



Information Collection Domain: Pre-Transplant Information Collection

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable) | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Information Collection update: | Proposed Information Collection Data Element (if applicable) | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Pre-Transplant 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Ethnicity                                                   | Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Ethnicity                                                    | Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Race (check all that apply)                                 | American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | Race (check all that apply)                                  | American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Race detail (check all that apply)                          | African American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamanian,Hawaiian,Japanese ,Korean,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American |                                | Race detail (check all that apply)                           | African American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamanian,Hawaiian,Japanese,Korean, Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American |                                             |

| Information Collection Domain 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 |
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| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Country of primary residence                                | Emirates,Afghanistan,Antigua and Barbuda,Anguilla,Albania,Armenia,Netherlands<br>Antilles,Angola,Antarctica,Argentina,American<br>Samoa,Austria,Australia,Aruba,Aland Islands,Azerbaijan,Bosnia and Herzegovina,Barbados,Bangladesh,Belgium,Burkina Faso,Bulgaria,Bahrain,Burundi,Benin,Saint Barthelemy,Bermuda,Brunei Darussalam,Bolivia,Bonaire, Sint Eustatius and Saba,Brazil,Bahamas,Bhutan,Bouvet Island,Botswana,Belarus,Belize,Canada,Cocos (Keeling) Islands,Congo, Democratic Republic of the,Central African Republic,Congo, Republic of the,Switzerland,Cote d'Ivoire,Cook Islands,Chile,Cameroon,China,Colombia,Costa Rica,Cuba,Cape Verde,Curacao,Christmas Island,Cyprus,Czech Republic,Germany,Djibouti,Denmark,Dominica,Dominican Republic,Algeria,Ecuador,Estonia,Egypt,Western Sahara,Eritrea,Spain,Ethiopia,Finland,Fiji |                                | Country of primary residence                                 | Emirates,Afghanistan,Antigua and Barbuda,Anguilla,Albania,Armenia,Netherlands Antilles,Angola,Antarctica,Argentina,American Samoa,Austria,Australia,Aruba,Aland Islands,Azerbaijan,Bosnia and Herzegovina,Barbados,Bangladesh,Belgium,Burkina Faso,Bulgaria,Bahrain,Burundi,Benin,Saint Barthelemy,Bermuda,Brunei Darussalam,Bolivia,Bonaire, Sint Eustatius and Saba,Brazil,Bahamas,Bhutan,Bouvet Island,Botswana,Belarus,Belize,Canada,Cocos (Keeling) Islands,Congo, Democratic Republic of the,Central African Republic,Congo, Republic of the,Switzerland,Cote d'Ivoire,Cook Islands,Chile,Cameroon,China,Colombia,Costa Rica,Cuba,Cape Verde,Curacao,Christmas Island,Cyprus,Czech Republic,Germany,Djibouti,Denmark,Dominica,Dominican Republic,Algeria,Ecuador,Estonia,Egypt,Western Sahara,Eritrea,Spain,Ethiopia,Finland,Fiji |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | State of residence of recipient                             | Acre,Alagoas,Amapa,Amazonas,Bahia,Ceara,Distrito Federal,Espirito Santo,Goiias,Maranhao,Mato Grosso,Mato Grosso do Sul,Minas Gerais,Para,Paraiba,Parana,Pernambuco ,Piaui,Rio Grande do Norte,Rio Grande do Sul,Rio de Janeiro,Rondonia,Roraima,Santa Catarina,Sao Paulo,Sergipe,Tocantins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | State of residence of recipient                              | Acre,Alagoas,Amapa,Amazonas,Bahia,Ceara,Distrito Federal,Espirito Santo,Goiias,Maranhao,Mato Grosso,Mato Grosso do Sul,Minas Gerais,Para,Paraiba,Parana,Pernambuco,Piaui,Rio Grande do Norte,Rio Grande do Sul,Rio de Janeiro,Rondonia,Roraima,Santa Catarina,Sao Paulo,Sergipe,Tocantins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Province or territory of residence of recipient             | Alberta,British Columbia,Manitoba,New Brunswick,Newfoundland and Labrador,Nova Scotia,Nunavut,Northwest Territories,Ontario,Prince Edward Island,Quebec,Saskatchewan,Yukon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Province or territory of residence of recipient              | Alberta,British Columbia,Manitoba,New Brunswick,Newfoundland and Labrador,Nova Scotia,Nunavut,Northwest Territories,Ontario,Prince Edward Island,Quebec,Saskatchewan,Yukon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | State of residence of recipient                             | Alaska,Alabama,Arkansas,Arizona,California,Colorado,Connecticut,District of Columbia,Delaware,Florida,Georgia,Hawaii,Iowa,Idaho,Illinois,Indiana,Kansas,Kentucky,Louisiana,Massachusetts,Maryland,Maine,Michigan,Minnesota,Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming                                                                                                                                                                                                                                                                                                        |                                | State of residence of recipient                              | Alaska,Alabama,Arkansas,Arizona,California,Colorado,Connecticut,District of Columbia,Delaware,Florida,Georgia,Hawaii,Iowa,Idaho,Illinois,Indiana,Kansas,Kentucky,Louisiana,Massachusetts,Maryland,Maine,Michigan,Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming                                                                                                                                                                                                                                                                                                 |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | NMDP Recipient ID (RID):                                    | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | NMDP Recipient ID (RID):                                     | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |

| Information Collection Domain Sub-Type | Information 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                                    |
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| Pre-Transplant Essential Data          |                                          | no                                                 | no                                                     | Zip or postal code for place of recipient's residence (USA and Canada residents only):                                                                                       | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Zip or postal code for place of recipient's residence (USA and Canada residents only):                                                                                       | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| Pre-Transplant Essential Data          | Allogeneic Recipient                     | yes                                                | no                                                     | Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneic HCTs only)? | No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneic HCTs only)? | No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |
| Pre-Transplant Essential Data          | Allogeneic Recipient                     | yes                                                | no                                                     | Date form was signed:                                                                                                                                                        | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | Date form was signed:                                                                                                                                                        | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |
| Pre-Transplant Essential Data          | Related Donors                           | yes                                                | no                                                     | Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)                                                                              | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)                                                                              | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| Pre-Transplant Essential Data          | Related Donors                           | yes                                                | no                                                     | Research sample recipient ID:                                                                                                                                                | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Research sample recipient ID:                                                                                                                                                | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| Pre-Transplant Essential Data          |                                          |                                                    |                                                        | Is the recipient participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes data)                                                 | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Is the recipient participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes data)                                                 | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| Pre-Transplant Essential Data          | Clinical Trial Participants              | yes                                                | no                                                     | Study Sponsor                                                                                                                                                                | BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Change/Clarification of Response Options | Study Sponsor                                                                                                                                                                | BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET, PedAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Be consistent with current clinical landscape, improve transplant outcome data |
| Pre-Transplant Essential Data          | Clinical Trial Participants              | yes                                                | no                                                     | Specify other sponsor:                                                                                                                                                       | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Specify other sponsor:                                                                                                                                                       | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
|                                        |                                          |                                                    |                                                        |                                                                                                                                                                              | response options is shown here. This list will change on a frequent basis to accommodate updates – changes in the response options do not affect burden of completing this question . BMT CTN 0301 - Aplastic Anemia,BMT CTN 0601 - Sickle Cell Anemia,BMT CTN 0701 - Follicular Lymphoma,BMT CTN 0702 - Myeloma,BMT CTN 0801 - Chronic GVHD Treatment,BMT CTN 0803 - Auto HCT in HIV + Patients,RCI BMT 09 - MRD,RCI BMT 09 - Plex,BMT CTN 0901 - Myeloablative vs. RIC,BMT CTN 0902 - Peri-TX Stress Mgmt,BMT CTN 0903 - Allo HCT in HIV + Patients,RCI BMT 10 - CBA,RCI BMT 10-CMSMDS-1,RCI BMT 11 - Treo,BMT CTN 1101 - Haplo vs. Double UCB with RIC,BMT CTN 1102 - MDS in older patients,RCI BMT 12 - Moxe,BMT CTN 1202 - Biomarker,BMT CTN 1203 - GVHD Prophylaxis,BMT CTN 1204 - HLH,BMT CTN 1205 - Easy-to-read Consent Form (ETRIC),RCI BMT 13 - TLEC,BMT CTN 1301 - CNI-Free,BMT CTN 1302 - Allo MM,BMT CTN 1401 - Myeloma Vaccine,RCI BMT 145-ADS-202,RCI BMT 15 - MMUD,BMT CTN 1501 - Standard Risk GVHD,BMT CTN 1502 - |                                          |                                                                                                                                                                              | is shown here. This list will change on a frequent basis to accommodate updates – changes in the response options do not affect burden of completing this question.BMT CTN 0301 - Aplastic Anemia,BMT CTN 0601 - Sickle Cell Anemia,BMT CTN 0701 - Follicular Lymphoma,BMT CTN 0702 - Myeloma,BMT CTN 0801 - Chronic GVHD Treatment,BMT CTN 0803 - Auto HCT in HIV + Patients,RCI BMT 09 - MRD,RCI BMT 09 - Plex,BMT CTN 0901 - Myeloablative vs. RIC,BMT CTN 0902 - Peri-TX Stress Mgmt,BMT CTN 0903 - Allo HCT in HIV + Patients,RCI BMT 10 - CBA,RCI BMT 10-CMSMDS-1,RCI BMT 11 - Treo,BMT CTN 1101 - Haplo vs. Double UCB with RIC,BMT CTN 1102 - MDS in older patients,RCI BMT 12 - Moxe,BMT CTN 1202 - Biomarker,BMT CTN 1203 - GVHD Prophylaxis,BMT CTN 1204 - HLH,BMT CTN 1205 - Easy-to-read Consent Form (ETRIC),RCI BMT 13 - TLEC,BMT CTN 1301 - CNI-Free,BMT CTN 1302 - Allo MM,BMT CTN 1401 - Myeloma Vaccine,RCI BMT 145-ADS-202,RCI BMT 15 - MMUD,BMT CTN 1501 - Standard Risk GVHD,BMT CTN 1502 - |                                                                                |
| Pre-Transplant Essential Data          | Clinical Trial Participants              | yes                                                | no                                                     | Study ID Number                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | Study ID Number                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |
| Pre-Transplant Essential Data          | Clinical Trial Participants              | yes                                                | no                                                     | Subject ID:                                                                                                                                                                  | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Subject ID:                                                                                                                                                                  | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| Pre-Transplant Essential Data          | Clinical Trial Participants              | yes                                                | no                                                     | Specify the ClinicalTrials.gov identification number:                                                                                                                        | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Specify the ClinicalTrials.gov identification number:                                                                                                                        | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| Pre-Transplant Essential Data          | Autologous Transplant                    | yes                                                | no                                                     | Is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)                         | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)                         | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| Pre-Transplant Essential Data          | Autologous Transplant                    | yes                                                | no                                                     | Specify subsequent HCT planned                                                                                                                                               | Allogeneic,Autologous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Specify subsequent HCT planned                                                                                                                                               | Allogeneic,Autologous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |

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

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                       | Current Information Collection Data Element Response Option(s)                                                                                                                                    | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                   | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Pre-Transplant Essential Data          |                                                     | no                                                 | yes                                                    | Specify donor                                                                                     | Allogeneic-related donor,Allogeneic-unrelated donor,Autologous                                                                                                                                    |                                               | Specify donor                                                                                     | Allogeneic-related donor,Allogeneic-unrelated donor,Autologous                                                                                                                                    |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | yes                                                    | Specify product type (check all that apply)                                                       | Bone marrow,Other product,PBSC,Single cord blood unit                                                                                                                                             |                                               | Specify product type (check all that apply)                                                       | Bone marrow,Other product,PBSC,Single cord blood unit                                                                                                                                             |                                             |
| Pre-Transplant Essential Data          |                                                     | no                                                 | yes                                                    | Specify other product:                                                                            | open text                                                                                                                                                                                         |                                               | Specify other product:                                                                            | open text                                                                                                                                                                                         |                                             |
| Pre-Transplant Essential Data          |                                                     | yes                                                | yes                                                    | Is the product genetically modified?                                                              | No,Yes                                                                                                                                                                                            |                                               | Is the product genetically modified?                                                              | No,Yes                                                                                                                                                                                            |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Specify the related donor type                                                                    | HLA-matched other relative,HLA-mismatched relative,HLA-identical sibling (may include non-monozygotic twin),Syngeneic (monozygotic twin)                                                          |                                               | Specify the related donor type                                                                    | HLA-matched other relative,HLA-mismatched relative,HLA-identical sibling (may include non-monozygotic twin),Syngeneic (monozygotic twin)                                                          |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Specify the biological relationship of the donor to the recipient                                 | Fraternal twin,Father,Grandchild,Grandparent,Mother,Maternal aunt,Maternal cousin,Maternal uncle,Other biological relative,Paternal aunt,Paternal cousin,Paternal uncle,Recipient's child,Sibling |                                               | Specify the biological relationship of the donor to the recipient                                 | Fraternal twin,Father,Grandchild,Grandparent,Mother,Maternal aunt,Maternal cousin,Maternal uncle,Other biological relative,Paternal aunt,Paternal cousin,Paternal uncle,Recipient's child,Sibling |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Specify other biological relative:                                                                | open text                                                                                                                                                                                         |                                               | Specify other biological relative:                                                                | open text                                                                                                                                                                                         |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Degree of mismatch (related donors only)                                                          | 1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)                                                                                       |                                               | Degree of mismatch (related donors only)                                                          | 1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)                                                                                       |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Specify unrelated donor type                                                                      | HLA matched unrelated,HLA mismatched unrelated                                                                                                                                                    |                                               | Specify unrelated donor type                                                                      | HLA matched unrelated,HLA mismatched unrelated                                                                                                                                                    |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product? | No,Yes                                                                                                                                                                                            |                                               | Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product? | No,Yes                                                                                                                                                                                            |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Was this donor used for any prior HCTs? (for this recipient)                                      | no,yes                                                                                                                                                                                            |                                               | Was this donor used for any prior HCTs? (for this recipient)                                      | no,yes                                                                                                                                                                                            |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Global Registration Identifier for Donors (GRID)                                                  | open text                                                                                                                                                                                         |                                               | Global Registration Identifier for 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 Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Non-NMDP unrelated donor ID:                                                                      | open text                                                                                                                                                                                         | Change/Clarification of Information Requested | Non-NMDP unrelated donor ID-Registry donor ID:                                                    | open text                                                                                                                                                                                         | Capture 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 Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Is the CBU ID also the ISBT DIN number?                                                           | No,Unknown,Yes                                                                                                                                                                                    |                                               | Is the CBU ID also the ISBT DIN number?                                                           | No,Unknown,Yes                                                                                                                                                                                    |                                             |
| Pre-Transplant Essential Data          | Allogeneic Donors                                   | yes                                                | yes                                                    | Specify the ISBT DIN number:                                                                      | open text                                                                                                                                                                                         |                                               | Specify the ISBT DIN number:                                                                      | open text                                                                                                                                                                                         |                                             |

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

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                                    | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Information Collection update:           | Proposed Information Collection Data Element (if applicable)                                                                                                   | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rationale for Information Collection Update                                    |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Pre-Transplant Essential Data          | Autologous Transplant                               | yes                                                | yes                                                    | Specify the number of these products intended to achieve hematopoietic engraftment:                                                                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Specify the number of these products intended to achieve hematopoietic engraftment:                                                                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
| Pre-Transplant Essential Data          | Autologous Transplant                               | yes                                                | yes                                                    | What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)                                                                | G-CSF (filgrastim, Neupogen), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent                                                                                                                                                                                                                                                                                                                                                                                                                                | Change/Clarification of Response Options | What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)                                                                | G-CSF (TBO-filgrastim, filgrastim, Granix, Neupogen), GM-CSF (sargramostim, Leukine), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent                                                                                                                                                                                                                                                                                                                                                                        | Be consistent with current clinical landscape, improve transplant outcome data |
| Pre-Transplant Essential Data          | Autologous Transplant                               | yes                                                | yes                                                    | Specify other agent:                                                                                                                                           | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Specify other agent:                                                                                                                                           | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
| Pre-Transplant Essential Data          | Autologous Transplant                               | yes                                                | yes                                                    | Name of product (gene therapy recipients)                                                                                                                      | Other name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Name of product (gene therapy recipients)                                                                                                                      | Other name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| Pre-Transplant Essential Data          | Autologous Transplant                               | yes                                                | yes                                                    | Specify other name:                                                                                                                                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Specify other name:                                                                                                                                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | What scale was used to determine the recipient’s functional status?                                                                                            | Karnofsky,Lansky                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | What scale was used to determine the recipient’s functional status?                                                                                            | Karnofsky,Lansky                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Karnofsky Scale (recipient age ≥ 16 years)                                                                                                                     | 100 Normal; no complaints; no evidence of disease,10 Moribund; fatal process progressing rapidly,20 Very sick; hospitalization necessary,30 Severely disabled; hospitalization indicated, although death not imminent,40 Disabled; requires special care and assistance,50 Requires considerable assistance and frequent medical care,60 Requires occasional assistance but is able to care for most needs,70 Cares for self; unable to carry on normal activity or to do active work,80 Normal activity with effort,90 Able to carry on normal activity                                              |                                          | Karnofsky Scale (recipient age ≥ 16 years)                                                                                                                     | 100 Normal; no complaints; no evidence of disease,10 Moribund; fatal process progressing rapidly,20 Very sick; hospitalization necessary,30 Severely disabled; hospitalization indicated, although death not imminent,40 Disabled; requires special care and assistance,50 Requires considerable assistance and frequent medical care,60 Requires occasional assistance but is able to care for most needs,70 Cares for self; unable to carry on normal activity or to do active work,80 Normal activity with effort,90 Able to carry on normal activity                                              |                                                                                |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Lansky Scale (recipient age ≥ 1 year and < 16 years)                                                                                                           | 100 Fully active,10 Completely disabled, not even passive play,20 Limited to very passive activity initiated by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play; fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance / supervision,70 Both greater restrictions of, and less time spent in, active play,80 Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play |                                          | Lansky Scale (recipient age ≥ 1 year and < 16 years)                                                                                                           | 100 Fully active,10 Completely disabled, not even passive play,20 Limited to very passive activity initiated by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play; fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance / supervision,70 Both greater restrictions of, and less time spent in, active play,80 Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play |                                                                                |
| Pre-Transplant Essential Data          | Allogeneic Recipient                                | yes                                                | no                                                     | Specify blood type (of recipient) (For allogeneic HCTs only)                                                                                                   | A,AB,B,O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | Specify blood type (of recipient) (For allogeneic HCTs only)                                                                                                   | A,AB,B,O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
| Pre-Transplant Essential Data          | Allogeneic Recipient                                | yes                                                | no                                                     | Specify Rh factor (of recipient) (For allogeneic HCTs only)                                                                                                    | Negative,Positive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | Specify Rh factor (of recipient) (For allogeneic HCTs only)                                                                                                    | Negative,Positive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Recipient CMV-antibodies (IgG or Total)                                                                                                                        | Indeterminate,Non-reactive,Not done,Reactive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | Recipient CMV-antibodies (IgG or Total)                                                                                                                        | Indeterminate,Non-reactive,Not done,Reactive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| Pre-Transplant Essential Data          |                                                     |                                                    |                                                        | Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion? | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion? | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Pre-Transplant Essential Data          |                                                     |                                                    |                                                        | Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?                                                                     | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?                                                                     | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                                                                                                                       | Current Information Collection Data Element Response Option(s)                                                     | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                                                                                                                                                                                      | Proposed Information Collection Data Element Response Option(s)                                                    | Rationale for Information Collection Update                        |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Pre-Transplant Essential Data          |                                                     |                                                    |                                                        | Was mechanical ventilation used for COVID-19 (SARS-CoV-2) infection?                                                                                                                                                                              | No,Yes                                                                                                             | Change/Clarification of Information Requested | Was mechanical ventilation <del>used-</del> given for COVID-19 (SARS-CoV-2) infection?                                                                                                                                                            | No,Yes                                                                                                             | Examples added or typographical errors corrected for clarification |
| Pre-Transplant Essential Data          |                                                     | no                                                 | yes                                                    | Was a vaccine for COVID-19 (SARS-CoV-2) received?                                                                                                                                                                                                 | No,Unknown,Yes                                                                                                     |                                               | Was a vaccine for COVID-19 (SARS-CoV-2) received?                                                                                                                                                                                                 | No,Unknown,Yes                                                                                                     |                                                                    |
| Pre-Transplant Essential Data          | COVID-19 Vaccine                                    | yes                                                | yes                                                    | Specify vaccine brand                                                                                                                                                                                                                             | AstraZeneca,Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pfizer-BioNTech                              |                                               | Specify vaccine brand                                                                                                                                                                                                                             | AstraZeneca,Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pfizer-BioNTech                              |                                                                    |
| Pre-Transplant Essential Data          | COVID-19 Vaccine                                    | yes                                                | yes                                                    | Specify other type:                                                                                                                                                                                                                               | open text                                                                                                          |                                               | Specify other type:                                                                                                                                                                                                                               | open text                                                                                                          |                                                                    |
| Pre-Transplant Essential Data          | COVID-19 Vaccine                                    | yes                                                | yes                                                    | Select dose(s) received                                                                                                                                                                                                                           | Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose |                                               | Select dose(s) received                                                                                                                                                                                                                           | Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose |                                                                    |
| 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                                                                                                            |                                                                    |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?                                                                                                                                                                  | no,yes                                                                                                             |                                               | Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?                                                                                                                                                                  | no,yes                                                                                                             |                                                                    |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Is there a history of invasive fungal infection?                                                                                                                                                                                                  | No,Yes                                                                                                             |                                               | Is there a history of invasive fungal infection?                                                                                                                                                                                                  | No,Yes                                                                                                             |                                                                    |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)                                                                                                                                                             | Known,Unknown                                                                                                      |                                               | Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)                                                                                                                                                             | Known,Unknown                                                                                                      |                                                                    |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Glomerular filtration rate (GFR):                                                                                                                                                                                                                 | ___ __ _ mL/min/1.732                                                                                              |                                               | Glomerular filtration rate (GFR):                                                                                                                                                                                                                 | ___ __ _ mL/min/1.732                                                                                              |                                                                    |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)                                                                                            | No,Yes                                                                                                             |                                               | Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)                                                                                            | No,Yes                                                                                                             |                                                                    |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863.) | No,Yes                                                                                                             |                                               | Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863.) | No,Yes                                                                                                             |                                                                    |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                      | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Information Collection update:           | Proposed Information Collection Data Element (if applicable)                     | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rationale for Information Collection Update                                    |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Pre-Transplant Essential Data          | Comorbid Conditions                                 | Yes                                                | no                                                     | Specify co-existing diseases or organ impairment (check all that apply)          | fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment<br>Cardiac -Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction ≤ 50% on the most recent test<br>Cerebrovascular disease -Any history of transient ischemic attack, subarachnoid hemorrhage or cerebral thrombosis, embolism, or hemorrhage<br>Diabetes -Requiring treatment with insulin or oral hypoglycemic drugs in the last 4 weeks but not diet alone<br>Heart valve disease -At least a moderate to severe degree of valve stenosis or insufficiency as determined by Echo; prosthetic mitral or aortic valve; or symptomatic mitral valve prolapse<br>Hepatic, mild - Bilirubin > upper limit of normal to 1.5 × upper limit of normal, or AST/ALT > upper limit of normal to 2.5 × upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection |                                          | Specify co-existing diseases or organ impairment (check all that apply)          | flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment<br>Cardiac -Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction ≤ 50% on the most recent test<br>Cerebrovascular disease -Any history of transient ischemic attack, subarachnoid hemorrhage or cerebral thrombosis, embolism, or hemorrhage<br>Diabetes -Requiring treatment with insulin or oral hypoglycemic drugs in the last 4 weeks but not diet alone<br>Heart valve disease -At least a moderate to severe degree of valve stenosis or insufficiency as determined by Echo; prosthetic mitral or aortic valve; or symptomatic mitral valve prolapse<br>Hepatic, mild - Bilirubin > upper limit of normal to 1.5 × upper limit of normal, or AST/ALT > upper limit of normal to 2.5 × upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection<br>Hepatic, moderate/severe -Liver cirrhosis, bilirubin > 1.5 × upper limit of normal, or AST/ALT > 2.5 × upper limit of normal<br>Infection -Includes a documented infection, fever of unknown origin, or pulmonary nodules |                                                                                |
| Pre-Transplant Essential Data          | Comorbid Conditions                                 | Yes                                                | no                                                     | Was the recipient on dialysis immediately prior to start of preparative regimen? | No,Unknown,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | Was the recipient on dialysis immediately prior to start of preparative regimen? | No,Unknown,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |
| Pre-Transplant Essential Data          | Comorbid Conditions                                 | Yes                                                | no                                                     | Specify prior malignancy (check all that apply)                                  | Breast cancer<br>Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma)<br>Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal)<br>Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate)<br>Leukemia<br>Lung cancer<br>Lymphoma (includes Hodgkin & non-Hodgkin lymphoma)<br>MDS / MPN<br>Melanoma<br>Multiple myeloma / plasma cell disorder (PCD)<br>Oropharyngeal cancer (e.g., tongue, buccal mucosa)<br>Sarcoma<br>Thyroid cancer<br>Other skin malignancy (basal cell, squamous cell)<br>Other hematologic malignancy<br>Other solid tumor                                                                                                                                                                                                                                                                                                                                                                                                 | Change/Clarification of Response Options | Specify prior malignancy (check all that apply)                                  | Breast cancer<br>Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma)<br>Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal)<br>Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate)<br><del>Leukemia</del> Acute myeloid leukemia<br><del>Chronic myeloid leukemia</del><br>Acute lymphoblastic leukemia<br><del>Chronic lymphoblastic leukemia</del><br>Lung cancer<br>Lymphoma (includes Hodgkin & non-Hodgkin lymphoma)<br>MDS / MPN<br>Melanoma<br>Multiple myeloma / plasma cell disorder (PCD)<br>Oropharyngeal cancer (e.g., tongue, buccal mucosa)<br>Sarcoma<br>Thyroid cancer<br>Other skin malignancy (basal cell, squamous cell)<br>Other hematologic malignancy<br>Other solid tumor                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Be consistent with current clinical landscape, improve transplant outcome data |
| Pre-Transplant Essential Data          | Comorbid Conditions                                 | Yes                                                | no                                                     | Specify other skin malignancy: (prior)                                           | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Deletion of Information Requested        | <del>Specify other skin malignancy: (prior)</del>                                | <del>open text</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Reduce redundancy in data capture                                              |
| Pre-Transplant Essential Data          | Comorbid Conditions                                 | Yes                                                | no                                                     | Specify other hematologic malignancy: (prior)                                    | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | Specify other hematologic malignancy: (prior)                                    | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Pre-Transplant Essential Data          |                                                     | no                                                 | no                                                     | Specify other solid tumor: (prior)                                               | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | Specify other solid tumor: (prior)                                               | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |

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

| Information Collection Domain Sub-Type               | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable) | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                 | Information Collection update:                                    | Proposed Information Collection Data Element (if applicable) | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                   | Rationale for Information Collection Update                                                                                    |
|------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | no                                                     | Date started:                                               | YYYY/MM/DD                                                                                                                                                                                                                                                                                     |                                                                   | Date started:                                                | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | no                                                     | Was the radiation fractionated?                             | no,yes                                                                                                                                                                                                                                                                                         |                                                                   | Was the radiation fractionated?                              | no,yes                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | no                                                     | Total number of fractions:                                  | open text                                                                                                                                                                                                                                                                                      |                                                                   | Total number of fractions:                                   | open text                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | no                                                     | Drug (drop down list)                                       | Bendamustine,Busulfan,Carboplatin,Car mustine,Clofarabine,Cyclophosphamide,Cytarabine,Etoposide,Fludarabine,Gemci tabine,Ibritumomab tiuxetan,Ifosfamide,Lomustine,Melphala n,Methylprednisolone,Other,Pentostatin ,Propylene glycol-free melphalan,Rituximab,Thiotepa,Tositumo mab,Treosulfan | Change/Clarification of Response Options                          | Drug (drop down list)                                        | Bendamustine,Busulfan,Carboplatin,Carmustine,CI ofarabine,Cyclophosphamide,Cytarabine,Etoposid e,Fludarabine,Gemcitabine,Ibritumomab tiuxetan,Ifosfamide,Lomustine,Melphalan,Methyl prednisolone,Other,Pentostatin,Propylene glycol-free melphalan,Rituximab,Thiotepa,Tositumomab,Treo sulfan, Azathioprine, Bortezomib, Cisplatin, Hydroxyurea, and Vincristine. | Be consistent with current clinical landscape, improve transplant outcome data                                                 |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | yes                                                    | Specify other drug:                                         | open text                                                                                                                                                                                                                                                                                      |                                                                   | Specify other drug:                                          | open text                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | yes                                                    | Total prescribed dose:                                      | _____ . __mg/m2<br>_____ . __mg/kg<br>_____ . __AUC (mg x h/L)<br>_____ . __AUC (μmol x min/L)<br>_____ . __CSS (ng/mL)                                                                                                                                                                        |                                                                   | Total prescribed dose:                                       | _____ . __mg/m2<br>_____ . __mg/kg<br>_____ . __AUC (mg x h/L)<br>_____ . __AUC (μmol x min/L)<br>_____ . __CSS (ng/mL)                                                                                                                                                                                                                                           |                                                                                                                                |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | yes                                                    | Date started:                                               | YYYY/MM/DD                                                                                                                                                                                                                                                                                     |                                                                   | Date started:                                                | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |
| Pre-HCT Preparative Regimen                          |                                                     | no                                                 | yes                                                    | Specify administration (busulfan only)                      | Both,IV,Oral                                                                                                                                                                                                                                                                                   |                                                                   | Specify administration (busulfan only)                       | Both,IV,Oral                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| Additional Drugs Given In the Peri-Transplant Period |                                                     | no                                                 | no                                                     | ALG, ALS, ATG, ATS                                          | no,yes                                                                                                                                                                                                                                                                                         | Change/Clarification of Information Requested and Response Option | ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol  | <del>no</del> 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)                                        | <del>no</del> 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:                                      | _____ . __mg/m2<br>_____ . __mg/kg<br>_____ . __mg/kg                                                                                                                                                                                                                                          |                                                                   | Total prescribed dose:                                       | _____ . __mg/m2<br>_____ . __mg/kg<br>_____ . __mg/kg                                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| Additional Drugs Given In the Peri-Transplant Period |                                                     | no                                                 | no                                                     | Defibrotide                                                 | No,Yes                                                                                                                                                                                                                                                                                         | Deletion of Information: Merged to Check all that Apply           | Defibrotide                                                  | <del>No</del> 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                                                          | <del>No</del> 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                                                     | <del>No</del> 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                                                                                                                                                                                                                                                                                         |                                                                   | Was GVHD prophylaxis planned?                                | No,Yes                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |

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

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

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                       | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rationale for Information Collection Update |
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| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Specify the AML classification                                                    | <b>abnormalities:</b><br>AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5),<br>AML with t(6;9) (p23;q34.1); DEK-NUP214 (6),<br>AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7),<br>AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8),<br>AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281),<br>AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282),<br>APL with PML-RARA (283),<br>AML with BCR-ABL1 (provisional entity) (3),<br>AML with mutated NPM1 (4),<br>AML with biallelic mutations of CEBPA (297),<br>AML with mutated RUNX1 (provisional entity) (298),<br>AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284),<br>AML with myelodysplasia – related changes (285),<br>Therapy related AML (t-AML) (9),<br><b>AML, not otherwise specified:</b> |                                               | Specify the AML classification                                                    | AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5),<br>AML with t(6;9) (p23;q34.1); DEK-NUP214 (6),<br>AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7),<br>AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8),<br>AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281),<br>AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282),<br>APL with PML-RARA (283),<br>AML with mutated NPM1 (4),<br>AML with biallelic mutations of CEBPA (297),<br>AML with mutated RUNX1 (provisional entity) (298),<br>AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284),<br>AML with myelodysplasia – related changes (285),<br>Therapy related AML (t-AML) (9),<br><b>AML, not otherwise specified:</b><br>AML, not otherwise specified (280),<br>AML, minimally differentiated (286),<br>AML without maturation (287) ,<br>AML with maturation (288) ,<br>Acute myelomonocytic leukemia (289),<br>Acute monoblastic / acute monocytic leukemia (290), |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Did AML transform from MDS or MPN?                                                | no,yes-Also complete MDS or MPN Disease Classification questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Did AML transform from MDS or MPN?                                                | no,yes-Also complete MDS or MPN Disease Classification questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Is the disease (AML) therapy related?                                             | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | Is the disease (AML) therapy related?                                             | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Did the recipient have a predisposing condition?                                  | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | Did the recipient have a predisposing condition?                                  | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Specify condition                                                                 | Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | Specify condition                                                                 | Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Specify other condition:                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | Specify other condition:                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)                    | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Change/Clarification of Information Requested | Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)         | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Reduce redundancy in data capture           |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |

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

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                             | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                          | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                                       | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                         | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | IDH2                                                                                    | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | IDH2                                                                                               | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | KIT                                                                                     | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | KIT                                                                                                | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | NPM1                                                                                    | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | NPM1                                                                                               | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Other molecular marker                                                                  | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | Other molecular marker                                                                             | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify other molecular marker:                                                         | open text                                                                                                                                                                                                                                                                                                                               |                                               | Specify other molecular marker:                                                                    | open text                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation) | no,Unknown,yes                                                                                                                                                                                                                                                                                                                          | Change/Clarification of Information Requested | Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or relapse and last evaluation) | no,Unknown,yes                                                                                                                                                                                                                                                                                                                          | Reduce redundancy in data capture           |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                      | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                               | Were cytogenetics tested via FISH?                                                                 | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Results of tests                                                                        | Abnormalities identified,No abnormalities                                                                                                                                                                                                                                                                                               |                                               | Results of tests                                                                                   | Abnormalities identified,No abnormalities                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string:       | open text                                                                                                                                                                                                                                                                                                                               |                                               | International System for Human Cytogenetic Nomenclature (ISCN) compatible string:                  | open text                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                                    | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                      |                                               | Specify number of distinct cytogenetic abnormalities                                               | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                            | (11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8 |                                               | Specify abnormalities (check all that apply)                                                       | (11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8 |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify other abnormality:                                                              | open text                                                                                                                                                                                                                                                                                                                               |                                               | Specify other abnormality:                                                                         | open text                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Were cytogenetics tested via karyotyping?                                               | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                               | Were cytogenetics tested via karyotyping?                                                          | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Results of tests                                                                        | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                                                                                                                                                       |                                               | Results of tests                                                                                   | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                                                                                                                                                       |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string:       | open text                                                                                                                                                                                                                                                                                                                               |                                               | International System for Human Cytogenetic Nomenclature (ISCN) compatible string:                  | open text                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                                    | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                      |                                               | Specify number of distinct cytogenetic abnormalities                                               | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                      |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                         | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                          | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                                                   | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                         | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                                        | (11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8 |                                               | Specify abnormalities (check all that apply)                                                                   | (11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8 |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify other abnormality:                                                                          | open text                                                                                                                                                                                                                                                                                                                               |                                               | Specify other abnormality:                                                                                     | open text                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                        | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                               | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                   | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation) | no,Unknown,yes                                                                                                                                                                                                                                                                                                                          | Change/Clarification of Information Requested | Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation) | no,Unknown,yes                                                                                                                                                                                                                                                                                                                          | Reduce redundancy in data capture           |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | CEBPA                                                                                               | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | CEBPA                                                                                                          | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify CEBPA mutation                                                                              | Biallelic (homozygous),Monoallelic (heterozygous),Unknown                                                                                                                                                                                                                                                                               | Change/Clarification of Response Options      | Specify CEBPA mutation                                                                                         | Biallelic (double mutant),Monoallelic (single mutant),Unknown                                                                                                                                                                                                                                                                           | Capture data accurately                     |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | FLT3 - TKD (point mutations in D835 or deletions of codon I836)                                     | Negative,Not done,Positive                                                                                                                                                                                                                                                                                                              |                                               | FLT3 - TKD (point mutations in D835 or deletions of codon I836)                                                | Negative,Not done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | FLT3 – ITD mutation                                                                                 | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | FLT3 – ITD mutation                                                                                            | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | FLT3 - ITD allelic ratio                                                                            | Known,Unknown                                                                                                                                                                                                                                                                                                                           |                                               | FLT3 - ITD allelic ratio                                                                                       | Known,Unknown                                                                                                                                                                                                                                                                                                                           |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify FLT3 - ITD allelic ratio:                                                                   | ___ ' ___                                                                                                                                                                                                                                                                                                                               |                                               | Specify FLT3 - ITD allelic ratio:                                                                              | ___ ' ___                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | IDH1                                                                                                | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | IDH1                                                                                                           | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | IDH2                                                                                                | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | IDH2                                                                                                           | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | KIT                                                                                                 | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | KIT                                                                                                            | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | NPM1                                                                                                | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | NPM1                                                                                                           | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Other molecular marker                                                                              | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                               | Other molecular marker                                                                                         | Negative,Not Done,Positive                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify other molecular marker:                                                                     | open text                                                                                                                                                                                                                                                                                                                               |                                               | Specify other molecular marker:                                                                                | open text                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)                                | no,Unknown,yes                                                                                                                                                                                                                                                                                                                          |                                               | Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)                                           | no,Unknown,yes                                                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                                  | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                               | Were cytogenetics tested via FISH?                                                                             | No,Yes                                                                                                                                                                                                                                                                                                                                  |                                             |

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

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                  | Current Information Collection Data Element Response Option(s)                                                                                      | Information Collection update:    | Proposed Information Collection Data Element (if applicable)                                                                 | Proposed Information Collection Data Element Response Option(s)                                                                                     | Rationale for Information Collection Update                                    |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | FLT3 - ITD allelic ratio                                                                                                     | Known,Unknown                                                                                                                                       |                                   | FLT3 - ITD allelic ratio                                                                                                     | Known,Unknown                                                                                                                                       |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify FLT3 - ITD allelic ratio:                                                                                            | ____ ' ____                                                                                                                                         |                                   | Specify FLT3 - ITD allelic ratio:                                                                                            | ____ ' ____                                                                                                                                         |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | IDH1                                                                                                                         | Negative,Not Done,Positive                                                                                                                          |                                   | IDH1                                                                                                                         | Negative,Not Done,Positive                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | IDH2                                                                                                                         | Negative,Not Done,Positive                                                                                                                          |                                   | IDH2                                                                                                                         | Negative,Not Done,Positive                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | KIT                                                                                                                          | Negative,Not Done,Positive                                                                                                                          |                                   | KIT                                                                                                                          | Negative,Not Done,Positive                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | NPM1                                                                                                                         | Negative,Not Done,Positive                                                                                                                          |                                   | NPM1                                                                                                                         | Negative,Not Done,Positive                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Other molecular marker                                                                                                       | Negative,Not Done,Positive                                                                                                                          |                                   | Other molecular marker                                                                                                       | Negative,Not Done,Positive                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | yes                                                    | Specify other molecular marker:                                                                                              | open text                                                                                                                                           |                                   | Specify other molecular marker:                                                                                              | open text                                                                                                                                           |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     | Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? | no,Unknown,yes                                                                                                                                      |                                   | Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? | no,Unknown,yes                                                                                                                                      |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     | What was the disease status?                                                                                                 | 1st complete remission,1st relapse,2nd complete remission,2nd relapse,≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure |                                   | What was the disease status?                                                                                                 | 1st complete remission,1st relapse,2nd complete remission,2nd relapse,≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     | How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRI)                         | 1,2, ≥ 3                                                                                                                                            |                                   | How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRI)                         | 1,2, ≥ 3                                                                                                                                            |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     | Was the recipient in remission by flow cytometry?                                                                            | Not applicable,No,Unknown,Yes                                                                                                                       | Deletion of Information Requested | Was the recipient in remission by flow cytometry?                                                                            | Not applicable,No,Unknown,Yes                                                                                                                       | Reduce redundancy in data capture                                              |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | Specify method(s) that was used to assess measurable residual disease status (check all that apply)                          | FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed                                                                                           | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | Was measurable residual disease detected by FISH?                                                                            | no,yes                                                                                                                                              | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | Was measurable residual disease detected by karyotyping assay?                                                               | no,yes                                                                                                                                              | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | Which leukemia phenotype was used for detection (check all the apply)                                                        | original leukemia immunophenotype, aberrant phenotype                                                                                               | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | What is the lower limit of detection (for the original leukemia immunophenotype)                                             | open text                                                                                                                                           | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | What is the lower limit of detection (for the aberrant phenotype)                                                            | open text                                                                                                                                           | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)         | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                     | Addition of Information Requested | Was measurable residual disease detected by flow cytometry?                                                                  | no,yes                                                                                                                                              | Be consistent with current clinical landscape, improve transplant outcome data |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                                       | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                                                                                                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rationale for Information Collection Update                                    |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Addition of Information Requested             | Was measurable residual disease detected by PCR?                                                                                                                  | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Addition of Information Requested             | Was measurable residual disease detected by NGS?                                                                                                                  | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Date of most recent relapse:                                                                                                                                      | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Date of most recent relapse:                                                                                                                                      | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Myelogenous Leukemia (AML)                    | yes                                                | no                                                     | Date assessed:                                                                                                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Date assessed:                                                                                                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | no                                                     | Specify ALL classification                                                                                                                                        | B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191),<br>B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192),<br>B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193),<br>B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194),<br>B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195),<br>B-lymphoblastic leukemia / lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81),<br>B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82),<br>B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<46 chromosomes) (83),<br>B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94),<br>B-lymphoblastic leukemia / lymphoma, with iAMP21 (95),<br><b>T-cell lymphoblastic leukemia / lymphoma:</b> |                                               | Specify ALL classification                                                                                                                                        | <b>B-lymphoblastic leukemia / lymphoma:</b><br>B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191),<br>B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192),<br>B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193),<br>B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194),<br>B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195),<br>B-lymphoblastic leukemia / lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81),<br>B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<46 chromosomes) (83),<br>B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94),<br>B-lymphoblastic leukemia / lymphoma, with iAMP21 (95),<br><b>T-cell lymphoblastic leukemia / lymphoma:</b><br>T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196),<br>Early T-cell precursor lymphoblastic leukemia (96), <b>NK cell lymphoblastic leukemia / lymphoma:</b><br>Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (97) |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | no                                                     | Did the recipient have a predisposing condition?                                                                                                                  | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | Did the recipient have a predisposing condition?                                                                                                                  | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | no                                                     | Specify condition                                                                                                                                                 | Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               | Specify condition                                                                                                                                                 | Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | no                                                     | Specify other condition:                                                                                                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | Specify other condition:                                                                                                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | no                                                     | Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.) | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.) | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)                                                                                                    | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change/Clarification of Information Requested | Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)                                                                                         | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Reduce redundancy in data capture                                              |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                                                                                                | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | Were cytogenetics tested via FISH?                                                                                                                                | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)                  | yes                                                | yes                                                    | Results of tests                                                                                                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | Results of tests                                                                                                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |

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

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

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

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                  | Current Information Collection Data Element Response Option(s)                                                                                                     | Information Collection update:    | Proposed Information Collection Data Element (if applicable)                                                                 | Proposed Information Collection Data Element Response Option(s)                                                                                                    | Rationale for Information Collection Update                                    |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | yes                                                    | Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)                                             | no,Unknown,yes                                                                                                                                                     |                                   | Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)                                             | no,Unknown,yes                                                                                                                                                     |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | yes                                                    | BCR / ABL                                                                                                                    | Negative,Not Done,Positive                                                                                                                                         |                                   | BCR / ABL                                                                                                                    | Negative,Not Done,Positive                                                                                                                                         |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | yes                                                    | TEL-AML / AML1                                                                                                               | Negative,Not Done,Positive                                                                                                                                         |                                   | TEL-AML / AML1                                                                                                               | Negative,Not Done,Positive                                                                                                                                         |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | yes                                                    | Other molecular marker                                                                                                       | Negative,Not Done,Positive                                                                                                                                         |                                   | Other molecular marker                                                                                                       | Negative,Not Done,Positive                                                                                                                                         |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | yes                                                    | Specify other molecular marker:                                                                                              | open text                                                                                                                                                          |                                   | Specify other molecular marker:                                                                                              | open text                                                                                                                                                          |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     | Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? | no,Unknown,yes                                                                                                                                                     |                                   | Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? | no,Unknown,yes                                                                                                                                                     |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     | What was the disease status?                                                                                                 | 1st complete remission (include CRI),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure |                                   | What was the disease status?                                                                                                 | 1st complete remission (include CRI),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     | How many cycles of induction therapy were required to achieve 1st complete remission?                                        | 1,2, ≥ 3                                                                                                                                                           |                                   | How many cycles of induction therapy were required to achieve 1st complete remission?                                        | 1,2, ≥ 3                                                                                                                                                           |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     | Was the recipient in remission by flow cytometry?                                                                            | Not applicable,No,Unknown,Yes                                                                                                                                      | Deletion of Information Requested | Was the recipient in remission by flow cytometry?                                                                            | Not applicable,No,Unknown,Yes                                                                                                                                      | Reduce redundancy in data capture                                              |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Specify method(s) that was used to assess measurable residual disease status (check all that apply)                          | FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed                                                                                                          | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Was measurable residual disease detected by FISH?                                                                            | no,yes                                                                                                                                                             | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Was measurable residual disease detected by karyotyping assay?                                                               | no,yes                                                                                                                                                             | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Which leukemia phenotype was used for detection (check all the apply)                                                        | original leukemia immunophenotype, aberrant phenotype                                                                                                              | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | What is the lower limit of detection (for the original leukemia immunophenotype)                                             | open text                                                                                                                                                          | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | What is the lower limit of detection (for the aberrant phenotype)                                                            | open text                                                                                                                                                          | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Was measurable residual disease detected by flow cytometry?                                                                  | no,yes                                                                                                                                                             | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Was measurable residual disease detected by PCR?                                                                             | no,yes                                                                                                                                                             | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     |                                                                                                                              |                                                                                                                                                                    | Addition of Information Requested | Was measurable residual disease detected by NGS?                                                                             | no,yes                                                                                                                                                             | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     | Date of most recent relapse:                                                                                                 | YYYY/MM/DD                                                                                                                                                         |                                   | Date of most recent relapse:                                                                                                 | YYYY/MM/DD                                                                                                                                                         |                                                                                |
| Disease Classification                 | Acute Lymphoblastic Leukemia (ALL)       | yes                                                | no                                                     | Date assessed:                                                                                                               | YYYY/MM/DD                                                                                                                                                         |                                   | Date assessed:                                                                                                               | YYYY/MM/DD                                                                                                                                                         |                                                                                |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain              | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                            | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                          | Information Collection update: | Proposed Information Collection Data Element (if applicable)                           | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                         | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms | yes                                                | no                                                     | Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification | Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm ,Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1,Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm |                                | Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification | Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm ,Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1,Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm |                                             |
| Disease Classification                 | Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms | yes                                                | no                                                     | Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:                 | open text                                                                                                                                                                                                                                                                                                                                                                               |                                | Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:                 | open text                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms | yes                                                | no                                                     | What was the disease status? (based on hematological test results)                     | 1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥ 3rd relapse,No treatment,Primary induction failure                                                                                                                                                                                    |                                | What was the disease status? (based on hematological test results)                     | 1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥ 3rd relapse,No treatment,Primary induction failure                                                                                                                                                                                    |                                             |
| Disease Classification                 | Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms | yes                                                | no                                                     | Date assessed:                                                                         | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                              |                                | Date assessed:                                                                         | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Was therapy given prior to this HCT?                                                   | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                | Was therapy given prior to this HCT?                                                   | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Combination chemotherapy                                                               | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                | Combination chemotherapy                                                               | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Hydroxyurea (Droxia, Hydrea)                                                           | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                | Hydroxyurea (Droxia, Hydrea)                                                           | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)                | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                | Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)                | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Interferon-&alpha; (Intron, Roferon) (includes PEG)                                    | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                | Interferon-&alpha; (Intron, Roferon) (includes PEG)                                    | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Other therapy                                                                          | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                | Other therapy                                                                          | no,yes                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Specify other therapy:                                                                 | open text                                                                                                                                                                                                                                                                                                                                                                               |                                | Specify other therapy:                                                                 | open text                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | What was the disease status?                                                           | Accelerated phase,Blast phase,Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase,Complete hematologic response (CHR) preceded only by chronic phase,Chronic phase                                                                                                                                                                                     |                                | What was the disease status?                                                           | Accelerated phase,Blast phase,Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase,Complete hematologic response (CHR) preceded only by chronic phase,Chronic phase                                                                                                                                                                                     |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                               | yes                                                | no                                                     | Specify level of response                                                              | Complete cytogenetic response (CCyR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CyR),Partial cytogenetic response (PCyR)                                                                                                                                                    |                                | Specify level of response                                                              | Complete cytogenetic response (CCyR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CyR),Partial cytogenetic response (PCyR)                                                                                                                                                    |                                             |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                         | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Information Collection update: | Proposed Information Collection Data Element (if applicable)                                                                                        | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                  | yes                                                | no                                                     | Number                                                                                                                                              | 1st,2nd,3rd or higher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Number                                                                                                                                              | 1st,2nd,3rd or higher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Chronic Myelogenous Leukemia (CML)                  | yes                                                | no                                                     | Date assessed:                                                                                                                                      | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Date assessed:                                                                                                                                      | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | What was the MDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions | Atypical chronic myeloid leukemia (aCML), BCR-ABL1-,Chronic myelomonocytic leukemia (CMML),Juvenile myelomonocytic leukemia (JMML/JCML),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. <b>Myelodysplatic Syndrome with excess blasts (MDS-EB):</b> MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). <b>Myelodysplatic Syndrome with ring sideroblasts:</b> MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD),Myelodysplastic |                                | What was the MDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions | Atypical chronic myeloid leukemia (aCML), BCR-ABL1-,Chronic myelomonocytic leukemia (CMML),Juvenile myelomonocytic leukemia (JMML/JCML),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. <b>Myelodysplatic Syndrome with excess blasts (MDS-EB):</b> MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). <b>Myelodysplatic Syndrome with ring sideroblasts:</b> MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD),Myelodysplastic |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | Specify Myelodysplastic syndrome, unclassifiable (MDS-U)                                                                                            | MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Specify Myelodysplastic syndrome, unclassifiable (MDS-U)                                                                                            | MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                                                        | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                                                        | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | Was the disease MDS therapy related?                                                                                                                | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | Was the disease MDS therapy related?                                                                                                                | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | Did the recipient have a predisposing condition?                                                                                                    | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | Did the recipient have a predisposing condition?                                                                                                    | no,Unknown,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | Specify condition                                                                                                                                   | Aplastic anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) ,Li-Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX1 deficiency (previously “familial platelet disorder with propensity to myeloid malignancies”) ,SAMD9- or SAMD9L-associated familial MDS,Shwachman-Diamond Syndrome,Telomere biology disorder (including dyskeratosis congenita)                                                                                                                                                                                                                                                                                                                                                               |                                | Specify condition                                                                                                                                   | Aplastic anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) ,Li-Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX1 deficiency (previously “familial platelet disorder with propensity to myeloid malignancies”) ,SAMD9- or SAMD9L-associated familial MDS,Shwachman-Diamond Syndrome,Telomere biology disorder (including dyskeratosis congenita)                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | no                                                     | Specify other condition:                                                                                                                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Specify other condition:                                                                                                                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)                      | yes                                                | yes                                                    | Date CBC drawn:                                                                                                                                     | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Date CBC drawn:                                                                                                                                     | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                       | Current Information Collection Data Element Response Option(s)                                                                                                                                                             | Information Collection update: | Proposed Information Collection Data Element (if applicable)                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                             | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | WBC                                                                               | Known,Unknown                                                                                                                                                                                                              |                                | WBC                                                                               | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | WBC                                                                               | <div> <div>_____ • _____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ • _____ x 10<sup>6</sup>/L</div> </div>                                                                                     |                                | WBC                                                                               | <div> <div>_____ • _____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ • _____ x 10<sup>6</sup>/L</div> </div>                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Neutrophils                                                                       | Known,Unknown                                                                                                                                                                                                              |                                | Neutrophils                                                                       | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Neutrophils                                                                       | _____ %                                                                                                                                                                                                                    |                                | Neutrophils                                                                       | _____ %                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in blood                                                                   | Known,Unknown                                                                                                                                                                                                              |                                | Blasts in blood                                                                   | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in blood                                                                   | _____ %                                                                                                                                                                                                                    |                                | Blasts in blood                                                                   | _____ %                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Hemoglobin                                                                        | Known,Unknown                                                                                                                                                                                                              |                                | Hemoglobin                                                                        | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | At Diagnosis: Hemoglobin                                                          | <div> <div>_____ • _____ g/dL</div> <div>_____ • _____ g/L</div> <div>_____ • _____ mmol/L</div> </div>                                                                                                                    |                                | At Diagnosis: Hemoglobin                                                          | <div> <div>_____ • _____ g/dL</div> <div>_____ • _____ g/L</div> <div>_____ • _____ mmol/L</div> </div>                                                                                                                     |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were RBCs transfused ≤ 30 days before date of test?                               | No,Yes                                                                                                                                                                                                                     |                                | Were RBCs transfused ≤ 30 days before date of test?                               | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Platelets                                                                         | Known,Unknown                                                                                                                                                                                                              |                                | Platelets                                                                         | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were platelets transfused ≤ 7 days before date of test?                           | No,Yes                                                                                                                                                                                                                     |                                | Were platelets transfused ≤ 7 days before date of test?                           | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were platelets transfused ≤ 7 days before date of test?                           | No,Yes                                                                                                                                                                                                                     |                                | Were platelets transfused ≤ 7 days before date of test?                           | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in bone marrow                                                             | Known,Unknown                                                                                                                                                                                                              |                                | Blasts in bone marrow                                                             | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 |                                          | yes                                                | yes                                                    | Blasts in bone marrow                                                             | _____ %                                                                                                                                                                                                                    |                                | Blasts in bone marrow                                                             | _____ %                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                                             |                                | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                     |                                | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                               |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                  |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                  |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                         |                                | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                          |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3)-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8 |                                | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8 |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                  |                                | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)      | No,Yes                                                                                                                                                                                                                     |                                | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)      | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                                     |                                | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                               |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                                          |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                                           |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                     | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Information Collection update: | Proposed Information Collection Data Element (if applicable)                                                                                    | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string:                                                               | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string:                                                               | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                                                                                            | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | Specify number of distinct cytogenetic abnormalities                                                                                            | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    |                                                                                                                                                 | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Specify abnormalities (check all that apply)                                                                                                    | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify other abnormality:                                                                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | Specify other abnormality:                                                                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                                                    | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                                                    | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion? | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion? | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify the MDS subtype or AML after transformation                                                                                             | Transformed to AML,Chronic myelomonocytic leukemia (CMML),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable,Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. <b>Myelodysplastic Syndrome with excess blasts (MDS-EB)</b> : MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). <b>Myelodysplastic syndrome with ring sideroblasts</b> : MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD). |                                | Specify the MDS subtype or AML after transformation                                                                                             | Transformed to AML,Chronic myelomonocytic leukemia (CMML),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable,Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. <b>Myelodysplastic Syndrome with excess blasts (MDS-EB)</b> : MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). <b>Myelodysplastic syndrome with ring sideroblasts</b> : MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD). |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify Myelodysplastic syndrome, unclassifiable (MDS-U)                                                                                        | MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Specify Myelodysplastic syndrome, unclassifiable (MDS-U)                                                                                        | MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify the date of the most recent transformation:                                                                                             | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Specify the date of the most recent transformation:                                                                                             | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Date of MDS diagnosis:                                                                                                                          | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Date of MDS diagnosis:                                                                                                                          | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Date CBC drawn:                                                                                                                                 | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Date CBC drawn:                                                                                                                                 | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | WBC                                                                                                                                             | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | WBC                                                                                                                                             | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Neutrophils                                                                                                                                     | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Neutrophils                                                                                                                                     | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Neutrophils                                                                                                                                     | ____%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Neutrophils                                                                                                                                     | ____%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in blood                                                                                                                                 | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Blasts in blood                                                                                                                                 | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                       | Current Information Collection Data Element Response Option(s)                                                                                                                                                              | Information Collection update: | Proposed Information Collection Data Element (if applicable)                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                             | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in blood                                                                   | ____ %                                                                                                                                                                                                                      |                                | Blasts in blood                                                                   | ____ %                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Hemoglobin                                                                        | Known,Unknown                                                                                                                                                                                                               |                                | Hemoglobin                                                                        | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Prior to Infusion: Hemoglobin                                                     | <div> <div>•</div> <div>_____ g/dL</div> </div> <div> <div>•</div> <div>_____ g/L</div> </div> <div> <div>•</div> <div>_____ mmol/L</div> </div>                                                                            |                                | Prior to Infusion: Hemoglobin                                                     | <div> <div>•</div> <div>_____ g/dL</div> </div> <div> <div>•</div> <div>_____ g/L</div> </div> <div> <div>•</div> <div>_____ mmol/L</div> </div>                                                                            |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were RBCs transfused ≤ 30 days before date of test?                               | No,Yes                                                                                                                                                                                                                      |                                | Were RBCs transfused ≤ 30 days before date of test?                               | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Platelets                                                                         | Known,Unknown                                                                                                                                                                                                               |                                | Platelets                                                                         | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Platelets                                                                         | <div>_____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ x 10<sup>6</sup>/L</div>                                                                                                                   |                                | Platelets                                                                         | <div>_____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ x 10<sup>6</sup>/L</div>                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Platelets                                                                         | <div>_____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ x 10<sup>6</sup>/L</div>                                                                                                                   |                                | Platelets                                                                         | <div>_____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ x 10<sup>6</sup>/L</div>                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in bone marrow                                                             | Known,Unknown                                                                                                                                                                                                               |                                | Blasts in bone marrow                                                             | Known,Unknown                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Blasts in bone marrow                                                             | ____ %                                                                                                                                                                                                                      |                                | Blasts in bone marrow                                                             | ____ %                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                                              |                                | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                      |                                | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                                |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                   |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                   |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                          |                                | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                          |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8 |                                | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8 |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                   |                                | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)      | No,Yes                                                                                                                                                                                                                      |                                | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)      | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                                      |                                | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                                |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                                                |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                                           |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                                           |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                   |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                   |                                             |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                          |                                | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                                          |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                                                        | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Information Collection update:                | Proposed Information Collection Data Element (if applicable)                                                                                                                       | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                   | Rationale for Information Collection Update                        |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                                                                                                                       | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8                                                                                                                                                                                                                                                                                                                   |                                               | Specify abnormalities (check all that apply)                                                                                                                                       | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8                                                                                                                                                                                                                                                                       |                                                                    |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Specify other abnormality:                                                                                                                                                         | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | Specify other abnormality:                                                                                                                                                         | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                                                                                       | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)                                                                                                       | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | no                                                     | What was the disease status?                                                                                                                                                       | Complete remission (CR),Hematologic improvement (HI),Not assessed,No response (NR) / stable disease (SD),Progression from hematologic improvement (Prog from HI),Relapse from complete remission (Rel from CR)                                                                                                                                                                                                                                                                                                                                |                                               | What was the disease status?                                                                                                                                                       | Complete remission (CR),Hematologic improvement (HI),Not assessed,No response (NR) / stable disease (SD),Progression from hematologic improvement (Prog from HI),Relapse from complete remission (Rel from CR)                                                                                                                                                                                                                                                                                    |                                                                    |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | no                                                     | Specify the cell line examined to determine HI status                                                                                                                              | HI-E,HI-N,HI-P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Change/Clarification of Information Requested | Specify the cell lines examined to determine HI status                                                                                                                             | HI-E,HI-N,HI-P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Examples added or typographical errors corrected for clarification |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | no                                                     | Specify transfusion dependence                                                                                                                                                     | Low-transfusion burden (LTB),Non-transfused (NTD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | Specify transfusion dependence                                                                                                                                                     | Low-transfusion burden (LTB),Non-transfused (NTD)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| Disease Classification                 | Myelodysplastic Syndrome (MDS)           | yes                                                | 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?                                                                                                                                             | Chronic eosinophilic leukemia, not otherwise specified (NOS),Primary myelofibrosis (PMF),Chronic neutrophilic leukemia,,Essential thrombocythemia,Myeloproliferative neoplasm (MPN), unclassifiable,Myeloid / lymphoid neoplasms with FGFR1 rearrangement,Myeloid / lymphoid neoplasms with PCM1-JAK2,Myeloid / lymphoid neoplasms with PDGFRA rearrangement,Myeloid / lymphoid neoplasms with PDGFRB rearrangement,Polycythemia vera (PCV), <b>Mastocytosis:</b> Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS) |                                               | What was the MPN subtype at diagnosis?                                                                                                                                             | Chronic eosinophilic leukemia, not otherwise specified (NOS),Primary myelofibrosis (PMF),Chronic neutrophilic leukemia,,Essential thrombocythemia,Myeloproliferative neoplasm (MPN), unclassifiable,Myeloid / lymphoid neoplasms with FGFR1 rearrangement,Myeloid / lymphoid neoplasms with PDGFRA rearrangement,Myeloid / lymphoid neoplasms with PDGFRB rearrangement,Polycythemia vera (PCV), <b>Mastocytosis:</b> Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS) |                                                                    |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | no                                                     | Specify systemic mastocytosis                                                                                                                                                      | Aggressive systemic mastocytosis (ASM),Indolent systemic mastocytosis (ISM),Mast cell leukemia (MCL),Systemic mastocytosis with an associated hematological neoplasm (SM-AHN),Smoldering systemic mastocytosis (SSM)                                                                                                                                                                                                                                                                                                                          |                                               | Specify systemic mastocytosis                                                                                                                                                      | Aggressive systemic mastocytosis (ASM),Indolent systemic mastocytosis (ISM),Mast cell leukemia (MCL),Systemic mastocytosis with an associated hematological neoplasm (SM-AHN),Smoldering systemic mastocytosis (SSM)                                                                                                                                                                                                                                                                              |                                                                    |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | no                                                     | Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)                                                                                              | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)                                                                                              | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C) | No,Unknown,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C) | No,Unknown,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Date CBC drawn:                                                                                                                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | Date CBC drawn:                                                                                                                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable) | Current Information Collection Data Element Response Option(s)                                                                       | Information Collection update: | Proposed Information Collection Data Element (if applicable) | Proposed Information Collection Data Element Response Option(s)                                                                      | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | WBC                                                         | Known,Unknown                                                                                                                        |                                | WBC                                                          | Known,Unknown                                                                                                                        |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | WBC                                                         | <div> <div>_____ • ____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ • ____ x 10<sup>6</sup>/L</div> </div> |                                | WBC                                                          | <div> <div>_____ • ____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ • ____ x 10<sup>6</sup>/L</div> </div> |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Neutrophils                                                 | Known,Unknown                                                                                                                        |                                | Neutrophils                                                  | Known,Unknown                                                                                                                        |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Neutrophils                                                 | _____%                                                                                                                               |                                | Neutrophils                                                  | _____%                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Blasts in blood                                             | Known,Unknown                                                                                                                        |                                | Blasts in blood                                              | Known,Unknown                                                                                                                        |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Blasts in blood                                             | _____%                                                                                                                               |                                | Blasts in blood                                              | _____%                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Hemoglobin                                                  | Known,Unknown                                                                                                                        |                                | Hemoglobin                                                   | Known,Unknown                                                                                                                        |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Hemoglobin                                                  | <div> <div>_____ • _____ g/dL</div> <div>_____ • _____ g/L</div> <div>_____ • _____ mmol/L</div> </div>                              |                                | Hemoglobin                                                   | <div> <div>_____ • _____ g/dL</div> <div>_____ • _____ g/L</div> <div>_____ • _____ mmol/L</div> </div>                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Were RBCs transfused ≤ 30 days before date of test?         | No,Yes                                                                                                                               |                                | Were RBCs transfused ≤ 30 days before date of test?          | No,Yes                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Platelets                                                   | Known,Unknown                                                                                                                        |                                | Platelets                                                    | Known,Unknown                                                                                                                        |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Platelets                                                   | <div> <div>_____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ x 10<sup>6</sup>/L</div> </div>               |                                | Platelets                                                    | <div> <div>_____ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)</div> <div>_____ x 10<sup>6</sup>/L</div> </div>               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Were platelets transfused ≤ 7 days before date of test?     | No,Yes                                                                                                                               |                                | Were platelets transfused ≤ 7 days before date of test?      | No,Yes                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Blasts in bone marrow                                       | Known,Unknown                                                                                                                        |                                | Blasts in bone marrow                                        | Known,Unknown                                                                                                                        |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Blasts in bone marrow                                       | _____%                                                                                                                               |                                | Blasts in bone marrow                                        | _____%                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Were tests for driver mutations performed?                  | No,Unknown,Yes                                                                                                                       |                                | Were tests for driver mutations performed?                   | No,Unknown,Yes                                                                                                                       |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | JAK2                                                        | Negative,Not done,Positive                                                                                                           |                                | JAK2                                                         | Negative,Not done,Positive                                                                                                           |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | JAK2 V617F                                                  | Negative,Not done,Positive                                                                                                           |                                | JAK2 V617F                                                   | Negative,Not done,Positive                                                                                                           |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | JAK2 Exon 12                                                | Negative,Not done,Positive                                                                                                           |                                | JAK2 Exon 12                                                 | Negative,Not done,Positive                                                                                                           |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | CALR                                                        | Negative,Not done,Positive                                                                                                           |                                | CALR                                                         | Negative,Not done,Positive                                                                                                           |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | CALR type 1                                                 | Negative,Not done,Positive                                                                                                           |                                | CALR type 1                                                  | Negative,Not done,Positive                                                                                                           |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                       | Current Information Collection Data Element Response Option(s)                                                                                                                                          | Information Collection update: | Proposed Information Collection Data Element (if applicable)                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                         | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | CALR type 2                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                | CALR type 2                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Not defined                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                | Not defined                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | MPL                                                                               | Negative,Not done,Positive                                                                                                                                                                              |                                | MPL                                                                               | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | CSF3R                                                                             | Negative,Not done,Positive                                                                                                                                                                              |                                | CSF3R                                                                             | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR?                                        | No,Yes                                                                                                                                                                                                  |                                | Was documentation submitted to the CIBMTR?                                        | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                          |                                | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                          |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                  |                                | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                               |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                               |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                      |                                | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9 |                                | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9 |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify other abnormality:                                                        | open text                                                                                                                                                                                               |                                | Specify other abnormality:                                                        | open text                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. FISH report)                     | No,Yes                                                                                                                                                                                                  |                                | Was documentation submitted to the CIBMTR? (e.g. FISH report)                     | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                  |                                | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                       |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                       |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                               |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                      |                                | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                      |                                             |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                                                                                                                       | Current Information Collection Data Element Response Option(s)                                                                                                                                                                  | Information Collection update: | Proposed Information Collection Data Element (if applicable)                                                                                                                                                                                      | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                 | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                                                                                                                                                                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9                         |                                | Specify abnormalities (check all that apply)                                                                                                                                                                                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9                         |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Specify other abnormality:                                                                                                                                                                                                                        | open text                                                                                                                                                                                                                       |                                | Specify other abnormality:                                                                                                                                                                                                                        | open text                                                                                                                                                                                                                       |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. karyotyping report)                                                                                                                                                                              | No,Yes                                                                                                                                                                                                                          |                                | Was documentation submitted to the CIBMTR? (e.g. karyotyping report)                                                                                                                                                                              | No,Yes                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?                                                                                                  | No,Yes                                                                                                                                                                                                                          |                                | Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?                                                                                                  | No,Yes                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify the MPN subtype or AML after transformation                                                                                                                                                                                               | Transformed to AML,Post-essential thrombocythemic myelofibrosis,Post-polycythemic myelofibrosis                                                                                                                                 |                                | Specify the MPN subtype or AML after transformation                                                                                                                                                                                               | Transformed to AML,Post-essential thrombocythemic myelofibrosis,Post-polycythemic myelofibrosis                                                                                                                                 |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify the date of the most recent transformation:                                                                                                                                                                                               | YYYY/MM/DD                                                                                                                                                                                                                      |                                | Specify the date of the most recent transformation:                                                                                                                                                                                               | YYYY/MM/DD                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Date of MPN diagnosis:                                                                                                                                                                                                                            | YYYY/MM/DD                                                                                                                                                                                                                      |                                | Date of MPN diagnosis:                                                                                                                                                                                                                            | YYYY/MM/DD                                                                                                                                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion                                                                                                                                        | High-transfusion burden (HTB)- (≥ 8 RBCs in 16weeks; ≥ 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Non-transfused (NTD) –(0 RBCs in 16 weeks) |                                | Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion                                                                                                                                        | High-transfusion burden (HTB)- (≥ 8 RBCs in 16weeks; ≥ 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Non-transfused (NTD) –(0 RBCs in 16 weeks) |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | yes                                                    | Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C) | No,Unknown,Yes                                                                                                                                                                                                                  |                                | Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C) | No,Unknown,Yes                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?                                                                                                                                  | No,Not applicable(splenectomy) ,Unknown,Yes                                                                                                                                                                                     |                                | Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?                                                                                                                                  | No,Not applicable(splenectomy) ,Unknown,Yes                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify the method used to measure spleen size                                                                                                                                                                                                    | CT/MRI scan,Physical exam,Ultrasound                                                                                                                                                                                            |                                | Specify the method used to measure spleen size                                                                                                                                                                                                    | CT/MRI scan,Physical exam,Ultrasound                                                                                                                                                                                            |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify the spleen size:                                                                                                                                                                                                                          | : ____ centimeters below left costal margin                                                                                                                                                                                     |                                | Specify the spleen size:                                                                                                                                                                                                                          | : ____ centimeters below left costal margin                                                                                                                                                                                     |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify the spleen size:                                                                                                                                                                                                                          | : ____ centimeters                                                                                                                                                                                                              |                                | Specify the spleen size:                                                                                                                                                                                                                          | : ____ centimeters                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?                                                                                                                                  | no,Unknown,yes                                                                                                                                                                                                                  |                                | Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?                                                                                                                                  | no,Unknown,yes                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)                  | yes                                                | no                                                     | Specify the method used to measure liver size                                                                                                                                                                                                     | CT/MRI scan,Physical exam,Ultrasound                                                                                                                                                                                            |                                | Specify the method used to measure liver size                                                                                                                                                                                                     | CT/MRI scan,Physical exam,Ultrasound                                                                                                                                                                                            |                                             |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable) | Current Information Collection Data Element Response Option(s)                                             | Information Collection update: | Proposed Information Collection Data Element (if applicable) | Proposed Information Collection Data Element Response Option(s)                                            | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | no                                                     | Specify the liver size:                                     | : ____ centimeters below right costal margin                                                               |                                | Specify the liver size:                                      | : ____ centimeters below right costal margin                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | no                                                     | Specify the liver size:                                     | : ____ centimeters                                                                                         |                                | Specify the liver size:                                      | : ____ centimeters                                                                                         |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Date CBC drawn:                                             | YYYY/MM/DD                                                                                                 |                                | Date CBC drawn:                                              | YYYY/MM/DD                                                                                                 |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | WBC                                                         | Known,Unknown                                                                                              |                                | WBC                                                          | Known,Unknown                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | WBC                                                         | ____ • ____ x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )<br>____ • ____ x 10 <sup>6</sup> /L |                                | WBC                                                          | ____ • ____ x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )<br>____ • ____ x 10 <sup>6</sup> /L |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Neutrophils                                                 | Known,Unknown                                                                                              |                                | Neutrophils                                                  | Known,Unknown                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Neutrophils                                                 | ____%                                                                                                      |                                | Neutrophils                                                  | ____%                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Blasts in blood                                             | Known,Unknown                                                                                              |                                | Blasts in blood                                              | Known,Unknown                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Blasts in blood                                             | ____%                                                                                                      |                                | Blasts in blood                                              | ____%                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Hemoglobin                                                  | Known,Unknown                                                                                              |                                | Hemoglobin                                                   | Known,Unknown                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Hemoglobin                                                  | ____ • ____ g/dL<br>____ • ____ g/L<br>____ • ____ mmol/L                                                  |                                | Hemoglobin                                                   | ____ • ____ g/dL<br>____ • ____ g/L<br>____ • ____ mmol/L                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were RBCs transfused ≤ 30 days before date of test?         | No,Yes                                                                                                     |                                | Were RBCs transfused ≤ 30 days before date of test?          | No,Yes                                                                                                     |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Platelets                                                   | Known,Unknown                                                                                              |                                | Platelets                                                    | Known,Unknown                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Platelets                                                   | ____ x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )<br>____ x 10 <sup>6</sup> /L               |                                | Platelets                                                    | ____ x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )<br>____ x 10 <sup>6</sup> /L               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were platelets transfused ≤ 7 days before date of test?     | No,Yes                                                                                                     |                                | Were platelets transfused ≤ 7 days before date of test?      | No,Yes                                                                                                     |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Blasts in bone marrow                                       | Known,Unknown                                                                                              |                                | Blasts in bone marrow                                        | Known,Unknown                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Blasts in bone marrow                                       | ____%                                                                                                      |                                | Blasts in bone marrow                                        | ____%                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were tests for driver mutations performed?                  | No,Unknown,Yes                                                                                             |                                | Were tests for driver mutations performed?                   | No,Unknown,Yes                                                                                             |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | JAK2                                                        | Negative,Not done,Positive                                                                                 |                                | JAK2                                                         | Negative,Not done,Positive                                                                                 |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | JAK2 V617F                                                  | Negative,Not done,Positive                                                                                 |                                | JAK2 V617F                                                   | Negative,Not done,Positive                                                                                 |                                             |

| Information Collection Domain Sub-Type | Information 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 |
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| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | JAK2 Exon 12                                                                      | Negative,Not done,Positive                                                                                                                                                                              |                                | JAK2 Exon 12                                                                      | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | CALR                                                                              | Negative,Not done,Positive                                                                                                                                                                              |                                | CALR                                                                              | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | CALR type 1                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                | CALR type 1                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | CALR type 2                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                | CALR type 2                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Not defined                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                | Not defined                                                                       | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | MPL                                                                               | Negative,Not done,Positive                                                                                                                                                                              |                                | MPL                                                                               | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | CSF3R                                                                             | Negative,Not done,Positive                                                                                                                                                                              |                                | CSF3R                                                                             | Negative,Not done,Positive                                                                                                                                                                              |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR?                                        | No,Yes                                                                                                                                                                                                  |                                | Was documentation submitted to the CIBMTR?                                        | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                          |                                | Were cytogenetics tested (karyotyping or FISH)?                                   | no,Unknown,yes                                                                                                                                                                                          |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                  |                                | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                               |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                               |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                      |                                | Specify number of distinct cytogenetic abnormalities                              | Four or more (4 or more),One (1),Three (3),Two (2)                                                                                                                                                      |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9 |                                | Specify abnormalities (check all that apply)                                      | del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9 |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Specify other abnormality:                                                        | open text                                                                                                                                                                                               |                                | Specify other abnormality:                                                        | open text                                                                                                                                                                                               |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Was documentation submitted to the CIBMTR? (e.g. FISH report)                     | No,Yes                                                                                                                                                                                                  |                                | Was documentation submitted to the CIBMTR? (e.g. FISH report)                     | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                  |                                | Were cytogenetics tested via karyotyping?                                         | No,Yes                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                | Sample source                                                                     | Peripheral blood,Bone marrow                                                                                                                                                                            |                                             |
| Disease Classification                 | Myeloproliferative Neoplasms (MPN)       | yes                                                | yes                                                    | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                       |                                | Results of tests                                                                  | Abnormalities identified,No abnormalities,No evaluable metaphases                                                                                                                                       |                                             |

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

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Information Collection update:           | Proposed Information Collection Data Element (if applicable)                                                               | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rationale for Information Collection Update                                    |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | Specify the other leukemia classification                                                                                  | Chronic lymphocytic leukemia (CLL), NOS,Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL),Hairy cell leukemia,Hairy cell leukemia variant,Monoclonal B-cell lymphocytosis,Other leukemia,Other leukemia, NOS,PLL, B-cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | Specify the other leukemia classification                                                                                  | Chronic lymphocytic leukemia (CLL), NOS,Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL),Hairy cell leukemia,Hairy cell leukemia variant,Monoclonal B-cell lymphocytosis,Other leukemia,Other leukemia, NOS,PLL, B-cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | Specify other leukemia:                                                                                                    | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Specify other leukemia:                                                                                                    | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | Was any 17p abnormality detected?                                                                                          | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | Was any 17p abnormality detected?                                                                                          | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis? | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis? | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | What was the disease status? (Atypical CML)                                                                                | 1st complete remission (no previous bone marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse,&ge;3rd complete remission,&ge;3rd relapse,No treatment,Primary induction failure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | What was the disease status? (Atypical CML)                                                                                | 1st complete remission (no previous bone marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse,&ge;3rd complete remission,&ge;3rd relapse,No treatment,Primary induction failure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)                                               | Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)                                               | Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |
| Disease Classification                 | Other Leukemia (OL)                                 | yes                                                | no                                                     | Date assessed:                                                                                                             | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | Date assessed:                                                                                                             | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | Specify the lymphoma histology                                                                                             | Hodgkin lymphoma, not otherwise specified (150)<br>Lymphocyte depleted (154)<br>Lymphocyte-rich (151)<br>Mixed cellularity (153)<br>Nodular lymphocyte predominant<br>Hodgkin lymphoma (155)<br>Nodular sclerosis (152)<br><b>Non-Hodgkin Lymphoma</b><br><b>B-cell Neoplasms</b><br>ALK+ large B-cell lymphoma (1833)<br>B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)<br>Burkitt lymphoma (111)<br>Burkitt-like lymphoma with 11q aberration (1834)<br>Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821)<br>Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820)<br>Diffuse large B-cell lymphoma (cell of origin unknown) (107)<br>DLBCL associated with chronic inflammation (1825)<br>Duodenal-type follicular lymphoma (1815) | Change/Clarification of Response Options | Specify the lymphoma histology                                                                                             | Lymphocyte depleted (154)<br>Lymphocyte-rich (151)<br>Mixed cellularity (153)<br>Nodular sclerosis (152)<br><b>Other Classical Hodgkin Lymphoma</b><br>Hodgkin lymphoma, not otherwise specified (150)<br>Nodular lymphocyte predominant Hodgkin lymphoma<br><b>Non-Hodgkin Lymphoma</b><br><b>B-cell Neoplasms</b><br>ALK+ large B-cell lymphoma (1833)<br>B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)<br>Burkitt lymphoma (111)<br>Burkitt-like lymphoma with 11q aberration (1834)<br>Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821)<br>Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820)<br>Diffuse large B-cell Lymphoma (cell of origin unknown) (107)<br>DLBCL associated with chronic inflammation (1825)<br>Duodenal-type follicular lymphoma (1815)<br>EBV+ DLBCL, NOS (1823)<br>EBV+ mucocutaneous ulcer (1824)<br>Extranodal marginal zone B-cell lymphoma of | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | Specify other lymphoma histology:                                                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Specify other lymphoma histology:                                                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |

| Information Collection Domain Sub-Type | Information 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     |
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| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on                    | Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on                    | Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Is the lymphoma histology reported at transplant a transformation from CLL?                                         | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Change/Clarification of Response Options | Is the lymphoma histology reported at transplant a transformation from CLL?                                         | no,yes (Also complete Chronic Lymphocytic Leukemia (CLL) )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Capture additional relevent disease information |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Was any 17p abnormality detected?                                                                                   | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Was any 17p abnormality detected?                                                                                   | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)    | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)    | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Specify the original lymphoma histology (prior to transformation)                                                   | large-cell lymphoma (ALCL), ALK negative,Anaplastic large-cell lymphoma (ALCL), ALK positive,Angioimmunoblastic T-cell lymphoma,Adult T-cell lymphoma / leukemia (HTLV1 associated),Breast implant-associated anaplastic large-cell lymphoma,Burkitt-like lymphoma with 11q aberration,Chronic lymphoproliferative disorder of NK cells,Diffuse, Large B-cell Lymphoma (cell of origin unknown),B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin Lymphoma,DLBCL associated with chronic inflammation,EBV+ DLBCL, NOS,Diffuse, large B-cell lymphoma- Germinal center B-cell type,HHV8+ DLBCL, NOS,Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB),EBV+ mucocutaneous ulcer,Enteropathy-type T-cell lymphoma,Extranodal NK / T-cell lymphoma, nasal type,Duodenal-type follicular lymphoma,Pediatric-type follicular lymphoma,Follicular T-cell lymphoma,Follicular (grade unknown),Follicular, predominantly large cell (Grade IIIA follicle center |                                          | Specify the original lymphoma histology (prior to transformation)                                                   | lymphoma (ALCL), ALK negative,Anaplastic large-cell lymphoma (ALCL), ALK positive,Angioimmunoblastic T-cell lymphoma,Adult T-cell lymphoma / leukemia (HTLV1 associated),Breast implant-associated anaplastic large-cell lymphoma,Burkitt-like lymphoma with 11q aberration,Chronic lymphoproliferative disorder of NK cells,Diffuse, large B-cell lymphoma- Germinal center B-cell type,HHV8+ DLBCL, NOS,Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB),EBV+ mucocutaneous ulcer,Enteropathy-type T-cell lymphoma,Extranodal NK / T-cell lymphoma, nasal type,Duodenal-type follicular lymphoma,Pediatric-type follicular lymphoma,Follicular T-cell lymphoma,Follicular (grade unknown),Follicular, predominantly large cell (Grade IIIA follicle center |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Specify other lymphoma histology:                                                                                   | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | Specify other lymphoma histology:                                                                                   | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)                    | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)                    | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion) | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion) | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?                                 | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?                                 | no,yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma         | yes                                                | no                                                     | Date of PET scan                                                                                                    | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | Date of PET scan                                                                                                    | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| Disease Classification                 | Hodgkin and Non-Hodgkin 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 Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                      | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Information Collection update: | Proposed Information Collection Data Element (if applicable)                     | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rationale for Information Collection Update |
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| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | Deauville (five-point) score of the PET (or PET/CT) scan                         | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | Deauville (five-point) score of the PET (or PET/CT) scan                         | Known,Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | Scale                                                                            | 1- no uptake or no residual uptake<br>2- slight uptake, but below blood pool (mediastinum)<br>3- uptake above mediastinal, but below or equal to uptake in the liver<br>4- uptake slightly to moderately higher than liver<br>5- markedly increased uptake or any new lesion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | Scale                                                                            | 1- no uptake or no residual uptake<br>2- slight uptake, but below blood pool (mediastinum)<br>3- uptake above mediastinal, but below or equal to uptake in the liver<br>4- uptake slightly to moderately higher than liver<br>5- markedly increased uptake or any new lesion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | What was the disease status?                                                     | marrow or extramedullary relapse prior to transplant,CR2 - 2nd complete remission,CR3+ - 3rd or subsequent complete remission,PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.,PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.,PIF unk - Primary induction failure – sensitivity unknown,REL1 res - 1st relapse – resistant: stable or progressive disease with treatment,REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2),REL1 unk - 1st relapse – sensitivity unknown,REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse,REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment,REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL2 unk - 2nd relapse – sensitivity unknown,REL2 unt - 2nd relapse – untreated: includes either |                                | What was the disease status?                                                     | extramedullary relapse prior to transplant,CR2 - 2nd complete remission,CR3+ - 3rd or subsequent complete remission,PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.,PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.,PIF unk - Primary induction failure – sensitivity unknown,REL1 res - 1st relapse – resistant: stable or progressive disease with treatment,REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2),REL1 unk - 1st relapse – sensitivity unknown,REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse,REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment,REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL2 unk - 2nd relapse – sensitivity unknown,REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse,REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment,REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL3+ unk - 3rd relapse or greater – |                                             |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | Total number of lines of therapy received (between diagnosis and HCT / infusion) | 1 line,2 lines,3+ lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | Total number of lines of therapy received (between diagnosis and HCT / infusion) | 1 line,2 lines,3+ lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |
| Disease Classification                 | Hodgkin and Non-Hodgkin Lymphoma                    | yes                                                | no                                                     | Date assessed:                                                                   | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Date assessed:                                                                   | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Specify the multiple myeloma/plasma cell disorder (PCD) classification           | Amyloidosis,Monoclonal gammopathy of renal significance (MGRS),Multiple myeloma,Multiple myeloma-light chain only,Multiple myeloma-non-secretory,Osteosclerotic myeloma / POEMS syndrome,Other plasma cell disorder (PCD),Plasma cell leukemia (PCL),Smoldering myeloma,Solitary plasmacytoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | Specify the multiple myeloma/plasma cell disorder (PCD) classification           | Amyloidosis,Monoclonal gammopathy of renal significance (MGRS),Multiple myeloma,Multiple myeloma-light chain only,Multiple myeloma-non-secretory,Osteosclerotic myeloma / POEMS syndrome,Other plasma cell disorder (PCD),Plasma cell leukemia (PCL),Smoldering myeloma,Solitary plasmacytoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Specify other plasma cell disorder:                                              | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | Specify other plasma cell disorder:                                              | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)              | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Information Collection update: | Proposed Information Collection Data Element (if applicable)             | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rationale for Information Collection Update |
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| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Specify heavy and/or light chain type (check all that apply)             | IgA (heavy chain only),IgA kappa,IgA lambda,IgD (heavy chain only),IgD kappa,IgD lambda,IgE (heavy chain only),IgE kappa,IgE lambda,IgG (heavy chain only),IgG kappa,IgG lambda,IgM (heavy chain only),IgM kappa,IgM lambda,Kappa (light chain only),Lambda (light chain only)                                                                                                                                                                                                                                                                                         |                                | Specify heavy and/or light chain type (check all that apply)             | IgA (heavy chain only),IgA kappa,IgA lambda,IgD (heavy chain only),IgD kappa,IgD lambda,IgE (heavy chain only),IgE kappa,IgE lambda,IgG (heavy chain only),IgG kappa,IgG lambda,IgM (heavy chain only),IgM kappa,IgM lambda,Kappa (light chain only),Lambda (light chain only)                                                                                                                                                                                                                                                                                         |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Specify Amyloidosis classification                                       | AH amyloidosis,AHL amyloidosis,AL amyloidosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Specify Amyloidosis classification                                       | AH amyloidosis,AHL amyloidosis,AL amyloidosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Select monoclonal gammopathy of renal significance (MGRS) classification | C3 glomerulopathy with monoclonal gammopathy,Crystal-storing histiocytosis,Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID),Light chain fanconi syndrome,Monoclonal immunoglobulin deposition disease (MIDD),Non-amyloid fibrillary glomerulonephritis,Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID),Proximal tubulopathy without crystals,Type 1 cryoglobulinemic glomerulonephritis,Unknown                                                     |                                | Select monoclonal gammopathy of renal significance (MGRS) classification | C3 glomerulopathy with monoclonal gammopathy,Crystal-storing histiocytosis,Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID),Light chain fanconi syndrome,Monoclonal immunoglobulin deposition disease (MIDD),Non-amyloid fibrillary glomerulonephritis,Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID),Proximal tubulopathy without crystals,Type 1 cryoglobulinemic glomerulonephritis,Unknown                                                     |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Select monoclonal immunoglobulin deposition disease (MIDD) subtype       | Heavy chain deposition disease (HCDD),Light chain deposition disease (LCDD),Light and heavy chain deposition disease (LHCDD)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Select monoclonal immunoglobulin deposition disease (MIDD) subtype       | Heavy chain deposition disease (HCDD),Light chain deposition disease (LCDD),Light and heavy chain deposition disease (LHCDD)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Was documentation submitted to the CIBMTR? (e.g. pathology report)       | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | Was documentation submitted to the CIBMTR? (e.g. pathology report)       | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | Solitary plasmacytoma was                                                | Bone derived,Extramedullary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | Solitary plasmacytoma was                                                | Bone derived,Extramedullary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | What was the Durie-Salmon staging? (at diagnosis)                        | Stage I (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) – ,Stage II (Fitting neither Stage I or Stage III) ,Stage III (One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h) ,Unknown |                                | What was the Durie-Salmon staging? (at diagnosis)                        | Stage I (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) – ,Stage II (Fitting neither Stage I or Stage III) ,Stage III (One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h) ,Unknown |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD)       | yes                                                | no                                                     | What was the Durie-Salmon sub classification? (at diagnosis)             | A - relatively normal renal function (serum creatinine < 2.0 mg/dL,B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | What was the Durie-Salmon sub classification? (at diagnosis)             | A - relatively normal renal function (serum creatinine < 2.0 mg/dL,B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |

| Information Collection Domain Sub-Type | Information 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 |
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| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Did the recipient have a preceding or concurrent plasma cell disorder? | No, Yes                                                                                                                                                                                                                                                                                                                   |                                | Did the recipient have a preceding or concurrent plasma cell disorder? | No, Yes                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Preceding or Concurrent Plasma Cell Disorder  | yes                                                | yes                                                    | Specify preceding / concurrent disorder                                | Amyloidosis, Monoclonal gammopathy of renal significance, Monoclonal gammopathy of unknown significance, Multiple myeloma, Multiple myeloma - light chain only, Multiple myeloma - non-secretory, Osteosclerotic myeloma / POEMS syndrome, Other disease, Plasma cell leukemia, Smoldering myeloma, Solitary plasmacytoma |                                | Specify preceding / concurrent disorder                                | Amyloidosis, Monoclonal gammopathy of renal significance, Monoclonal gammopathy of unknown significance, Multiple myeloma - light chain only, Multiple myeloma - non-secretory, Osteosclerotic myeloma / POEMS syndrome, Other disease, Plasma cell leukemia, Smoldering myeloma, Solitary plasmacytoma |                                             |
| Disease Classification                 | Preceding or Concurrent Plasma Cell Disorder  | yes                                                | yes                                                    | Specify other preceding/concurrent disorder:                           | open text                                                                                                                                                                                                                                                                                                                 |                                | Specify other preceding/concurrent disorder:                           | open text                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Preceding or Concurrent Plasma Cell Disorder  | yes                                                | yes                                                    | Date of diagnosis of preceding / concurrent disorder:                  | YYYY/MM/DD                                                                                                                                                                                                                                                                                                                |                                | Date of diagnosis of preceding / concurrent disorder:                  | YYYY/MM/DD                                                                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Serum beta2 - microglobulin                                            | Known, Unknown                                                                                                                                                                                                                                                                                                            |                                | Serum beta2 - microglobulin                                            | Known, Unknown                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Serum beta2-microglobulin:                                             | : ____ ● ____ μg/dL<br>: ____ ● ____ mg/L<br>: ____ ● ____ nmol/L                                                                                                                                                                                                                                                         |                                | Serum beta2-microglobulin:                                             | : ____ ● ____ μg/dL<br>: ____ ● ____ mg/L<br>: ____ ● ____ nmol/L                                                                                                                                                                                                                                       |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Serum albumin                                                          | Known, Unknown                                                                                                                                                                                                                                                                                                            |                                | Serum albumin                                                          | Known, Unknown                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Serum albumin:                                                         | : ____ ● ____ g/dL<br>: ____ ● ____ g/L                                                                                                                                                                                                                                                                                   |                                | Serum albumin:                                                         | : ____ ● ____ g/dL<br>: ____ ● ____ g/L                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | I.S.S Stage                                                            | Known, Unknown                                                                                                                                                                                                                                                                                                            |                                | I.S.S Stage                                                            | Known, Unknown                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | I.S.S Stage                                                            | 1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL), 2(Not fitting stage 1 or 3), 3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)                                                                                                                                                                      |                                | I.S.S Stage                                                            | 1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL), 2(Not fitting stage 1 or 3), 3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)                                                                                                                                                    |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | R-I.S.S Stage                                                          | Known, Unknown                                                                                                                                                                                                                                                                                                            |                                | R-I.S.S Stage                                                          | Known, Unknown                                                                                                                                                                                                                                                                                          |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | R-I.S.S Stage                                                          | 1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] and normal LDH levels), 2(Not R-ISS stage I or III), 3(ISS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)                       |                                | R-I.S.S Stage                                                          | 1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] and normal LDH levels), 2(Not R-ISS stage I or III), 3(ISS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)     |                                             |

| Information Collection Domain Sub-Type | Information 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 |
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| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Plasma cells in blood by flow cytometry                                           | Known,Unknown                                                                                                                                                                                                                     | Change/Clarification of Information Requested | Plasma cells in <b>peripheral</b> blood by flow cytometry                         | Known,Unknown                                                                                                                                                                                                             | Capture data accurately                     |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Plasma cells in blood by flow cytometry                                           | ____ • ____ %                                                                                                                                                                                                                     |                                               | Plasma cells in blood by flow cytometry                                           | ____ • ____ %                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Plasma cells in blood by morphologic assessment                                   | Known,Unknown                                                                                                                                                                                                                     | Change/Clarification of Information Requested | Plasma cells in <b>peripheral</b> blood by morphologic assessment                 | Known,Unknown                                                                                                                                                                                                             | Capture data accurately                     |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Plasma cells in blood by morphologic assessment                                   | ____ • ____ %                                                                                                                                                                                                                     |                                               | Plasma cells in blood by morphologic assessment                                   | ____ • ____ %                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Plasma cells in blood by morphologic assessment                                   | ____ • ____ □ x 109/L (x 103/mm3)<br>____ • ____ □ x 106/L                                                                                                                                                                        |                                               | Plasma cells in blood by morphologic assessment                                   | ____ • ____ □ x 109/L (x 103/mm3)<br>____ • ____ □ x 106/L                                                                                                                                                                |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | LDH                                                                               | Known,Unknown                                                                                                                                                                                                                     |                                               | LDH                                                                               | Known,Unknown                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | LDH                                                                               | ____ • ____ o U/L<br>____ • ____ o µkat/L                                                                                                                                                                                         |                                               | LDH                                                                               | ____ • ____ o U/L<br>____ • ____ o µkat/L                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Upper limit of normal for LDH:                                                    | ____ • ____                                                                                                                                                                                                                       |                                               | Upper limit of normal for LDH:                                                    | ____ • ____                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)                    | no,Unknown,yes                                                                                                                                                                                                                    |                                               | Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)                    | no,Unknown,yes                                                                                                                                                                                                            |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                            |                                               | Were cytogenetics tested via FISH?                                                | No,Yes                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                         |                                               | Results of tests                                                                  | Abnormalities identified,No abnormalities                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                         |                                               | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | 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),+11,+15,+19,+3,+5,+7,+9 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                         |                                               | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Was documentation submitted to the CIBMTR? (e.g. FISH report)                     | No,Yes                                                                                                                                                                                                                            |                                               | Was documentation submitted to the CIBMTR? (e.g. FISH report)                     | No,Yes                                                                                                                                                                                                                    |                                             |

| Information Collection Domain Sub-Type | Information 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 |
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| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Were cytogenetics tested via karyotyping?                                         | No, Yes                                                                                                                                                                                                                                                |                                | Were cytogenetics tested via karyotyping?                                         | No, Yes                                                                                                                                                                                                                                                |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Results of tests                                                                  | Abnormalities identified, No abnormalities, No evaluable metaphases                                                                                                                                                                                    |                                | Results of tests                                                                  | Abnormalities identified, No abnormalities, No evaluable metaphases                                                                                                                                                                                    |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                                              |                                | International System for Human Cytogenetic Nomenclature (ISCN) compatible string: | open text                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | 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) | yes                                                | no                                                     | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                                              |                                | Specify other abnormality:                                                        | open text                                                                                                                                                                                                                                              |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Was documentation submitted to the CIBMTR? (e.g. karyotyping report)              | No, Yes                                                                                                                                                                                                                                                |                                | Was documentation submitted to the CIBMTR? (e.g. karyotyping report)              | No, Yes                                                                                                                                                                                                                                                |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | What is the hematologic disease status?                                           | Complete remission (CR), Progressive disease (PD), Partial remission (PR), Relapse from CR (Rel) (untreated), Stringent complete remission (sCR), Stable disease (SD), Unknown, Very good partial remission (VGPR)                                     |                                | What is the hematologic disease status?                                           | Complete remission (CR), Progressive disease (PD), Partial remission (PR), Relapse from CR (Rel) (untreated), Stringent complete remission (sCR), Stable disease (SD), Unknown, Very good partial remission (VGPR)                                     |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Date assessed:                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                             |                                | Date assessed:                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Specify amyloidosis hematologic response (for Amyloid patients only)              | Complete response (CR), No response (NR) / stable disease (SD), Progressive disease (PD), Partial response (PR), Relapse from CR (Rel) (untreated), Unknown, Very good partial response (VGPR)                                                         |                                | Specify amyloidosis hematologic response (for Amyloid patients only)              | Complete response (CR), No response (NR) / stable disease (SD), Progressive disease (PD), Partial response (PR), Relapse from CR (Rel) (untreated), Unknown, Very good partial response (VGPR)                                                         |                                             |
| Disease Classification                 | Multiple Myeloma / Plasma Cell Disorder (PCD) | yes                                                | no                                                     | Date assessed:                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                             |                                | Date assessed:                                                                    | YYYY/MM/DD                                                                                                                                                                                                                                             |                                             |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                     | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Information Collection update:           | Proposed Information Collection Data Element (if applicable)                                                                    | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rationale for Information Collection Update                                    |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Disease Classification                 | Solid Tumors                                        | yes                                                | no                                                     | Specify the solid tumor classification                                                                                          | Breast cancer,Bone sarcoma (excluding Ewing family tumors),Cervical,Central nervous system tumor, including CNS PNET,Colorectal,Ovarian (epithelial),Ewing family tumors, extraosseous (including PNET),Ewing family tumors of bone (including PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell tumor, extragonadal,Hepatobiliary,Head / neck,Hemangiosarcoma,Lung, not otherwise specified,Leiomyosarcoma,Lymphangio sarcoma,Liposarcoma,Medulloblastoma, Mediastinal neoplasm,Melanoma,Neuroblastoma,Neurogenic sarcoma,Lung, non-small cell,Other solid tumor,Prostate,Renal cell,Retinoblastoma,Rhabdomyosarcoma,Lung, small cell,Synovial sarcoma,Solid tumor, not otherwise specified,Pancreatic,Soft tissue sarcoma (excluding Ewing family tumors),Testicular,Thymoma,Uterine,Vaginal,Wilm Tumor |                                          | Specify the solid tumor classification                                                                                          | Breast cancer,Bone sarcoma (excluding Ewing family tumors),Cervical,Central nervous system tumor, including CNS PNET,Colorectal,Ovarian (epithelial),Ewing family tumors, extraosseous (including PNET),Ewing family tumors of bone (including PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell tumor, extragonadal,Hepatobiliary,Head / neck,Hemangiosarcoma,Lung, not otherwise specified,Leiomyosarcoma,Lymphangio sarcoma,Liposarcoma,Medulloblastoma,Mediastinal neoplasm,Melanoma,Neuroblastoma,Neurogenic sarcoma,Lung, non-small cell,Other solid tumor,Prostate,Renal cell,Retinoblastoma,Rhabdomyosarcoma,Lung, small cell,Synovial sarcoma,Solid tumor, not otherwise specified,Pancreatic,Soft tissue sarcoma (excluding Ewing family tumors),Testicular,Thymoma,Uterine,Vaginal,Wilm Tumor |                                                                                |
| Disease Classification                 | Solid Tumors                                        | yes                                                | no                                                     | Specify other solid tumor:                                                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Specify other solid tumor:                                                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| Disease Classification                 | Aplastic Anemia                                     | yes                                                | no                                                     | Specify the aplastic anemia classification – If the recipient developed MDS or AML, indicate MDS or AML as the primary disease. | Acquired amegakaryocytosis (not congenital),Acquired pure red cell aplasia (not congenital),Acquired AA, not otherwise specified,Other acquired cytopenic syndrome,Acquired AA secondary to chemotherapy,Acquired AA, secondary to hepatitis,Acquired AA secondary to immunotherapy or immune effector cell therapy,Acquired AA, secondary to toxin / other drug                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Specify the aplastic anemia classification – If the recipient developed MDS or AML, indicate MDS or AML as the primary disease. | Acquired amegakaryocytosis (not congenital),Acquired pure red cell aplasia (not congenital),Acquired AA, not otherwise specified,Other acquired cytopenic syndrome,Acquired AA secondary to chemotherapy,Acquired AA, secondary to hepatitis,Acquired AA secondary to immunotherapy or immune effector cell therapy,Acquired AA, secondary to toxin / other drug                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |
| Disease Classification                 | Aplastic Anemia                                     | yes                                                | no                                                     | Specify severity                                                                                                                | Not severe,Severe / very severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | Specify severity                                                                                                                | Not severe,Severe / very severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| Disease Classification                 | Aplastic Anemia                                     | yes                                                | no                                                     | Specify other acquired cytopenic syndrome:                                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Specify other acquired cytopenic syndrome:                                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| Disease Classification                 | Inherited Bone Marrow Failure Syndromes             | yes                                                | no                                                     | Specify the inherited bone marrow failure syndrome classification                                                               | Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Change/Clarification of Response Options | Specify the inherited bone marrow failure syndrome classification                                                               | Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond, <b>Other inherited bone failure syndromes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Be consistent with current clinical landscape, improve transplant outcome data |
| Disease Classification                 | Inherited Bone Marrow Failure Syndromes             | yes                                                | no                                                     | Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?                                     | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Deletion of Information Requested        | <b>Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?</b>                              | <b>No,Yes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Reduce redundancy in data capture                                              |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Specify the hemoglobinopathy classification                                                                                     | Other hemoglobinopathy,Sickle cell disease,Transfusion dependent thalassemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | Specify the hemoglobinopathy classification                                                                                     | Other hemoglobinopathy,Sickle cell disease,Transfusion dependent thalassemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Specify transfusion dependent thalassemia                                                                                       | Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | Specify transfusion dependent thalassemia                                                                                       | Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Specify other hemoglobinopathy:                                                                                                 | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Specify other hemoglobinopathy:                                                                                                 | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Did the recipient receive gene therapy to treat the hemoglobinopathy?                                                           | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Deletion of Information Requested        | <b>Did the recipient receive gene therapy to treat the hemoglobinopathy?</b>                                                    | <b>No,Yes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Reduce redundancy in data capture                                              |

| Information Collection Domain Sub-Type | Information Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                                                                                                                                    | Current Information Collection Data Element Response Option(s)                                                                                                                | Information Collection update: | Proposed Information Collection Data Element (if applicable)                                                                                                                                                   | Proposed Information Collection Data Element Response Option(s)                                                                                                               | Rationale for Information Collection Update |
|----------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?                                                                                                                                    | No,Unknown,Yes                                                                                                                                                                |                                | Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?                                                                                                                                    | No,Unknown,Yes                                                                                                                                                                |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | TRJV measurement                                                                                                                                                                                               | Known,Unknown                                                                                                                                                                 |                                | TRJV measurement                                                                                                                                                                                               | Known,Unknown                                                                                                                                                                 |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | TRJV measurement:                                                                                                                                                                                              | ___ • ___ <i>m/sec</i>                                                                                                                                                        |                                | TRJV measurement:                                                                                                                                                                                              | ___ • ___ <i>m/sec</i>                                                                                                                                                        |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was liver iron content (LIC) tested within 6 months prior to infusion?                                                                                                                                         | No,Yes                                                                                                                                                                        |                                | Was liver iron content (LIC) tested within 6 months prior to infusion?                                                                                                                                         | No,Yes                                                                                                                                                                        |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Liver iron content:                                                                                                                                                                                            | ___ • ___mg Fe/g liver dry weight<br>___ • ___g Fe/kg liver dry weight<br>___ • ___μmol Fe / g liver dry weight                                                               |                                | Liver iron content:                                                                                                                                                                                            | ___ • ___mg Fe/g liver dry weight<br>___ • ___g Fe/kg liver dry weight<br>___ • ___μmol Fe / g liver dry weight                                                               |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Method used to estimate LIC?                                                                                                                                                                                   | FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI                                                                                                                                 |                                | Method used to estimate LIC?                                                                                                                                                                                   | FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI                                                                                                                                 |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)                                                                                                       | No,Yes                                                                                                                                                                        |                                | Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)                                                                                                       | No,Yes                                                                                                                                                                        |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Year of first transfusion: (since diagnosis):                                                                                                                                                                  | YYYY                                                                                                                                                                          |                                | Year of first transfusion: (since diagnosis):                                                                                                                                                                  | YYYY                                                                                                                                                                          |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was iron chelation therapy given at any time since diagnosis?                                                                                                                                                  | No,Unknown,Yes                                                                                                                                                                |                                | Was iron chelation therapy given at any time since diagnosis?                                                                                                                                                  | No,Unknown,Yes                                                                                                                                                                |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)? | No, iron chelation therapy given, but not meeting criteria,Iron chelation therapy given, but details of administration unknown,Yes, iron chelation therapy given as specified |                                | Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)? | No, iron chelation therapy given, but not meeting criteria,Iron chelation therapy given, but details of administration unknown,Yes, iron chelation therapy given as specified |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Specify reason criteria not met                                                                                                                                                                                | Non-adherence,Other,Toxicity due to iron chelation therapy                                                                                                                    |                                | Specify reason criteria not met                                                                                                                                                                                | Non-adherence,Other,Toxicity due to iron chelation therapy                                                                                                                    |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Specify other reason criteria not met:                                                                                                                                                                         | open text                                                                                                                                                                     |                                | Specify other reason criteria not met:                                                                                                                                                                         | open text                                                                                                                                                                     |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Year iron chelation therapy started                                                                                                                                                                            | Known,Unknown                                                                                                                                                                 |                                | Year iron chelation therapy started                                                                                                                                                                            | Known,Unknown                                                                                                                                                                 |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Year started:                                                                                                                                                                                                  | YYYY                                                                                                                                                                          |                                | Year started:                                                                                                                                                                                                  | YYYY                                                                                                                                                                          |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)                                                                                                                                              | no,Unknown,yes                                                                                                                                                                |                                | Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)                                                                                                                                              | no,Unknown,yes                                                                                                                                                                |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Liver size as measured below the costal margin at most recent evaluation:                                                                                                                                      | ___ cm                                                                                                                                                                        |                                | Liver size as measured below the costal margin at most recent evaluation:                                                                                                                                      | ___ cm                                                                                                                                                                        |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was a liver biopsy performed at any time since diagnosis?                                                                                                                                                      | no,yes                                                                                                                                                                        |                                | Was a liver biopsy performed at any time since diagnosis?                                                                                                                                                      | no,yes                                                                                                                                                                        |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Date functional status assessed                                                                                                                                                                                | Known,Unknown                                                                                                                                                                 |                                | Date functional status assessed                                                                                                                                                                                | Known,Unknown                                                                                                                                                                 |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Date assessed:                                                                                                                                                                                                 | YYYY/MM/DD                                                                                                                                                                    |                                | Date assessed:                                                                                                                                                                                                 | YYYY/MM/DD                                                                                                                                                                    |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Date estimated                                                                                                                                                                                                 | checked                                                                                                                                                                       |                                | Date estimated                                                                                                                                                                                                 | checked                                                                                                                                                                       |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was there evidence of liver cirrhosis?                                                                                                                                                                         | No,Unknown,Yes                                                                                                                                                                |                                | Was there evidence of liver cirrhosis?                                                                                                                                                                         | No,Unknown,Yes                                                                                                                                                                |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was there evidence of liver fibrosis?                                                                                                                                                                          | No,Unknown,Yes                                                                                                                                                                |                                | Was there evidence of liver fibrosis?                                                                                                                                                                          | No,Unknown,Yes                                                                                                                                                                |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Type of fibrosis                                                                                                                                                                                               | Bridging,Other,Periportal,Unknown                                                                                                                                             |                                | Type of fibrosis                                                                                                                                                                                               | Bridging,Other,Periportal,Unknown                                                                                                                                             |                                             |
| Disease Classification                 | Hemoglobinopathies                       | yes                                                | no                                                     | Was there evidence of chronic hepatitis?                                                                                                                                                                       | No,Unknown,Yes                                                                                                                                                                |                                | Was there evidence of chronic hepatitis?                                                                                                                                                                       | No,Unknown,Yes                                                                                                                                                                |                                             |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                                          | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Information Collection update: | Proposed Information Collection Data Element (if applicable)                                         | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Rationale for Information Collection Update |
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| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Was documentation submitted to the CIBMTR? (e.g. liver biopsy)                                       | No, Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Was documentation submitted to the CIBMTR? (e.g. liver biopsy)                                       | No, Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion? | No, Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion? | No, Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Did the recipient have a splenectomy?                                                                | no, Unknown, yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | Did the recipient have a splenectomy?                                                                | no, Unknown, yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Serum iron                                                                                           | Known, Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Serum iron                                                                                           | Known, Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Serum iron:                                                                                          | : _____ ● _____ μg / dL<br>: _____ ● _____ μmol / L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Serum iron:                                                                                          | : _____ ● _____ μg / dL<br>: _____ ● _____ μmol / L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Total iron binding capacity (TIBC)                                                                   | Known, Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Total iron binding capacity (TIBC)                                                                   | Known, Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | TIBC:                                                                                                | : _____ ● _____ μg / dL<br>: _____ ● _____ μmol / L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | TIBC:                                                                                                | : _____ ● _____ μg / dL<br>: _____ ● _____ μmol / L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Total serum bilirubin                                                                                | Known, Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Total serum bilirubin                                                                                | Known, Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Total serum bilirubin:                                                                               | : _____ ● _____ mg/dL<br>: _____ ● _____ μmol / L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | Total serum bilirubin:                                                                               | : _____ ● _____ mg/dL<br>: _____ ● _____ μmol / L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Hemoglobinopathies                                  | yes                                                | no                                                     | Upper limit of normal for total serum bilirubin:                                                     | _____ ● _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Upper limit of normal for total serum bilirubin:                                                     | _____ ● _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Specify disorder of immune system classification                                                     | 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 / 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, Wiskott-Aldrich syndrome, X-linked lymphoproliferative syndrome |                                | Specify disorder of immune system classification                                                     | 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 / 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, Wiskott-Aldrich syndrome, X-linked lymphoproliferative syndrome |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Specify other SCID:                                                                                  | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | Specify other SCID:                                                                                  | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Specify other immunodeficiency:                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | Specify other immunodeficiency:                                                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Specify other pigmentary dilution disorder:                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | Specify other pigmentary dilution disorder:                                                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?    | No, Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?    | No, Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable)                        | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Information Collection update: | Proposed Information Collection Data Element (if applicable)                       | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
|                                        |                                                     |                                                    |                                                        |                                                                                    | Adenovirus,BK Virus,Chikaugunya 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-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 species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV) |                                |                                                                                    | Adenovirus,BK Virus,Chikaugunya 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-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 species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV) |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Specify viral pathogen (check all that apply)                                      | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Specify viral pathogen (check all that apply)                                      | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Has the recipient ever been infected with PCP / PJP?                               | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Has the recipient ever been infected with PCP / PJP?                               | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Disorders of the Immune System                      | yes                                                | no                                                     | Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only) | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only) | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |
| Disease Classification                 | Inherited Abnormalities of Platelets                | yes                                                | no                                                     | Specify inherited abnormalities of platelets classification                        | Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | Specify inherited abnormalities of platelets classification                        | Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |
| Disease Classification                 | Inherited Abnormalities of Platelets                | yes                                                | no                                                     | Specify other inherited platelet abnormality:                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Specify other inherited platelet abnormality:                                      | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |

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

| Information Collection Domain Sub-Type | Information Collection Domain Additional Sub Domain | Response required if Additional Sub Domain applies | Information Collection may be requested multiple times | Current Information Collection Data Element (if applicable) | Current Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Information Collection update: | Proposed Information Collection Data Element (if applicable) | Proposed Information Collection Data Element Response Option(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rationale for Information Collection Update |
|----------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Disease Classification                 | Histiocytic Disorders                               | yes                                                | no                                                     | Specify viral pathogen (check all that apply)               | Adenovirus,BK Virus,Chikaugunya 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-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 species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)                                                                                                                                                         |                                | Specify viral pathogen (check all that apply)                | Adenovirus,BK Virus,Chikaugunya 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-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 species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)                                                                                                                                                        |                                             |
| Disease Classification                 | Histiocytic Disorders                               | yes                                                | no                                                     | Has the recipient ever been infected with PCP / PJP?        | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | Has the recipient ever been infected with PCP / PJP?         | No,Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |
| Disease Classification                 | Autoimmune Diseases                                 | yes                                                | no                                                     | Specify autoimmune disease classification                   | Antiphospholipid syndrome,Behcet syndrome,Churg-Strauss,Classical polyarteritis nodosa,Crohn's disease,Diabetes mellitus type I,Evan syndrome,Giant cell arteritis,Hemolytic anemia,Idiopathic thrombocytopenic purpura (ITP),Juvenile idiopathic arthritis (JIA): oligoarticular,Juvenile idiopathic arthritis (JIA): other,Juvenile idiopathic arthritis (JIA): polyarticular,Juvenile idiopathic arthritis (JIA): systemic (Stills disease),Microscopic polyarteritis nodosa,Multiple sclerosis,Myasthenia gravis,Other autoimmune disorder,Overlap necrotizing arteritis,Other arthritis,Other autoimmune bowel disorder,Other autoimmune cytopenia,Other autoimmune neurological disorder,Other connective tissue disease,Other vasculitis,Psoriatic arthritis / psoriasis,Polymyositis / dermatomyositis,Rheumatoid arthritis,Sjogren syndrome,Systemic lupus erythematosus (SLE),Systemic sclerosis,Takayasu,Ulcerative colitis,Wegener granulomatosis |                                | Specify autoimmune disease classification                    | Antiphospholipid syndrome,Behcet syndrome,Churg-Strauss,Classical polyarteritis nodosa,Crohn's disease,Diabetes mellitus type I,Evan syndrome,Giant cell arteritis,Hemolytic anemia,Idiopathic thrombocytopenic purpura (ITP),Juvenile idiopathic arthritis (JIA): oligoarticular,Juvenile idiopathic arthritis (JIA): other,Juvenile idiopathic arthritis (JIA): polyarticular,Juvenile idiopathic arthritis (JIA): systemic (Stills disease),Microscopic polyarteritis nodosa,Multiple sclerosis,Myasthenia gravis,Other autoimmune disorder,Overlap necrotizing arteritis,Other arthritis,Other autoimmune bowel disorder,Other autoimmune cytopenia,Other autoimmune neurological disorder,Other connective tissue disease,Other vasculitis,Psoriatic arthritis / psoriasis,Polymyositis / dermatomyositis,Rheumatoid arthritis,Sjogren syndrome,Systemic lupus erythematosus (SLE),Systemic sclerosis,Takayasu,Ulcerative colitis,Wegener granulomatosis |                                             |
| Disease Classification                 | Autoimmune Diseases                                 | yes                                                | no                                                     | Specify other autoimmune cytopenia:                         | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Specify other autoimmune cytopenia:                          | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Autoimmune Diseases                                 | yes                                                | no                                                     | Specify other autoimmune bowel disorder:                    | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Specify other autoimmune bowel disorder:                     | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
| Disease Classification                 | Autoimmune Diseases                                 | yes                                                | no                                                     | Specify other autoimmune disease:                           | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Specify other autoimmune disease:                            | open text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |

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