n
					abnormality,add(14q),del(12p) / 12p- ,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid			(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) /
					(> 50),Hypodiploid (< 46),iAMP21,-			6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid
					7,Other			(< 46),iAMP21,-7,Other
	Acute				abnormality,t(1;19),t(10;14),t(11;14),t(1			abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8
Disease	Lymphoblastic				2;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22)		Specify abnormalities (check all that),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,
Classification	Leukemia (ALL)	ves	ves	Specify abnormalities (check all that apply)			apply)	+8
	Acute	1		, and apply)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- FF 11	
Disease	Lymphoblastic							
Classification	Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text
-	Acute	İ			·		Was documentation submitted to	
Disease	Lymphoblastic			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or	
Classification	Leukemia (ALL)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes			No,Yes
	,		1.	, , , , , , , , , , , , , , , , , , , ,		•		· · · · · · · · · · · · · · · · · · ·

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub		Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
Sub-Type	Domain		requested multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)		Rationale for Information Collection Update
.,,,,,	Acute			Were tests for molecular markers			Were tests for molecular markers		
Disease	Lymphoblastic			performed? (e.g. PCR, NGS) (at last			performed? (e.g. PCR, NGS) (at last		
Classification	Leukemia (ALL)	yes	ves	evaluation)	no,Unknown,yes		evaluation)	no,Unknown,yes	
ciassincación	Acute	763	163	evaluation,	no,onano wn,yes		Craidation,	no,onanown,yes	
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	yes	ves	BCR / ABL	Negative, Not Done, Positive		BCR / ABL	Negative,Not Done,Positive	
Classification	Acute	yes	yes	BCR / ABE	Negative, Not Dolle, Fositive		BCR / ABL	ivegative, Not Done, Fositive	
Disease	Lymphoblastic								
Classification	Leukemia (ALL)	NO.	was	TEL-AML / AML1	Negative, Not Done, Positive		TEL-AML / AML1	Negative,Not Done,Positive	
	Acute	yes	yes	TEE-AIVE / AIVEL	Negative, Not Dolle, Positive		TEE-AIVIE / AIVIEI	Negative, Not Done, Fositive	
Disease	Lymphoblastic			Other water to an advan			Other medical bases described	No. of the No. of the State of	
Classification	Leukemia (ALL)	yes	yes	Other molecular marker	Negative, Not Done, Positive		Other molecular marker	Negative, Not Done, Positive	
8	Acute								
Disease	Lymphoblastic			Court of the court of the court of the	l		6		
Classification	Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
	l			L			Did the recipient have central		
<u> </u>	Acute			Did the recipient have central nervous			nervous system leukemia at any time		
Disease	Lymphoblastic			system leukemia at any time prior to the			prior to the start of the preparative		
Classification	Leukemia (ALL)	yes	no	start of the preparative regimen / infusion?			regimen / infusion?	no,Unknown,yes	
					1st complete remission (include CRi),1st				
					relapse,2nd complete remission,2nd			1st complete remission (include CRi),1st	
	Acute				relapse, ≥ 3rd complete remission, ≥3rd			relapse,2nd complete remission,2nd relapse, ≥ 3rd	
Disease	Lymphoblastic				relapse,No treatment,Primary induction			complete remission, ≥3rd relapse,No	
Classification	Leukemia (ALL)	yes	no	What was the disease status?	failure		What was the disease status?	treatment,Primary induction failure	
	Acute			How many cycles of induction therapy			How many cycles of induction		
Disease	Lymphoblastic			were required to achieve 1st complete			therapy were required to achieve 1st		
Classification	Leukemia (ALL)	yes	no	remission?	1,2,≥ 3		complete remission?	1,2, ≥ 3	
	Acute								
Disease	Lymphoblastic			Was the recipient in remission by flow			Was the recipient in remission by		
Classification	Leukemia (ALL)	yes	no	cytometry?	Not applicable, No, Unknown, Yes	Deletion of Information Requested	flow cytometry?	Not applicable, No, Unknown, Yes	Reduce redundancy in data capture
	Acute						Specify method(s) that was used to		
Disease	Lymphoblastic						assess measurable residual disease	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not	Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	ves	no			Addition of Information Requested	status (check all that apply)	assessed	transplant outcome data
	Acute								
Disease	Lymphoblastic						Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	ves	no			Addition of Information Requested	detected by FISH?	no,yes	transplant outcome data
	Acute	,				·	· ·		
Disease	Lymphoblastic						Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	ves	no			Addition of Information Requested	detected by karyotyping assay?	no ves	transplant outcome data
	Acute	7-5-							
Disease	Lymphoblastic						Which leukemia phenotype was used	original leukemia immunophenotype, aberrant	Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	ves	no			Addition of Information Requested	for detection (check all the apply)	phenotype	transplant outcome data
2.333111044011	Acute	7					What is the lower limit of detection		
Disease	Lymphoblastic						(for the original leukemia		Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	yes	no			Addition of Information Requested	immunophenotype)	open text	transplant outcome data
2.200	Acute	7					απορπεποτήρε)		
Disease	Lymphoblastic						What is the lower limit of detection		Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	VOS	no.			Addition of Information Requested	(for the aberrant phenotype)	open text	transplant outcome data
Classification		yes	no			Addition of information kequested	(for the aberrant phenotype)	open text	transplant outcome data
Disease	Acute						Was massurable residual disease		Re consistent with surrent clinical landances income
Disease	Lymphoblastic					Addition of the Country Developed	Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	yes	no			Addition of Information Requested	detected by flow cytometry?	no,yes	transplant outcome data
	Acute								
	Lymphoblastic						Was measurable residual disease		Be consistent with current clinical landscape, improve
		yes	no			Addition of Information Requested	detected by PCR?	no,yes	transplant outcome data
	Acute								
Disease	Lymphoblastic						Was measurable residual disease		Be consistent with current clinical landscape, improve
Classification	Leukemia (ALL)	yes	no			Addition of Information Requested	detected by NGS?	no,yes	transplant outcome data
	Acute								
Disease	Lymphoblastic								
Classification		yes	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
	Acute						·		
		1			l .		1		
Disease	Lymphoblastic			1				1	
	1	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
		•				·			·
					Acute undifferentiated leukemia, Blastic				
					plasmacytoid dendritic cell neoplasm				
					,Mixed phenotype acute leukemia,			Acute undifferentiated leukemia,Blastic	
					B/myeloid, NOS,Mixed phenotype acute			plasmacytoid dendritic cell neoplasm ,Mixed	
					leukemia (MPAL) with			phenotype acute leukemia, B/myeloid, NOS,Mixed	
					t(9;22)(q34.1;q11.2); BCR-ABL1,Mixed			phenotype acute leukemia (MPAL) with	
	Acute Leukemias				phenotype acute leukemia with t(v;			t(9;22)(q34.1;q11.2); BCR-ABL1,Mixed phenotype	
	of Ambiguous				11q23.3); KMT2A rearranged, Mixed			acute leukemia with t(v; 11q23.3); KMT2A	
	Lineage and Other			Specify acute leukemias of ambiguous	phenotype acute leukemia, T/myeloid,		Specify acute leukemias of	rearranged, Mixed phenotype acute leukemia,	
Disease	Myeloid			lineage and other myeloid neoplasm	NOS,Other acute leukemia of ambiguous		ambiguous lineage and other	T/myeloid, NOS,Other acute leukemia of	
Classification	Neoplasms	yes	no	classification	lineage or myeloid neoplasm		myeloid neoplasm classification	ambiguous lineage or myeloid neoplasm	
	Acute Leukemias								
	of Ambiguous								
	Lineage and Other						Specify other acute leukemia of		
Disease	Myeloid			Specify other acute leukemia of ambiguous			ambiguous lineage or myeloid		
Classification	Neoplasms	yes	no	lineage or myeloid neoplasm:	open text		neoplasm:	open text	
			·		1st complete remission (no previous				
	Acute Leukemias				marrow or extramedullary relapse),1st			1st complete remission (no previous marrow or	
	of Ambiguous				relapse,2nd complete remission,2nd			extramedullary relapse),1st relapse,2nd complete	
	Lineage and Other				relapse, ≥ 3rd complete remission, ≥ 3rd			remission,2nd relapse, ≥ 3rd complete remission, ≥	
Disease	Myeloid			What was the disease status? (based on	relapse,No treatment,Primary induction		What was the disease status? (based	3rd relapse,No treatment,Primary induction	
Classification	Neoplasms	yes	no	hematological test results)	failure		on hematological test results)	failure	
	Acute Leukemias								
	of Ambiguous								
	Lineage and Other								
Disease	Myeloid								
Classification	Neoplasms	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
	Chronic								
	Myelogenous								
Classification	Leukemia (CML)	yes	no	Was therapy given prior to this HCT?	no,yes		Was therapy given prior to this HCT?	no,yes	
	Chronic								
	Myelogenous								
Classification	Leukemia (CML)	yes	no	Combination chemotherapy	no,yes		Combination chemotherapy	no,yes	
	Chronic								
Disease	Myelogenous								
Classification		yes	no	Hydroxyurea (Droxia, Hydrea)	no,yes		Hydroxyurea (Droxia, Hydrea)	no,yes	
	Chronic						Tyrosine kinase inhibitor		
Disease	Myelogenous			Tyrosine kinase inhibitor (e.g.imatinib			(e.g.imatinib mesylate, dasatinib,		
Classification	Leukemia (CML)	yes	no	mesylate, dasatinib, nilotinib)	no,yes		nilotinib)	no,yes	
[Chronic			1					
Disease	Myelogenous			Interferon-α (Intron, Roferon)			Interferon-α (Intron, Roferon)		
Classification	Leukemia (CML)	yes	no	(includes PEG)	no,yes		(includes PEG)	no,yes	
8	Chronic								
	Myelogenous			at a standard			aut - ut - u		
Classification	Leukemia (CML)	yes	no	Other therapy	no,yes		Other therapy	no,yes	
Discours	Chronic								
Disease Classification	Myelogenous			Spacify other thoran::	anon toxt		Specify other than	anon tout	
Ciassification	Leukemia (CML)	yes	no	Specify other therapy:	open text Accelerated phase,Blast phase,Complete		Specify other therapy:	open text	
								Accelerated phase,Blast phase,Complete	
					hematologic response (CHR) preceded by accelerated phase and/or blast				
	Chronic							hematologic response (CHR) preceded by	
					phase,Complete hematologic response			accelerated phase and/or blast phase,Complete	
	Myelogenous Leukemia (CML)	VOS	no	What was the disease status?	(CHR) preceded only by chronic phase, Chronic phase		What was the disease status?	hematologic response (CHR) preceded only by chronic phase, Chronic phase	
CidSSIIICdtIOII	LEUKEIIIIa (CIVIL)	yes	no	viriat was the disease Status?	priase, cili Onic priase		windt was the disease status?	cinonic phase, cinonic phase	
					Complete cytogenetic response				
					(CCyR),Complete molecular remission			Complete cytogenetic response (CCyR),Complete	
					(CMR),Minimal cytogenetic			molecular remission (CMR),Minimal cytogenetic	
					response,Minor cytogenetic			response, Minor cytogenetic response, Major	
	Chronic								
	I				response, Major molecular remission			molecular remission (MMR),No cytogenetic response (No CyR),Partial cytogenetic response	
	Myelogenous Leukemia (CML)	voc	20	Spacify lovel of respect	(MMR),No cytogenetic response (No		Specify level of re		
	reakemia (CIVIL)	yes	no	Specify level of response	CyR),Partial cytogenetic response (PCyR)	1	Specify level of response	(PCyR)	

	Information								
ı	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
ı	Chronic								
Disease	Myelogenous								
Classification	Leukemia (CML)	yes	no	Number	1st,2nd,3rd or higher		Number	1st,2nd,3rd or higher	
Disease	Chronic								
Disease Classification	Myelogenous Leukemia (CML)	voc	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Classification	Leukeiiiia (CiviL)	yes		Date assessed.	TTTT/WWW/DD		Date assessed.	TTTT/WIW/DD	
!									
					Atypical chronic myeloid leukemia				
!					(aCML), BCR-ABL1-,Chronic				
					myelomonocytic leukemia				
					(CMMoL), Juvenile myelomonocytic				
!					leukemia (JMML/JCML), Myelodysplastic				
!					syndrome with isolated			l	
,					del(5q), Myelodysplastic syndrome with			Atypical chronic myeloid leukemia (aCML), BCR-	
					multilineage dysplasia (MDS-MLD),MDS			ABL1-,Chronic myelomonocytic leukemia	
					/ MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-			(CMMoL),Juvenile myelomonocytic leukemia (JMML/JCML),Myelodysplastic syndrome with	
					T),Myelodysplastic syndrome /			isolated del(5q),Myelodysplastic syndrome with	
					myeloproliferative neoplasm,			multilineage dysplasia (MDS-MLD),MDS / MPN	
!					unclassifiable, syndrome with single			with ring sideroblasts and thrombocytosis (MDS /	
					lineage dysplasia (MDS-			MPN-RS-T), Myelodysplastic syndrome /	
1					SLD), Myelodysplastic syndrome (MDS),			myeloproliferative neoplasm, unclassifiable,	
!					unclassifiable,Refractory cytopenia of			syndrome with single lineage dysplasia (MDS-	
					childhood. Myelodysplatic Syndrome			SLD), Myelodysplastic syndrome (MDS),	
!					with excess blasts (MDS-EB): MDS with			unclassifiable, Refractory cytopenia of childhood.	
1					excess blasts-1 (MDS-EB-1),MDS with			Myelodysplatic Syndrome with excess blasts	
					excess blasts-2 (MDS-EB-2).			(MDS-EB): MDS with excess blasts-1 (MDS-EB-	
!				What was the MDS subtype at diagnosis? -	Myelodysplatic Syndrome with ring sideroblasts: MDS-RS with multilineage		What was the MDS subtype at	1),MDS with excess blasts-2 (MDS-EB-2).	
				If transformed to AML, indicate AML as	dysplasia (MDS-RS-MLD),MDS-RS with		diagnosis? - If transformed to AML,	Myelodysplatic Syndrome with ring sideroblasts: MDS-RS with multilineage dysplasia (MDS-RS-	
Disease	Myelodysplastic			primary disease; also complete AML	single lineage dysplasia (MDS-RS-		complete AML Disease Classification	MLD),MDS-RS with single lineage dysplasia (MDS-RS-	
Classification	Syndrome (MDS)	ves	no	Disease Classification questions	SLD),Myelodysplastic		questions	RS-SLD),Myelodysplastic	
	.,	,		4	MDS-U with 1% blood blasts,MDS-U		The state of the s	p p p p	
1					based on defining cytogenetic			MDS-U with 1% blood blasts,MDS-U based on	
Disease	Myelodysplastic			Specify Myelodysplastic syndrome,	abnormality,MDS-U with single lineage		Specify Myelodysplastic syndrome,	defining cytogenetic abnormality,MDS-U with	
Classification	Syndrome (MDS)	yes	no	unclassifiable (MDS-U)	dysplasia and pancytopenia		unclassifiable (MDS-U)	single lineage dysplasia and pancytopenia	
!							Was documentation submitted to		
Disease	Myelodysplastic			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or		
Classification	Syndrome (MDS)	yes	no	CIBMTR? (e.g. cytogenetic or FISH report)	NO, YES		FISH report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	wes	no	Was the disease MDS therapy related?	no,Unknown,yes		Was the disease MDS therapy related?	no,Unknown,yes	
	Myelodysplastic	yes		Did the recipient have a predisposing	no,onknown,yes		Did the recipient have a predisposing	no,onkilowii,yes	+
	Syndrome (MDS)	ves	no	condition?	no,Unknown,yes		condition?	no,Unknown,yes	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,	-		.,				
					Aplastic anemia,DDX41-associated				
					familial MDS,Fanconi anemia,GATA2				
					deficiency (including Emberger				
					syndrome, MonoMac syndrome, DCML			Aplastic anemia,DDX41-associated familial	
					deficiency) ,Li-Fraumeni Syndrome,Other			MDS,Fanconi anemia,GATA2 deficiency (including	
					condition,Paroxysmal nocturnal			Emberger syndrome, MonoMac syndrome, DCML	
					hemoglobinuria,Diamond-Blackfan			deficiency) ,Li-Fraumeni Syndrome,Other	
,					Anemia,RUNX1 deficiency (previously			condition,Paroxysmal nocturnal	.
,					"familial platelet disorder with			hemoglobinuria, Diamond-Blackfan Anemia, RUNX: deficiency (previously "familial platelet disorder	·
					propensity to myeloid malignancies") ,SAMD9- or SAMD9L-associated familial			with propensity to myeloid malignancies")	
,					MDS,Shwachman-Diamond			,SAMD9- or SAMD9L-associated familial	
Disease	Myelodysplastic				Syndrome, Telomere biology disorder			MDS,Shwachman-Diamond Syndrome,Telomere	
	Syndrome (MDS)	ves	no	Specify condition	(including dyskeratosis congenita)		Specify condition	biology disorder (including dyskeratosis congenita	
	Myelodysplastic	1,		apara, sometion	(minimum of processing confermal)		Transfer of the second of the	(madaing dysiciates)s congenitu	
Classification	Syndrome (MDS)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
	Myelodysplastic								
	Syndrome (MDS)	vec	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	

	Information							
	Collection							
Information	Domain	Response required if						
Collection Domair			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)		Information Collection update:	Data Element (if applicable)	Element Response Option(s) Rationale for Information Collection Update
Disease	Myelodysplastic		·		,	·	,,	
Classification	Syndrome (MDS)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown
					× 10 ⁹ /L (x			• x 10 ⁹ /L (x
Disease	Myelodysplastic				10 ³ /mm ³)			10³/mm³)
Classification	Syndrome (MDS)	yes	yes	WBC	• x 10 ⁶ /L		WBC	• x 10 ⁶ /L
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown
Disease	Myelodysplastic							
Classification Disease	Syndrome (MDS)	yes	yes	Neutrophils	%		Neutrophils	%
Classification	Myelodysplastic Syndrome (MDS)	vec	ves	Blasts in blood	Known, Unknown		Blasts in blood	Known.Unknown
Disease	Myelodysplastic	yes	l yes	Diasts III blood	KIIOWII,OIIKIIOWII		Blasts III blood	NIOWII, OII NIOWII
Classification	Syndrome (MDS)	yes	yes	Blasts in blood	%		Blasts in blood	%
Disease	Myelodysplastic	ľ						
Classification	Syndrome (MDS)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown
					• g/dL			• g/dL
Disease	Myelodysplastic				•g/L			• g/L
Classification	Syndrome (MDS)	yes	yes	At Diagnosis: Hemoglobin	• mmol/L		At Diagnosis: Hemoglobin	• mmol/L
Disease Classification	Myelodysplastic Syndrome (MDS)	luos.	luar.	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes
Disease	Myelodysplastic	yes	yes	date of test?	No, Yes		before date of test?	NO,YES
Classification	Syndrome (MDS)	VAS	yes	Platelets	Known, Unknown		Platelets	Known, Unknown
Disease	Myelodysplastic	765	, es	Were platelets transfused ≤ 7 days before	NII O III O		Were platelets transfused ≤ 7 days	NIO MIJO MINO MI
Classification	Syndrome (MDS)	yes	yes	date of test?	No,Yes		before date of test?	No,Yes
Disease	Myelodysplastic			Were platelets transfused ≤ 7 days before			Were platelets transfused ≤ 7 days	
Classification	Syndrome (MDS)	yes	yes	date of test?	No,Yes		before date of test?	No,Yes
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown
Disease Classification				Blasts in bone marrow	%		Blasts in bone marrow	%
Disease	Myelodysplastic	yes	yes	Were cytogenetics tested (karyotyping or			Were cytogenetics tested	
Classification	Syndrome (MDS)	ves	yes	FISH)?	no,Unknown,yes		(karyotyping or FISH)?	no,Unknown,yes
Disease	Myelodysplastic	765	, co	11511/1	no,onmo un,yes		(naryotyping or rishly.	indjointalourijyes
Classification	Syndrome (MDS)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow
Disease	Myelodysplastic				Abnormalities identified,No			
Classification	Syndrome (MDS)	yes	yes	Results of tests	abnormalities		Results of tests	Abnormalities identified,No abnormalities
D '	A and a discontinuity			International System for Human			International System for Human	
Disease Classification	Myelodysplastic Syndrome (MDS)	wes	yes	Cytogenetic Nomenclature (ISCN) compatible string:	open text		Cytogenetic Nomenclature (ISCN) compatible string:	open text
Disease	Myelodysplastic	yes	yes	Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct	open text
Classification	Syndrome (MDS)	ves	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)
	,	ľ	ľ		del(11q) / 11q-,del(12p) / 12p-,del(20q) /		,	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-
					20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) /			,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /
					7q-,del(9q) / 9q-,del(13q) / 13q-			9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-
					,i17q,inv(3),-13,-20,-5,-7,-Y,Other			Y,Other
Disease	Myelodysplastic				abnormality,t(1;3),t(11;16),t(2;11),t(3;21		Specify abnormalities (check all that	abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(
Classification	Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)),t(3;3),t(6;9),+19,+8		apply)	6;9),+19,+8
Disease Classification	Myelodysplastic Syndrome (MDS)	vec	ves	Specify other abnormality:	open text		Specify other abnormality:	open text
CiassilicatiOf1	Syllulonie (IVIDS)	yes	yes	Specify other aution mailty:	open text		Was documentation submitted to	open text
Disease	Myelodysplastic			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or	
Classification	Syndrome (MDS)	yes	yes		No,Yes		FISH report)	No,Yes
Disease	Myelodysplastic			, , , , , , , , , , , , , , , , , , , ,			Were cytogenetics tested via	
Classification	Syndrome (MDS)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow
	L							
Disease	Myelodysplastic			Describe of the second	Abnormalities identified,No		Des les effects	Abnormalities identified,No abnormalities,No
Classification	Syndrome (MDS)	yes	yes	Results of tests	abnormalities, No evaluable metaphases		Results of tests	evaluable metaphases

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Control Cont		f								
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Methods Meth										
Section Sect										
Part										
Property Property	Sub-Type [Domain	applies	requested multiple times		Element Response Option(s)	Information Collection update:		Element Response Option(s)	Rationale for Information Collection Update
Construction Symbol Control Symbol										
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Application Application										
Processor Proc	Classification	Syndrome (MDS)	yes	yes	abnormalities			cytogenetic abnormalities		
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Disease of Mystocyguines (Confession Month (MD) W W Section (MD) Section								1 7 7		
Countries Country Co			yes	yes	Specify abnormalities (check all that apply)),t(3;3),t(6;9),+19,+8		apply)	6;9),+19,+8	
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Disease Myelodysplastic Classification Syndrome (MDS) yes yes yes Date of MDS diagnosis: YYYY/MM/DD Date of			luos.	luar.		VVVV /MANA /DD			VVVV/MMM/DD	
Classification Syndrome (MDS) yes yes Date of MDS diagnosis: YYYY/MM/DD Da			yes	l l	transformation:	TTTT/IVIIVI/DU		ti ansiormation:	TTTT/WIWI/DU	
Disease Myelodysplastic Classification Syndrome (MDS) yes yes Date CBC drawn: YYYY/MM/DD Date CBC drawn: YYYYY/MM/DD Date CBC drawn: YYYY/MM/DD Date CB			was	ves	Date of MDS diagnosis:	VVVV/MMA/DD		Date of MDS diagnosis:	VVVV/MM/DD	
Classification Syndrome (MDS) yes yes yes Date CBC drawn: YYYY/MM/DD Date C			yes	l l l l l l l l l l l l l l l l l l l	Date of MID3 diagnosis:	TTTT/WIIVI/UU		Date of MID3 diagnosis:	I I I I I I I I I I I I I I I I I I I	
Disease Myelodysplastic Classification Syndrome (MDS) yes yes WBC Known,Unknown WBC Known,Unknown Disease Myelodysplastic WBC Known,Unknown WBC WBC WBC WBC WBC WBC WBC WBC WBC WBC			was	ves	Date CRC drawn:	VVVV/MM/DD		Date CRC drawn:	VVVV/MM/DD	
Classification Syndrome (MDS) yes yes yes WBC Known,Unknown WBC Known,Unknown Disease Myelodysplastic Syndrome (MDS) yes yes with the control of the control			yes .	l l l l l l l l l l l l l l l l l l l	Date CDC urawii.	TTTT/WINI/UU		Date CDC uraWII:	TTTT/WINI/DU	
Disease Myelodysplastic Melodysplastic			l		was	Kaassa Halaassa		wns	Kanana Halanana	
			yes	yes	WBC	KNOWN, UNKNOWN		MRC MARC	KNOWN, UNKNOWN	
			luos.	luar.	Noutrophile	Known Haknown		Noutrophile	Known Unknown	
			yes	yes	ineutrophiis	Known,Unknown		Neutropniis	KIIOWII,UNKNOWN	
Disease Myelodysplastic Multiplication Syndrome (MDS) yes yes Neutrophils % Neutrophils % Neutrophils%			l		Naveteenhile	0/		Novembelle	9/	
			yes	yes	ineutrophiis	<u> </u>		Neutropniis		
Disease Myelodysplastic					District Manual	L		Districts blood	W	
Classification Syndrome (MDS) yes yes Blasts in blood Known, Unknown Blasts in blood Known, Unknown	Ciassification	oynarome (MDS)	lyes	[yes	DIAST2 III DIOO0	KHOWII,UNKHOWII	1	piasts in piood	KHOWH, UNKNOWN	1

	Information							
	Collection							
Information	Domain	Response required if						
Collection Domair	Additional Sub	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)		nformation Collection update:	Data Element (if applicable)	Element Response Option(s) Rationale for Information Collection Update
Disease	Myelodysplastic	applies	requested multiple times	Element (II applicable)	Element Response Option(s)	mormation Collection update:	Data Element (II applicable)	Rationale for information collection opuate
Classification	Syndrome (MDS)	ves	ves	Blasts in blood	%		Blasts in blood	%
Disease	Myelodysplastic	765	765	Diasts in piece	^		Siddle in Siddle	
Classification	Syndrome (MDS)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known, Unknown
					•g/dL			•g/dL
Disease	Myelodysplastic				g/L			•g/L
Classification	Syndrome (MDS)	yes	yes	Prior to Infusion: Hemoglobin	• mmol/L		Prior to Infusion: Hemoglobin	• mmol/L
Disease	Myelodysplastic			Were RBCs transfused ≤ 30 days before			Were RBCs transfused ≤ 30 days	
Classification	Syndrome (MDS)	yes	yes	date of test?	No,Yes		before date of test?	No,Yes No,Yes
Disease	Myelodysplastic			Planting	Wasana Halasana		District of the second of the	Warran Hallanda
Classification	Syndrome (MDS)	yes	yes	Platelets	Known,Unknown		Platelets	Known, Unknown
					x 10 ⁹ /L (x			0 2. 2.
Disease	Myelodysplastic				10 ³ /mm ³)			x 10 ⁹ /L (x 10 ³ /mm ³)
Classification	Syndrome (MDS)	yes	yes	Platelets	x 10 ⁶ /L		Platelets	x10 ⁶ /L
					x 10 ⁹ /L (x			0 2. 2
Disease	Myelodysplastic				10 ³ /mm ³)			x 10 ⁹ /L (x 10 ³ /mm ³)
Classification	Syndrome (MDS)	yes	yes	Platelets	x 10 ⁶ /L		Platelets	x 10 ⁶ /L
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known, Unknown
Disease Classification	Myelodysplastic			Block to be a second	%		District to be a second	%
Disease	Syndrome (MDS) Myelodysplastic	yes	yes	Blasts in bone marrow			Blasts in bone marrow	
Classification	Syndrome (MDS)	was	ves	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes
Disease	Myelodysplastic	yes	yes	risn):	no,onknown,yes		(karyotyping or FISH)!	ITO,OTIKITOWIT,YES
Classification	Syndrome (MDS)	ves	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes
Disease	Myelodysplastic	,,,,,	7		,			
Classification	Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow
Disease	Myelodysplastic				Abnormalities identified,No			
Classification	Syndrome (MDS)	yes	yes	Results of tests	abnormalities		Results of tests	Abnormalities identified,No abnormalities
				International System for Human			International System for Human	
Disease	Myelodysplastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)	
Classification	Syndrome (MDS)	yes	yes	compatible string:	open text		compatible string:	open text
Disease	Myelodysplastic			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct	- (1
Classification	Syndrome (MDS)	yes	yes	abnormalities	(3),Two (2) del(11q) / 11q-,del(12p) / 12p-,del(20q) /		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2) del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-
					20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) /			del(11q) / 11q-,del(2p) / 12p-,del(2d) / 20q- ,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) /
					7q-,del(9q) / 9q-,del(13q) / 13q-			9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-
					,i17q,inv(3),-13,-20,-5,-7,-Y,Other			Y,Other
Disease	Myelodysplastic				abnormality,t(1;3),t(11;16),t(2;11),t(3;21		Specify abnormalities (check all that	abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(
Classification	Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)			apply)	6;9),+19,+8
Disease	Myelodysplastic							
Classification	Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text
							Was documentation submitted to	
Disease	Myelodysplastic			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or	
Classification	Syndrome (MDS)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes
Disease	Myelodysplastic				L		Were cytogenetics tested via	
Classification Disease	Syndrome (MDS)	yes	yes	Were cytogenetics tested via karyotyping?	No, Yes		karyotyping?	No,Yes
Disease Classification	Myelodysplastic Syndrome (MDS)	wes	ves	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow
Ciassilication	Syllulonie (IVIDS)	yes	yes	Sample source	r empireral blood, butle marrow		Jample Source	renpheral blood, pulle marrow
Disease	Myelodysplastic				Abnormalities identified,No			Abnormalities identified,No abnormalities,No
Classification	Syndrome (MDS)	ves	ves	Results of tests	abnormalities,No evaluable metaphases		Results of tests	evaluable metaphases
	,	,	1,	International System for Human	The state of the s		International System for Human	· · · · · · · · · · · · · · · · · · ·
Disease	Myelodysplastic			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)	
Classification	Syndrome (MDS)	yes	yes	compatible string:	open text		compatible string:	open text
Disease	Myelodysplastic			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct	
Classification	Syndrome (MDS)	yes	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)

	Information								
Information	Collection Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
					del(11q) / 11q-,del(12p) / 12p-,del(20q) /			del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-	
					20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-			,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-	
					,i17q,inv(3),-13,-20,-5,-7,-Y,Other			9q-,dei(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-	
Disease	Myelodysplastic				abnormality,t(1;3),t(11;16),t(2;11),t(3;21		Specify abnormalities (check all that	abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(
Classification	Syndrome (MDS)	ves	ves	Specify abnormalities (check all that apply)			apply)	6;9),+19,+8	
Disease	Myelodysplastic	,	,,,,,					1000	
Classification	Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
							Was documentation submitted to		
Disease	Myelodysplastic			Was documentation submitted to the			the CIBMTR? (e.g. cytogenetic or		
Classification	Syndrome (MDS)	yes	yes	CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		FISH report)	No,Yes	
					Complete remission (CR),Hematologic				
					improvement (HI),Not assessed,No			Complete remission (CR),Hematologic	
					response (NR) / stable disease			improvement (HI),Not assessed,No response (NR)	/
					(SD),Progression from hematologic			stable disease (SD), Progression from hematologic	
Disease	Myelodysplastic				improvement (Prog from HI),Relapse			improvement (Prog from HI),Relapse from	
Classification Disease	Syndrome (MDS)	yes	no	What was the disease status?	from complete remission (Rel from CR)		What was the disease status? Specify the cell lines examined to	complete remission (Rel from CR)	Construction and and are transported for
Classification	Myelodysplastic Syndrome (MDS)	VAS	no	Specify the cell line examined to determine HI status	HI-E,HI-N,HI-P	Change/Clarification of Information Requested	determine HI status	HI-E,HI-N,HI-P	Examples added or typographical errors corrected for clarification
Disease	Myelodysplastic	yes		Till Status	Low-transfusion burden (LTB),Non-	Change/ Clarification of information Requested	determine in status	Low-transfusion burden (LTB),Non-transfused	Clarification
Classification	Syndrome (MDS)	ves	no	Specify transfusion dependence	transfused (NTD)		Specify transfusion dependence	(NTD)	
Disease	Myelodysplastic	763		speeny transition dependence	translated (ITTB)		specify transfasion dependence	(1112)	
Classification	Syndrome (MDS)	ves	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	What was the MPN subtype at diagnosis?	otherwise specified (NOS), Primary myelofibrosis (PMF), Chronic neutrophilic leukemia, Essential thrombocythemia, Myeloproliferative neoplasm (MPN), unclassifiable, Myeloid I lymphoid neoplasms with FGFR1 rearrangement, Myeloid / Iymphoid neoplasms with PCM1-JAK2, Myeloid / Iymphoid neoplasms with PDGFRA rearrangement, Myeloid / Iymphoid neoplasms with PDGFRB rearrangement, Polycythemia vera (PCV), Mastocytosis: Cutaneous mastocytosis (CM), Systemic mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS) Aggressive systemic mastocytosis (ASM), Indolent systemic mastocytosis (ISM), Mast cell leukemia (MCL), Systemic mastocytosis with an associated hematological neoplasm (SM-MN).		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 / Iymphoid neoplasms with FGFR1 rearrangement, Myeloid / Iymphoid neoplasms with PCM1-JAK2, Myeloid / Iymphoid neoplasms with PDGFRA rearrangement, Myeloid / Iymphoid neoplasms with PDGFRA rearrangement, Myeloid / Iymphoid neoplasms with PDGFRB rearrangement, Polycythemia vera (PCV), Mastocytosis: Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS) Aggressive systemic mastocytosis (ASM), Indolent systemic mastocytosis (ISM), Mast cell leukemia (MCL), Systemic mastocytosis with an associated hematological penalaxing (SMAHN). Sweldering	
Disease	Myeloproliferative				AHN),Smoldering systemic mastocytosis			hematological neoplasm (SM-AHN), Smoldering	
Classification	Neoplasms (MPN)	yes	no	Specify systemic mastocytosis	(SSM)		Specify systemic mastocytosis	systemic mastocytosis (SSM)	-
D'				Was documentation submitted to the			Was documentation submitted to		
Disease Classification	Myeloproliferative	l		CIBMTR? (e.g. pathology report used for	No Yea		the CIBMTR? (e.g. pathology report	No Yes	
LIASSITICATION	Neoplasms (MPN)	yes	IIO	diagnosis)	No,Yes		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)		ves	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	

				I				
	Information							
	Collection							
Information		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)		Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
Sub Type	Domain	иррисэ	requested multiple times	Liement (ii applicable)	Element Response Option(s)	mornation conceilon apaate.	Data Element (ii applicable)	Figure 10. Institute 10. Information concertor opaute
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown
					x 10 ⁹ /L (x			• x 10 ⁹ /L (x
Disease	Myeloproliferative				10 ³ /mm ³)			10 ³ /mm ³)
Classification	Neoplasms (MPN)	yes	yes	WBC	•×10 ⁶ /L		WBC	• x 10 ⁶ /L
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known, Unknown
Disease Classification	Myeloproliferative Neoplasms (MPN)	ves	yes	Neutrophils	%		Neutrophils	%
		1,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Disease	Myeloproliferative				L		L	
Classification	Neoplasms (MPN)	yes	yes	Blasts in blood	Known, Unknown		Blasts in blood	Known,Unknown
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	Blasts in blood	%		Blasts in blood	%
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known, Unknown
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	ves	yes	Hemoglobin	• g/L mmol/L		Hemoglobin	
		•						
Disease Classification	Myeloproliferative Neoplasms (MPN)	was .	was .	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes
Classification	Neopiasilis (IVIPIV)	yes	yes	uate or test?	NO, res		before date of test?	NO, TES
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	Platelets	Known,Unknown		Platelets	Known,Unknown
					x 10 ⁹ /L (x			
Disease	Myeloproliferative				10 ³ /mm ³)			x 10 ⁹ /L (x 10 ³ /mm ³)
Classification	Neoplasms (MPN)	yes	yes	Platelets	x 10 ⁶ /L		Platelets	x 10 ⁶ /L
Disease	Myeloproliferative			Were platelets transfused ≤ 7 days before			Were platelets transfused ≤ 7 days	
Classification	Neoplasms (MPN)	yes	yes		No,Yes		before date of test?	No,Yes
Disease Classification	Myeloproliferative Neoplasms (MPN)	ves	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown
Disease	Myeloproliferative	, ac	l voc	Blacts in hone marrow	%		Placts in hono mar	%
Classification	Neoplasms (MPN)	yes	yes	Blasts in bone marrow			Blasts in bone marrow	
Disease	Myeloproliferative			Were tests for driver mutations			Were tests for driver mutations	
Classification	Neoplasms (MPN)	yes	yes	performed?	No,Unknown,Yes		performed?	No,Unknown,Yes
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	JAK2	Negative,Not done,Positive		JAK2	Negative,Not done,Positive
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	JAK2 V617F	Negative, Not done, Positive		JAK2 V617F	Negative,Not done,Positive
Disease Classification	Myeloproliferative Neoplasms (MPN)	ves	yes	JAK2 Exon 12	Negative, Not done, Positive		JAK2 Exon 12	Negative, Not done, Positive
5.055110011		· · · · · · · · · · · · · · · · · · ·						
Disease	Myeloproliferative			laus.	No. of a No. of a second		CALB	No. 10 April
Classification	Neoplasms (MPN)	yes	yes	CALR	Negative,Not done,Positive		CALR	Negative,Not done,Positive
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	CALR type 1	Negative,Not done,Positive		CALR type 1	Negative,Not done,Positive

	Information								
If	Collection	D							
Information Collection Domain	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)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)		VAS	CALR type 2	Negative, Not done, Positive		CALR type 2	Negative, Not done, Positive	
Classification	recopiasins (ivii iv)	yes	yes	CHER Type 2	regative, rot done, ostave		CHER TYPE 2	regative, Not dolle, i ositive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Not defined	Negative,Not done,Positive		Not defined	Negative,Not done,Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	MPL	Negative,Not done,Positive		MPL	Negative,Not done,Positive	
Disease	Myeloproliferative								
	Neoplasms (MPN)		yes	CSF3R	Negative,Not done,Positive		CSF3R	Negative, Not done, Positive	
8				W. d					
Disease Classification	Myeloproliferative Neoplasms (MPN)		ves	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
			,						
Disease Classification	Myeloproliferative Neoplasms (MPN)		vec	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested	no,Unknown,yes	
Ciassification	Neopiasms (MPN)	yes	yes	rion):	no,onknown,yes		(karyotyping or FISH)?	no,onknown,yes	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)		yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease	Myeloproliferative				Abnormalities identified,No				
Classification	Neoplasms (MPN)		yes	Results of tests	abnormalities		Results of tests	Abnormalities identified, No abnormalities	
				International System for Human			International System for Human		
Disease Classification	Myeloproliferative Neoplasms (MPN)	Was	VAS	Cytogenetic Nomenclature (ISCN) compatible string:	open text		Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Classification	Neopiasins (WFN)	yes	yes	Compatible string.	open text		compatible string.	opentext	
Disease	Myeloproliferative			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Neoplasms (MPN)	yes	yes	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
					del(11q) / 11q-,del(12p) / 12p-,del(20q) /	'		del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-	
					20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q)			,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-	
Disease	Myeloproliferative				/ 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p		Specify abnormalities (check all that	dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),	
	Neoplasms (MPN)		yes	Specify abnormalities (check all that apply)			apply)	t(3q21;any),t(6;9),+8,+9	
Diaman	Manager 115								
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Myeloproliferative Neoplasms (MPN)		vec	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	
Ciassification	Neopiasms (MPN)	yes	yes	CIDIVITAT (e.g. FISH report)	INU, TES		uie cibivitkr (e.g. rish report)	INU, res	
Disease	Myeloproliferative						Were cytogenetics tested via		
Classification	Neoplasms (MPN)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)		yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease	Myeloproliferative				Abnormalities identified,No			Abnormalities identified, No abnormalities, No	
Classification	Neoplasms (MPN)		yes	Results of tests	abnormalities,No evaluable metaphases		Results of tests	evaluable metaphases	
				International System for Human			International System for Human		
Disease Classification	Myeloproliferative Neoplasms (MPN)		voc	Cytogenetic Nomenclature (ISCN) compatible string:	open text		Cytogenetic Nomenclature (ISCN) compatible string:	open text	
CiassificatiOII	recopiasitis (IVIPIN)	yes	yes	companie suring.	open text		companior suriff.	орен сехс	
Disease	Myeloproliferative			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Neoplasms (MPN)	yes	yes	abnormalities	(3),Two (2)	1	cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
					del(11q) / 11q-,del(12p) / 12p-,del(20q) /			del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-	
					20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q)			,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-	
Disease	Myeloproliferative				/ 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other		Specify apparmalities (speck all that	,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),	
Classification	Neoplasms (MPN)	ves	VAS	Specify abnormalities (check all that apply)	abnormality,t(1;any),t(11q23;any),t(12p		Specify abnormalities (check all that apply)	t(3q21;any),t(6;9),+8,+9	
Classification	recopiasins (ivii iv)	yes	yes	Specify abnormances (check an that apply)	11.2,41197,1(3421,41197,1(0,57,10,15		арртуу	((3421,4117),((0,5), 10,15	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
							Was documentation submitted to		
Disease	Myeloproliferative			Was documentation submitted to the			the CIBMTR? (e.g. karyotyping		
Classification	Neoplasms (MPN)	yes	yes	CIBMTR? (e.g. karyotyping report)	No,Yes		report)	No,Yes	
							Did the recipient progress or		
				Did the recipient progress or transform to			transform to a different MPN		
				a different MPN subtype or AML between			subtype or AML between diagnosis		
Disease	Myeloproliferative			diagnosis and the start of the preparative	No ves		and the start of the preparative	No Voc	
Classification	Neoplasms (MPN)	yes	no	regimen / infusion?	No,Yes Transformed to AML,Post-essential		regimen / infusion?	No,Yes Transformed to AML,Post-essential	
Disease	Myeloproliferative			Specify the MPN subtype or AML after	thrombocythemic myelofibrosis,Post-		Specify the MPN subtype or AML	thrombocythemic myelofibrosis,Post-polycythemic	
Classification	Neoplasms (MPN)	VAC	no	transformation	polycythemic myelofibrosis		after transformation	myelofibrosis	
Classification	recopiasins (ivii iv)	yes	110	transfermation	porycyclicinic myclonorosis		arter transformation	Inversitions	
Disease	Myeloproliferative			Specify the date of the most recent			Specify the date of the most recent		
Classification	Neoplasms (MPN)	yes	no	transformation:	YYYY/MM/DD		transformation:	YYYY/MM/DD	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	no	Date of MPN diagnosis:	YYYY/MM/DD		Date of MPN diagnosis:	YYYY/MM/DD	
					High-transfusion burden (HTB)- (≥ 8 RBCs			High-transfusion burden (HTB)- (≥ 8 RBCs in	
					in 16weeks; ≥ 4 in 8 weeks),Low-			16weeks; ≥ 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2	
				Specify transfusion dependence at last	transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes;		Specify transfusion dependence at	transfusion episodes; maximum of 3 in 8	
Disease	Myeloproliferative			evaluation prior to the start of the	maximum of 3 in 8 weeks),Non-		last evaluation prior to the start of	weeks),Non-transfused (NTD) –(0 RBCs in 16	
	Neoplasms (MPN)	VAS	no	preparative regimen / infusion	transfused (NTD) –(0 RBCs in 16 weeks)		the preparative regimen / infusion	weeks)	
	,	,		The state of the s	, , ,		Did the recipient have constitutional		
				Did the recipient have constitutional			symptoms in six months before last		
				symptoms in six months before last			evaluation prior to the start of the		
				evaluation prior to the start of the			preparative regimen / infusion?		
				preparative regimen / infusion? (symptoms			(symptoms are >10% weight loss in 6		
				are >10% weight loss in 6 months, night			months, night sweats, or		
Disease	Myeloproliferative			sweats, or unexplained fever higher than			unexplained fever higher than 37.5		
Classification	Neoplasms (MPN)	yes	yes	37.5 °C)	No,Unknown,Yes		°C)	No,Unknown,Yes	
				Did the recipient have colonomoral: at last			Did the recipient have colone		
Disease	Myeloproliferative			Did the recipient have splenomegaly at last evaluation prior to the start of the	No,Not applicable(splenectomy)		Did the recipient have splenomegaly at last evaluation prior to the start of		
Classification	Neoplasms (MPN)	VAS	no	preparative regimen / infusion?	,Unknown,Yes			No,Not applicable(splenectomy) ,Unknown,Yes	
2.23		,		p. spansor regiment in assert	,		and preparative regiment, illustrative		
Disease	Myeloproliferative			Specify the method used to measure			Specify the method used to measure		
Classification	Neoplasms (MPN)	yes	no	spleen size	CT/MRI scan,Physical exam,Ultrasound		spleen size	CT/MRI scan,Physical exam,Ultrasound	
	. , ,						·		
Disease	Myeloproliferative				: centimeters below left costal			: centimeters below left costal margin	
Classification	Neoplasms (MPN)	yes	no	Specify the spleen size:	<u> </u>		Specify the spleen size:		
Disease	Myeloproliferative			Caraif. she anless si	: centimeters		Canada sha anlara sa	: centimeters	
Classification	Neoplasms (MPN)	yes	IIIU	Specify the spleen size:			Specify the spleen size:		
				Did the recipient have hepatomegaly at			Did the recipient have hepatomegaly		
Disease	Myeloproliferative			last evaluation prior to the start of the			at last evaluation prior to the start of		
Classification	Neoplasms (MPN)	ves	no	preparative regimen / infusion?	no,Unknown,yes		the preparative regimen / infusion?		
	.,				, , , , , ,				
Disease	Myeloproliferative			Specify the method used to measure liver			Specify the method used to measure		
Classification	Neoplasms (MPN)	yes	no	size	CT/MRI scan,Physical exam,Ultrasound		liver size	CT/MRI scan,Physical exam,Ultrasound	
				•	•	•	•	•	

	Information							
	Collection							
Information Collection Domain		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)		Information Collection update:	Data Element (if applicable)	Element Response Option(s) Rationale for Information Collection Update
Disease	Myeloproliferative				: centimeters below right costal			: centimeters below right costal margin
Classification	Neoplasms (MPN)		no	Specify the liver size:	margin		Specify the liver size:	
Disease	Myeloproliferative				: centimeters			:centimeters
Classification	Neoplasms (MPN)		no	Specify the liver size:			Specify the liver size:	
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)		yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)		yes	WBC	Known,Unknown		WBC	Known, Unknown
					9			9
Dianas	NA al a a un life un his sa				• x 10 ⁹ /L (x 10 ³ /mm ³)			• × 10°/L (x
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	WBC	• × 10 ⁶ /L		WBC	× 10 ⁶ /L
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	Neutrophils	Known, Unknown		Neutrophils	 Known,Unknown
Disease Classification	Myeloproliferative Neoplasms (MPN)		ves	Neutrophils	%		Neutrophils	%
Classification		ĺ	l l	reduophiis			recuropinis	
Disease Classification	Myeloproliferative Neoplasms (MPN)		was .	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unknown
Classification	Neopiasins (WFN)	yes	yes	Diasts III blood	KHOWH, OHKHOWH		blasts III blood	NIOWII, OlikiloWii
Disease	Myeloproliferative			Blocks to blood			Discussive below d	
Classification	Neoplasms (MPN)	yes	yes	Blasts in blood	%		Blasts in blood	%
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown
Disease	Myeloproliferative				• g/L			
Classification	Neoplasms (MPN)	yes	yes	Hemoglobin	• mmol/L		Hemoglobin	• mmol/L
Disease	Myeloproliferative			Were RBCs transfused ≤ 30 days before			Were RBCs transfused ≤ 30 days	
Classification	Neoplasms (MPN)	yes	yes	date of test?	No,Yes		before date of test?	No,Yes
Disease	Myeloproliferative							
Classification	Neoplasms (MPN)		yes	Platelets	Known,Unknown		Platelets	Known,Unknown
					× 10 ⁹ /L (x			
Disease	Myeloproliferative				10 ³ /mm ³)			x 10 ⁹ /L (x 10 ³ /mm ³)
Classification	Neoplasms (MPN)		yes	Platelets	x 10 ⁶ /L		Platelets	x10 ⁶ /L
Disease	Myeloproliferative			Were platelets transfused ≤ 7 days before			Were platelets transfused ≤ 7 days	
Classification	Neoplasms (MPN)		yes	date of test?	No,Yes		before date of test?	No,Yes
Disease	Myeloproliforati							
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known, Unknown
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	Blasts in bone marrow	%		Blasts in bone marrow	%
Disease Classification	Myeloproliferative Neoplasms (MPN)		yes	Were tests for driver mutations performed?	No,Unknown,Yes		Were tests for driver mutations performed?	No,Unknown,Yes
2.200			1,	pasimeur	,		par.omear	
Disease Classification	Myeloproliferative Neoplasms (MPN)		l voc	JAK2	Negative, Not done, Positive		JAK2	Negative, Not done, Positive
Ciassilication	iveopiasitis (IVIPN)	yes	yes	JAINZ	riegative, Not done, Positive		JANZ	INEGATIVE, NOT GOTHE, FUSITIVE
Disease	Myeloproliferative			IAVO VCATE	Name of the Paris		LAVO VCA TE	N
Classification	Neoplasms (MPN)	lyes	yes	JAK2 V617F	Negative,Not done,Positive	I	JAK2 V617F	Negative, Not done, Positive

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	JAK2 Exon 12	Negative, Not done, Positive		JAK2 Exon 12	Negative, Not done, Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	CALR	Negative, Not done, Positive		CALR	Negative, Not done, Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	CALR type 1	Negative, Not done, Positive		CALR type 1	Negative,Not done,Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	CALR type 2	Negative, Not done, Positive		CALR type 2	Negative,Not done,Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Not defined	Negative, Not done, Positive		Not defined	Negative,Not done,Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	MPL	Negative, Not done, Positive		MPL	Negative, Not done, Positive	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	CSF3R	Negative, Not done, Positive		CSF3R	Negative,Not done,Positive	
Disease	Myeloproliferative			Was documentation submitted to the			Was documentation submitted to		
Classification	Neoplasms (MPN)	yes	yes	CIBMTR?	No,Yes		the CIBMTR?	No,Yes	
Disease	Myeloproliferative			Were cytogenetics tested (karyotyping or			Were cytogenetics tested		
Classification	Neoplasms (MPN)	yes	yes	FISH)?	no,Unknown,yes		(karyotyping or FISH)?	no,Unknown,yes	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease	Myeloproliferative			C. wale as we	B. debessible of B		6	D. data and D. C. C. C. C. C. C. C. C. C. C. C. C. C.	
Classification	Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease	Myeloproliferative				Abnormalities identified,No				
Classification	Neoplasms (MPN)	voc	vec	Results of tests	abnormalities		Results of tests	Abnormalities identified, No abnormalities	
Classification	Neopiasilis (IVIFIV)	yes	yes	International System for Human	abilorniancies		International System for Human	Abnormanties identified, No abnormanties	
Disease	Myeloproliferative			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Neoplasms (MPN)	voc	ves	compatible string:	open text		compatible string:	open text	
Ciassificación	reopiusiiis (ivii iv)	yes	yes	companies samg.	open text		companie samg.	open text	
Disease	Myeloproliferative			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
	Neoplasms (MPN)	ves	ves	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
		,			N-1/2 - N-1		-, - g		
					del(11q) / 11q-,del(12p) / 12p-,del(20q) /			del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-	
					20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q)			,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-	
					/ 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other			,dup(1),i17q,inv(3),-5,-7,-Y,Other	
Disease	Myeloproliferative				abnormality,t(1;any),t(11q23;any),t(12p		Specify abnormalities (check all that	abnormality,t(1;any),t(11q23;any),t(12p11.2;any),	
Classification		yes	yes	Specify abnormalities (check all that apply)			apply)	t(3q21;any),t(6;9),+8,+9	
	` ` '								
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease	Myeloproliferative			Was documentation submitted to the			Was documentation submitted to		
Classification	Neoplasms (MPN)	yes	yes	CIBMTR? (e.g. FISH report)	No,Yes		the CIBMTR? (e.g. FISH report)	No,Yes	
	Myeloproliferative						Were cytogenetics tested via		
Classification	Neoplasms (MPN)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes	
	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
									
	Myeloproliferative				Abnormalities identified,No			Abnormalities identified, No abnormalities, No	
Classification	Neoplasms (MPN)	yes	yes	Results of tests	abnormalities,No evaluable metaphases		Results of tests	evaluable metaphases	

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	Additional Sub Domain	Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
	Domain	applies	Information Collection may be requested multiple times	Element (if applicable)	Element Response Option(s)	Information Collection undate:	Data Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
Sub-Type	Domain	applies	requested multiple times	International System for Human	Element Response Option(s)	Information Collection update:	International System for Human	Element Response Option(s)	Rationale for information Collection Opuate
Disease	Myeloproliferative			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Neoplasms (MPN)		ves	compatible string:	open text		compatible string:	open text	
Classification	Neopiasins (WFN)	yes	yes	compatible string.	open text		compatible string.	open text	
Disease	Myeloproliferative			Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three		Specify number of distinct		
Classification	Neoplasms (MPN)		ves	abnormalities	(3),Two (2)		cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
		7	1,55		(-), (-)				
					del(11q) / 11q-,del(12p) / 12p-,del(20q) ,	/		del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-	
					20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q)			,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-	
					/ 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other			,dup(1),i17q,inv(3),-5,-7,-Y,Other	
Disease	Myeloproliferative				abnormality,t(1;any),t(11q23;any),t(12p		Specify abnormalities (check all that	abnormality,t(1;any),t(11q23;any),t(12p11.2;any),	
Classification	Neoplasms (MPN)		yes	Specify abnormalities (check all that apply)			apply)	t(3q21;any),t(6;9),+8,+9	
					. ,,, , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
							Was documentation submitted to		
Disease	Myeloproliferative			Was documentation submitted to the			the CIBMTR? (e.g. karyotyping		
Classification	Neoplasms (MPN)	yes	yes	CIBMTR? (e.g. karyotyping report)	No,Yes		report)	No,Yes	
					Clinical improvement (CI),Complete				
					clinical remission (CR),Not			Clinical improvement (CI),Complete clinical	
					assessed,Partial clinical remission			remission (CR),Not assessed,Partial clinical	
Disease	Myeloproliferative				(PR),Progressive disease,Relapse,Stable			remission (PR),Progressive disease,Relapse,Stable	
Classification	Neoplasms (MPN)	yes	no	What was the disease status?	disease (SD)		What was the disease status?	disease (SD)	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	no	Was an anemia response achieved?	No,Yes		Was an anemia response achieved?	No,Yes	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	no	Was a spleen response achieved?	No,Yes		Was a spleen response achieved?	No,Yes	
Disease	Myeloproliferative				No. Van			N. V.	
Classification	Neoplasms (MPN)	yes	no	Was a symptom response achieved?	No,Yes		Was a symptom response achieved?	No, yes	
8									
Disease Classification	Myeloproliferative			Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Classification	Neoplasms (MPN)	yes	no	Date assessed:	Complete response (CR Eradication of		Date assessed:	TTTT/MIN/UU	
					pre-existing abnormality,Not				
					assessed, Not applicable, None of the			Complete response (CR Eradication of pre-existing	
					above: Does not meet the CR or PR			abnormality, Not assessed, Not applicable, None of	
					criteria, Partial response (PR) ≥ 50%			the above: Does not meet the CR or PR criteria,	
					reduction in abnormal metaphases ,Re-			Partial response (PR) ≥ 50% reduction in abnormal	
Disease	Myeloproliferative				emergence of pre-existing cytogenetic			metaphases ,Re-emergence of pre-existing	
Classification	Neoplasms (MPN)		no	Specify the cytogenetic response	abnormality		Specify the cytogenetic response	cytogenetic abnormality	
2.223.1100.1011		1,		, and dytogenesic response			specify the dytogenesic response		
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)		no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
-		İ							
					Complete response (CR): Eradication of				
					pre-existing abnormality ,Not			Complete response (CR): Eradication of pre-	
					assessed, Not applicable, None of the			existing abnormality ,Not assessed,Not	
					above: Does not meet the CR or PR			applicable,None of the above: Does not meet the	
					criteria ,Partial response (PR): ≥50%			CR or PR criteria ,Partial response (PR): ≥50%	
Disease	Myeloproliferative				decrease in allele burden ,Re-emergence			decrease in allele burden ,Re-emergence of a pre-	
Classification	Neoplasms (MPN)		no	Specify the molecular response	of a pre-existing molecular abnormality		Specify the molecular response	existing molecular abnormality	
Disease	Myeloproliferative								
Classification	Neoplasms (MPN)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
		•	•	•	•	•	•	•	

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	Information Collection								
ormation	Domain	Response required if							
ection Domair	Additional Sub	Additional Sub Domain	Information Collection may be	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data	
Туре	Domain	applies	requested multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
					Chronic lymphocytic leukemia (CLL),				
					NOS,Chronic lymphocytic leukemia (CLL),				
					B-cell / small lymphocytic lymphoma			Chronic lymphocytic leukemia (CLL), NOS,Chronic	
					(SLL),Hairy cell leukemia,Hairy cell			lymphocytic leukemia (CLL), B-cell / small	
					leukemia variant, Monoclonal B-cell			lymphocytic lymphoma (SLL),Hairy cell	
					lymphocytosis,Other leukemia,Other			leukemia,Hairy cell leukemia variant,Monoclonal	B-
	L				leukemia, NOS,PLL, B-		L	cell lymphocytosis,Other leukemia,Other	
se fication	Other Leukemia (OL)			Specify the other leukemia classification	cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell		Specify the other leukemia classification	leukemia, NOS,PLL, B-cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell	
se	Other Leukemia	yes	no	Specify the other leukernia classification	NOS,PLL, 1-cell		classification	leukernia (PLL), NOS,PLL, 1-ceii	
fication	(OL)	ves	no	Specify other leukemia:	open text		Specify other leukemia:	open text	
se	Other Leukemia								
ification	(OL)	yes	no	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no,yes	
				Bud a bound of the second of t			Did a histologic transformation to		
200	Other Laukers's			Did a histologic transformation to diffuse			diffuse large B-cell lymphoma		
ase sification	Other Leukemia (OL)	ves	no	large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?	no,yes		(Richter syndrome) occur at any time after CLL diagnosis?	no,yes	
	1,52,	7-3		Second at any time after CLL diagnosis!	,,		area cee diagnosis:	,,,,,,	<u> </u>
					1st complete remission (no previous				
					bone marrow or extramedullary			1st complete remission (no previous bone marrov	v
					relapse),1st relapse,2nd complete			or extramedullary relapse),1st relapse,2nd	
	Out and and a series			14/6-1	remission,2nd relapse,≥3rd complete		W/L-1	complete remission,2nd relapse,≥3rd complet	
ise ification	Other Leukemia (OL)			What was the disease status? (Atypical CML)	remission,≥3rd relapse,No treatment,Primary induction failure		What was the disease status? (Atypical CML)	remission,≥3rd relapse,No treatment,Primary induction failure	
ilication	(OL)	yes	no	CIVIL)	Complete remission (CR),Not		(Atypical CiviL)	Induction failure	
					assessed,Untreated,Partial remission		What was the disease status? (CLL,	Complete remission (CR),Not	
ase	Other Leukemia			What was the disease status? (CLL, PLL,	(PR), Progressive disease (Prog), Stable		PLL, Hairy cell leukemia, Other	assessed,Untreated,Partial remission	
sification	(OL)	yes	no	Hairy cell leukemia, Other leukemia)	disease (SD)		leukemia)	(PR),Progressive disease (Prog),Stable disease (SD)
ase	Other Leukemia								
sification	(OL)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD Lymphocyte depleted (154)	
					Hodgkin lymphoma, not otherwise			Lymphocyte depleted (154) Lymphocyte-rich (151)	
					specified (150)			Mixed cellularity (153)	
					Lymphocyte depleted (154)			Nodular sclerosis (152)	
					Lymphocyte-rich (151)			Other Classical Hodgkin Lymphoma	
					Mixed cellularity (153)			Hodgkin lymphoma, not otherwise specified (150)
					Nodular lymphocyte predominant			Nodular lymphocyte predominant Hodgkin	
					Hodgkin lymphoma (155)			lymphoma Non-Hodgkin	
					Nodular sclerosis (152) Non-Hodgkin Lymphoma			Lymphoma B-cell Neoplasms	
					B-cell Neoplasms			ALK+ large B-cell lymphoma (1833)	
					ALK+ large B-cell lymphoma (1833)			B-cell lymphoma, unclassifiable, with features	
					B-cell lymphoma, unclassifiable, with			intermediate between DLBCL and classical	
					features intermediate between DLBCL			Hodgkin lymphoma (149)	
					and classical Hodgkin lymphoma (149)			Burkitt lymphoma (111)	
					Burkitt lymphoma (111)			Burkitt-like lymphoma with 11q aberration (1834)
					Burkitt-like lymphoma with 11q aberration (1834)			Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821)	
					Diffuse, large B-cell lymphoma-			Diffuse, large B-cell lymphoma- Germinal center E	3-
					Activated B-cell type (non-GCB) (1821)			cell type (1820)	
					Diffuse, large B-cell lymphoma- Germinal			Diffuse large B-cell Lymphoma (cell of origin	
					center B-cell type (1820)			unknown) (107)	
					Diffuse large B-cell Lymphoma (cell of			DLBCL associated with chronic inflammation	
					origin unknown) (107)			(1825)	
	Hadalia vida				DLBCL associated with chronic			Duodenal-type follicular lymphoma (1815)	
ise	Hodgkin and Non- Hodgkin				inflammation (1825) Duodenal-type follicular lymphoma			EBV+ DLBCL, NOS (1823) EBV+ mucocutaneous ulcer (1824)	Be consistent with current clinical landscape, impro-
fication	Lymphoma	ves	no	Specify the lymphoma histology	(1815)	Change/Clarification of Response Options	Specify the lymphoma histology	Extranodal marginal zone B-cell lymphoma of	transplant outcome data
	Hodgkin and Non-					5	, , , , , , , , , , , , , , , , , , , ,		
ie	Hodgkin								
ification	Lymphoma	yes	no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
	Hodgkin and Non-			Assignment of DLBCL (germinal center B-	Gene expression		Assignment of DLBCL (germinal		
Disease	Hodgkin			cell type vs. activated B-cell type) subtype	profile,Immunohistochemistry (e.g.		center B-cell type vs. activated B-cell	Gene expression profile,Immunohistochemistry	
Classification	Lymphoma	yes	no	was based on	Han's algorithm),Unknown		type) subtype was based on	(e.g. Han's algorithm), Unknown	
	Hodgkin and Non-						Is the lymphoma histology reported		
Disease	Hodgkin			Is the lymphoma histology reported at			at transplant a transformation from	no,yes (Also complete Chronic Lymphocytic	
Classification	Lymphoma	yes	no	transplant a transformation from CLL?	no,yes	Change/Clarification of Response Options	CLL?	Leukemia (CLL))	Capture additional relevent disease information
	Hodgkin and Non-								
Disease	Hodgkin								
Classification	Lymphoma	yes	no	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no,yes	
							Is the lymphoma histology reported		
	Hodgkin and Non-			Is the lymphoma histology reported at			at transplant a transformation from a		
Disease	Hodgkin			transplant a transformation from a			different lymphoma histology? (Not		
Classification	Lymphoma	yes	no	different lymphoma histology? (Not CLL)	No,Yes		CLL)	No,Yes	
					large-cell lymphoma (ALCL), ALK			lymphoma (ALCL), ALK negative, Anaplastic large-	
					negative, Anaplastic large-cell lymphoma			cell lymphoma (ALCL), ALK	
					(ALCL), ALK positive, Angioimmunoblastic			positive,Angioimmunoblastic T-cell	
					T-cell lymphoma, Adult T-cell lymphoma			lymphoma,Adult T-cell lymphoma / leukemia	
					/ leukemia (HTLV1 associated),Breast			(HTLV1 associated),Breast implant-associated	
					implant-associated anaplastic large-cell			anaplastic large-cell lymphoma,Burkitt-like	
					lymphoma,Burkitt-like lymphoma with			lymphoma with 11q aberration,Chronic	
					11q aberration,Chronic			lymphoproliferative disorder of NK cells,Diffuse,	
					lymphoproliferative disorder of NK			Large B-cell Lymphoma (cell of origin unknown),B-	
					cells,Diffuse, Large B-cell Lymphoma (cell			cell lymphoma, unclassifiable, with features	
					of origin unknown),B-cell lymphoma,			intermediate between DLBCL and classical	
					unclassifiable, with features			Hodgkin Lymphoma, DLBCL associated with	
					intermediate between DLBCL and			chronic inflammation,EBV+ DLBCL, NOS,Diffuse,	
					classical Hodgkin Lymphoma,DLBCL			large B-cell lymphoma- Germinal center B-cell	
					associated with chronic			type,HHV8+ DLBCL, NOS,Diffuse, large B-cell	
					inflammation,EBV+ DLBCL, NOS,Diffuse,			lymphoma- Activated B-cell type (non-GCB),EBV+	
					large B-cell lymphoma- Germinal center			mucocutaneous ulcer,Enteropathy-type T-cell	
					B-cell type,HHV8+ DLBCL, NOS,Diffuse,			lymphoma,Extranodal NK / T-cell lymphoma, nasal	
					large B-cell lymphoma- Activated B-cell			type,Duodenal-type follicular lymphoma,Pediatric-	
					type (non-GCB),EBV+ mucocutaneous ulcer,Enteropathy-type T-cell			type follicular lymphoma,Follicular T-cell lymphoma,Follicular (grade unknown),Follicular,	
								T	
					lymphoma,Extranodal NK / T-cell			predominantly large cell (Grade IIIA follicle center	
					lymphoma, nasal type,Duodenal-type			lymphoma),Follicular, predominantly large cell	
					follicular lymphoma,Pediatric-type			(Grade IIIB follicle center lymphoma),Follicular,	
					follicular lymphoma,Follicular T-cell			predominantly large cell (Grade IIIA vs IIIB not	
	Hodgkin and Non-				lymphoma,Follicular (grade			specified),Follicular, predominantly small cleaved	
Disease	Hodgkin				unknown),Follicular, predominantly		Specify the original lymphoma	cell (Grade I follicle center lymphoma),Follicular,	
Classification	Lymphoma	yes	no	(prior to transformation)	large cell (Grade IIIA follicle center		histology (prior to transformation)	mixed, small cleaved and large cell (Grade II	
8	Hodgkin and Non-								
Disease	Hodgkin			Caralforation in the control of the			Canada, asharaharah ara-bira-bira-bira-bira-bira-bira-bira-b		
Classification	Lymphoma	yes	no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	
				But to second and			Barrier and a state of the stat		
	Hodgkin and Non-			Date of original lymphoma diagnosis:			Date of original lymphoma diagnosis:		
Disease	Hodgkin			(report the date of diagnosis of original			(report the date of diagnosis of		
Classification	Lymphoma	yes	no	lymphoma subtype)	YYYY/MM/DD		original lymphoma subtype)	YYYY/MM/DD	
							Was a PET (or PET/CT) scan		
	Hodgkin and Non-			Was a PET (or PET/CT) scan performed? (at			performed? (at last evaluation prior		
Disease	Hodgkin			last evaluation prior to the start of the			to the start of the preparative		
Classification	Lymphoma	yes	no		no,yes		regimen / infusion)	no,yes	
	Hodgkin and Non-			Was the PET (or PET/CT) scan positive for			Was the PET (or PET/CT) scan		
Disease	Hodgkin			lymphoma involvement at any disease			positive for lymphoma involvement		
Classification	Lymphoma	yes	no	site?	no,yes		at any disease site?	no,yes	
	Hodgkin and Non-								
Disease	Hodgkin								
Classification	Lymphoma	yes	no	Date of PET scan	Known, Unknown		Date 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	
									·

	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
	Hodgkin and Non-								
Disease	Hodgkin			Deauville (five-point) score of the PET (or			Deauville (five-point) score of the PET		
Classification	Lymphoma	yes	no	PET/CT) scan	Known, Unknown		(or PET/CT) scan	Known, Unknown	
					1- no uptake or no residual uptake				
					2- slight uptake, but below blood pool				
					(mediastinum)			1- no uptake or no residual uptake	
					3- uptake above mediastinal, but below			2- slight uptake, but below blood pool	
					or equal to uptake in the liver			(mediastinum)	
					4- uptake slightly to moderately higher			3- uptake above mediastinal, but below or equal	
	Hodgkin and Non-				than liver			to uptake in the liver	
Disease	Hodgkin				5- markedly increased uptake or any			4- uptake slightly to moderately higher than liver	
Classification	Lymphoma	VPS	no	Scale	new lesion		Scale	5- markedly increased uptake or any new lesion	
Ciassification	- Lymphoma	765		Scarc	marrow or extramedullary relapse prior		56616	extramedullary relapse prior to transplant,CR2 -	
					to transplant,CR2 - 2nd complete			2nd complete remission,CR3+ - 3rd or subsequent	
					remission,CR3+ - 3rd or subsequent			complete remission, CR3+ - 3rd or subsequent complete remission, PIF res - Primary induction	
					1				
					complete remission, PIF res - Primary			failure – resistant: NEVER in COMPLETE remission	
					induction failure – resistant: NEVER in			but with stable or progressive disease on	
					COMPLETE remission but with stable or			treatment.,PIF sen / PR1 - Primary induction	
					progressive disease on treatment.,PIF			failure – sensitive: NEVER in COMPLETE remission	
					sen / PR1 - Primary induction failure –			but with partial remission on treatment.,PIF unk	
					sensitive: NEVER in COMPLETE remission	1		Primary induction failure – sensitivity	
					but with partial remission on			unknown,REL1 res - 1st relapse – resistant: stable	
					treatment.,PIF unk - Primary induction			or progressive disease with treatment,REL1 sen -	
					failure – sensitivity unknown,REL1 res -			1st relapse – sensitive: partial remission (if	
					1st relapse – resistant: stable or			complete remission was achieved, classify as	
					progressive disease with treatment,REL1			CR2),REL1 unk - 1st relapse – sensitivity	
					sen - 1st relapse – sensitive: partial			unknown,REL1 unt - 1st relapse – untreated;	
					remission (if complete remission was			includes either bone marrow or extramedullary	
					achieved, classify as CR2),REL1 unk - 1st			relapse,REL2 res - 2nd relapse – resistant: stable or	
					relapse – sensitivity unknown, REL1 unt -			progressive disease with treatment, REL2 sen - 2nd	
					1st relapse – untreated; includes either			relapse – sensitive: partial remission (if complete	
					bone marrow or extramedullary			remission achieved, classify as CR3+),REL2 unk -	
					relapse,REL2 res - 2nd relapse -			2nd relapse – sensitivity unknown, REL2 unt - 2nd	
					resistant: stable or progressive disease			relapse – untreated: includes either bone marrow	
					with treatment, REL2 sen - 2nd relapse -			or extramedullary relapse,REL3+ res - 3rd or	
					sensitive: partial remission (if complete			subsequent relapse – resistant: stable or	
					remission achieved, classify as			progressive disease with treatment,REL3+ sen -	
	Hodgkin and Non-				CR3+),REL2 unk - 2nd relapse -			3rd or subsequent relapse – sensitive: partial	
Disease	Hodgkin				sensitivity unknown,REL2 unt - 2nd			remission (if complete remission achieved, classify	
Classification	Lymphoma	VPS	no	What was the disease status?	relapse – untreated: includes either		What was the disease status?	as CR3+),REL3+ unk - 3rd relapse or greater -	
	Hodgkin and Non-	763					Total number of lines of therapy	and the property of the proper	
Disease	Hodgkin			Total number of lines of therapy received			received (between diagnosis and HCT		
Classification	Lymphoma	ves	no	(between diagnosis and HCT / infusion)	1 line,2 lines,3+ lines		/infusion)	1 line,2 lines,3+ lines	
	Hodgkin and Non-	,		(and the first			,		
Disease	Hodgkin								
Classification	Lymphoma	ves	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
2.333041011	-/p	,			Amyloidosis, Monoclonal gammopathy			,	
					of renal significance (MGRS), Multiple				
					myeloma, Multiple myeloma-light chain			Amyloidosis, Monoclonal gammopathy of renal	
					only,Multiple myeloma-non-			significance (MGRS),Multiple myeloma,Multiple	
					secretory,Osteosclerotic myeloma /				
								myeloma-light chain only,Multiple myeloma-non-	
	Mandeindo Mandeine				POEMS syndrome,Other plasma cell		Canada aba an object	secretory,Osteosclerotic myeloma / POEMS	
Diana	Multiple Myeloma			Canada, the analtinia annalana /alana a	disorder (PCD),Plasma cell leukemia		Specify the multiple	syndrome,Other plasma cell disorder (PCD),Plasma	
Disease	/ Plasma Cell			Specify the multiple myeloma/plasma cell	(PCL),Smoldering myeloma,Solitary			cell leukemia (PCL),Smoldering myeloma,Solitary	
Classification	Disorder (PCD)	yes	no	disorder (PCD) classification	plasmacytoma		classification	plasmacytoma	
İ									
	Multiple Myeloma								
Disease Classification	/ Plasma Cell			L			L	l	
	Disorder (PCD)	yes	no	Specify other plasma cell disorder:	open text		Specify other plasma cell disorder:	loben text	

	Information								
	Collection								
Information	Domain	Response required if							
	Additional Sub	Additional Sub Domain	Information Collection was he	Convent Information Callection Date	Current Information Collection Date		Drawaged Information Collection	Drawaged Information Collection Data	
Collection Domain	Domain		-	Current Information Collection Data Element (if applicable)	Current Information Collection Data	Information Callestian and date	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Dationals for Information Collection Hadata
Sub-Type	Domain	applies	requested multiple times	Element (if applicable)	IgA (heavy chain only), IgA kappa, IgA	Information Collection update:	Data Element (if applicable)	Element Response Option(s)	Rationale for Information Collection Update
					lambda,lgD (heavy chain only),lgD				
					kappa,IgD lambda,IgE (heavy chain			lgA (heavy chain only), IgA kappa, IgA lambda, IgD	
					only),IgE kappa,IgE lambda,IgG (heavy			(heavy chain only),lgD kappa,lgD lambda,lgE	
					chain only),IgG kappa,IgG lambda,IgM			(heavy chain only),IgE kappa,IgE lambda,IgG	
	Multiple Myeloma				(heavy chain only),IgM kappa,IgM			(heavy chain only),IgG kappa,IgG lambda,IgM	
Disease	/ Plasma Cell			Specify heavy and/or light chain type	lambda,Kappa (light chain only),Lambda		Specify heavy and/or light chain type	(heavy chain only),IgM kappa,IgM lambda,Kappa	
Classification	Disorder (PCD)	NO.		(check all that apply)	(light chain only)		(check all that apply)	(light chain only),Lambda (light chain only)	
Classification	Disorder (PCD)	yes	110	(Crieck all triat apply)	(light chain only)		(спеск ан спас арргу)	(light chain only),cambda (light chain only)	
	Multiple Myeloma								
Disease	/ Plasma Cell				AH amyloidosis,AHL amyloidosis,AL				
Classification	Disorder (PCD)	VAC	no	Specify Amyloidosis classification	amyloidosis		Specify Amyloidosis classification	AH amyloidosis,AHL amyloidosis,AL amyloidosis	
Classification	Disorder (FCD)	yes		Specify Arryloldosis classification	arryloloosis		Specify Arriviolousis classification	ATT attryloidosis,ATTE attryloidosis,AE attryloidosis	
					C3 glomerulopathy with monoclonal				
					gammopathy,Crystal-storing				
					histiocytosis,Immunotactoid				
					glomerulopathy (ITGN)/			C3 glomerulopathy with monoclonal	
					Glomerulonephritis with organized			gammopathy,Crystal-storing	
					monoclonal microtubular			histiocytosis,Immunotactoid glomerulopathy	
					immunoglobulin deposits			(ITGN)/ Glomerulonephritis with organized	
					(GOMMID),Light chain fanconi			monoclonal microtubular immunoglobulin	
					syndrome,Monoclonal immunoglobulin			deposits (GOMMID),Light chain fanconi	
					deposition disease (MIDD),Non-amyloid			syndrome, Monoclonal immunoglobulin deposition	
					fibrillary glomerulonephritis, Proliferative			disease (MIDD),Non-amyloid fibrillary	
								glomerulonephritis,Proliferative	
					glomerulonephritis with monoclonal			I =	
					immunoglobulin G deposits			glomerulonephritis with monoclonal	
	Multiple Myeloma				(PGNMID),Proximal tubulopathy without		Select monoclonal gammopathy of	immunoglobulin G deposits (PGNMID),Proximal	
Disease	/ Plasma Cell			Select monoclonal gammopathy of renal	crystals,Type 1 cryoglobulinemic		renal significance (MGRS)	tubulopathy without crystals, Type 1	
Classification	Disorder (PCD)	yes	no	significance (MGRS) classification	glomerulonephritis,Unknown		classification	cryoglobulinemic glomerulonephritis,Unknown	
	Markin la Maralanna				Heavy chain deposition disease			Ulana, ahain danasitian diasana (UCDD) Liaht ahair	
D '	Multiple Myeloma / Plasma Cell			Colored and the colored to the Color	(HCDD),Light chain deposition disease		Colored and a colored to a colored to the	Heavy chain deposition disease (HCDD),Light chair	
Disease Classification	Disorder (PCD)			Select monoclonal immunoglobulin	(LCDD),Light and heavy chain deposition		Select monoclonal immunoglobulin deposition disease (MIDD) subtype	deposition disease (LCDD),Light and heavy chain	
Classification	Disorder (PCD)	yes	no	deposition disease (MIDD) subtype	disease (LHCDD)		deposition disease (MIDD) subtype	deposition disease (LHCDD)	
	Multiple Myeloma								
D:	/ Plasma Cell			Was documentation submitted to the			\\\\-\ \d_\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Disease Classification	Disorder (PCD)			CIBMTR? (e.g. pathology report)	No Vos		Was documentation submitted to the CIBMTR? (e.g. pathology report)	No Vos	
Classification	District (PCD)	yes	no	CIBIVITY: (e.g. patifology report)	No,Yes		the Cibivity (e.g. pathology report)	INO, res	
	Multiple Myeloma								
Disease	/ Plasma Cell								
Classification	Disorder (PCD)	ves	no	Solitary plasmacytoma was	Bone derived,Extramedullary		Solitary plasmacytoma was	Bone derived,Extramedullary	
C.G.S.IIICGCIOII	Dissider (1 CD)	1,00		Sontary plasmacytoma was	Bone derived,Extramedanary		Sontary prosinceytoma was	Bone demody.Extramedulary	
					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			Stage I (All of the following: Hgb > 10g/dL; serum	
					plasmacytoma only; low M-component			calcium normal or <10.5 mg/dL; bone x-ray norma	
								I	1
					production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component			bone structure (scale 0), or solitary bone plasmacytoma only; low M-component	
					on electrophoresis <4g/24h) – ,Stage II			production rates IgG < 5g/dL, IgA < 3g/dL; urine	
					(Fitting neither Stage I or Stage III) ,Stage	[light chain M-component on electrophoresis	
					III (One of more of the following: Hgb <			<4g/24h) – ,Stage II (Fitting neither Stage I or	
					8.5 g/dL; serum calcium > 12 mg/dL;			Stage III) ,Stage III (One of more of the following:	
					advanced lytic bone lesions (scale 3);			Hgb < 8.5 g/dL; serum calcium > 12 mg/dL;	
	Multiple Myeloma				high M-component production rates IgG			advanced lytic bone lesions (scale 3); high M-	
		1		What was the Durie-Salmon staging? (at	>7g/dL, IgA > 5g/dL; Bence Jones protein			component production rates IgG >7g/dL, IgA >	
Disease	/ Plasma Cell					I.	I/at diamental	5g/dL; Bence Jones protein >12g/24h) ,Unknown	I .
Disease Classification	/ Plasma Cell Disorder (PCD)	yes	no	diagnosis)	>12g/24h) ,Unknown		(at diagnosis)	og/ut, belice joiles protein >12g/24ii) ,oiikilowii	
	Disorder (PCD)	yes	no	diagnosis)	A - relatively normal renal function		(at diagnosis)		
Classification	Disorder (PCD) Multiple Myeloma	yes	no		A - relatively normal renal function (serum creatinine < 2.0 mg/dL,B -			A - relatively normal renal function (serum	
	Disorder (PCD)	yes	no	diagnosis) What was the Durie-Salmon sub classification? (at diagnosis)	A - relatively normal renal function		What was the Durie-Salmon sub classification? (at diagnosis)		

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	Information							
	Collection							
nformation		Response required if						
Collection 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) Rationale for Information Collection Update
ир-туре	Domain	арриез	requested multiple times	Liement (ii applicable)	Liement Response Option(s)	information conection update.	Data Element (ii applicable)	Rationale for information confection opulate
	Multiple Myeloma							
Disease	/ Plasma Cell			Did the recipient have a preceding or			Did the recipient have a preceding or	
Classification	Disorder (PCD)	Vec	no	concurrent plasma cell disorder?	No,Yes		concurrent plasma cell disorder?	No,Yes
ciassification	Disorder (Feb)	yes		concurrent plasma cen disorder:	NO,TES		concurrent plasma cen disorder:	NO, TCS
					Amyloidosis, Monoclonal gammopathy			
					of renal significance, Monoclonal			Amyloidosis, Monoclonal gammopathy of renal
					gammopathy of unknown			significance, Monoclonal gammopathy of unknown
					significance,Multiple myeloma,Multiple			significance,Multiple myeloma,Multiple myeloma -
					myeloma - light chain only,Multiple			light chain only,Multiple myeloma - non-
	Preceding or				myeloma - non-secretory,Osteosclerotic			secretory,Osteosclerotic myeloma / POEMS
	Concurrent				myeloma / POEMS syndrome,Other			syndrome,Other disease,Plasma cell
Disease	Plasma Cell						Specify proceeding / consurrent	
Disease Classification	Disorder	luos.	luge	Specify preceding / concurrent disorder	disease,Plasma cell leukemia,Smoldering myeloma,Solitary plasmacytoma	1	Specify preceding / concurrent disorder	leukemia,Smoldering myeloma,Solitary
LIGSSIIICGLIOII		yes	yes	Specify preceding / concurrent disorder	myeloma,solitary piasmacytoma		uisoruel	plasmacytoma
	Preceding or							
Diagona	Concurrent Plasma Cell			C			Cassificathan assessment for the control of the con	
Disease				Specify other preceding/concurrent			Specify other preceding/concurrent	
Classification	Disorder	yes	yes	disorder:	open text		disorder:	open text
	Preceding or							
	Concurrent							
Disease	Plasma Cell			Date of diagnosis of preceding / concurrent			Date of diagnosis of preceding /	
Classification	Disorder	yes	yes	disorder:	YYYY/MM/DD		concurrent disorder:	YYYY/MM/DD
	Multiple Myeloma							
Disease	/ Plasma Cell							
Classification	Disorder (PCD)	yes	no	Serum beta2 - microglobulin	Known,Unknown		Serum beta2 - microglobulin	Known, Unknown
	Multiple Myeloma				: • μg/dL			:•µg/dL
Disease	/ Plasma Cell				: • mg/L			:•mg/L
Classification	Disorder (PCD)	yes	no	Serum beta2-microglobulin:	: • nmol/L		Serum beta2-microglobulin:	: nmol/L
	Multiple Myeloma							
Disease	/ Plasma Cell							
Classification	Disorder (PCD)	yes	no	Serum albumin	Known,Unknown		Serum albumin	Known, Unknown
	Multiple Myeloma				:•g/dL			:•g/dL
Disease	/ Plasma Cell				:• g/L			:• g/L
Classification	Disorder (PCD)	yes	no	Serum albumin:			Serum albumin:	
	Multiple Myeloma							
Disease	/ Plasma Cell				L			L
Classification	Disorder (PCD)	yes	no	I.S.S Stage	Known,Unknown		I.S.S Stage	Known, Unknown
					L			
	L				1 (Serum β2-microglobulin < 3.5 mg/L,			1 (Serum β2-microglobulin < 3.5 mg/L, Serum
	Multiple Myeloma				Serum albumin ≥ 3.5 g/dL), 2(Not fitting			albumin ≥ 3.5 g/dL), 2(Not fitting stage 1 or 3) ,3
Disease	/ Plasma Cell			1	stage 1 or 3) ,3 (Serum β2-microglobulin			(Serum β2-microglobulin ≥ 5.5 mg/L; Serum
Classification	Disorder (PCD)	yes	no	I.S.S Stage	≥ 5.5 mg/L; Serum albumin —)		I.S.S Stage	albumin —)
	Multiple Myeloma							
Disease	/ Plasma Cell							
Classification	Disorder (PCD)	yes	no	R-I.S.S Stage	Known,Unknown		R-I.S.S Stage	Known, Unknown
					1 (ISS stage I and no high-risk			
					cytogenetic abnormalities by FISH			
					[deletion 17p / 17p-, t(4;14), t(14;16)]			1 (ISS stage I and no high-risk cytogenetic
					and normal LDH levels),2(Not R-ISS stage			abnormalities by FISH [deletion 17p / 17p-, t(4;14),
					I or III),3(ISS stage III and either high-risk			t(14;16)] and normal LDH levels),2(Not R-ISS stage
	Multiple Myeloma	1			cytogenetic abnormalities by FISH			I or III),3(ISS stage III and either high-risk
Disease Classification	/ Plasma Cell Disorder (PCD)			R-I.S.S Stage	[deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)		R-I.S.S Stage	cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)

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	If						4		
	Information						4		
	Collection								
		Response required if							
Collection Domain	Additional Sub		Information Collection may be	Current Information Collection Data	Current Information Collection Data			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)	Rationale for Information Collection Update
	Multiple Myeloma								
Disease	/ Plasma Cell						Plasma cells in peripheral blood by		
Classification	Disorder (PCD)	Ves	no	Plasma cells in blood by flow cytometry	Known Unknown	Change/Clarification of Information Requested	flow cytometry	Known, Unknown	Capture data accurately
Classification	Disorder (Feb)	100		Trasma cens in blood by non extended y		change, claimed ton or miormation requested	now eyeometry	, and any of the second	captain acta according.
	Multiple Myeloma						Plasma cells in blood by flow		
Disease	/ Plasma Cell			Plasma cells in blood by flow cytometry	%		cytometry	• %	
Classification	Disorder (PCD)	yes	no						
	Multiple Myeloma						4		
Disease	/ Plasma Cell			Plasma cells in blood by morphologic			Plasma cells in peripheral blood by		
Classification	Disorder (PCD)	yes	no	assessment	Known, Unknown	Change/Clarification of Information Requested	morphologic assessment	Known, Unknown	Capture data accurately
	Multiple Myeloma			Diasma solls in blood by an archalasi			Plasma colls in blood by accept the coll		
Disease	/ Plasma Cell			Plasma cells in blood by morphologic assessment	%		Plasma cells in blood by morphologic assessment	%	
	Disorder (PCD)	ves	no	assessinent			u33C33IIICIIL		
2.23363.1011	so. ac. (1 cb)	1			•¤x		+		
	Multiple Myeloma				109/L (x 103/mm3)			• □ x 109/L (x	
Disease	/ Plasma Cell			Plasma cells in blood by morphologic	••x		Plasma cells in blood by morphologic	103/mm3)	
Classification	Disorder (PCD)	yes	no	assessment	106/L		assessment	• □ x 106/L	
	Multiple Myeloma								
Disease	/ Plasma Cell								
Classification	Disorder (PCD)	yes	no	LDH	Known, Unknown		LDH	Known,Unknown	
Disease	Multiple Myeloma / Plasma Cell				- 11/1			2 11/1	
Disease Classification	Disorder (PCD)	ves	no	LDH	• o U/L • o μkat/L		LDH	o U/L • o μkat/L	
Classification	Disorder (FCD)	yes		LUIT	υ μκαι/ Ε		LUII	υμκαι/Ε	
	Multiple Myeloma								
Disease	/ Plasma Cell				·			·	
Classification	Disorder (PCD)	yes	no	Upper limit of normal for LDH:			Upper limit of normal for LDH:		
	Multiple Myeloma								
Disease	/ Plasma Cell			Were cytogenetics tested (karyotyping or			Were cytogenetics tested		
Classification	Disorder (PCD)	yes	no	FISH)? (at diagnosis)	no,Unknown,yes		(karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	
Disease	Multiple Myeloma / Plasma Cell								
Disease Classification	Disorder (PCD)	wos.	20	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No Vos	
Ciassilication	District (PCD)	yes	no	were cytogenetics tested via FISH?	INU, I ES		were cytogenetics tested via FISH?	110,163	
	Multiple Myeloma								
Disease	/ Plasma Cell				Abnormalities identified,No				
	Disorder (PCD)	yes	no	Results of tests	abnormalities		Results of tests	Abnormalities identified, No abnormalities	
	Multiple Myeloma			International System for Human			International System for Human		
Disease	/ Plasma Cell			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Disorder (PCD)	yes	no	compatible string:	open text		compatible string:	open text	
								[
					Any abnormality at 1p,Any abnormality			Any abnormality at 1p,Any abnormality at	
					at 1q,del(13q) / 13q-,del(17p) / 17p-			1q,del(13q) / 13q-,del(17p) / 17p-,Hyperdiploid (> 50),Hypodiploid (< 46),-13,-17,MYC	
	Multiple Myeloma				,Hyperdiploid (> 50),Hypodiploid (< 46),-			rearrangement,Other	
Disease	/ Plasma Cell				13,-17,MYC rearrangement,Other abnormality,t(11;14),t(14;16),t(14;20),t(Specify abnormalities (check all that	abnormality,t(11;14),t(14;16),t(14;20),t(4;14),t(6;	,
	Disorder (PCD)	yes	Ino	Specify abnormalities (check all that apply)	4:14).t(6:14).+11.+15 +19 +3 +5 +7 +9			4),+11,+15,+19,+3,+5,+7,+9	
2.23364.1011		,			.,,,<(0,1.,,.11,.13,.13,.3,.3,.7,+3			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Multiple Myeloma								
Disease	/ Plasma Cell								
	Disorder (PCD)	yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
Ciassilication				i i					
Classification									
Classification	Multiple Myeloma								
Disease	Multiple Myeloma / Plasma Cell Disorder (PCD)			Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	

Information 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
	Multiple Myeloma								
Disease	/ Plasma Cell						Were cytogenetics tested via		
Classification	Disorder (PCD)	yes	no	Were cytogenetics tested via karyotyping?	No,Yes		karyotyping?	No,Yes	
İ	Multiple Myeloma								
Disease	/ Plasma Cell				Abnormalities identified.No			Abnormalities identified, No abnormalities, No	
Classification	Disorder (PCD)	yes	no	Results of tests	abnormalities, No evaluable metaphases		Results of tests	evaluable metaphases	
	Multiple Myeloma			International System for Human			International System for Human		
Disease	/ Plasma Cell			Cytogenetic Nomenclature (ISCN)			Cytogenetic Nomenclature (ISCN)		
Classification	Disorder (PCD)	yes	no	compatible string:	open text		compatible string:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	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,t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,+5,+7,+9		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,t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,+5,+7,+9	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	ves	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
	Multiple Myeloma	yes	110		open text		Was documentation submitted to	open text	
Disease	/ Plasma Cell			Was documentation submitted to the	L		the CIBMTR? (e.g. karyotyping	L	
Classification	Disorder (PCD) Multiple Myeloma / Plasma Cell	yes	no	CIBMTR? (e.g. karyotyping report)	No,Yes 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		report) 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	
Classification	Disorder (PCD) Multiple Myeloma	yes	no	What is the hematologic disease status?	remission (VGPR)		status?	partial remission (VGPR)	
Disease	/ Plasma Cell								
Classification	Disorder (PCD) Multiple Myeloma	yes	по	Date assessed:	YYYY/MM/DD Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Rel)		Date assessed:	YYYY/MM/DD Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Rel)	
Disease	/ Plasma Cell			Specify amyloidosis hematologic response	(untreated), Unknown, Very good partial		Specify amyloidosis hematologic	(untreated),Unknown,Very good partial response	
Classification	Disorder (PCD)	yes	no	(for Amyloid patients only)	response (VGPR)		response (for Amyloid patients only)		
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

	Information								
	Collection								
Information		Response required if							
Collection Domain	Additional Sub	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)	Rationale for Information Collection Update
					Breast cancer,Bone sarcoma (excluding				
					Ewing family tumors), Cervical, Central				
					nervous system tumor, including CNS				
					PNET,Colorectal,Ovarian				
					(epithelial),Ewing family tumors,			Breast cancer,Bone sarcoma (excluding Ewing	
					extraosseous (including PNET),Ewing			family tumors), Cervical, Central nervous system	
					family tumors of bone (including			tumor, including CNS PNET, Colorectal, Ovarian	
					PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell			(epithelial), Ewing family tumors, extraosseous (including PNET), Ewing family tumors of bone	
					tumor, extragonadal, Hepatobiliary, Head	l e e e e e e e e e e e e e e e e e e e		(including PNET),External	
					/ neck,Hemangiosarcoma,Lung, not			genitalia,Fibrosarcoma,Gastric,Germ cell tumor,	
					otherwise			extragonadal,Hepatobiliary,Head /	
					specified,Leiomyosarcoma,Lymphangio			neck,Hemangiosarcoma,Lung, not otherwise	
					sarcoma,Liposarcoma,Medulloblastoma,			specified,Leiomyosarcoma,Lymphangio	
					Mediastinal			sarcoma, Liposarcoma, Medulloblastoma, Mediastir	1
					neoplasm,Melanoma,Neuroblastoma,Ne			al	
					urogenic sarcoma,Lung, non-small cell,Other solid tumor,Prostate,Renal			neoplasm,Melanoma,Neuroblastoma,Neurogenic sarcoma,Lung, non-small cell,Other solid	
					cell,Retinoblastoma,Rhabdomyosarcom			tumor,Prostate,Renal	
					a,Lung, small cell,Synovial sarcoma,Solid			cell,Retinoblastoma,Rhabdomyosarcoma,Lung,	
					tumor, not otherwise			small cell,Synovial sarcoma,Solid tumor, not	
					specified,Pancreatic,Soft tissue sarcoma			otherwise specified,Pancreatic,Soft tissue sarcoma	
					(excluding Ewing family			(excluding Ewing family	
Disease	C-P-I T			Constitution of the control of the c	tumors),Testicular,Thymoma,Uterine,Va		Constitution of the control of the c	tumors),Testicular,Thymoma,Uterine,Vaginal,Wil	
Classification Disease	Solid Tumors	yes	no	Specify the solid tumor classification	ginal,Wilm Tumor		Specify the solid tumor classification	m i umor	
Classification	Solid Tumors	ves	no	Specify other solid tumor:	open text		Specify other solid tumor:	open text	
		,							
					Acquired amegakaryocytosis (not			Acquired amegakaryocytosis (not	
					congenital),Acquired pure red cell			congenital),Acquired pure red cell aplasia (not	
					aplasia (not congenital),Acquired AA,			congenital),Acquired AA, not otherwise	
					not otherwise specified,Other acquired			specified,Other acquired cytopenic	
					cytopenic syndrome,Acquried AA secondary to chemotherapy,Acquired			syndrome, Acquried AA secondary to chemotherapy, Acquired AA, secondary to	
				Specify the aplastic anemia classification –	AA, secondary to hepatitis, Acquired AA		Specify the aplastic anemia	hepatitis,Acquired AA secondary to	
				If the recipient developed MDS or AML,	secondary to immunotherapy or		classification – If the recipient	immunotherapy or immune effector cell	
Disease				indicate MDS or AML as the primary	immune effector cell therapy,Acquired		developed MDS or AML, indicate	therapy,Acquired AA, secondary to toxin / other	
Classification	Aplastic Anemia	yes	no	disease.	AA, secondary to toxin / other drug		MDS or AML as the primary disease.	drug	
Disease	Autorite .			S					
Classification Disease	Aplastic Anemia	yes	no	Specify severity Specify other acquired cytopenic	Not severe, Severe / very severe		Specify severity Specify other acquired cytopenic	Not severe,Severe / very severe	
Classification	Aplastic Anemia	ves	no	syndrome:	open text		syndrome:	open text	
2.233.1100.001	- p.asere / menna	1			Dyskeratosis congenita,Fanconi			Dyskeratosis congenita,Fanconi anemia,Severe	
	Inherited Bone				anemia,Severe congenital			congenital neutropenia, Diamond-Blackfan	
Disease	Marrow Failure			Specify the inherited bone marrow failure			Specify the inherited bone marrow	anemia,Shwachman-Diamond, Other inherited	Be consistent with current clinical landscape, improve
Classification	Syndromes	yes	no	syndrome classification	anemia,Shwachman-Diamond	Change/Clarification of Response Options	failure syndrome classification	bone failure syndromes	transplant outcome data
Disease	Inherited Bone			Did the recipient receive gene therapy to			Did the recipient receive gene- therapy to treat the inherited bone-		
Disease Classification	Marrow Failure Syndromes	vec	200	treat the inherited bone marrow failure syndrome?	No,Yes	Deletion of Information Requested	marrow failure syndrome?	No Yes	Reduce redundancy in data capture
Ciassification	Syndromes	yes		Syndromes	Other hemoglobinopathy, Sickle cell	Detection of information requested	marrow randre syndrome:	110,163	neduce readingality in data capture
Disease	Hemoglobinopathi			Specify the hemoglobinopathy	disease,Transfusion dependent		Specify the hemoglobinopathy	Other hemoglobinopathy, Sickle cell	
Classification	es	yes	no	classification	thalassemia		classification	disease,Transfusion dependent thalassemia	
					Transfusion dependent beta				
Disease	Hemoglobinopathi				thalassemia,Other transfusion		Specify transfusion dependent	Transfusion dependent beta thalassemia,Other	
Classification	es	yes	no	Specify transfusion dependent thalassemia	dependent thalassemia		thalassemia	transfusion dependent thalassemia	<u> </u>
Disease Classification	Hemoglobinopathi	wes	100	Specify other hemoglobinopathy:	open text		Specify other hamadahinanath	onen text	
CIASSIIICALIUII	C3	yes	III III	эреспу отнег петновновноратну:	open text		Specify other hemoglobinopathy: Did the recipient receive gene	open text	
Disease	Hemoglobinopathi			Did the recipient receive gene therapy to			therapy to treat the		
Classification	es	yes	no	treat the hemoglobinopathy?	No,Yes	Deletion of Information Requested	hemoglobinopathy?	No,Yes	Reduce redundancy in data capture

	1						1		
	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub		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)	Rationale for Information Collection Update
ошо .урс	20	аррисо	requested mattiple times	Ziemene (ii applicazie)	Element nesponse option(s)	I a a a a a a a a a a a a a a a a a a a	Was tricuspid regurgitant jet velocity	Ziement nesponse option(s)	That of the control o
Disease	Hemoglobinopathi			Was tricuspid regurgitant jet velocity			(TRJV) measured by		
Classification	es	ves	no	(TRJV) measured by echocardiography?	No,Unknown,Yes		echocardiography?	No,Unknown,Yes	
Disease	Hemoglobinopathi	yes	110	(113 v) measured by conocardiography:	Tro, Olikilowii, 163		cenocaralography:	NO,OTIKTOWTI, TCS	
Classification	es	was	no	TRJV measurement	Known,Unknown		TRJV measurement	Known, Unknown	
Disease	Hemoglobinopathi	yes	110	The vineasarement	Kilowii,Giikilowii		113 v medsdremene	Kilowii, cirkilowii	
Classification	oc .	ves	no	TRJV measurement:	• m/sec		TRJV measurement:	• m/sec	
Disease	Hemoglobinopathi	yes	110	Was liver iron content (LIC) tested within 6			Was liver iron content (LIC) tested		
Classification	oc .	ves	no	months prior to infusion?	No,Yes		within 6 months prior to infusion?	No,Yes	
Classification	es	yes	110	months prior to imasion:	INO, TES		within 6 months prior to imusion:	INO, TES	
					ma Eo/a livor day				
					•mg Fe/g liver dry				
					weight			•mg Fe/g liver dry weight	
					•g Fe/kg liver dry			•g Fe/kg liver dry weight	
D '					weight			•μmol Fe / g liver dry weight	
Disease	Hemoglobinopathi	L		librarian anatom.	•μmol Fe / g liver dry		l.:		
Classification	es	yes	no	Liver iron content:	weight		Liver iron content:		
Disease	Hemoglobinopathi			Mark at a sale and a sale	FerriScan,Liver Biopsy,Other,SQUID				
Classification	es	yes	no	Method used to estimate LIC?	MRI,T2 MRI		Method used to estimate LIC?	FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI	
				L			Is the recipient red blood cell		
	L			Is the recipient red blood cell transfusion			transfusion dependent? (requiring		
Disease	Hemoglobinopathi			dependent? (requiring transfusion to			transfusion to maintain HGB 9-10		
Classification	es	yes	no	maintain HGB 9-10 g/dL)	No,Yes		g/dL)	No,Yes	
Disease	Hemoglobinopathi						Year of first transfusion: (since		
Classification	es	yes	no	Year of first transfusion: (since diagnosis):	YYYY		diagnosis):	YYYY	
Disease	Hemoglobinopathi			Was iron chelation therapy given at any			Was iron chelation therapy given at		
Classification	es	yes	no	time since diagnosis?	No,Unknown,Yes		any time since diagnosis?	No,Unknown,Yes	
				Did iron chelation therapy meet the			Did iron chelation therapy meet the		
				following criteria: initiated within 18	No, iron chelation therapy given, but not		following criteria: initiated within 18		
				months of the first transfusion and	meeting criteria, Iron chelation therapy		months of the first transfusion and	No, iron chelation therapy given, but not meeting	
				administered for at least 5 days / week	given, but details of administration		administered for at least 5 days /	criteria, Iron chelation therapy given, but details of	
Disease	Hemoglobinopathi			(either oral or parenteral iron chelation	unknown, Yes, iron chelation therapy		week (either oral or parenteral iron	administration unknown, Yes, iron chelation	
Classification	es	ves	no	medication)?	given as specified		chelation medication)?	therapy given as specified	
Disease	Hemoglobinopathi			,	Non-adherence,Other,Toxicity due to		,	Non-adherence,Other,Toxicity due to iron	
Classification	es	ves	no	Specify reason criteria not met	iron chelation therapy		Specify reason criteria not met	chelation therapy	
Disease	Hemoglobinopathi			İ	,,		i	• /	
Classification	es	ves	no	Specify other reason criteria not met:	open text		Specify other reason criteria not met:	open text	
Disease	Hemoglobinopathi	7		, , , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , , ,		
Classification	es	ves	no	Year iron chelation therapy started	Known,Unknown		Year iron chelation therapy started	Known Unknown	
Disease	Hemoglobinopathi	763		real non-cheation therapy started	in the state of th		rear non enclation therapy started	N. O. W. C.	
Classification	es	VPS	no	Year started:	YYYY		Year started:	YYYY	
		1					Did the recipient have		
Disease	Hemoglobinopathi			Did the recipient have hepatomegaly? (≥ 2			hepatomegaly? (≥ 2 cm below costal		
Classification	es	Ves	no.	cm below costal margin)	no,Unknown,yes		margin)	no,Unknown,yes	
C.G.J.IIICGGOII		yes		o selow costal marginy			Liver size as measured below the		
Disease	Hemoglobinopathi			Liver size as measured below the costal			costal margin at most recent		
Classification	es	Ves	no	margin at most recent evaluation:	cm		evaluation:	cm	
Disease	Hemoglobinopathi	yes	IIIO	Was a liver biopsy performed at any time	CIII		Was a liver biopsy performed at any		
Classification	nemoglobinopatni								
	Hemoglobinopathi	yes .	no	since diagnosis?	no,yes		time since diagnosis?	no,yes	
Disease Classification	nemogiobinopatni	L		Date functional status	Known Unknown		Data functional status	Known Unknown	
	Uses seletition of the	yes	no	Date functional status assessed	Known,Unknown		Date functional status assessed	Known,Unknown	
Disease	Hemoglobinopathi	L			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Classification	es	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease	Hemoglobinopathi			L	1		L	l	
Classification	es		no	Date estimated	checked		Date estimated	checked	
Disease	Hemoglobinopathi	1							
Classification	es	yes	no	Was there evidence of liver cirrhosis?	No,Unknown,Yes		Was there evidence of liver cirrhosis?	No,Unknown,Yes	
Disease	Hemoglobinopathi								
Classification	es	yes	no	Was there evidence of liver fibrosis?	No,Unknown,Yes		Was there evidence of liver fibrosis?	No,Unknown,Yes	
D'	Hemoglobinopathi								
		i .	l	Type of fibrosis	Bridging, Other, Periportal, Unknown	1	Type of fibrosis	Bridging,Other,Periportal,Unknown	1
Classification	es	yes	no	Type of fibrosis	bridging, other, i criportal, onknown		Type of fibrosis		l
Disease Classification Disease	es Hemoglobinopathi		no	Type of fibrosis	bridging, other, remportar, orikitown		Was there evidence of chronic		

Information Collection Domain		Response required if	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) Rationale for Information Collection Update
Disease	Hemoglobinopathi			Was documentation submitted to the		P	Was documentation submitted to	
Classification	es	ves	no		No,Yes		the CIBMTR? (e.g. liver biopsy)	No,Yes
				Is there evidence of abnormal cardiac iron			Is there evidence of abnormal cardiac	c
Disease	Hemoglobinopathi			deposition based on MRI of the heart at			iron deposition based on MRI of the	
Classification	es	yes	no	time of infusion?	No,Yes		heart at time of infusion?	No,Yes
Disease	Hemoglobinopathi						Did the recipient have a	
Classification	es	yes	no	Did the recipient have a splenectomy?	no,Unknown,yes		splenectomy?	no,Unknown,yes
Disease	Hemoglobinopathi							
Classification	es	yes	no	Serum iron	Known,Unknown		Serum iron	Known, Unknown
Disease	Hemoglobinopathi			6	: μg / dL		c	:• μg/dL
Classification	es	yes	no	Serum iron:	:•μmol / L		Serum iron:	:•μmol / L
Disease Classification	Hemoglobinopathi	Wes	no	Total iron binding capacity (TIBC)	Known, Unknown		Total iron binding capacity (TIBC)	Known Unknown
Disease	Hemoglobinopathi	1 1 2 2		Total IIOII billuling capacity (TIBC)	: • μg / dL		Total from binding capacity (TIBC)	Known, onknown
Classification	es	ves	no	TIBC:	μg / dL μmol / L		TIBC:	
Disease	Hemoglobinopathi	1,		1	μποιγε		1	
Classification	es	ves	no	Total serum bilirubin	Known, Unknown		Total serum bilirubin	Known, Unknown
Disease	Hemoglobinopathi				: • mg/dL			: mg/dL
Classification	es	yes	no	Total serum bilirubin:	:		Total serum bilirubin:	: μmol / L
Disease	Hemoglobinopathi			Upper limit of normal for total serum	_		Upper limit of normal for total serum	
Classification	es	yes	no	bilirubin:	•_		bilirubin:	•-
Disease	Disorders of the				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 pigmentary dilution disorder,Other SCID,Reticular dysgenesis,Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID),SCID, not otherwise specified,Absence of T and B cells SCID,Absence of T, normal B cell SCID,Immune deficiency, not otherwise specified,Common variable immunodeficiency,Viskott-Aldrich syndrome,X-linked lymphoproliferative		Specify disorder of immune system	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 pigmentary dilution disorder,Other SCID,Reticular dysgenesis,Adenosine deaminase (ADA) deficiency (SciD,SCID, not otherwise specified,Absence of T and B cells SCID,Absence of T, normal B cell SCID,Immune deficiency, not otherwise specified,Absence of T and B cells SCID,Absence of T, normal B cell SCID,Immune deficiency, not otherwise specified,Common variable immunodeficiency, Wiskott-Aldrich
Classification	Immune System	ves	no		syndrome		classification	syndrome,X-linked lymphoproliferative syndrome
Disease	Disorders of the	,,						
Classification	Immune System	yes	no	Specify other SCID:	open text		Specify other SCID:	open text
Disease	Disorders of the			· ·				
Classification	Immune System	yes	no	Specify other immunodeficiency:	open text		Specify other immunodeficiency:	open text
Disease	Disorders of the						Specify other pigmentary dilution	
Classification	Immune System	yes	no	Specify other pigmentary dilution disorder:	open text		disorder:	open text
				Did the recipient have an active or recent			Did the recipient have an active or	
Disease	Disorders of the			infection with a viral pathogen within 60			recent infection with a viral	
Classification	Immune System	yes	no	days of HCT?	No,Yes		pathogen within 60 days of HCT?	No,Yes

Adenovirus, BY Virus, Chilkaugumya Virus, Cyromegalovirus (CMV, Coronavirus, Dengue Virus, Epistein- Barr Virus (ESV), Enterovirus (ESV), DBB, Enterov	ntionale for Information Collection Update	Proposed Information Collection Data Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Information Collection update:	Current Information Collection Data Element Response Option(s)	Current Information Collection Data Element (if applicable)	Information Collection may be requested multiple times	Response required if Additional Sub Domain applies		Information Collection Domain Sub-Type
Disease Disorders of the Classification Immune System Ves no apply) Disease Disorders of the Classification Immune System Ves no Apply Noves No		Virus,Cytomegalovirus (CMV),Coronavirus,Dengue Virus,Epstein-Barr Virus (EBV),Enterovirus D68 (EV-D68),Enterovirus (ECHO, Coxsackie),Enterovirus, NOS,Enterovirus (polio),Hepatitis A Virus,Hepatitis B Virus,Hepatitis C Virus,Hepatitis B 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 Virus (all species),Rhinovirus (all			Virus, Cytomegalovirus (CMV), Coronavirus, Dengue Virus, Epstein- Barr Virus (EBV), Enterovirus D68 (EV- D68), 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-Iymphotropic 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 Virus (all species), Rhinovirus (all species), Rotavirus (all					
Classification Immune System yes no apply) Nile Virus (WNV) apply Virus, West Nile Virus (WNV) Disease Disorders of the Unumene System yes no PCP / PJP? No,Yes Disorders of the Unumene System yes no PCP / PJP? No,Yes Disorders of the Unumene System yes no No,Yes Disorders of the Unumene System yes no No,Yes Disorders of the Unumene System yes no No,Yes Disorders of the Unumene System yes no No,Yes Disorders of the Unumene System yes no No,Yes Disorders of the Unumene System yes no No,Yes Classification Immune System yes no No,Yes Congenital amegakaryocytosis /		species),Rotavirus (all species),Respiratory	Specify viral pathogen (check all that		species),Respiratory Syncytial Virus	Specify viral pathogen (check all that			Disorders of the	Niceace
Disorders of the Classification Immune System yes no PCP / PJP? No,Yes With PCP / PJP? No,Yes With PCP / PJP? No,Yes Disorders of the Classification Immune System yes no on properties of the Classification Immune System yes no on properties of the Classification Immune System yes no on properties of the Classification Immune System yes no on properties of the Classification Immune System yes no on properties of the Classification Immune System yes no on properties of the Classification Immune System yes no on properties of the Congenital amegakaryocytosis / Congenital amegakaryocytosis /			1				lno	ves		
lassification Immune System yes no PCP / PJP? No,Yes with PCP / PJP? No,Yes with PCP / PJP? No,Yes with PCP / PJP? No,Yes with PCP / PJP? No,Yes No,Y		.,,,	- F F - 17		,		-	7		
Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID assification Immune System yes no Only) No,Yes Congenital amegakaryocytosis /		No,Yes			No,Yes		no	ves		
lassification Immune System yes no only) No,Yes (SCID only) No,Yes (SCID only) No,Yes			Does the recipient have GVHD due to			Does the recipient have GVHD due to				
assification Immune System yes no only) No,Yes (SCID only) No,Yes			maternal cell engraftment pre-HCT?			maternal cell engraftment pre-HCT? (SCID			Disorders of the	isease
Congenital amegakaryocytosis /		No.Yes			No.Yes		no	ves		
Inherited Specify inherited abnormalities of platelets Specify inherited abnormality (501), Glanzmann thrombasthenia Specify inherited abnormalities of platelets Specify inherited abnormality (502), Other inherited platelet Specify inherited abnormality (502), Other inherited platelet Specify inherited abnormality (502), Other inherited platelet Specify inherited abnormality (503), Other inherited platelet Specify inherited ab		Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet	Specify inherited abnormalities of		Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet	Specify inherited abnormalities of platelets	no		Inherited Abnormalities of	isease
Inherited		, 1/			-,			,		
Oisease Ahonormalities of Specify other inherited platelet Specify other inherited platelet			Specify other inherited platelet			Specify other inherited platelet				Disease
assification Platelets yes no abnormality: open text abnormality: open text		open text			open text		lno.	ves		

oformation 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)		Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					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			Hereditary diffuse leukoencephalopathy with	
					syndrome (IH) (531),I-cell disease			spheroids, Adrenoleukodystrophy (ALD)	
					(546),Krabbe disease (globoid			(543), Aspartyl glucosaminidase (561), ß-	
					leukodystrophy) (544),Lesch-Nyhan			glucuronidase deficiency (VII) (537), Fucosidosis	
					(HGPRT deficiency) (522), Mannosidosis			(562),Gaucher disease (541),Glucose storage	
					(563),Maroteaux-Lamy (VI)			disease (548),Hunter syndrome (II) (533),Hurler	
					(536),Metachromatic leukodystrophy			syndrome (IH) (531),I-cell disease (546),Krabbe	
					(MLD) (542),Mucolipidoses, not otherwise specified (540),Morquio (IV)			disease (globoid leukodystrophy) (544),Lesch- Nyhan (HGPRT deficiency) (522),Mannosidosis	
					(535),Mucopolysaccharidosis (V)			(563),Maroteaux-Lamy (VI) (536),Metachromatic	
					(538),Mucopolysaccharidosis, not			leukodystrophy (MLD) (542),Mucolipidoses, not	
					otherwise specified (530), Niemann-Pick			otherwise specified (540), Morquio (IV)	
					disease (545), Neuronal ceroid			(535),Mucopolysaccharidosis (V)	
					lipofuscinosis (Batten disease)			(538), Mucopolysaccharidosis, not otherwise	
					(523),Other inherited metabolic disorder			specified (530),Niemann-Pick disease	
					(529),Osteopetrosis (malignant infantile			(545),Neuronal ceroid lipofuscinosis (Batten	
					osteopetrosis) (521),Polysaccharide hydrolase abnormality, not otherwise			disease) (523),Other inherited metabolic disorder (529),Osteopetrosis (malignant infantile	
					specified (560),Sanfilippo (III)			osteopetrosis (11alignant Infantile osteopetrosis) (521),Polysaccharide hydrolase	
					(534),Scheie syndrome (IS)			abnormality, not otherwise specified	
	Inherited				(532),Inherited metabolic disorder, not			(560),Sanfilippo (III) (534),Scheie syndrome (IS)	
ease	Disorders of			Specify inherited disorders of metabolism	otherwise specified (520), Wolman		Specify inherited disorders of	(532),Inherited metabolic disorder, not otherwise	Be consistent with current clinical landscape, improve
ification	Metabolism	yes	no	classification	disease (547)	Change/Clarification of Response Options	metabolism classification	specified (520), Wolman disease (547)	transplant outcome data
	Inherited								
ase sification	Disorders of Metabolism			Specify other inherited metabolic disorder:			Specify other inherited metabolic disorder:		
ilication	Inherited	yes	no	specify other inherited metabolic disorder:	open text		disorder:	open text	
ase	Disorders of								
sification	Metabolism	yes	no	Loes composite score	Adrenoleukodystrophy (ALD) only		Loes composite score	Adrenoleukodystrophy (ALD) only	
					Histiocytic disorder, not otherwise		·		
					specified (570),Langerhans cell				
					histiocytosis (histiocytosis-X)			L	
					(572),Hemophagocytic			Histiocytic disorder, not otherwise specified	
					lymphohistiocytosis (HLH) (571),Hemophagocytosis (reactive or			(570),Langerhans cell histiocytosis (histiocytosis-X (572),Hemophagocytic lymphohistiocytosis (HLH)	/
					viral associated) (573),Malignant			(571),Hemophagocytosis (reactive or viral	
ise	Histiocytic				histiocytosis (574),Other histiocytic		Specify histiocytic disorder	associated) (573),Malignant histiocytosis	
fication	Disorders	yes	no	Specify histiocytic disorder classification	disorder (579)		classification	(574),Other histiocytic disorder (579)	
	Histiocytic								
ise	Disorders	yes	no	Specify other histiocytic disorder:	open text		Specify other histiocytic disorder:	open text	
	Districts				The state of the s	1	Did the recipient have an active or	1	1
fication	Disorders			Pidale and death and a					
	Districts			Did the recipient have an active or recent			recent infection with a viral		
	Histiocytic			Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? Hemophagocytic					

					I				
	lf								
	Information								
	Collection								
Information	Domain	Response required if							
Collection Domain	Additional Sub		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)	Rationale for Information Collection Update
					Advantage BKVC - Children				
					Adenovirus,BK Virus,Chikaugunya				
					Virus, Cytomegalovirus				
					(CMV),Coronavirus,Dengue Virus,Epstein				
					Barr Virus (EBV), Enterovirus D68 (EV-				
					D68),Enterovirus (ECHO,				
					Coxsackie), Enterovirus, NOS, Enterovirus			Advantage BKVC variety	
					(polio),Hepatitis A Virus,Hepatitis B			Adenovirus,BK Virus,Chikaugunya	
					Virus, Hepatitis C Virus, Hepatitis			Virus,Cytomegalovirus (CMV),Coronavirus,Dengue	
					E,Human herpesvirus 6 (HHV-6),Human			Virus,Epstein-Barr Virus (EBV),Enterovirus D68 (EV	
					Immunodeficiency Virus 1 or 2,Human			D68),Enterovirus (ECHO, Coxsackie),Enterovirus,	
					metapneumovirus,Human			NOS,Enterovirus (polio),Hepatitis A Virus,Hepatitis	
					Papillomavirus (HPV), Herpes Simplex			B Virus, Hepatitis C Virus, Hepatitis E, Human	
					Virus (HSV),Human T-lymphotropic Virus			herpesvirus 6 (HHV-6),Human Immunodeficiency	
					1 or 2,Influenza A Virus,Influenza B			Virus 1 or 2,Human metapneumovirus,Human	
					Virus,Influenza, NOS,JC Virus			Papillomavirus (HPV), Herpes Simplex Virus	
					(Progressive Multifocal			(HSV),Human T-lymphotropic Virus 1 or	
					Leukoencephalopathy (PML)),Measles			2,Influenza A Virus,Influenza B Virus,Influenza,	
					Virus (Rubeola), Mumps			NOS,JC Virus (Progressive Multifocal	
					Virus,Norovirus,Human Parainfluenza			Leukoencephalopathy (PML)), Measles Virus	
					Virus (all species),Rhinovirus (all			(Rubeola), Mumps Virus, Norovirus, Human	
					species),Rotavirus (all			Parainfluenza Virus (all species),Rhinovirus (all	
					species),Respiratory Syncytial Virus			species),Rotavirus (all species),Respiratory	
Disease	Histiocytic			Specify viral pathogen (check all that	(RSV),Rubella Virus,Varicella Virus,West			Syncytial Virus (RSV),Rubella Virus,Varicella	
Classification	Disorders	yes	no	apply)	Nile Virus (WNV)		apply)	Virus,West Nile Virus (WNV)	
Disease Classification	Histiocytic			Has the recipient ever been infected with PCP / PJP?	No. Was		Has the recipient ever been infected with PCP / PJP?	No. Vo.	
Classification	Disorders	yes	no	PCP / PJP?	No,Yes		WITH PCP / PJP?	No,Yes	
					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			Antiphospholipid syndrome,Behcet	
					(JIA): oligoarticular, Juvenile idiopathic			syndrome, Churg-Strauss, Classical polyarteritis	
					arthritis (JIA): other, Juvenile idiopathic			nodosa, Crohn's disease, Diabetes mellitus type	
					arthritis (JIA): polyarticular, Juvenile			I,Evan syndrome,Giant cell arteritis,Hemolytic	
					idiopathic arthritis (JIA): systemic (Stills			anemia, Idiopathic thrombocytopenic purpura	
					disease), Microscopic polyarteritis			(ITP), Juvenile idiopathic arthritis (JIA):	
					nodosa,Multiple sclerosis,Myasthenia			oligoarticular, Juvenile idiopathic arthritis (JIA):	
					gravis,Other autoimmune			other, Juvenile idiopathic arthritis (JIA):	
					disorder,Overlap necrotizing			polyarticular, Juvenile idiopathic arthritis (JIA):	
					arteritis,Other arthritis,Other			systemic (Stills disease), Microscopic polyarteritis	
					autoimmune bowel disorder,Other				
					autoimmune bowei disorder,Other			nodosa, Multiple sclerosis, Myasthenia gravis, Other autoimmune disorder, Overlap necrotizing	
								arteritis,Other arthritis,Other autoimmune bowel	
					autoimmune neurological disorder,Other connective tissue			disorder,Other autoimmune cytopenia,Other	
					disease,Other vasculitis,Psoriatic arthritis			autoimmune neurological disorder,Other	
					/ psoriasis,Polymyositis /			connective tissue disease, Other vasculitis, Psoriation	
					dermatomyositis,Rheumatoid			arthritis / psoriasis,Polymyositis /	
					arthritis,Sjogren syndrome,Systemic			dermatomyositis,Rheumatoid arthritis,Sjogren	
Disease	Autoimmuno				lupus erythematosis (SLE),Systemic		Spacify autaimmuna disease	syndrome, Systemic lupus erythematosis	
Disease Classification	Autoimmune	luos.		Specify autoimmune disease classification	sclerosis, Takayasu, Ulcerative		Specify autoimmune disease classification	(SLE),Systemic sclerosis,Takayasu,Ulcerative	
Disease	Diseases Autoimmune	yes	IIIO	Specify autoimmune disease classification	colitis, Wegener granulomatosis			colitis, Wegener granulomatosis	
Classification	Autoimmune Diseases	ves	no	Specify other autoimmune cytopenia:	open text		Specify other autoimmune cytopenia:	open text	
Disease	Autoimmune	yes .	IIIO	specify other autoinfinute cytopenia:	open text		Specify other autoimmune bowel	open text	
Classification	Diseases	was	no	Specify other autoimmune bowel disorder:	open text		disorder:	open text	
Disease	Autoimmune	yes	IIIO	Specify other autominune bower disorder:	open text		uisoruer.	open text	
Classification	Diseases	was	no	Specify other autoimmune disease:	open text		Specify other autoimmune disease:	onen text	
		l Aco	Ino	ppeciny other automilliane disease.	Jopen tent		openny outer autominium unsease.	Tober reve	

	Information Collection							
Information	Domain	Response required if						
Collection Domain	Additional Sub	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) Rationale for Information Collection Update
	Tolerance							
	Induction							
	Associated with							
Disease	Solid Organ			Specify solid organ transplanted (check all			Specify solid organ transplanted	
Classification	Transplant	yes	no	that apply)	Kidney,Liver,Other organ,Pancreas		(check all that apply)	Kidney,Liver,Other organ,Pancreas
	Tolerance							
	Induction							
	Associated with							
Disease	Solid Organ							
Classification	Transplant	yes	no	Specify other organ:	open text		Specify other organ:	open text
	Tolerance							
	Induction							
	Associated with							
Disease	Solid Organ			la re u u			la re u u	
Classification	Transplant	yes	no	Specify other disease:	open text		Specify other disease:	open text
Pre-Transplant				First No. 10 (10 months)			First Name (person completing	
Essential Data Pre-Transplant			yes	First Name (person completing form):	open text		form):	open text
Essential Data			lune.	Last Name:	open text		Last Name:	anon tout
Pre-Transplant			yes	Last Name.	open text		Last Name.	open text
Essential Data			ves	E-mail address:	open text		E-mail address:	open text
Pre-Transplant			yes	E man address.	open text		E man address.	open text
Essential Data			yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD