

Indicates the category of information collection by time period that corresponds to the burden table. For each of the following Domains, there is a corresponding Tab. 1- Pre-Transplant Information Collection 2- Transplant Procedure and Product Information 3- Post-Transplant Periodic Information Collection Below are the definitions for each column heading.

Column Header Title	Column Header Title Definitions
Information Collection Domain Sub-Type	Identifies a grouping of information collection within an Information Collection Domain. These information collection domain sub types roughly correspond to section/domain headers currently found on CIBMTR data collection instruments.
	Additional Sub Domain set recipeint, donor, infusion type or product criteria that must be met for an information collection element to be required
Information Collection Domain Additional Sub Domain	
Response required if Additional Sub Domain applies	Response options are "yes" or "no". If the criteria noted in Additional sub domain applies, the information collection data element will be applicable and information collection data element responses supplied. Always "yes" when an additional sub domain is present.
Information Collection may be requested at multiple times	Response options are "yes" or "no". Some information may be collected at "multiple" time points or in multiple iterations. A multiple request may occur with a new or duplicate event, new infusion, changes in treatment or outcomes follow up. For example: product analyses at multiple timepoints, chimerism analyses on multiple dates, subsequent neoplasms, co-morbidities, covid infection, Disease Status, Post Transplant Therapy, GVHD, labs and pathology (collected at diagnosis, between diagnosis and infusion, at infusion and during followup)
Current Information Collection Data Element (if applicable)	Depicts the information collection data element currently being requested.
Current Information Collection Data Element Response Option(s)	Depicts the information collection data element response options currently being requested.
Information Collection update:	Notes the type of update. If Blank, there was no change.
	options:
	Addition of Information Requested
	Deletion of Information Requested
	Deletion of Information: Merged to Check all that Apply
	Change/Clarification of Information Requested
	Change/Clarification of Response Options
	Change/Clarification of Information Requested and Response Options
	Data will be captured on Lab Module
Proposed Information Collection Data Element (if applicable)	Depicts the changes to the information collection data element requested in red line format. Rows containing changes are highlighted in Yellow
Proposed Information Collection Data Element Response Option(s)	Depicts the changes to the information collection data element response options in red line format. Rows containing changes are highlighted in yellow.
Rationale for Information Collection Update	The following options identify the change summary:
	options:
	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
	Be consistent with current clinical landscape, improve transplant outcome data
	Capture data accurately
	Examples added or typographical errors corrected for clarification
	Covid-19 Impact
	Capture additional relevent disease information

item ID	Time Point	Collection Domain Sub-Type	Collection Domain Additional Sub Domain	Additional Sub Domain applies	Information Collection may be requested multiple times	Collection Data Element (if applicable)		update:	Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRE588	Pre- Transplant	Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Study Sponsor	BMT CTN, RCI-BMT, PIDTC, USIDNET, COG, PedAL, Other sponsor	Change/Clarification of Response Options		BMT CTN, RG-BMT CIBMTR CRO Services, PIDTC, USIDNET, COG, Ped/4L, Other sponsor	Capture data accurately
PRES90	Pre- Transplant	Pre-Transplant Essenttal Data	Clinical Trial Participants	YE	no		A Representative list of current response options is allown here. This list will change on a frequent tasks to accommandlus updates - change is in the response option of option of the tasks of the response option of the tasks of the tas	Change/Clarification of Response Options		A Regressibility list of connet regions global is time ther. The list will charge an Integrate basis to accompting the connet regions of points and the basis of the second secon	Capture data accurately
PRE657	Pre- Transplant	Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Name of product (gene therapy recipients)	Dther name	Response Options	Name of product (gene therapy recipients)	Betibeglogene autotemcel (Zyntelgo*), Elivaldogene autotemcel (Skysona*), Exaganglogene autotemcel, Other name	Capture data accurately
PRE694	Pre- Transplant	Pre-Transplant Essential Data		no	no	Glomerular filtration rate (GFR):	ml/min/1.732	Change/Clarification of Response Options	Glomerular filtration rate (GFR):	mL/min/1/3m2	Capture data accurately

Image: Section of the sectio	OX. Fold. Other system Septem data accurately DN: Fold. Other system Septem data accurately
Number Numer Numer Numer <th>The Nisk Hard Change on a Frequent biols to accommodate updates - changes in the response update deriver filter banden of Control (Lange on a Frequent biols to accommodate updates - changes in the response update updates - thanges in the response update updates - thanges in the response update updates - thanges - than the response update updates - thanges - than the response updates updates - thanges - than the response updates updates - thanges - than the response updates - thanges - than the response updates - thanges - than the response updates - the response updates - than the response - that the response updates - than the response updates - that the response updates - that</th>	The Nisk Hard Change on a Frequent biols to accommodate updates - changes in the response update deriver filter banden of Control (Lange on a Frequent biols to accommodate updates - changes in the response update updates - thanges in the response update updates - thanges in the response update updates - thanges - than the response update updates - thanges - than the response updates updates - thanges - than the response updates updates - thanges - than the response updates - thanges - than the response updates - thanges - than the response updates - the response updates - than the response - that the response updates - than the response updates - that
Note Note <th< td=""><td>The Nisk Hard Change on a Frequent biols to accommodate updates - changes in the response update deriver filter banden of Control (Lange on a Frequent biols to accommodate updates - changes in the response update updates - thanges in the response update updates - thanges in the response update updates - thanges - than the response update updates - thanges - than the response updates updates - thanges - than the response updates updates - thanges - than the response updates - thanges - than the response updates - thanges - than the response updates - the response updates - than the response - that the response updates - than the response updates - that the response updates - that</td></th<>	The Nisk Hard Change on a Frequent biols to accommodate updates - changes in the response update deriver filter banden of Control (Lange on a Frequent biols to accommodate updates - changes in the response update updates - thanges in the response update updates - thanges in the response update updates - thanges - than the response update updates - thanges - than the response updates updates - thanges - than the response updates updates - thanges - than the response updates - thanges - than the response updates - thanges - than the response updates - the response updates - than the response - that the response updates - than the response updates - that
Image: Note of the state of the st	nr (Sponur), traganglegene advicent, Other name. Capture data accurately Capture data accurately
Image: Note of the state of the st	nr (Sponur), traganglegene advicent, Other name. Capture data accurately Capture data accurately
Image: Note of the second se	nr (Spennif), Engunglegene addiennit, Other name Capture data accurately Capture data accurately
Image: Note of the state of the st	nr (Spennif), Engunglegene addiennit, Other name Capture data accurately Capture data accurately
Note Note <th< td=""><td>Capture data accurately</td></th<>	Capture data accurately
k_{1} <	Capture data accorately
Ket Ket <th></th>	
No No<	[jaaa0
Note Note of the stand of the	(7880)
No. 1000 No. 10000 No. 1000 No. 1000	1/2800
No. No. <td></td>	
A A B A <td></td>	
Image:	
No. 1000 No. 10000 No. 1000 No. 1000	
No. No. <td></td>	
Non-state Non-state <t< td=""><td></td></t<>	
Total Total <th< td=""><td></td></th<>	
	sibling (may include non-monozygotic twin). HLA-matched other relative (does NOT include a hapio-identical donor), HLA-mismatched
PREDU2 Pre-Transplate Kold-19 Impact Ref. Cord and Impact Pre-Transplate Kold-19 Impact Ref. Cord Impact Pre-Transplate Kold-19 Impact Pre-Transplate Kold-1	
PED13 Pet-Translatt Zold-19 Impact Do n n n	
REG14 Pre-Transplat Gold - 19 Impact o o pent to REG14 Pre-Transplat Gold - 19 Impact o o pent to REG14 Pre-Transplat Gold - 19 Impact o no.yes	
#251/b Photographic Conf. of 19 Impact Did the pressuring regime rule are provided regime rule ar	
PECTUP Performance Odd 19 Impact o no Sector Sect	
PE010 Per Tanglatt Discase Acute res no Wax mesurable redulad discase detected by FSH? no.yes Destination Modemonia Modemonia Point Point Point	
Phenomenant	
RECT Performance December 2014	
Kauema (AM)	
Dissification Mytogenous Inmunophenotype) [calentia immunophenotype] [calentia immunophenotype] [calentia immunophenotype]	
PRE202 Pr=Transplant Busize Acute yes no What is the lower limit of detection (for the zabernant phenotype) open text Dissification Modesmous Leadermant phenotype) Leadermant Phenotype	
PREDUL Pre-Transplant Disease Acute yes no Was messarable residual disease detected by flow cytometry? no.yes Usamitation Medicenous Lesidentia (MU)	
LationCool Mediation	
PR027 Per Tanglant Blease et au (heck all but appli) Per Tanglant Blease et au (heck all but appli) Per Cytometry, PCR, NcS, Not assessed Automit (AL)	
No. 7 Pri Tranjali Exact Ann Non meanwalle redual discase detected by PB ¹¹ Name Man meanwalle redual discase detected by PB ¹¹ Name Name Name Name Name Name Name Name	
PRE20y Per * rangiant Discase Acute (symphotiants) res no Max messarable redular discase detected by laryophying asay? no, yes Ver * rangiant Line discase redular discase detected by laryophying asay? no, yes No, yes	
R0 R0 R0 R0 Mode detection (M) Percent (M)	
Clasification kmultioblastic Automiti Jaku Immunophenotype]	
PRE32 Per Translant Blease Aude res no Mhat's the lower limit of detection (for the alernant phenotype) open text Audemin (Au)	
PRE33 Per Transfatt Biese Aute yes no Max messarable relidual disease detected by flow cytometry? nayses	
PEGIA Pre Translant Disase Aute vis no Was mesarable reidual disase detected by PCP novis	
Relation winderstanding and set of the set o	
Petranglat Discuss Petranglat Discuss Continuence	
PEGD Pre-Transplant Biosce Registration Pre-Transpl	
Pre-Transplant Discussion Medicionality (Linguid)	del[7q] / 7q; del[13q] / 13q; dup[1],117q, Im(3]5,-7,-Y,Other abnormality;t[1;apy],t[12p]11;2;amy],t[12p112;amy],t[6;9];+8;+9
Personal pre-instance Decare Medication (Les Action 10, 12, 20	
	anothen I blocum
	promponent

Item ID Time Point Information Collection Dorr Sub-Type	Information Re nain Collection Ad Domain ap Additional Sub Domain	tesponse required if Information Collection may be dditional Sub Domain requested multiple times pplies	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s) Info	formation Collection update: Pro Eler	roposed Information Collection Data ement (if applicable)	roposed Information Collection Data Blement Response Option(.)	Rationale for Information Collection Update
PRE042 Pre-Transplant Disease Classification	no	o no	What was the primary disease for which the HCT / cellular therapy was performed?	Attoinmune diszast. Josh hympholizit kukenia (JALL)sate mydoli kukenia (JAK or MLLL)/hrvin mydoli kukenia (JAL) Henoglobiocatilio. Historyk: disorder Urkedpin hymphonu. Jakehetidi Box Harrow Fallue Systemed (The explored developed MIS or AK), julicate MIS or AK as the primary discast.) - Elistevider of The immune system. Jimphonia (The explored MIS) hymphonu. Jakehetidi Box Harrow Fallue Systemed (The explored developed MIS or AK), julicate MIS or AK as the primary discast.) - Elistevider of The immune system. Jimphonia (The explored MIS) hymphonu. Jakehetidi Box Harrow Fallue Systemed (The explored developed MIS) or AK. Jimphonia (The explored MIS) and an and and	Wh	that was the primary disease for which the HCT / Ilular therapy was performed?	Mainmune disease. Kute hympkolast: kakemia (ALL). Acate myel oli kakemia (ANL or ANLL). Chronic myelola takemia (ANL Henogyblinogybles. Helinovyh Garoders Hodgin mydonus. Meetende Bione Narrow Fallene syndhones) (The myelinet develoged MOS or ANLL). Chronic myelola takemia (TANL Henogyblinogybles. Helinovyh Biolegia (Henogybles. Helinovyh Biologybles. Helinovyh Bio	
PED43 Pre Translatt State	Acute yrs Mystograsou Acutema (AMU)	ei no	Specify the AML classification	Add with the second grands development Add with the second secon	ice	ectly the AML classification	MA with Network device State Mathematical (N). May an Interface (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	
PRE044 Pre-Transplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	es no	Did AML transform from MDS or MPN?	Nayre Alko complete MSI or MPN Discuse Classification questions	Did	d AML transform from MDS or MPN?	ixyes Also complete MIS or MIN Disease Classification questions	
PRED45 Pre-Transplant Disease Classification	Leukemia (AML) Acute yes Myelozenous	es no	Is the disease (AML) therapy related?	no,Unknown,yes	k tř	the disease (AML) therapy related?	no,Unlinown, yes	
PRE046 Pre-Transplant Disease	Leukemia (AML) Acute yes	es no	Did the recipient have a predisposing condition?	n.Unknown yes	Did	d the recipient have a predisposing condition?	so.Uninown, yes	
Classification	Myelogenous Leukemia (AML)	es no	Specify condition	Boom syndrome Dyskeratosis congenita, Down Syndrome, Fanconi anemia, Other condition		ecify condition	ilicom syndrome.Drykeratosis congentia.Down Syndrome Fancori anemia.Other condition	
Classification	Myelogenous Leukemia (AML)	e. 10		вооп уна оперлука наза содени длом зунатоперли сон алетна для сопанон		,	ocen synatone, opset aloos congenta, down synatone, and na anena, orier schlaubh	
PRE048 Pre-Transplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	es no	Specify other condition:	open text		ecify other condition:	pen text	
PRE049 Pre-Transplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	es yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no.Uhinown.yes	We (at i	tere cytogenetics tested (karyotyping or FISH)? t diagnosis or relapse)	a, Uninown, yes	
PRE050 Pre-Transplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	es)/es	Were cytogenetics tested via FISH?	No,Yes	We	ere cytogenetics tested via FISH?	No,Yes	
PREDS1 Pre-Transplant Disease Classification	Acute yes Myelozenous	es yes	Results of tests	Abnormalities identified No abnormalities	Res	esults of tests	Nonormalities identified, No abnormalities	
PRE052 Pre-Transplant Disease Classification	Leukemia (AML) Acute yes	es ves	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	Inte	ternational System for Human Cytogenetic omenclature (ISCN) compatible string:	open text	
PRE053 Pre-Transplant Disease Classification	Leukemia (AML) Acute yes	es yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (1),Three (3),Two (2)		ecify number of distinct cytogenetic	iour ar more (4 ar more),One (1),Three (3),Two (2)	
	Myelogenous Leukemia (AMI)							
PPEOSA Pre-Translant Directo	Acute	nr unr	Enactive show mailting (check all that see he	[11:02] we showed in the second in the [10] / 11a, the [16] / 16a, the [17] / 17a, the [17] /	201	normaittes		
Classification	Acute yes Myelogenous Leukemia (AML)	es yes	Specify abnormalities (check all that apply)	11223 ary abnormality, t3p any abnormality, doi:11.07.11.12.461.13.07.1402.461.13.07.1302.461.12.07.1202.461.13.07.1302.461.13.07.1302.461.13.07.14.1. h.7.7.6.2040.abnormality, d31.137.1401.461.131.130.131.061.91.13.19.232.11.11.1.14.24.24.24.4.4	20n Spe	ecify abnormalities (check all that apply)	15221) av drownalls 133 av drownally die 113/115/Art 184/146, del 174/176, del 254/126, del 25	
PRE055 Pre-Transplant Disease Classification	Acute yes Myelogenous Leukemia (AML) Acute yes Myelogenous Leukemia (AML)	es pes es pes	Specify other abnormality:	11221 ary abnormality, 125 any abnormality, doi:11.07.11.07.401.50.7.1602.401.120.7.1202.401.202.7.1202.401.202.7.502.402.402.402.402.402.402.402.402.402.4	Spe Spe Spe	normalities secify abnormalities (check all that apply) secify other abnormality:	15221) avg abnormality 135 avg abnormality Adv116/ 1154 Adv164/ 1664 Adv270/ 2006 Adv254/ 2006 Adv264/ 154 Adv264/	
PRE055 Pre-Transplant Disease	Acute yes Myelozenous	ez hez ez hez ez hez			Spe Spe Spe	ecify abnormalities (check all that apply)		
PRE055 Pre-Transplant Disease Classification PRE056 Pre-Transplant Disease	Acute yes Myelogenous Leukemia (AML) Acute yes Myelogenous Leukemia (AML) Acute yes	65 965 65 965 965	Specify other abnormality:		spe spe We	normalities secify abnormalities (check all that apply) secify other abnormality:		
PREDSS Pre-Transplant Disesse Classification PREDS6 Pre-Transplant Disesse Classification	Acute yelogenous yes Myelogenous (AML) Acute Myelogenous yes Leukemia (AML) Acute yes Leukemia (AML) Acute yes	63 965 63 965 65 965 66 965 66 965 66 965	Specify other abnormality: Were cytogenetics tested via karyotyping?	Quertiszt	jan See See Res	normalities lecify abnormalities (check all that apply) lecify other abnormality: ere cytogenetics tested via karyotyping?	gen fod	
PREDSS Pre-Transplant Disease Disease Disease Disease	Acute res Medogenous Leukemia (AML) Acute version (AML) Acute (Metogenous Leukemia (AML) Acute res Medogenous Leukemia (AML) Acute res	KS KS KS KS KS KS KS KS	Specify other abnormality: Were cytogenetics tested via karyotyping? Results of tests	Quertiszt	201 500 500 700 700 700 700 700 700 700 700	wormanies weekly abnormalities (check all that apply) weekly other abnormality: tere cytogenetics tested via karyotyping? suits of tests	gen fod	
PREDS5 Nrc Transplant Sciaudication PREDS6 Nrc Transplant Sciaudication PREDS7 Nrc Transplant Sciaudication PREDS8 Nrc Transplant Sciaudication PREDS9 Nrc Transplant Sciaudication PREDS9 Nrc Transplant Sciaudication PREDS9 Nrc Transplant Sciaudication	Acute yes Medogenous (AMI) Acute Medogenous Leukemia (AMI) Acute Medogenous Leukemia (AMI) Acute yes Medogenous yes Medogenous yes Medogenous Acute yes Medogenous Acute yes Medogenous Acute yes	с. ус. ч. ус	Specify other abnormality: Were cytogenetics tested via karyotyping? Results of tests Interruptional System for Human Cytogenetic Noneeclature (ISCN)	per tost pe	ion ion ion ion ion ion ion ion ion ion	somaanse seedy absomalities (sheak all that apply) eeely absomalities (sheak all that apply) eeely other absomality: erre cytogenetics tested via karyotyping? suits of tests ternational System for Naman Cytogenetic mendiature (SCN4) compatible string: eeely namber of distinct cytogenetic momalities	gen text libormalities idontified, No abnormalities, No evaluable metaphases apon text for or one rel for more (Jon enc). Dire (1), Three (1), Two (2) Tabular abnormality dar(1), Three (1), Two (2) Tabular abnormality dar(1), Tab del 160/7 Ko- del(1)0/7 200- del(1)0/7 200- del(1)0/7 200- del(1)0/7 50- del(0)/7 50- d	
PEEDS Nrc-Transplant Disabiti PEEDS Nrc-Transplant Disabition PEEDS Nrc-Transplant Disabition PEEDS0 Nrc-Transplant Disabition PEEDS0 Nrc-Transplant Disabition PEEDS0 Nrc-Transplant Disabition	Acute version (AAL) Acute version (AAL)	с. ус. с. ус	Specify other abnormality: Were cytogenetics tested via Karyotyping? Results of tests International System for Human Cytogenetic Noneerclature (ISCN) compatible dring: Specify number of diabet cytogenetic abnormalities	per trat per trat Ker ver Alsormalites Montelled No abnormalites No evoluable metaphones per trat Fear or more (A or more), One (1), Three (2), Two (2)	per per per per per per per per per per	somaanse seedy absomalities (sheak all that apply) eeely absomalities (sheak all that apply) eeely other absomality: erre cytogenetics tested via karyotyping? suits of tests ternational System for Naman Cytogenetic mendiature (SCN4) compatible string: eeely namber of distinct cytogenetic momalities	gen tot No/Ne Moramalities Monthal/Na aboormalities, Na ruskable metaphases gen tot Gar or more (J. Om (1), Three (1), Th	
HEDDS Net Translate Disada PEEDS Net Translate Disada	Acute Acute Acuteria (AML) Acuteria (AML) Acuteria (AML) Acuteria (AML) Acuter Metogenous Leakenia (AML) Acuter Metogenous Leakenia (AML) Acuter Metogenous Leakenia (AML) Acuter Metogenous Leakenia (AML)	C VC	Specify other abnormality: Were origometics tested via saryotyping? Results of tests international system for Human Origometic Nomenclature (ISCN) compatible arring Specify number of distinct origometic abnormalities Specify abnormalities (check all that apply) Specify other abnormality:	pen Inst Kr ve Recording in Section 2015 and an analysis of the section 2015 and 2	600 600 600 700 700 700 700 700 700 700	sommannes accify abnormalities (check al that apphy) accify abnormalities (encrystigenetics tested via karyotspilling? encults of tests terrariboual Systems for Human Cyclogenetic accify abnormalities (check al that apphy) accify abnormalities (check al that apphy) accify abnormalities (check al that apphy)	per test Sk/Se Server-allife: Biorefield to absormalitie: No collable metaphases gen test Ser of more (Lor et), Three (3), Two (3) TL(2)) any absormality (Lor gamma) platta (11) (12), platta (11), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (
PEDS5 Nr: Transplat Sub4: PEDS5 Nr: Transplat Sub4: PEDS6 Nr: Transplat Sub4:	Acute Acute Acuteria (AML) Acuteria (AML) Acuteria (AML) Acuteria (AML) Acuter Metogenous Leakenia (AML) Acuter Metogenous Leakenia (AML) Acuter Metogenous Leakenia (AML) Acuter Metogenous Leakenia (AML)	C WS CS WS CS <t< td=""><td>Specify other almormality: Were of agenetics tested via sayotyping? Results of ross International System for Haman Cytogenetic Noneerclature (ISCN) compatible afrage Specify number of distinct of tagenetic almormalities specify almormalities (check all that apph) Specify almormality: Was documentation submitted to the CBEMTR? (e.g. cytogenetic or Not report)</td><td>pen Inst Reve Reve Recording Section 2015 Reve Reve Reve Reve Reve Reve Reve Rev</td><td>pos pos pos pos pos pos pos pos pos pos</td><td>somaans sectly absomables (heak al that apph) sectly absomables (heak al that apph) sectly other absomables; sectly absomables (heak al that apph) sectly absomables (hea</td><td>per test Sk/Se Server-allife: Biorefield to absormalitie: No collable metaphases gen test Ser of more (Lor et), Three (3), Two (3) TL(2)) any absormality (Lor gamma) platta (11) (12), platta (11), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (</td><td></td></t<>	Specify other almormality: Were of agenetics tested via sayotyping? Results of ross International System for Haman Cytogenetic Noneerclature (ISCN) compatible afrage Specify number of distinct of tagenetic almormalities specify almormalities (check all that apph) Specify almormality: Was documentation submitted to the CBEMTR? (e.g. cytogenetic or Not report)	pen Inst Reve Reve Recording Section 2015 Reve Reve Reve Reve Reve Reve Reve Rev	pos pos pos pos pos pos pos pos pos pos	somaans sectly absomables (heak al that apph) sectly absomables (heak al that apph) sectly other absomables; sectly absomables (heak al that apph) sectly absomables (hea	per test Sk/Se Server-allife: Biorefield to absormalitie: No collable metaphases gen test Ser of more (Lor et), Three (3), Two (3) TL(2)) any absormality (Lor gamma) platta (11) (12), platta (11), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (22), (12), (
PEDS5 Nr: Tranglad Sub4: PEDS5 Nr: Tranglad Sub4: PEDS6 Nr: Tranglad Sub4:	Audie Prefeterioria Marticipanos Ladaemi (AML) Marticipanos Ladaemi (AML) Marticipanos Ladaemi (AML) Ladaemi (AML) Prefeterioria Marticipanos Ladaemi (AML) Ladaemi (AML) Prefeterioria Acute Antennami (AML) Ladaemi (AML) Prefeterioria Acute Antennami (AML) Acute Prefeterioria Acute Antennami (AML) Acute Prefeterioria Acute Antennami (AML) Acute Prefeterioria Acute Prefeterioria Acute Prefeterioria Acute Prefeterioria Acute Pr	G Ma	Specify ether abnormality: Were ofsegmetics tested via saryotyping? Results of tests International System for Human Cytogenetic Nonnexcluture (SCH) compatible drives Specify number of distinct cytogenetic abnormalities Specify abnormalities (Elveck all that apply) popoly other abnormality: Else documentation submitted to the CBMIR? (e.g. cytogenetic or PGH report) Were tests for molecular makers performed? (of diagnosis or relapore	per to st. Sever Accomutes identified/se abnormalities/se evaluable metaphases Accomutes identified/se abnormalities/se evaluable/se evaluable/se absormalities/se evaluable/se abnormalities/se evaluable/se absormalities/se evaluable/se abnormalities/se evaluable/se absormalities/se evaluable/se abnormalities/se evaluable/se absormalities/se evaluable/se absormalities/s	pos pos pos pos pos pos pos pos pos pos	sommannes accify abnormalities (check al that apphy) accify abnormalities (encrystigenetics tested via karyotspilling? encults of tests terrariboual Systems for Human Cyclogenetic accify abnormalities (check al that apphy) accify abnormalities (check al that apphy) accify abnormalities (check al that apphy)	gen text % % % % % % % % % % % % % % % % % % %	
PEDS5 Nr: Transplat Sub4: PEDS5 Nr: Transplat Sub4: PEDS6 Nr: Transplat Sub4:	Audie Prefeterioria Marticipanos Ladaemi (AML) Marticipanos Ladaemi (AML) Marticipanos Ladaemi (AML) Ladaemi (AML) Prefeterioria Marticipanos Ladaemi (AML) Ladaemi (AML) Prefeterioria Acute Antennami (AML) Ladaemi (AML) Prefeterioria Acute Antennami (AML) Acute Prefeterioria Acute Antennami (AML) Acute Prefeterioria Acute Antennami (AML) Acute Prefeterioria Acute Prefeterioria Acute Prefeterioria Acute Prefeterioria Acute Pr	G Mg	Specify either abnormality: Were ortgenetics tested via taryotryping? Annual of tests International System for Human Cytogenetic Nonneoclature (SCH) compatible drips Specify number of distinct cytogenetic abnormalities Specify abnormalities (Elveck all that apply) Specify abnormality: Specify abnorm	per trait per trait per trait per trait No.Ver Anormalities identified/No advormalities/No evoluable metaphones Anormalities identified/No advormalities/No evoluable metaphones per trait per trait No.Ver	من من من من من من من من من من	comaines accify absormalities (shock all that upph) accify absormalities (shock all that upph) accify other absormality: suits of tests tests of tests tests of tests accify other absormalities (shock all that upph) accify other absormality: accify other absormality: accify other absormality: accify other absormality: accident of this (shock all that upph) accify other absormality: accident of the other (shock all that upph) accify other absormality: accident of the other (shock all that upph) accident of the other (shock all that upph) a	gen tot %//s %//s %//s for or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) fore or more (4 or more), fore (1), Three (5), Two (2) for or more (4 or more), fore (1), Three (5), Two (4),	
PEDS5 Nr: Tranglad Sub4: PEDS5 Nr: Tranglad Sub4: PEDS6 Nr: Tranglad Sub4:	Acade Periodipartosas Andregoriosas Adademica Academica Academica Academica Periodipartosas Academica Periodipartosas Mandemica Periodipartosas Mandemica Periodipartosas Mandemica Periodipartosas Mandemica Periodipartosas Academica Periodipartosas Academica Periodipartosas Academica Periodipartosas Academica Periodipartosas Academica Periodipartosas Academica Academica Academica Periodipartosas Academica Academica Academica Academica <	6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 7 96 8 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96	Specify ether abnormality: Were ofsegmetics tested via saryotyping? Results of tests International System for Human Cytogenetic Nonnexcluture (SCH) compatible drives Specify number of distinct cytogenetic abnormalities Specify abnormalities (Elveck all that apply) popoly other abnormality: Else documentation submitted to the CBMIR? (e.g. cytogenetic or PGH report) Were tests for molecular makers performed? (of diagnosis or relapore	per to st. Sever Accomutes identified/se abnormalities/se evaluable metaphases Accomutes identified/se abnormalities/se evaluable/se evaluable/se absormalities/se evaluable/se abnormalities/se evaluable/se absormalities/se evaluable/se abnormalities/se evaluable/se absormalities/se evaluable/se abnormalities/se evaluable/se absormalities/se evaluable/se absormalities/s	من من من من من من من من من من	comaines accify absormalities (shock all that upph) accify absormalities (shock all that upph) accify other absormality: suits of tests tests of tests tests of tests accify other absormalities (shock all that upph) accify other absormality: accify other absormality: accify other absormality: accify other absormality: accident of this (shock all that upph) accify other absormality: accident of the other (shock all that upph) accify other absormality: accident of the other (shock all that upph) accident of the other (shock all that upph) a	gen text % % % % % % % % % % % % % % % % % % %	
VEDSS Nr: 1 singlat Database VEDSS Nr: 1 singlat	Andre genome Ladernis (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Calle Caller (Method Sectors) (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Caller (Method Sectors) (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Caller (Method Sectors) (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Caller (Method Sectors) (AMA) Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Caller (Method Sectors) (AMA) Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Caller (Method Sectors) (AMA) Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA) Caller (Method Sectors (AMA)) Prei Method sectors (AMA) Prei Method sectors (AMA) Prei Method sectors (AMA)	6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 6 96 7 96 8 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 96 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Specify either abnormality: Were ortgenetics tested via taryotryping? Annual of tests International System for Human Cytogenetic Nonneoclature (SCH) compatible drips Specify number of distinct cytogenetic abnormalities Specify abnormalities (Elveck all that apply) Specify abnormality: Specify abnorm	per trait per trait per trait per trait No.Ver Anormalities identified/No advormalities/No evoluable metaphones Anormalities identified/No advormalities/No evoluable metaphones per trait per trait No.Ver	600 600 600 600 600 600 600 600	comaines accify absormalities (shock all that upph) accify absormalities (shock all that upph) accify other absormality: suits of tests tests of tests tests of tests accify other absormalities (shock all that upph) accify other absormality: accify other absormality: accify other absormality: accify other absormality: accident of this (shock all that upph) accify other absormality: accident of the other (shock all that upph) accify other absormality: accident of the other (shock all that upph) accident of the other (shock all that upph) a	gen tot 50/16	
VEDS3 Nr: 1 singliait Disata VEDS4 Nr: 1 singliait Disata VEDS5 Nr: 1 singliait Disata VEDS6 Nr: 1 singliait Disata Disata Disata	Audie Production Audie formation Production Audeformation Pr	Ke	Specify ether abnormality: Were cytogenetics tested via lanyohyping? Kessils of resis Identification of testis Identification of testis Specify number of distict cytogenetic Alsomacitative (ISCN) Specify number of distict cytogenetic abnormalities Specify number of distict cytogenetic abnormalities Specify abnormalities (check all that apply) Specify abnormality: Was documentation submitted to the CBMTR? (s.g. cytogenetic or MRI report) Were tests for malecular markers performed? (all disposis or relapse KEBPA Specify CBIPA mutation	per text per text Write Akormalitic identified/iso absormalities/iso evoluable metaphones Akormalitic identified/iso absormalities/iso evoluable metaphones per text Akormalitic identified/iso absormalities/iso evoluable metaphones per text per te	مرد المرد المرد المرد المرد الممر	comaines accify abnormalities (check all that apply) accify abnormalities (check all that apply) accify other abnormality: ther cytogenetics tested via karyotyping? could of tests could of tests could of tests could be tests could be tests could be tests comaines	gen tot 50/16	
HEDS3 Nr: 1 singlat Database PEDS4 Nr: 1 singlat Database PEDS4 Nr: 1 singlat Database PEDS4 Nr: 1 singlat Database PEDS5 Nr: 1 singlat Database PEDS6 Nr: 1 singlat Database PEDS1 Nr: 1 singlat Database PEDS2 Nr: 1 singlat Database PEDS3 Nr: 1 singlat Database PEDS4 Nr: 1 singlat Database PEDS3 Nr: 1 singlat Database PEDS4 Nr: 1 singlat Database PEDS5 Nr: 1 singlat Database PEDS6 Nr: 1 singlat	Audie Production Audie formation Production Audeformation Pr	с	Specify other abnormality: Were origometics tested via taryotyping? Results of tests International System for Human Origometic Nonencluture (ISCH) compatible origometic abnormalities Specify number or distinct origometic abnormalities Specify abnormalities (check all that apply) Specify abnormalities (check all that apply) Specify abnormalities (check all that apply) Specify abnormalities (check all that apply) Wase documentation submitted to the CBEMTRY (s.g. Cytogenetic or PAT report) Were tests for molecular markers performed? (at diagnosis or relapse CBEPA Specify CBEPA mulation R13 – TRD (point mulators in DB35 or deletions of codon (E36)	per Inst Server Autommälles identified, No advormalities, No nouhade metaphoses Server Autommälles identified, No advormalities, No nouhade metaphoses Server Serve	500 500 500 500 500 500 500 500	somaanse secily absomalities (hed al that apph) secily absomalities (hed al that apph) ere cytigenetics tested via karyekysing? suits of tests terrarbicul System for Human Cytigenetic control (Secility) (Compatible ship) erecting absomalities (hed al that apph) erectly absomalities (hed al that apph) as documentation specific erectly as documentation specific erectly (and a erectly) erecting for protocol (secility) erecting for protocol (secility) erecting for materials and a erectly of the specific erectly and a erectly of the specific erectly and a erectly of the specific erectly and a erectly of the specific erectly (secility) erectly (secility) (secility) erectly (secility) (secility) (secility) erectly (secility) (secility) (secility) erectly (secility) (secility) (secility) erectly (secility) (secility) (secility) (secility) erectly (secility) (secility) (secility) (secility) erectly (secility) (seci	gen tot %5/% %5% %5% %5% %5% %5% %5% %5% %5% %5	
HESSS Nr: Translat Statutation PESSS Nr: Translat Statutation PES	Acade Production	R R R R	Specify ether almormality: Were of segments tested via taryostyping? Results of tools when under System for Human Ortogenetic Nonencluture (ISCN) Segments of defines of definits of segments almormalities specify number of definits of segments almormalities specify admormality: Specify admormality: Visis downerstation submitted to the CBENTRY (r.g. e typecretic or Fell report) Were tests for molecular markers performed? (at diagnois or relapse ZEBPA Specify CBPA mutations R13 - TDD (point mutations in DB35 or defetture of codon (B34) R13 - TDD mutation	per to st. per to st. News. Anomalitie identified/or abnormalities/or evaluable metaphases per to st. Par or more (4 or more).Doe (11.11mee (12.1me) (2) Tar or more (4 or more).Doe (11.11mee (12.1me) (2) Tar or more (4 or more).Doe (11.11mee (12.1me) (2) Tar or more (4 or more).Doe (11.11mee (12.1me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee (12.11me) (2) Tar or more (4 or more).Doe (11.11mee).Doe (12.11me) (2) Tar or more (4 or more).Doe (11.11mee).Doe (4 Dee).Doe (12.11me) (2) Tar or more (4 or more).Doe (11.11me).Doe (12.11me) (2) Tar or more (4 or more).Doe (11.11me).Doe (12.11me) (2) Tar or more (4 or more).Doe (11.11me).Doe (12.11me) (2) Tar or more (4 or more).Doe (11.11me).Doe (12.11me).Doe	500 500 500 500 500 500 500 500	sommannes accify abnormalities (check al that apph) accify abnormalities (check al that apph) excify other abnormality: there optigenetics tested via karyotyping? sushs of tests terrariboual 5 yetims for Harmon Cytogenetic control (check al that apph) excify abnormalities (check al that apph) excify abnormalities (check al that apph) excify abnormalities (check al that apph) as documentations submitted to the CHENTR? a for documentation (check al that apph) excify abnormalities (check al that apph) as documentations submitted to the CHENTR? a for documentation (check al that apph) apph) are relation (check al that apph) apph) and a constructions in DBS or doletone toolen (DSS) or doletone (check (DSS)	gen tot %5/% %5% %5% %5% %5% %5% %5% %5% %5% %5	
HESSS Nr: Tanglali Statution PESSS Nr: Tanglali	Audie Production Audie formation Production Audeformation Pr	6 96 6 96	Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step	open text KV Yer Accornations identified for advormalities, her evaluable metaphases open text Accornations identified for advormalities, her evaluable metaphases open text Accornations identified for advormalities, her evaluable metaphases open text Tax or mee (4 a mode).Core (1).Three (2).Three det Tay / Tay, det Tay / Ta	500 500 500 500 500 500 500 500	somaans sectly absomabilities (Arek al that apply) sectly absomabilities (Arek al that apply) sectly absomabilities (Arek al that apply) sectly absomabilities (Arek al that apply) sectly absomabilities (Arek al that apply) sectly (AlliAr multicles in DBIS of deletions used in applications in DBIS of deletions (Arek al that apply) (Arek a	see Text So Tex So T	
PEDS3 Per Tranglad Disalitation PEDS3 Per Tranglad Disalitation PEDS4 Per Tranglad Disalitation PEDS5 Per Tranglad Disalitation PEDS5 Per Tranglad Disalitation PEDS5 Per Tranglad Disalitation PEDS5 Per Tranglad Disalitation PEDS6 Per Tranglad Disalitation	Audie Profession Audie Audie Audie Profession Audie Audie Audie Profession Audie Audie	8 96 6 96 6 96 6 96 6 96 6 96 6 96 7 96 7 96 8 96 9 96	Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step	oper trast Image: State	500 500 500 500 500 500 500 500	somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests sectly other absormalities (one was an expension sectly of tests and the apply) sectly constrained distinct cytagenetic sectly other absormalities (absormalities (Area & al that apply) sectly other absormalities (absormatication (SCI) absorbed to the CEINTR? 4. origination of the absorbed to the CEINTR? 5. or the factor matications in DES or deletions (SCI) and (SCI) and (SCI) and (SCI) 397A 397A 397A 397A 397A 397A 397A 397A	sper text %N is	
VEDS3 Nr: Translatt Statut VEDS3 Nr: Translatt Statut VEDS4 Nr: Translatt Statut VEDS5 Nr: Translatt Statut VEDS5 Nr: Translatt Statut VEDS5 Nr: Translatt Statut VEDS6 Nr: Translatt Statut <tr< td=""><td>Audie Professional Audie Standard Professional Audie S</td><td>6 76 76 <t< td=""><td>Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step</td><td>open text Image: Second Seco</td><td>500 500 500 500 500 500 500 500</td><td>somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests sectly other absormalities (one was an expension sectly of tests and the apply) sectly constrained distinct cytagenetic sectly other absormalities (absormalities (Area & al that apply) sectly other absormalities (absormatication (SCI) absorbed to the CEINTR? 4. origination of the absorbed to the CEINTR? 5. or the factor matications in DES or deletions (SCI) and (SCI) and (SCI) and (SCI) 397A 397A 397A 397A 397A 397A 397A 397A</td><td>spen Text SkyNe SkyNe</td><td></td></t<></td></tr<>	Audie Professional Audie Standard Professional Audie S	6 76 76 <t< td=""><td>Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step</td><td>open text Image: Second Seco</td><td>500 500 500 500 500 500 500 500</td><td>somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests sectly other absormalities (one was an expension sectly of tests and the apply) sectly constrained distinct cytagenetic sectly other absormalities (absormalities (Area & al that apply) sectly other absormalities (absormatication (SCI) absorbed to the CEINTR? 4. origination of the absorbed to the CEINTR? 5. or the factor matications in DES or deletions (SCI) and (SCI) and (SCI) and (SCI) 397A 397A 397A 397A 397A 397A 397A 397A</td><td>spen Text SkyNe SkyNe</td><td></td></t<>	Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step	open text Image: Second Seco	500 500 500 500 500 500 500 500	somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests sectly other absormalities (one was an expension sectly of tests and the apply) sectly constrained distinct cytagenetic sectly other absormalities (absormalities (Area & al that apply) sectly other absormalities (absormatication (SCI) absorbed to the CEINTR? 4. origination of the absorbed to the CEINTR? 5. or the factor matications in DES or deletions (SCI) and (SCI) and (SCI) and (SCI) 397A 397A 397A 397A 397A 397A 397A 397A	spen Text SkyNe	
VEDSS Nr: Tanglat Data VEDSS Nr: Tanglat Data <td>Audie Professional Audie Service Professional Audie Service</td> <td>Ka Ka Ka</td> <td>Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step</td> <td>open first Image: Start Start</td> <td>500 500 500 500 500 500 500 500</td> <td>somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests suite of tests tests and tests sectly of tests and the sector of the sector sectly of tests and the sector of the s</td> <td>spen Lot SkyNe Sky</td> <td></td>	Audie Professional Audie Service	Ka	Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step	open first Image: Start	500 500 500 500 500 500 500 500	somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests suite of tests tests and tests sectly of tests and the sector of the sector sectly of tests and the sector of the s	spen Lot SkyNe Sky	
PEDS3 Pic Tranglad Scatter PEDS4 Pic Tranglad Scatter/Color PEDS5 Pic Tranglad Scatter/Color PEDS5 Pic Tranglad Scatter/Color PEDS5 Pic Tranglad Scatter/Color PEDS5 Pic Tranglad Scatter/Color PEDS6 Pic Tranglad Scatter/Color PEDS7 Pic Tranglad Scatter/Color PEDS6 Pic Tranglad Scatter/Color PiEDS6 Pic Tranglad Scatter/Color PiEDS7 Pic Tranglad Scatter/Color PiEDS6 Pic Tranglad Scatter/Color PiEDS6 Pic Tranglad Scatter/Color </td <td>Audie Production Audie Service Production Aud</td> <td>6 76 76 <t< td=""><td>Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step</td><td>open text Image: Second Seco</td><td>500 500 500 500 500 500 500 500</td><td>somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests suite of tests tests and tests sectly of tests and the sector of the sector sectly of tests and the sector of the s</td><td>spen Text SkyNe SkyNe</td><td></td></t<></td>	Audie Production Audie Service Production Aud	6 76 76 <t< td=""><td>Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step</td><td>open text Image: Second Seco</td><td>500 500 500 500 500 500 500 500</td><td>somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests suite of tests tests and tests sectly of tests and the sector of the sector sectly of tests and the sector of the s</td><td>spen Text SkyNe SkyNe</td><td></td></t<>	Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step	open text Image: Second Seco	500 500 500 500 500 500 500 500	somannes sectly absormalities (Area & al that apply) sectly absormalities (Area & al that apply) sectly other absormality: the cytagenetics tested to karpedspilling? suite of tests suite of tests tests and tests sectly of tests and the sector of the sector sectly of tests and the sector of the s	spen Text SkyNe	
REDS1 Nr: 1 canglate Database REDS3 Nr: 1 canglate Database REDS4 Nr: 1 canglate Database REDS5 Nr: 1 canglate Database REDS5 Nr: 1 canglate Database REDS5 Nr: 1 canglate Database REDS6	Audie Production Audie Service Production Aud	8 96 96 96 97 96 98 96 99 96 91 96 92 96 93 96 94 96 95 96 96 96 97 96 98 96 99 96 91 96 92 96 93 96 94 96 95 96 96 96 97 96 98 96 99 96 91 96 92 96 93 96 94 96 95 96 96 96 97 96 98 96 99 96 90 96 91 96 92 <t< td=""><td>Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step</td><td>open first Image: Start Start</td><td>دور دور دور</td></t<> <td>somaanse secily absomablies (Ansk all that apply) secily other absomablies (Ansk and Ansk and Ansk and Ansk Ansk Ansk Ansk Ansk Ansk Ansk Ansk</td> <td>spen Lot SkyNe Sky</td> <td></td>	Specify ether admormality: Were refegenetics tested via saryotyping? Results of resis. Annual of resis. Specify number of domina Cytogenetic Noneerclature (SCN) Specify number of domina Cytogenetic admormalities Specify admormalities (check all that apply) Specify admormalities (check all that apply) Specify admormalities (check all that apply) Were tests for molecular markers performed? (at diagnois or relapse Stepper tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed? (at diagnois or relapse Stepper Tests for molecular markers performed?) Stepper Tests for molecular markers performed? Stepper Tests for molecular performed? Step	open first Image: Start	دور	somaanse secily absomablies (Ansk all that apply) secily other absomablies (Ansk and Ansk and Ansk and Ansk Ansk Ansk Ansk Ansk Ansk Ansk Ansk	spen Lot SkyNe Sky	
REDS5 Re-Transplate Description REDS6 Re-Transplate Description	Audie Production Production Andream Production Production Audie Audie Production Audie Production Production Audie Audie Production Audie Production Production Audie Audie Pr	Ka	Specify ether abnormality: Wree cytogenetics tested via lanyotyping? Kessis of resis Identification of tests Identification of tests Specify number of distinct cytogenetic Abnormalities Specify number of distinct cytogenetic abnormalities Specify abnormalities (check all that apply) Specify (CBPA mutations to the CBMTR? (c.g. cytogenetic or relapse CEBPA Specify (CBPA mutations R13 - TR0 liport mutations in DB35 or deletions of coston B36) R13 - TR0 mutation R13 - TR0 ablefic ratio Specify R13 - TR0 ablefic ratio	aper Inst Image: Section	۱۹ ۱۹<	somaans secily absomables (Assa all that apply) secily other absomables secily other absomables secily other absomables inter optigenetic tested via karyedysing? suits of tests terratisout application for karane Optigenetic methy absomables secily absomables secily absomables secily absomables secily absomables secily absomables tests for molecular provide applications in DE35 of deletion- secily absomables secily absomables sec	spen tot So/Ne	
HESSS Nor Tanuplat Disata PESSS Nor Tanuplat Disata PESSS </td <td>Audie Schwarzskie (Aud.) Prof. Auderstein (Au</td> <td>R R</td> <td>Specify ether abnormality: Wree optigenetics tested via Lanyobyping? Kessils of reals International System for Human Cyriogenetic Nonnecclature (SCN) Compatible drifts Specify number of distinct cyriogenetic abnormalities Specify abnormalities (check all that apply) Specify abnormalities (check all that apply) Specify downmulties (check all that apply) Specify downmulties (check all that apply) Specify downmulties (check all that apply) Specify (CBPA multication to DBIS or deletions of codon IBSA) All That (CBPA multication All That (CBPA multication) All That (</td> <td>spectrat pectrat RVTe Pectration Decomplifies identified No abnormalities. No evaluable metaphases Pectration Spectrati Pectration Spectration Pectration Spectr</td> <td>50 50 50 50 50 50 50 50 50 50</td> <td>somaans secily absomables (Assa all that apply) secily other absomables secily other absomables secily other absomables inter optigenetic tested via karyedysing? suits of tests terratisout application for karane Optigenetic methy absomables secily absomables secily absomables secily absomables secily absomables secily absomables tests for molecular provide applications in DE35 of deletion- secily absomables secily absomables sec</td> <td>see Text So Ne So Ne</td> <td></td>	Audie Schwarzskie (Aud.) Prof. Auderstein (Au	R R	Specify ether abnormality: Wree optigenetics tested via Lanyobyping? Kessils of reals International System for Human Cyriogenetic Nonnecclature (SCN) Compatible drifts Specify number of distinct cyriogenetic abnormalities Specify abnormalities (check all that apply) Specify abnormalities (check all that apply) Specify downmulties (check all that apply) Specify downmulties (check all that apply) Specify downmulties (check all that apply) Specify (CBPA multication to DBIS or deletions of codon IBSA) All That (CBPA multication All That (CBPA multication) All That (spectrat pectrat RVTe Pectration Decomplifies identified No abnormalities. No evaluable metaphases Pectration Spectrati Pectration Spectration Pectration Spectr	50 50 50 50 50 50 50 50 50 50	somaans secily absomables (Assa all that apply) secily other absomables secily other absomables secily other absomables inter optigenetic tested via karyedysing? suits of tests terratisout application for karane Optigenetic methy absomables secily absomables secily absomables secily absomables secily absomables secily absomables tests for molecular provide applications in DE35 of deletion- secily absomables secily absomables sec	see Text So Ne	

Item ID T	Time Point Information	n Information	Response required if	Information Collection may be	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
	Collection I Sub-Type	n Information Domain Collection Domain Additional Sub	Additional Sub Domain applies	requested multiple times				Element (if applicable)		
PRE077 P		Domain	ves	wec.	Were cytogenetics tested via FISH?	No Yee		Were cytogenetics tested via FISH?	No Yee	
	Classification	Leukemia (AML)	-							
	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities Identified No abnormalities		Results of tests	Abnormalities identified No abnormalities	
PRE079 P	Pre-Transplant 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	
PREOBO P	Pre-Transplant 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)	
PREOB1 P	Pre-Transplant Disease Classification	Acute	yes	yes	Specify abnormalities (check all that apply)	111223 any abnormality,125 any abnormality,de[11a], /11cg-de[16a], /14cg-de[17a], /17cg-de[20a], /20cg-de[21a], /20cg-de[21		Specify abnormalities (check all that apply)	[11q23] any abnormality.112p any abnormality.del[11q] / 11q-del[14q] / 14q-del[17q] / 17q-del[20q] / 20q-del[21q] / 21q-del[3q] / 3q-del[5q] / 5q-del[7q] / 7q-del[9q] / 9q-lmv[16],mv[3],:17,18,- 7, X, V.Other abnormality.115,17] and variants.11(16:16),113,11(16),113,11(16),21),11(19),22],+11,+13,+14,+21,+22,+4,+6	
PREO82 P	Pre-Transplant Disease	Leukemia (AML) Acute	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PREOR3 P	Classification Pre-Transplant Disease		ves	Wec .	Were cytogenetics tested via karvotyping?	No Yee		Were cytogenetics tested via karyotyping?	No Yee	
	Classification	n Myelogenous Leukemia (AML)		-	Results of tests	Abnormalities identified No abnormalities. No evoluable metaphases		Results of tests	Abnormalities identified, No abnormalities, No evaluable metaphases	
PREUB4 P	Pre-Transplant Disease Classification	Leukernia (AML)	yes	yes		uonormaines loenoneo,No aonormaines,No evaluado metaprases		Results of tests	Jachomalines identified, No adhomalines, No evaluatie metaphases	
PREO85 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes)es	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	apen text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PREOB6 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	jes	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)	
PREO87 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	111233 any abnormality.12p any abnormality.de(11q) / 11q.de(12d) / 13q.de(12d) / 13q.de(12q) / 21q.de(12q) / 21q.de(13q) / 3q.de(13q) / 5q.de(17q) / 7q.de(19q) / 9q.jm(18)jm(3).17.18. 5,7)X. (Other abnormality.115:17) and variants.116:16.11(33).16(9).10(9:21).1(9:21).11.13.+14,+21,+22,+4,+6		Specify abnormalities (check all that apply)	11a233 any abnormality.12p any abnormality.del[11a] / 11q: del[11a] / 11q: del	
PREO88 P		Acute Myglozenous	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PREOB9 P	Pre-Transplant Disease Classification	Acute	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or	Nojes		Was documentation submitted to the CIBMTR?	No.Yes	
PREDED	Pre-Transplant Discase	Leukemia (AML) Acute	ves	Wec .	FISH report) Were tests for molecular markers performed? (e.g. PCR, NGS) (between			(e.g. cytogenetic or FISH report) Were tests for molecular markers performed?	no libinowo ws	
	Classification	Leukemia (AML)			diagnosis and last evaluation)			(e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)		
	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	CEBPA	Negative.Not Done, Positive		CEBPA	Negable.Not Done,Positive	
PRE092 P	Pre-Transplant Disease Classification		yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Moncallelic (heterozygous),Unknown		Specify CEBPA mutation	Blallelic (double mutant),Monoallelic (single mutant),Unknown	
PRE093 P	Pre-Transplant 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 1836)	Negative, Not done Positive	
PRE094 P	Pre-Transplant Disease Classification	Acute	yes	yes	FLT3 - ITD mutation	Negative.Not Done.Positive		FLT3 - ITD mutation	Negative, Not Done, Positive	
PRE095 P	Pre-Transplant Disease Classification	Acute	yes	jes	FLT3 - ITD allelic ratio	Known, Uniknown		FLT3 - ITD allelic ratio	Known, Unknown	
PRE096 P	Pre-Transplant Disease Classification	Leukemia (AML) Acute	yes	yes	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:		
PRE097 P		Leukemia (AML)	ves	Wec	1041	Negative: Not Done, Positive		ID#1	Negative.Not Done.Positive	
1 1	Pre-Transplant Disease Classification Pre-Transplant Disease Classification	n Myelogenous Leukemia (AML)		-		Nesative Net Done Positive			Neather Not Done Politive	
PRED48 P	Classification	n Myelogenous Leukemia (AML)	yes	yes				042		
	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	KIT	Negative, Not Done, Positive		кıт	Negathe.Not Done Positive	
PRE100 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative Not Done, Positive		NPM1	Negative, Not Done, Positive	
PRE101 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative.Not Done,Positive		Other molecular marker	Negative.Not Done.Positive	
PRE102 P	Pre-Transplant Disease Classification	Acute	yes)es	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
PRE103 P	Pre-Transplant Disease Classification	Leukemia (AML) Acute	yes)es	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown, yes		Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown.yes	
PRE104 P	Pre-Transplant Disease	Acute	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRETOS	Classification Pre-Transplant Disease	n Myelogenous Leukemia (AML)	VPS	Mwc .	Results of tests	- Abnormalities identified No abnormalities		Results of tests	Abnormalities identified, No abnormalities	
	Classification	Leukemia (AML)								
	Pre-Transplant Disease Classification	Leukemia (AML)	yes	yes	compatible string:	ppent text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE107 P	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)	
PRE108 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	11423) any abnormality.12p any abnormality.del[11a] / 14c, del[14a] / 14c, del[17a] / 17c, del[20a] / 20c, del[21a] / 21c, del[3a] / 3q, del[5a] / 5q, del[7a] / 7q, del[9a] / 9q, im(14),im(3), 17, 18, 5, 7, X, Y. Other abnormality.1(15, 17) and variants,1(14,16),1(3,3),16(9),18(21),17(9,11),113, 14, +21, +22, +4, +8		Specify abnormalities (check all that apply)	11q23) any abnormality.12p any abnormality.def(11q) / 11q-def(12q) / 14q-def(12q) / 12q-def(22q) / 21q-def(3q) / 3q-def(3q) / 5q-def(7q) / 7q-def(9q) / 9q-jmv(16)jmv(3); 17-18; 5; 7; X; V.Other abnormality,1(5:17) and variants;1(6:16),1(3:3),1(6;9),1(8;21),1(9;11),1(9;22),1(1+13+14+21;+22); 4; 4; 8	
PRE109 P	Pre-Transplant Disease Classification	Acute	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE110 P	Pre-Transplant Disease Classification	Acute	yes	yes	Were cytogenetics tested via karyotyping?	No.Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE111 P	Pre-Transplant Disease Classification	Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified. No abnormalities. No evaluable metaphases	
PRE112		Leukemia (AML)	ves	ves	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	poon text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
	Classification	Leukemia (AML)							Four or more [4 or more).One [1],Three [3],Two [2]	
	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	4 0	9 0		four or more (4 or more),One (1),Three (3),Two (2)		abnormalities		
	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes			111223) any aknommality.12p any aknommality.def114g/114q-def164g/164q-def174g/174q-def204g/204q-def124g/214g-def13g/34q-def54g/34g-def54g/74g-def54g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g/74g-def54g			11923) any abnormality.dej any abnormality.dej(11a) / 11q-dej(16q) / 16q-dej(17q) / 17q-dej(20q) / 20q-dej(21q) / 21q-dej(3q) / 3q-dej(5q) / 5q-dej(7q) / 7q-dej(9q) / 9q-inv(16),inv(3),:17.18. 5.7, X, Y.Other abnormality.dits17) and variants1164:16,it(53).t(6;9).t(82).t)(5):11,t(9):22),+11,+13,+14,+21,+22,+4,+8	
PRE115 P	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	opon text		Specify other abnormality:	open text	
PRE116 P	Pre-Transplant Disease Classification		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	
PRE117 P	Pre-Transplant Disease Classification	Acute	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)	ne.Uninown.yes	
PRE118 P		Acute	yes	yes	CEBPA	Negative.Not Done,Positive		CEBPA	Negative.Not Done, Positive	
PRE119 P	Pre-Transplant Disease	Leukemia (AML) Acute	yes	yes	Specify CEBPA mutation	Billelic (homosygous),Monoalilelic (heterosygous),Unknown		Specify CEBPA mutation	Bialielic (double mutant),Monoallelic (single mutant),Unknown	
	Classification Pre-Transplant Disease	n Myelogenous Leukemia (AML)	Vins	Mwc .	FLT3 - TKD (point mutations in D835 or deletions of codon 1836)			FLT3 - TKD (point mutations in D835 or deletions		
	Classification	n Myelogenous Leukemia (AML)						of codon 1836)		

No. No. <th>Item ID Tir</th> <th>ne Point Inf</th> <th>ormation </th> <th>Information</th> <th>Response required if</th> <th>nformation Collection may be</th> <th>Current Information Collection Data Element (if applicable)</th> <th>Current Information Collection Data Element Response Option(s)</th> <th>nformation Collection update:</th> <th>Proposed Information Collection Data Element (if applicable)</th> <th>Proposed Information Collection Data Element Response Option(s)</th> <th>Rationale for Information Collection Update</th>	Item ID Tir	ne Point Inf	ormation	Information	Response required if	nformation Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	nformation Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
N No.		Co Su	llection Domain b-Type	Collection Domain Additional Sub	Additional Sub Domain r applies	equested multiple times				Element (if applicable)		
N No.	PRE121 Pro	e-Transplant Dis	case	Acute	/es	8	FLT3 - ITD mutation	Negative.Not Done.Positive		FLT3 - ITD mutation	Negative. Not. Done, Positive	
N No.	005400		issification	Myelogenous Leukemia (AML)								
N No.		Cla		Myelogenous Leukemia (AML)	,e)	6					Nuowi, Ciniciowi	
N No.	PRE123 Pro	e-Transplant Dis Cla	issification	Acute Myelogenous Leukemia (AML)	/es)	es -	Specify FLT3 - ITD allelic ratio:			Specify FLT3 - ITD allelic ratio:		
N N	PRE124 Pro	e-Transplant Dis Cla	icase issification	Acute Myelogenous	/es)	8	IDH1	Negative.Not Done, Positive		IDH1	Negative.Not Done.Podtive	
No No<	PRE125 Pro	e-Transplant Dis Cla	iease issification	Acute	yes)	8	IDH2	Negative.Not Done, Positive		IDH2	Negative, Not Done, Positive	
No	PRE126 Pro	e-Transplant Dis	esse	Acute	(es)	8	ит	Negative.Not Done,Positive		кт	Negative.Not Done,Positive	
N N No.	PRE127 Pro	e-Transplant Dis	icase la	Acute	(es)	e e	NPM1	Negative.Not Done.Positive		NPM1	Negative. Not. Done. Positive	
Normal	DPE120 Dr			Myelogenous Leukemia (AML)			Other molecular marker	Alaeshia ket Tosa Borthia		Other molecular marker	Marvia Mor Poss Bolika	
N N No.		. Cla	ssification	Myelogenous Leukemia (AML)	, ,	_						
No No No No Nonlinear and sector of	PRE129 Pro	Cla		Acute Myelogenous Leukemia (AML)	/es)	с с	Specify other molecular marker:	ppen text			open text	
N N No.	PRE130 Pro	e-Transplant Dis Cla	ease issification	Acute Myelogenous Leukemia (AML)	yes r	10	Did the recipient have central nervous system leukenia 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	
N No.	PRE131 Pro	e-Transplant Dis Cla	icase issification	Acute Myelogenous	yes r	10	What was the disease status?	1st complete remission,1st relapse,2nd complete remission,2nd relapse,2 3rd complete remission, 23rd relapse,No treatment,Primary Induction failure			1st complete remission, 1st relapse, 2nd complete remission, 2nd relapse, 2 3rd complete remission, 23rd relapse, No treatment, Primary induction failure	
N N No.	PRE132 Pro	e-Transplant Dis Cla	iease issification	Acute	yes r	10	How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRI)	12:23		How many cycles of induction therapy were required to achieve 1st complete remission?	12, 2 3	
No No<	PRE133 Pro	e-Transplant Dis	exe	Leukemia (AML) Acute	/es r	10		YYY/MM/DD			YYYYMMDD	
No. No. <td>PRE134 Pro</td> <td>e-Transplant Dis</td> <td>case</td> <td>Leukemia (AML) Acute</td> <td>/es ir</td> <td>10</td> <td>Date assessed:</td> <td>YYY/MM/DD</td> <td></td> <td>Date assessed:</td> <td>YYYYMM0D</td> <td> </td>	PRE134 Pro	e-Transplant Dis	case	Leukemia (AML) Acute	/es ir	10	Date assessed:	YYY/MM/DD		Date assessed:	YYYYMM0D	
No		Cla		Myelogenous Leukemia (AML)				R banch del and en fan de ann			P. Kundeshladi ke Anale / Lundenne	
Note Note <t< td=""><td></td><td>0-</td><td></td><td>Acute h lymphoblastic Leukemia (ALL)</td><td>res r</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		0-		Acute h lymphoblastic Leukemia (ALL)	res r							
Image Image <t< td=""><td></td><td></td><td>issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>res r</td><td>10</td><td>Did the recipient have a predisposing condition?</td><td>o,Unknown, yes</td><td></td><td>Did the recipient have a predisposing condition?</td><td>no, Unknown, yes</td><td></td></t<>			issification	Acute Lymphoblastic Leukemia (ALL)	res r	10	Did the recipient have a predisposing condition?	o,Unknown, yes		Did the recipient have a predisposing condition?	no, Unknown, yes	
Image Image <th< td=""><td>PRE137 Pro</td><td>e-Transplant Dis Cla</td><td>icase issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>/es i</td><td>10</td><td>Specify condition</td><td>Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition</td><td></td><td>Specify condition</td><td>Apladic anemia.Bloom syndrome.Down Syndrome.Fanconi anemia.Other condition</td><td></td></th<>	PRE137 Pro	e-Transplant Dis Cla	icase issification	Acute Lymphoblastic Leukemia (ALL)	/es i	10	Specify condition	Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition		Specify condition	Apladic anemia.Bloom syndrome.Down Syndrome.Fanconi anemia.Other condition	
Image Image <t< td=""><td>PRE138 Pro</td><td>e-Transplant Dis Cla</td><td>icase issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>yes r</td><td>10</td><td>Specify other condition:</td><td>apen text</td><td></td><td>Specify other condition:</td><td>open text</td><td></td></t<>	PRE138 Pro	e-Transplant Dis Cla	icase issification	Acute Lymphoblastic Leukemia (ALL)	yes r	10	Specify other condition:	apen text		Specify other condition:	open text	
N No.	PRE139 Pro	e-Transplant Dis Cla	icase issification	Acute	res r	10	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.)	0.jes		at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)	10.yes	
I I <thi< th=""> I I <thi< th=""></thi<></thi<>	PRE140 Pro	e-Transplant Dis Cla	ease issification	Acute Lymphoblastic Leukemia (ALL)	(es)	с с	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no.Unknown, yes		Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no, Unknown, yes	
NH NH<	PRE141 Pro	e-Transplant Dis Cla	ease issification	Acute Lymphoblastic	/es)	с с	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Image Image <th< td=""><td>PRE142 Pro</td><td>e-Transplant Dis Cla</td><td>ease issification</td><td>Acute</td><td>/es)</td><td>е </td><td>Results of tests</td><td>Abnormalities identified. No abnormalities</td><td></td><td>Results of tests</td><td>Abnormalities identified No abnormalities</td><td></td></th<>	PRE142 Pro	e-Transplant Dis Cla	ease issification	Acute	/es)	е 	Results of tests	Abnormalities identified. No abnormalities		Results of tests	Abnormalities identified No abnormalities	
No. No. <td>PRE143 Pro</td> <td></td> <td>-</td> <td>Acute</td> <td>/es)</td> <td>e e</td> <td>International System for Human Cytogenetic Nomenclature (ISCN)</td> <td>open text</td> <td></td> <td>International System for Human Cytogenetic</td> <td>open text</td> <td></td>	PRE143 Pro		-	Acute	/es)	e e	International System for Human Cytogenetic Nomenclature (ISCN)	open text		International System for Human Cytogenetic	open text	
Indextication Indextic	PRE144 Pro		exe	Lymphoblastic Leukemia (ALL) Acute	(S	8		Four or more (4 or more).One (1).Three (3).Two (2)			Four or more (4 or more).One (1) Three (3) Two (2)	
Image Image <th< td=""><td></td><td>Cla</td><td>issification</td><td>Lymphoblastic Leukemia (ALL)</td><td></td><td></td><td></td><td></td><td></td><td>abnormalities</td><td></td><td></td></th<>		Cla	issification	Lymphoblastic Leukemia (ALL)						abnormalities		
No No<		. Cla	ssification	Lymphoblastic Leukemia (ALL)				abnormality;t[1;19],t(10;14),t[1:1;14),t[12;21),t[2;8],t[4;11),t[5:14),t[8;22],t[9;22],+17,+21,+4,+8			abnormality;t(1;19);t(10;14);t(12;21);t(2;8);t(4;11);t(5:14);t(8:22);t(9:22);+17;+21;+4;+8	
Norme Norma Norme Norme <th< td=""><td>PRE146 Pro</td><td>e-Transplant Dis Cla</td><td>ease issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>/ess</td><td>e -</td><td>Specify other abnormality:</td><td>apen text</td><td></td><td>Specify other abnormality:</td><td>open text</td><td></td></th<>	PRE146 Pro	e-Transplant Dis Cla	ease issification	Acute Lymphoblastic Leukemia (ALL)	/ess	e -	Specify other abnormality:	apen text		Specify other abnormality:	open text	
Norm Norm <th< td=""><td>PRE147 Pro</td><td>e-Transplant Dis Cla</td><td>ease issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>/es</td><td>es</td><td>Were cytogenetics tested via karyotyping?</td><td>No.Yes</td><td></td><td>Were cytogenetics tested via karyotyping?</td><td>No. Yes</td><td></td></th<>	PRE147 Pro	e-Transplant Dis Cla	ease issification	Acute Lymphoblastic Leukemia (ALL)	/es	es	Were cytogenetics tested via karyotyping?	No.Yes		Were cytogenetics tested via karyotyping?	No. Yes	
Norm Norm <th< td=""><td>PRE148 Pro</td><td>e-Transplant Dis Cla</td><td>ease issification</td><td>Acute</td><td>/es)</td><td><u>ط</u></td><td>Results of tests</td><td>Abnormalities Identified No abnormalities, No evaluable metaphases</td><td></td><td>Results of tests</td><td>Abnormalities identified No abnormalities, No evaluable metaphases</td><td></td></th<>	PRE148 Pro	e-Transplant Dis Cla	ease issification	Acute	/es)	<u>ط</u>	Results of tests	Abnormalities Identified No abnormalities, No evaluable metaphases		Results of tests	Abnormalities identified No abnormalities, No evaluable metaphases	
Normal And Section And Section <t< td=""><td>PRE149 Pro</td><td></td><td></td><td>Acute</td><td>/es)</td><td>e</td><td>International System for Human Cytogenetic Nomenclature (ISCN) compatible string:</td><td>open text</td><td></td><td>International System for Human Cytogenetic Nomenclature (ISCN) compatible string:</td><td>open text</td><td> </td></t<>	PRE149 Pro			Acute	/es)	e	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
N N N V N	PRE150 Pre	t-Transplant Dis	case	Acute	/es)	e e		Four or more (4 or more).One (1),Three (3),Two (2)			Four or more (4 or more).One (1).Three (3).Two (2)	
Image: Note Note Note Note Note Note Note Note	PRE151 Dre			Leukemia (ALL) Acute	(B)	~	Specify abnormalities (check all that anniv)	11023) any abnormality. 120 any abnormality. 90 any abnormality. add(140) dd(120) / 120-dd(60) / An- Aelifei) / Aelifei) / An- Aelifei) / Aeli		sector mailles	11023) are abnormality 120 are abnormality 50 are abnormality add [40] doi [120] / 120-doi [60] / An-doi Roi / Rowerlinioid / SPI Herverlinioid / SPI Herverlinioid / CAI 1840975 -7 Phase	
N N		. Cla		Lymphoblastic Leukemia (ALL)								
A range A range <t< td=""><td></td><td>Cla</td><td>issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>yes)</td><td>е </td><td></td><td></td><td></td><td>specity other abnormality:</td><td>open tex</td><td></td></t<>		Cla	issification	Acute Lymphoblastic Leukemia (ALL)	yes)	е 				specity other abnormality:	open tex	
k - Foruginal Lass Lass <thlass< th=""> <thlass< th=""> Lass Lass<td>PRE153 Pro</td><td>e-Transplant Dis Cla</td><td>ease issification</td><td>Acute Lymphoblastic Leukemia (ALL)</td><td>yes)</td><td>e</td><td>Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)</td><td>No,Yes</td><td></td><td></td><td>No.Yes</td><td></td></thlass<></thlass<>	PRE153 Pro	e-Transplant Dis Cla	ease issification	Acute Lymphoblastic Leukemia (ALL)	yes)	e	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes			No.Yes	
Prime Control Contro Control Control	PRE154 Pro	e-Transplant Dis Cla			/es)	es	Were tests for molecular markers performed? (at diagnosis)	no.Unknown, yes		Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes	
Image: bit in the state in	PRE155 Pro	e-Transplant Dis Cla		Acuto	/es)	e .	BCR / ABL	Negative. Not Done, Positive		BCR / ABL	Negative, Not Done, Positive	
Image:					/es)	е 	TEL-AML / AML1	Negative.Not Done,Positive		TEL-AML / AML1	Negative_Not Done.Positive	
Image: Section of the section of t					yes)	e.	Other molecular marker	Negative.Not Done,Positive		Other molecular marker	Negative, Not Done, Positive	
PE19 Ref. Aut Res Mer Cagenetic tested Junyobjeg or F90/ Petreen dupos Automute Marcina Juniora Mer Cagenetic tested Junyobjeg or F90/ Petreen dupos Mer Cagenetic tested Junyobjeg or F90/ Petreen dupos Mer Cagenetic tested Junyobjeg or F90/ Petreen dupos	PRE158 Pro				yes b	e	Specify other molecular marker:	spen text		Specify other molecular marker:	open text	
			exe	Acute	/es h							
		Cla			ins.	**		No Vec				
		Cla	issification	Lymphoblastic Leukemia (ALL)	,)							

tem ID Time Poin	it linforma	ation Informa	tion Response required if Information Collection may be	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
	Collection Sub-Typ	ation Informa on Domain Collectio pe Domain Addition Domain	n Additional Sub Domain requested multiple times applies al Sub				Element (if applicable)		
RE161 Pre-Transp	lant Disease Classifica		yes yes	Results of tests	Abnormalities Identified, No abnormalities		Results of tests	Abnormalities identified No abnormalities	
RE162 Pre-Transp			(ALL) Ves Ves	International System for Human Cytogenetic Nomenclature (ISCN)	agen test		International System for Human Cytogenetic	open text	
RE163 Pre-Transp	Classifica		lastic (ALL)	International System for Human Cytogenetic Nomenclature (ISCN) compatible string: Specify number of distinct cytogenetic abnormalities	Four or more! (for more!) One (1).Three (1).Three (2)		International System for Human Cytogenetic Nomenciature (ISCN) compatible string: Specify number of distinct cytogenetic	Four or more (4 or more).One (1).Three (3).Two (2)	
	Classifica	ation Lymphot	lastic (ALL)				abnormalities		
RE164 Pre-Transp	lant Disease Classifica	Acute Lymphob Leukemia	lastic (ALL)	Specify abnormalities (check all that apply)	[11023] any abnormality.12p any abnormality.92p any abnormality.add(14a).de(12p) / 12p. de(16q) / 6q. de(19p) / 9p. Hyperdiploid (> 50).Hypodiploid (< 46).JAMP21,7.Other abnormality.11:19.410.141.(1114).(1221).82.81.44-11.15.14.).81814.31.82.21.97.21.44,48		Specify abnormalities (check all that apply)	11223) any abnormality.12p any abnormality.49p any abnormality.add14caj.def[12p] /12p-del[6cd] /6q-del[9p] / 9p-Hyperdiploid (> 50].Hypodiploid (< 46),IAMP21,7.Other abnormality.11191,1101;14],11114,11221,11228,114;143,118;143,118;241;19:221;17:21;14;48	
PRE165 Pre-Transp	lant Disease Classifica	Acute Lymphob Leukemia	lastic (ALL)	Specify other abnormality:	open text		Specify other abnormality:	open text	
RE166 Pre-Transp	lant Disease Classifica	Acute ation Lymphob	yes yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE167 Pre-Transp	lant Disease Classifica	Acute Lymphob Leukemia	yes yes	Results of tests	Abnormalities Identified No abnormalities, No evaluable metaphases		Results of tests	Abnormalities identified No abnormalities.No evaluable metaphases	
PRE168 Pre-Transp	lant Disease Classifica	Acute Lymphot	yes yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE169 Pre-Transp	lant Disease Classifica		(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	Four or more (4 or more),One (1),Three (3),Two (2)	
RE170 Pre-Transp		Leukemia	(ALL) yes yes	Specify abnormalities (check all that apply)	[11423] any abnormality. [12] any abnormality. 9p any abnormality. add(144), [dol(12p)/12p-, ddl(64)/6p, ddl(9p)/9p Hyperdiploid (> 50), Hypodiploid (> 40), JAM921, 7, Other abnormality. 11:191, 101:141, 111:121, J22, 201, 141:11151-141, 182-201, 192-201, 192-201, 192-201, 192-201, 192		Specify abnormalities (check all that apply)	11427) any aknomaitry. 1129 any aknomaitry. 400 any aknomaitry. addi 1440, (461(22) / 120-461(64) / 6q-461(9g) / 9p-Hyperdiplaid (> 50), Hypediplaid (< 46), JAMP21. 7. Other aknomaitry. 112.191, 112.014, 112.1142, 80, 142.11151.413, 182.1147, 221, 147, 271, 474.45	
RE171 Pre-Transp		Leukemia	(ALL) Ves Nes	Specify other abnormality:	2010/07/0318/j1119/j1124/j1124/j12221/j1240/j14/j1314/j18222/j192221/9221/91/221/91/94/ 2010/07/0318/j1119/j1124/j1124/j12221/j1240/j14/j18214/j18222/j192221/9221/91/221/91/221/91/221/91/221/91/221 2010/07/0318/j1119/j1124/j1124/j12221/j1240/j14/j18214/j18222/j192221/9221/91/221/91/221/91/221/91/221/91/22		Specify other abnormality:	2010/mml/y1111/y1111/y11114/j112/21/j12/01/j14/j19114/j192/21/9/22/17/22/+1/+2/+6/+8	
RE172 Pre-Transp	lant Disease Classifica	ation Lymphob Leukemi	lastic (ALL)	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or			Was documentation submitted to the CIBMTR?	· ·	
	Classifica	ation Lymphob Leukemi	lastic (ALL)	FGH report)			(e.g. cytogenetic or FISH report)		
PRE173 Pre-Transp	Classifica	ation Lymphot	lastic (ALL) yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no.Unknown.yes		Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)		
RE174 Pre-Transp	lant Disease Classifica	Acute Lymphot Leukemia	lastic (ALL) yes yes	BCR / ABL	Negative. Not Done, Positive		BCR / ABL	Negative, Not Done, Poditive	
RE175 Pre-Transp	lant Disease Classifica	ation Lymphot	lastic (ALL)	TEL-AML / AML1	Negative.Not. Done.Positive		TEL-AML / AML1	Negative, Not Done, Positive	
PRE176 Pre-Transp	lant Disease Classifica		yes yes	Other molecular marker	Negative, Not. Done, Positive		Other molecular marker	Negative.Not Done.Positive	
PRE177 Pre-Transp		Acute Lymphob Leukemia	yes yes	Specify other molecular marker:	open text		Specify other molecular marker:	open test	
PRE178 Pre-Transp		Leukemi: Acute	VISI VISI	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown, yes		Were cytogenetics tested (karyotyping or FISH)?	no,Uninown.yes	
RE179 Pre-Transp	lant Disease	Leukemi	(ALL) Ves Ves	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
RE180 Pre-Transp	Classifica	Leukemia	(ALL)	Results of tests	Abnormalities identified No abnormalities		Results of tests	Abnormalities identified No abnormalities	
	Classifica	Leukemi	lastic (ALL)						
RE181 Pre-Transp	lant Disease Classifica	Leukemia	lastic (ALL)	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open test		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE182 Pre-Transp	lant Disease Classifica	Acute ation Lymphot Leukemia	lastic (ALL)	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)	
PRE183 Pre-Transp	lant Disease Classifica	ation Lymphot	lastic (ALL)	Specify abnormalities (check all that apply)	(11q23) any abnormality.12p any abnormality.3ed(14q).del(12p) / 12p.del(6q) / 6q.del(9p) / 9p.Hyperdiploid (> 50).Hypodiploid (< 46).JAMP21.7.Other abnormality.1(1:19,1(10:14).1(12:21).1(28).1(4:11).1(5:14).1(8).1(4).1(8).2(1).1(9:21).1(7).2(1).1(4).1(8).1(4).1(1).1(1).1(1).1(1).1(1).1(1).1(1		Specify abnormalities (check all that apply)	[1123] any abnormality.13p any abnormality.36p (140,164)[12p] / 12p-,del(6q) / 6p-,del(9p) / 9p-,Hyperdipiaid (> 50),Hypodipiaid (< 46),IAMP21,7,Other abnormality.1(119),1(10.14),1(114),1(12,21),1(28),1(41),1(14),1(822),1(922),1(7+21,44+8)	
RE184 Pre-Transp	lant Disease Classifica	ation Lymphob	yes yes lastic (ALL)	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE185 Pre-Transp	lant Disease Classifica	ation Lymphot	lastic yes	Were cytogenetics tested via karyotyping? (at last evaluation)	No,Yes		Were cytogenetics tested via karyotyping? (at las evaluation)	No,Yes	
PRE186 Pre-Transp	lant Disease Classifica	Acute	(ALL) yes yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified No abnormalities.No evaluable metaphases	
RE187 Pre-Transp	lant Disease	Leukemi: Acute	yes yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
RE188 Pre-Transp	lant Disease	Leukemi: Acute	ves ves	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (3).Three (3).Two (2)		Specify number of distinct cytogenetic	Four or more (4 or more).One (1).Three (3).Two (2)	
RE189 Pre-Transp			(ALL)	Specify abnormalities (check all that apply)	11623) ary abnormality. 119 ary abnormality, 59 ary abnormality. add [14:0; 64[13:0] / 120 / 64[16:0] / 59 / 46[17:0] / 190 - Hyperdiplicid [= 50]. Hypodiplicid [= 50]. Hypodipl		abnormalities Specify abnormalities (check all that apply)	11427) any akonomaitry, 13p any akonomaitry, 45p any akonomatry, add1440,54(13p) / 13p, rds(44) / 45, rds(17p) / 9p. HyperdipLid (> 20), HypodipLid (> 40, JAM921, 7, Other Jamonnaitry, 112-19, 103-14, 112-14, 112-21, 112-88, 14-41, 113-14, 118, 122, 112-	
	Classifica	ation Lymphob Leukemia	lastic (ALL)						
RE190 Pre-Transp	Classifica	ation Lymphob Leukemi:	lastic (ALL) yes	Specify other abnormality:	open test		Specify other abnormality:	open text	
RE191 Pre-Transp	lant Disease Classifica	ation Lymphot Leukemi	lastic (ALL)	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)			Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE192 Pre-Transp	lant Disease Classifica	Acute Lymphob Leukemia	lastic (ALL)	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	
RE193 Pre-Transp	lant Disease Classifica	Acute Lymphob Leukemia	yes yes (ALL)	BCR / ABL	Negative.Not Done,Positive		BCR / ABL	Negative. Not. Done, Positive	
PRE194 Pre-Transp	lant Disease Classifica	Acute Lymphob	lastic yes	TEL-AML / AML1	Negative.Not Done,Positive		TEL-AML / AML1	Negative, Not Done, Positive	
RE195 Pre-Transp	lant Disease Classifica	ation Lymphot	(ALL) Justic yes yes	Other molecular marker	Negative.Not. Done,Positive		Other molecular marker	Negative, Not Done, Positive	
RE196 Pre-Transp		Leukemia	(ALL) yes yes	Specify other molecular marker:	open text		Specify other molecular marker:	open test	
RE197 Pre-Transp	lant Disease		(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	na.Unknown.yes	
RE198 Pre-Transp	lant Disease	Acute	ves no	prior to the start of the preparative regimen / infusion?	1 st. complete remission (include CB), 1st relapse, 2nd complete remission, 2nd relapse, 2 3rd complete remission, 23rd relapse, No treatment, Primary Induction failure		Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? What was the disease status?	1st complete remission (include CRI),1st relapse.2nd complete remission,2nd relapse, 1 3rd complete remission, 23rd relapse.No treatment.Primary induction failure	
	Classifica	ation Lymphot Leukemia	lastic (ALL)						
RE199 Pre-Transp	Classifica	ation Lymphot Leukemia	lastic (ALL)	How many cycles of induction therapy were required to achieve 1st complete remission?			How many cycles of induction therapy were required to achieve 1st complete remission?	12,2 3	
RE200 Pre-Transp	lant Disease Classifica	Acute Lymphot Leukemia	lastic (ALL) no	Date of most recent relapse:	YYYYMM/DD		Date of most recent relapse:	YYYYMMDD	
RE201 Pre-Transp	lant Disease Classifica			Date assessed:	YYYYMMDD		Date assessed:	YYYY/MM/DD	
PRE202 Pre-Transp	lant Disease Classifica			Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification	keute undfifterentiated leukemia Bitzetz plazmacytoid dendritic cell neoplazm. Mited phenotype acute leukemia, B/myeloid. NOS Mited phenotype acute leukemia (MPAL) with 19:22(3):41:211:22; BCR-ABL1.Mixed phenotype acute leukemia with t/v; 11:22:3]; KMT2A rearranged.Mixed phenotype acute leukemia, 7/myeloid, NOS,Other acute leukemia vithous lineage or myeloid neoplazm	1	Specify acute leukemias of ambiguous lineage an other myeloid neoplasm classification	Autor undflerentiated leukemia Black piaznazytald dendritic cell neoplazm. Mixed phenotype acute leukemia, B/myeloid, NOS Mixed phenotype acute leukemia (MPAL) with 19:22(0);41:2(1:12); BCR-ABL1 Mixed phenotype acute leukemia with 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, T/myeloid, NOS Other acute leukemia vith 10; 22(0);41:2012; BCR-ABL1 Mixed phenotype acute leukemia with 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, T/myeloid, NOS Mixed phenotype acute leukemia vith 10; 22(0);41:2012; BCR-ABL1 Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, T/myeloid, NOS Mixed phenotype acute leukemia vith 10; 22(0);42:40; Mixed phenotype acute leukemia vith 10; 21(0);42:40; Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, T/myeloid, NOS Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia vith 10; 11:22:3); KMT2A rearraged Mixed phenotype acute leukemia, 10; Mixed phenotype acute leukemia vith 10; 11:22; Mixed phenotype acute leukemia vith 10; 11:22; Mixed phenotype acute leukemia vith 10; 11:22;	
		Myeloid Neoplasr	5						

Item ID 1	Time Point Information	Information	Response required if	Information Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	fime Point Information Collection Domain Sub-Type	Domain Additional Sub	Additional Sub Domain I applies	requested multiple times			Element (if applicable)		
PRE203 F	Pre-Transplant Disease Classification	Acute Leukemias	yes	no	Specify other acute leukemia of ambiguous lineage or myeloid	open text	Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open fext	
	Classification	of Ambiguous Lineage and Other Myeloid			neoplasm:		lineage or myeloid neoplasm:		
		Neoplasms							
PRE204 F	Pre-Transplant Disease Classification	Acute Leukemias of Ambiguous Lineage and Other	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, 2 3rd complete remission, 2 3rd relapse, No breatment/Primary induction billure	What was the disease status? (based on hematological test results)	Ist complete remission (no previous marrow or extramedullary relapse). Ist relapse. 2nd complete remission. 2nd relapse. 2 3rd complete remission, 2 3rd relapse. No treatment Primary induction failure	
		Myeloid Neoplasms							
PRE205 F	Pre-Transplant Disease Classification	Acute Leukemias	yes I	no	Date assessed:	YYY/MM/DD	Date assessed:	YYYY/MM/DD	
		of Ambiguous Lineage and Other Myeloid Neoplasms							
PRE206 F	Pre-Transplant Disease	Chronic	yes I	no	Was therapy given prior to this HCT?	no,yes	Was therapy given prior to this HCT?	no, yes	
PRE207 F	Classification Pre-Transplant Disease	Myelogenous Leukemia (CML)			Combination chemotherapy		Combination chemotherapy		
	Classification	Lhronic Myelogenous Leukemia (CML)	yes	no		novjes		noyes	
PRE208 F	Pre-Transplant Disease Classification	Chronic Myelogenous Leukemia (CML)	yes i	no	Hydroxyurea (Droxia, Hydrea)	noyes	Hydroxyurea (Droxia, Hydrea)	nojes	
PRE209 F	Pre-Transplant Disease Classification	Chronic Myelogenous Leukemia (CML)	yes I	no	Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib)	novie	Tyrosine kinase inhibitor (e.g.imatinib mesylate dasatinib, nilotinib)	no,yes	
PRE210 F	Pre-Transplant Disease Classification	Chronic Myelogenous	yes i	no	Interferon-α (Intron, Roferon) (includes PEG)	nayes	Interferon-α (Intron, Roferon) (includes PEG)	no,yes	
PRE211 F	Pre-Transplant Disease Classification	Leukemia (CML) Chronic Myelogenous	yes	no	Other therapy	uo'ite:	Other therapy	no,yes	
PRE212 F	Pre-Transplant Disease	Myelogenous Leukemia (CML) Chronic	yes	10	Specify other therapy:	open text	Specify other therapy:	open text	
	Classification	Myelogenous Leukemia (CML)		20		Accelerated place.Black place.Complete hematologic response (DRI) preceded by accelerated place and/or black place.Complete hematologic response (DRI) preceded only by chronic https://complete.black.complete	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	
	Classification	Chronic Myelogenous Leukemia (CML)						pnase,thronic pnase	
PRE214 F	Pre-Transplant Disease Classification	Chronic Myelogenous Leukemia (CML)	yes i	no	Specify level of response	Complete ortogenetic response (COR), Complete molecular remiculon (CMR), Minimal cytogenetic response, Minor cytogenetic response, Migor molecular remiculon (MMR), No cytogenetic response No cyR), Partial cytogenetic response (PC)R)	Specify level of response	Complete cytogenetic response (CC)RI, Complete malecular remission (CMR), Minimal cytogenetic response, Minor cytogenetic response, Major malecular remission (MMR),No cytogenetic response (No C)RI Partial cytogenetic response (PC)RI	
PRE215 F	Pre-Transplant Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Number	14.2nd.3rd or higher	Number	1st. änd 3rd or higher	
PRE216 F	Pre-Transplant Disease Classification	Chronic Myelogenous Leukemia (CML)	yes i	no	Date assessed:	YYY/M/DD	Date assessed:	YYY/MM/DD	
PRE217 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	What was the MDS subtype at diagnosis? - If transformed to AML, indicate AMI as primary disease: also complete AMI. Disease	Applical chronic myeloid leukemia (SOAL), BDR-ABL1-Chronic myelomonocytic leukemia (OMAAL).Juvenile myelomonocytic kukemia (IAMAL/OAL).Myelokryplastic syndrome with isolated delf/ai/ Marukokosizatir syndrome with multillassee dwastasi. MITRAMITE MITRAMINE MITRAMINE and thromborotock (MITRAMINE) Marukokosizatir syndrome imelonofilierative	What was the MDS subtype at diagnosis? - If transformed to AMI indicate AMI as primary	Atypical chronic myelial leukemia (JCML) BCR-ABLT-Chronic myelomonocytic leukemia (CMMAL) Jovenile myelomonocytic leukemia (JCMU/JCML).Myelodysplastic syndrome with Isolated (Histra) Mwelodysplastic oxednone with nel/Hinosae dyorabab MINF-MITI) MINF-MITI) MINF-MITI Market MINF-MITI MINF-MINF-MINF-MINF-MINF-MINF-MINF-MINF-	
	California	Synandine (intes)			Indicate AML as primary disease; also complete AML Disease Classification questions	deligi, Javledopkante quotone with sing lenge opticaba (JAS-KHL) MAS / MPN with ring adenoblasts and thromosprote). INS: / MPN viel Ti-Javledophgante quotone missione lenge opticaba (JAS-KHL) MAS / MPN viel ring adenoblasts and thromosprote). INS: / MPN viel ring adenoblasts: MAS with react adenoblastic sector and the case blacks (MAS Res) missione with sing lenge opticaba (MAS SAS) (MAS Holdophystalic Kymdone with ring adenoblasts: MAS with reaces blacks (MAS Res) missione growth and the cases blacts 2 MAS-RE 2. Myelodophystalic Kymdone with ring adenoblasts: MAS # Sast in multilineage dystala (MAS # Sast in multilineage dystala (M	disease; also complete AML Disease Classificati questions	Applical Physics implicate Neuronal Decks 1993-81.1 Stroken implementation (Schedul) Jacobian (Schedul) Application (Schedul) Applic	
PRE218 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes i	no		MDS-U with 1% blood blasts.MDS-U based on defining cytogenetic abnormality.MDS-U with single lineage dysplasia and pancytopenia		MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia	
PRE219 F	Pre-Transplant Disease	Myelodysplastic	yes i	no	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or	N0/Y65	Was documentation submitted to the CIBMTR?	Na,Yes	
PRE220 F	Classification Pre-Transplant Disease	Syndrome (MDS)	ves	10	FISH report) Was the disease MDS therapy related?	no. Uninoun ves	(e.g. cytogenetic or FISH report) Was the disease MDS therapy related?	no. Uninown. ves	
	Classification	Syndrome (MDS)	,			avoiangaan () c a			
PRE221 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Did the recipient have a predisposing condition?	no,Ukinowa,yes	Did the recipient have a predisposing condition		
PRE222 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify condition	Aplastic anemia DDXH1 susscitated familial MDS Fanconi anemia, GATA2 deficiency (including Emberger syndrome, MonoMax syndrome, DDM, deficiency) LiFraumeni Syndrome, Other condition. Pararoymain anothum al hemologiabianut jalanemia, RMX3, deficiency (previously "familial platelet disorder with propensity to myeloid malignancies"), SAMDP- or SAMDPL- sociated annial in Oxfordamin-Gamona Boydmore, Teloneme Bology disorder (including glostarostic scongenta)	Specify condition	Aplastic anemia DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (Including Emberger syndrome, MonoMac syndrome, DCML deficiency), Li-Fraumeni Syndrome.Other condition,Paroxymai noctumai hemoglobinuis,Jamond-Backfan Anemia,BUNXL deficiency (previous) ⁴ Tamilia Justiet disorder with propensity to myeloid malignancies ⁴). SAMD9- or SAMD9- sociated familia MDS,Swachman-Diamond Syndrom, Falemene Biolog disorder lincluing dysteriotacio scongenta).	
PRE223 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify other condition:	open text	Specify other condition:	open text	
PRE224 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes)es	Date CBC drawn:	YYY/MM/DD	Date CBC drawn:	YYY/MM/DD	
PRE225 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	Known,Unknown	Blasts in bone marrow	Known, Unknown	
PRE226 F	Pre-Transplant Disease Classification	Synaroine (MDS)	ves	NG	Blasts in bone marrow	5	Blasts in bone marrow	8	
PRE227 F		Myelodysplastic Sundrome (MDS)	yes	18	Were cytogenetics tested (karyotyping or FISH)?	no,Dolinown,yes	Were cytogenetics tested (karyotyping or FISH)	no,Unknown,yes	
PRE228 F		Myelodysplastic	yes	18	Were cytogenetics tested via FISH?	No.Yes	Were cytogenetics tested via FISH?	No, Yes	
005000	Classification Pre-Transplant Disease	Syndrome (MDS)			Sample source	Perioheral blood Bore marrow	Sample source	Perioheral blocd.Bone marrow	
PRE227 P	Classification	Syndrome (MDS)	YE I	10					
PRE230 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Results of tests	Abnormalities identified No abnormalities	Results of tests	Abnormalities identified No abnormalities	
PRE231 F	Pre-Transplant 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	
PRE232 F	Pre-Transplant 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)	
PRE233 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del[1a] / 11; del[2a] / 12; del[2a] / 20; del[2a] / 20; del[2a] / 5e; del[2a] / 5e; del[7a] / 7e; del[7a] / 7e; del[3a] / 13e; 117a] nv(3i; -13; 20; -5; -7; -7; 00ther decommility d1:13(11):13(12):13(12):13(12):14(12); 19; 40	Specify abnormalities (check all that apply)	del[11a] / 11e,-del[12p] / 12p-del[20q] / 20p,-del[5q] / Sep-del[5q] / Sep-del[5q] / Sep-del[7q] / Sep-del[5q] / S	
PRE234 F	Pre-Transplant Disease	Myelodysplastic	yes)ee	Specify other abnormality:	open text	Specify other abnormality:	open text	
PRE235 F	Classification Pre-Transplant Disease	Syndrome (MDS) Myelodysplastic	ves	ve	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or	No.Yes	Was documentation submitted to the CIBMTR?	No.Yes	
1 1	Classification	Syndrome (MDS)		-	FISH report)	No. Vog	(e.g. cytogenetic or FISH report)		
		Myelodysplastic Syndrome (MDS)	yes	yes			Were cytogenetics tested via karyotyping?		
PRE237 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Pertpheral blood,Bone marrow	Sample source	Peripheral blood Bone marrow	
PRE238 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes)e	Results of tests	Abnormalities identified No abnormalities.No evoluable metaphases	Results of tests	Abnormalities identified,No abnormalities,No evoluable metaphases	
PRE239 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes)es	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	lopen text	
PRE240 F	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes		Four or more (4 or more),One (1),Three (3),Two (2)	Specify number of distinct cytogenetic	Four or more (4 or more),Gne (1),Three (3),Two (2)	
PRE241 F	Classification Pre-Transplant Disease Classification	Myelodysplastic	yes	yes	Specify abnormalities (check all that apply)	56(11g)/11g-de(15g)/15g-de(15g)/25g-de(15g)/5g-de(15g)/5g-de(15g)/7g-de(15g)/15g-117g,mv(3)-132,05,-7-7.00ber denormally,11,111,114,112,111,123,11,15,11,16,1+17,4	Specify abnormalities (check all that apoly)	8el(11a)/11g.del(12g)/12g.del(23g/25g.del(3g/35g.del(5g)/5g.del(3g)/7g.del(8g/7g.del(13g/11g.J12g.J12g.J12g.J12g.J12g.J12g.J12g.J	
		Syndrome (MDS)				apon text	Specify other abnormality:	aknommality;(12);(11);16;(2);11);10;21);16;31);16;31);16;31;	
	Pre-Transplant Disease Classification	Myelodysplastic Syndrome (MDS)	10	je.					
PRE243 F	Pre-Transplant 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	
		L			1	1	I.	I	

Item ID	ime Point	Information	Information 6	lesponse required if	formation Collection may be	Current Information Collection Data Flement (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
		Collection D Sub-Type	Information 6 Iomain Collection A Domain a Additional Sub Domain	Idditional Sub Domain re pplies							
PRE244	re-Transplant	t Disease Classification	Myelodysplastic y Syndrome (MDS)	es ye	8	Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion?	No.7es		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	
	re-Transplant	Classification		es yr	2	Specify the MDS subtype or AML after transformation	Taudiumed to AAC Envisit mechanisms (Erklaufte) (Erklaufte) Erklaufte og for envisit for ander af erklaufte af erklaufte og for ander af erklaufte a		Specify the MDS subtype or AML after transformation	Transformed To AAE Chronic mychanosoff Eskamia (EMACULANEShyddautik mychano with India delSiQUMeshyddautik mychanosoff Eskamia (EMACULANESHYME) and India delSiQUMeshymeshymeshymeshymeshymeshymeshymeshym	
PRE246	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	2	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplada 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	
PRE247	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	2	Specify the date of the most recent transformation:	YYY/MM/DD		Specify the date of the most recent transformation:	YYY/MM/DD	
PRE248	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	5	Date of MDS diagnosis:	YYY/MM/DD		Date of MDS diagnosis:	YYYYMM/DD	
PRE249	re-Transplant	t Disease Classification	Myelodysplastic y Syndrome (MDS)	es ye	2	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
PRE250	re-Transplant	t Disease Classification	Myelodysplastic y Syndrome (MDS)	es	5	Blasts in bone marrow	Known, Unknown		Blasts in bone marrow	Known, Unknown	
PRE251	re-Transplant	Disease	Melodysplastic w	с w	8	Blasts in bone marrow	%		Blasts in bone marrow	N	
PRF252	re-Transplant	Classification	, , , ,	es	×c	Were cytogenetics tested (karyotyping or FISH)?	no.Unknown.yes		Were cytogenetics tested (karyotyping or FISH)?	no libinowo ws	
		Classification	Syndrome (MDS)								
	re-Transplant	t Disease Classification		es 14	8	Were cytogenetics tested via FISH?	No./res		Were cytogenetics tested via FISH?	No, Yes	
PRE254		t Disease Classification		es ye	5	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
PRE255	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	s	Results of tests	Abnormalities identified No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
PRE256	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	esw	z	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE257	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	5	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).Dise (1).Three (3).Two (2)	
PRE258	re-Transplant	t Disease Classification		es ye	5	Specify abnormalities (check all that apply)	del[11a]/11q-del[12b]/12p-del[20a]/20q-del[3a]/3q-del[3a]/5q-del[7a]/7q-del[9a]/9q-del[13a]/13q-j17q_Jmv(3]-13,-20,-5,-7,-V,Other abnormality:11:11:11:12j:11:11:21:11;21:11;21:11;40:31:46:31,+19+6		Specify abnormalities (check all that apply)	68([1]]/1]q,-68([1]]/1]q,-68([2]]/1]q,-68([3])/3q,-68([3])/5q,-68([7])/7q,-68([9])/9q,-68([1]]q)/1]q,-117q,184(3),-13,-20,-5,-7,-V,Other Johonnally,11:3),11:14,81;21:11,81;22:11,133,14:69,-137,48	
PRE259	re-Transplant	t Disease Classification		es W	м м	Specify other abnormality:	normali mana se		Specify other abnormality:	open text	
PRE260	re-Transplant	t Disease	Myelodysplastic w	es je	5	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or	NoYes		Was documentation submitted to the CIBMTR?	No.Yes	
PRE261	re-Transplant	Classification	Myelodysplastic	rs w	×	FISH report) Were cvtogenetics tested via karvotvolng?	No Yee		(e.g. cytogenetic or FISH report) Were cytogenetics tested via karvotyping?	No Yee	
	re-Transplant	Classification	Syndrome (MDS)		~	Sample source	Peripheral blodd Bore marrow			Peripheral block, Bane murrow	
		t Disease Classification		- ×	a				Sample source		
	re-Transplant	t Disease Classification		es	5	Results of tests	Abnormalities identified No abnormalities. No evoluable metaphazes		Results of tests	Abnormalities identified.No abnormalities.No evoluable metaphases	
		Classification		es ye	5	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	lopen text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE265	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	ы К	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)	
PRE266	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	85	Specify abnormalities (check all that apply)	del(110)/110;del(120)/120;del(200)/200;del(30)/30;del(50)/30;del(70)/70;del(90)/90;del(130)/130;J170;inv(3);13;20;5;7;Y,Other abnormality,11:3),11:1:6),12:11,13:321,13:33,16:9);+19;+8		Specify abnormalities (check all that apply)	86([11]) / 11q-del[20] / 12p-del[20] / 20p-del[20] / 3q-del[5] / 5q-del[5] / 7q-del[6] / 9q-del[13] / 13q-117q,Im(3], 13, 20, 5, 7, Y,Other abnormalby11:3];1[1:16];1[1:16];1];1[3:2],1[3:3];1[6:9],+19,+8	
PRE267	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	3 3	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE268	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es ye	5	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)	Na Yes	
PRE269	re-Transplant	t Disease Classification	Myelodysplastic y Syndrome (MDS)	es n		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 (RR) def 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 (Re) from CR)	
PRE270	re-Transplant	t Disease Classification	Myelodysplastic Syndrome (MDS)	es n	0	Specify the cell line examined to determine HI status	Cumano por man oq ₩€ΕΝΑΣΗ P		Specify the cell lines examined to determine HI		
PRE271	re-Transplant	t Disease	Myelodysplastic y	es n	0	Specify transfusion dependence	Low-translusion burden (LTB) Non-transfused (NTD)		Specify transfusion dependence	Low-transfusion burden (LTB),Non-transfused (NTD)	
	re-Transplant	Classification	Syndrome (MDS)	e .	0	Date assessed:	YYYYAMADD		Date assessed:	YYYYMM00	
	re-Transplant	t Disease Classification	Syndrome (MDS)			What was the MPN subtype at diagnosis?			What was the MPN subtype at diagnosis?		
	re-Transplant	t Disease Classification t Disease	Myeloproliferative y Neoplasms (MPN) Myeloproliferative y	- n	~	What was the MPN subtype at diagnosis? Specify systemic mastocytosis	Stroke comparison with the second second processing resolution of the second se		What was the MPN subtype at diagnosis? Specify systemic mastocytosis	Drack compatible lockersis, not otherwise specified IROS/Hermann myndelfactoral (PMF) Chronic reacting/RE: lockersis, Locarital thrombocy feedback specification (PMF), and compatible model on the PCHE accessment by March (Propolated registration with PCHE accessment) thrombocy feedback specification and PCHE accessment by March (PMF), and additional thread PCHE accessment by March (PMF) and PCHE accessment by March (PCHE Accessment) and PCHE accessment by March (PCHE Accessment) and PCHE accessment ac	
		Classification	Myeloproliterative y Neoplasms (MPN)	n	<u></u>		systemic mastocytosis (SSM)			Aggreasive systemic mastocytosis (HSM), Indolent systemic mastocytosis (ISM), Mast cell leukemia (MCL). Systemic mastocytosis with an associated hematological neoplasm (SM-HAN). Simoldering systemic mastocytosis (ISSM)	
	re-Transplant	Classification		es n		Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)			Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No.Yes	
PRE276	re-Transplant	Classification		es ye	8	Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained lever higher than 37.5 °C)	No.Unforcement Pres		Did the recipient have constitutional symptoms in sk months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	Na. Linihowa Yes	
PRE277	re-Transplant	t Disease Classification	Myeloproliferative y Neoplasms (MPN)	es ye	5	Date CBC drawn:	YYY/MM/DD		Date CBC drawn:	YYYYMM/DD	
PRE278	re-Transplant		Myeloproliferative y Neoplasms (MPN)	es ye	5	Blasts in bone marrow	Known, Unikoown		Blasts in bone marrow	Known, Udenown	
PRE279	re-Transplant	t Disease Classification	Myeloproliferative y Neoplasms (MPN)	es ye	5	Blasts in bone marrow	⁸		Blasts in bone marrow	N	
		t Disease Classification			5	Were tests for driver mutations performed?	No,Uninowa,Yes		Were tests for driver mutations performed?	No, Uninnown, Yes	
		t Disease Classification		es pr	8	ик2	Negative Not done. Positive		IAK2	Negative.Not done.Positive	
		Classification t Disease Classification		es Ma	<u>к</u>	JAK2 V617F	Negative Not done Positive		JAK2 V617F	Negative.Not done.Positive	
PEF202	re-Traped	Classification t Disease Classification	Neoplasms (MPN)	ns [к	JAK2 Exen 12	Negative.Not done.Positive		JAK2 Exon 12	Negative.Nick done.Prolifive	
		t Disease Classification			5	CALR	Negative, Not done, Positive		CALR	Negable_Not done Positive	
PRE285	re-Transplant	t Disease Classification	Myeloproliferative y Neoplasms (MPN)	es ye	5	CALR type 1	Negative.Not done.Positive		CALR type 1	Negative.Not done Positive	
			1			1			1	1	1

fitzer ID	Time Delet	h-farmation h	-formation framework and if the formation of the stice was be-	Connect Information Collection Data Flammat (Geneticable)	Convert Information Collection Date Florence Residue (A	Information Collection update:	Deserved Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
item iD	Time Point	Information II Collection Domain C Sub-Type E	nformation Response required if Information Collection may be Collection Additional Sub Domain requested multiple times applies Mdditional Sub Jomain	Current Information Collection Data Element (if applicable)	Lurrent 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)	kationale for information Collection Update
PRE286	Pre-Transplant	Disease N Classification N	Myeloproliferative yes yes Neoplasms (MPN)	CALR type 2	Negative.Not done Positive		CALR type 2	Negative.Not done.Positive	
PRE287	Pre-Transplant	Disease N Classification N	Myeloproliferative yes yes Veoplasms (MPN)	Not defined	Negative.Not done.Positive		Not defined	Negative.Not done.Positive	
PRE288	Pre-Transplant	Disease N Classification N	Myeloproliterative yes	MPL	Negative.Not done.Positive		MPL	Negative.Not done.Positive	
005080			Veoplasms (MPN)	6773P	Negative.Not done.Positive		c/r.ap	Negative.Not done.Positive	
	Pre-transplant	Disease N Classification N	veoplasms (MPN)	Car SR			Gran		
PRE290	Pre-Transplant	Disease N Classification N	Myeloproliferative yes Neoplasms (MPN)	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No Yes	
PRE291	Pre-Transplant	Disease N Classification N	Myeloproliferative yes yes Veoplasms (MPN)	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown, yes		Were cytogenetics tested (karyotyping or FISH)?	no, Unknown, yes	
PRE292	Pre-Transplant	Disease N Classification N	Myeloproliferative yes ecoplarms (MPN)	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRF293	Pre-Transplant		Verplaans (MPP)	Sample source	Peripheral blood. Bone marrow		Sample source	Peripheral blood Bone marrow	
		Disease N Classification N	veoplasms (MPN)						
PRE294	Pre-Transplant	Disease Classification	Myeloprol llerative lyes yes Neoplasms (MPN)	Results of tests	Abnormalities Identified,No abnormalities		Results of tests	Abnormalities identified No abnormalities	
PRE295	Pre-Transplant	Disease N Classification N	Myeloprol/ferative yes yes Neoplasms (MPN)	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE296	Pre-Transplant	Disease N Classification N	Myeloproliferative 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	Four or more (4 or more).One (1).Three (3).Two (2)	
PRE297	Pre-Transplant	Disease N	Myeloproliferative yes	Specify abnormalities (check all that apply)	del[11a] / 11q-del[12p] / 12p-del[20q] / 20q-del[5q] / 5q-del[7q] / 7q-del[13q] / 13q-dup(1)]17q,lm(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]).17q.Inv(3], 5, 7, Y.Other abnormality.t[1:anv];t[1:ap23;anv];t[(2p11.2;anv);t]3q21;anv];t[(6;9]+8+9	
	Pre-Transplant	Classification N	Veoplasms (MPN) Myeloproliferative yes yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
		Classification N	Veoplasms (MPN)		pon text				
PRE299	Pre-Transplant	Disease N Classification N	Myeloproliferative yes yes Neoplasms (MPN)	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	Na Yes	
PRE300	Pre-Transplant	Disease N Classification N	Myeloproliferative yes yes Veoplasms (MPN)	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE301	Pre-Transplant	Disease N	Myeloproliferative yes yes	Sample source	Peripheral blood, Bone marrow		Sample source	Peripheral blood.Bone marrow	
	Pre-Transplant		Veoplasms (MPN) Vyeloproliferative yes yes	Results of tests	Abnormalities Identified,No abnormalities,No evaluable metaphazes		Results of tests	Abnormalities identified No abnormalities No evaluable metaphases	
		Classification N	Veoplasms (MPN)						
PRE303	Pre-Transplant	Disease N Classification N	Myeloproliferative yes yes Neoplasms (MPN)	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	apen text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE304	Pre-Transplant	Disease N Classification N	Myeloproliterative yes yes Veoplasms (MPN)	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)	
PRE305	Pre-Transplant	Disease N Classification N	Myeloprol Rerative yes	Specify abnormalities (check all that apply)	del(11g) / 11q-,del(12p) / 12p-,del(20g) / 20q-,del(5g) / 5q-,del(7g) / 7q-,del(12g) / 13q-,dup(1))17q,imx(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),17q,im(3),-5,-7,+7,Other abnormality.t(1.any).t(11q23:any).t(12p11.2;any).t(3q21:any).t(6;9)+8,+9	
PRE306	Pre-Transplant		Veopasiis (MPV) Vielooroliierative ves	Specify other abnormality:	poen fest		Specify other abnormality:	open text	
			Veoplasms (MPN)						
PRE307		Classification N	Myeloproliferative yes Veoplasms (MPN)	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No, Yes	
PRE308	Pre-Transplant	Disease N Classification N	Myeloprol Rerative yes no Neoplasms (MPN)	Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / Infurion2	NaYes		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	
005000	Pre-Transplant	Circura D	Welcoroliferative ves no	Specify the MPN subtype or AML after transformation	fransformed to AML Post-essential thrombocythemic myelofibrosis. Post-polycythemic myelofibrosis			Transformed to AML Post-essential thrombocythemic myelofibrosis. Post-polycythemic myelofibrosis	
		Classification N	Veoplasms (MPN)				transformation		
PRE310	Pre-Transplant	Disease N Classification N	Myeloproliferative yes no Neoplasms (MPN)	Specify the date of the most recent transformation:	YYY/MU/DD		Specify the date of the most recent transformation:	YYYY/MM/DD	
PRE311	Pre-Transplant	Disease N Classification N	Myeloproliterative yes no Neoplasms (MPN)	Date of MPN diagnosis:	YYY/MM/DD		Date of MPN diagnosis:	YYYY/MM/DD	
PRE312	Pre-Transplant	Disease M	Myeloprol Verative yes no	Specify transfusion dependence at last evaluation prior to the start of the new scattered	High-transfusion burden (HTB) (± 8 BBCs in 16weeks; ± 4 in 8 weeks).Low-transfusion burden (LTB)-(3-7 BBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks).Non-transfused NTD] = D BBCs in 16 weeks)		Specify transfusion dependence at last evaluation prior to the strat of the spectrative regimes /	Hgh-Franksion burden (HTE): [2 FBCs in Meweeks; 2 4 in 8 weeks;).Low-translation burden [110]:[37 FBCs in 36 weeks in al loast 2 translation episodes; maximum of 3 in 8 weeks;).Non-translated [NTD] = 0.88Cs in 36 weeks]	
	Pre-Transplant		Welnorolliferative ves				Inforto de start or the preparative regimenty Inforto de sectores in a supervisional symptoms in	Initial (Machine Derector)	
		Classification N	Veoplasms (MPN)	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)			Did the recipient have constitutional symptoms in sk months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms ar <10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)		
							or unexplained fever higher than 37.5 °C)		
PRE314	Pre-Transplant	Disease N	Myeloproliferative yes no Neoplasms (MPN)	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	No.Not applicable(gplenectomy). Unknown,Yes	
					ET/M8 scan,Physical exam Ultrassund		Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion? Specify the method used to measure spleen size		
	Pre-Transplant		Myeloproliferative yes no Neoplasms (MPN)						
PRE316	Pre-Transplant	Disease N Classification N	Myeloproliferative yes no keoplasms (MPN)	Specify the spleen size:	centimeters below left costal margin		Specify the spleen size:	: centimeters balow left costal manyin	
PRE317	Pre-Transplant	Disease N Classification N	Myeloproliferative yes no Neoplasms (MPN)	Specify the spleen size:	continues		Specify the spleen size:	certimeters	
PRE318	Pre-Transplant	Disease N Classification N	Myeloproliferative yes no Veciplasms (MPN)	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 / influsion?	n, Unknown, yes	
PRE319		Disease	Veopiasms (MPN) Vyeloprolifierative yes no		CT/MRI scan Physical exam Ultrazound		regimen / infusion? Specify the method used to measure liver size	CT/MRI scan.Physical exam.Ultrasound	
		Classification N	Veoplasms (MPN)						
PRE320	Pre-Transplant	Disease N Classification N	Vyeloproliterative yes no Neoplasms (MPN)	Specify the liver size:	centimeters below right costal mangin			: centimeters below right costal mangin	
	Pre-Transplant		Myeloproliferative yes yes Neoplasms (MPN)	Date CBC drawn:	YYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
PRE322	Pre-Transplant	Disease N Classification N	Myeloproliferative yes ves keoplasms (MPN)	Blasts in bone marrow	Known, Unknown		Blasts in bone marrow	KnownUnknown	
	Pre-Transplant		Myeloproliferative yes	Blasts in bone marrow	^K		Blasts in bone marrow	N	
			Veoplasms (MPN)	Were tests for driver mutations performed?	Ns.Uninown.Yes		Were tests for driver mutations performed?		
	Pre-Transplant		Myeloproliferative yes yes Neoplasms (MPN)				were tests for univer instations performed?		
PRE325	Pre-Transplant	Disease N Classification N	Myeloproliferative yes ves keoplasms (MPN)	JAK2	Negative.Not done Positive		JAK2	Negative,Not done Positive	
PRE326	Pre-Transplant	Disease N Classification N	Myeloproliferative yes ves Veoplasms (MPN)	JAK2 V617F	Negative Not done Positive		JAK2 V617F	Negative.Not done.Positive	
	Pre-Transplant		Myeloproliferative yes yes	CALR	Negative.Not done.Podtive		CALR	Negative.Not done Positive	
			Veoplasms (MPN) Myeloproliferative yes yes	CALR type 1	Negative.Not done.Positive		CALR type 1	Negative.Not done.Positive	
	Pre-Transplant	Classification	veoplasms (MPN)		• • •				
						-	-		

ham 10	Care Dalat	beformetion.	kafaranshira	for an and the second se	Information Collection much	Konnak Information Collection Data Flammak (Konstinakia)	Current Information Collection Data Element Response Option(s)	Research Information Collection Data	Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
item io	nine Poinc	Collection Don Sub-Type	Information collection Domain Additional Sub Domain	Additional Sub Domain i applies	requested multiple times	content information contection bata element (if applicable)	carete mormation conection bata element response option(s)	Proposed Information Collection Data Element (if applicable)	горозен плитициот солесоот раз селети кезротее орионузу калонае то плотицалот солесоот ориасе
			Additional Sub Domain						
PRE329	Pre-Transplant		Myeloproliferative	yes	yes	CALR type 2	Negative.Not.done.Positive	CALR type 2	Negative.Not done/Poulitive
		t Disease Classification	Neoplasms (MPN)						
PRE330	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Not defined	Negative.Not done, Positive	Not defined	Negative.Not done Positive
	Pre-Transplant		Myeloproliferative		100	MD	Nearlive.Not done.Positive	MDI	Neizhe Not done Pooltre
THE ST	ic manaphane	Classification	Neoplasms (MPN)		,0		Nagen Public Control Control	110 L	regerer, we deal y dealer
PRE332	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CSF3R	Negative.Not.done.Positive	CSF3R	Negative.Not done Poultre
PRE333	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR?	No.Yes	Was documentation submitted to the CIBM1	27 No.Yes
PRE334	Pre-Transplant	t Disease	Myeloproliferative	ves	vis	Were cytogenetics tested (karyotyping or FISH)?	no.Unknown ves	Were cytogenetics tested (karyotyping or FI	
		Classification	Neoplasms (MPN)						
PRE335	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested via FISH?	No,Yes	Were cytogenetics tested via FISH?	No, Yes
	Pre-Transplant		Myeloproliferative			Samole source	Peripheral blood Bone marrow	Sample source	Peripheral blood Bone marrow
PRE336	re-Transplant	Classification	Neoplasms (MPN)	yes -	yes	sample source	renpneral blood,sone marrow	sample source	verpreta blood.sone marrow
PRE337	Pre-Transplant	t Disease Classification	Myeloproliferative	yes	yes	Results of tests	Abnormalities identified No abnormalities	Results of tests	Abnormalities identified No abnormalities
			Neoplasms (MPN)						
PRE338	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes (yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	apen fext	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
	Pre-Transplant					Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	Specify number of distinct cytogenetic	Four or more (4 or more).One (1),Three (3),Two (2)
12337	anspulnt	t Disease Classification	Neoplasms (MPN)	r- 1		mental contract or construct operation altitude matters	ann ar conn y an connegrana (efferana (efferana))	abnormalities	
PRE340	Pre-Transplant	t Disease Classification	Myeloproliferative	yes	yes	Specify other abnormality:	open text	Specify other abnormality:	open text
L			reoplasms (MPN)						
PRE341	Pre-Transplant	t Disease Classification	Myeloprol lferative Neoplasms (MPN)	yes	yes -	Were cytogenetics tested via karyotyping?	No,Yes	Were cytogenetics tested via karyotyping?	No.Yes
PRF342	Pre-Transplant	t Disease	Myeloproliferative	ves	ves	Sample source	Perioheral blood Bone marrow	Sample source	Perjeberal blood.Bore marrow
		Classification	Neoplasms (MPN)	[[-				
PRE343	Pre-Transplant	t 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
PRE344	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes)es	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
PRE345	Pre-Transplant	t Disease Classification	Myeloproliferative	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	Four or more (4 or more).One (1).Three (3).Two (2)
			Neoplasms (MPN)					abnormalities	
PRE346	Pre-Transplant	t 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]]17q; lm(3]; 5; 7; Y; Other abnormality; t[1;any]; t[1;any]; t[12p11:2; any]; t[3q21; any]; t[6;9]; 48; +9	Specify abnormalities (check all that apply)	de(11:0) / 11c-de(12:0) / 12c-de(12:0) / 22c-de(15:0) / 5c-de(17:0) / 7c-de(15:0) / 12c-de(15:0)
	Pre-Transplant		Myeloproliferative			Specify other abnormality:		Specify other abnormality:	poen text
PKE347	-re-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	, c.	pro-	apeury outer abnormality:	open text	specity other abnormality:	provide:
PRE348	Pre-Transplant	t Disease Classification	Myeloproliferative	yes	yes	Was documentation submitted to the CIBMTR? (e.g. karyotyping	No,Yes	Was documentation submitted to the CIBMT (e.g. karyotyping report)	Na/Yes
		Classification	Neoplasms (MPN)			report)			
PRE349	Pre-Transplant	t 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?	Elisical improvement (CI),Complete dinical remission (CR),Not assessed,Partial clinical remission (PR),Progressive disease,Relapue,Stable disease (SD)
ppc250	Pre-Transplant		Markenselling		80	Was an anemia response achieved?	NoYee	Was an anemia response achieved?	ha the
- AE330	anspulnt	t Disease Classification	Neoplasms (MPN)	[⁻	-			rvar an ansona response achieveu?	
PRE351	Pre-Transplant	t Disease Classification	Myeloprol lferative Neoplasms (MPN)	yes	no	Was a spleen response achieved?	No,Yes	Was a spleen response achieved?	N0,Y65
PRE352	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Was a symptom response achieved?	No,Yes	Was a symptom response achieved?	No.Yes
PRE353	Pre-Transplant	t Disease	Myeloproliferation	yes	no	Date assessed:	YYY/M//DD	Date assessed:	YYY/484/bD
		Classification	Neoplasms (MPN)	[
PRE354	Pre-Transplant	t Disease Classification	Myeloprol lferative Neoplasms (MPN)	yes	no	Specify the cytogenetic response	Complete response (CR Eradication of pre-existing abnormality,Net assessed,Not applicable,None of the above: Does not meet the CR or PR criteria, Partial response (PR) z 50% reduction in abnormal metaphazes, Re-emergence of pre-existing cytogenetic abnormality	Specify the cytogenetic response	Complete response (FR Eradication of pre-existing abnormality Not assessed Not applicable, None of the above: Does not meet the CR or PR oriteria, Partial response (PR) z 50% reduction in abnormal metaphazes. Are-emergence of pre-existing cytogenetic abnormality
	Pre-Transplant		Meloproliferative		-	Date assessed:	Includence on the second structures and entropy and the second structures and the second structu	Date assessed	multimer and consigned on the same spectros accommony WWAMADD
PRE355	re-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	uate assessed:	TTTT/MM/DU	Date assessed:	TTT/MUU
PRE356	Pre-Transplant	t Disease	Myeloproliferative	yes	no	Specify the molecular response	Complete response (RI): Endication 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 JR-emergence of a pre-existing molecular abnormality.	Specify the molecular response	Complete response (CR): Exadication of pre-existing advormality. Not assessed, Not applicable. None of the above: Does not meet the CR or PR criteria. Partial response (PR): ±50% decrease in allele publics. The emergence of a pre-existing molecular advormality.
		Classification	Neoplasms (MPN)				burden. Re-emergence of a pre-existing molecular abnormality		Burden ,Re-emergence of a pre-existing molecular abnormality
PRE357	Pre-Transplant	t Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Date assessed:	YYYY/MI\/DD	Date assessed:	WWW.MAUD
pprocé	ne Transis				20	Specify the other leukemia classification	Choole Janabooth Javianis (C11). MC Choole Janabooth Javianis (C11). Betall / ensils handbooth Janabooth (C11) Take will be donate take and take a	Specify the other leukemia classification	Provide Landowsky (2011) MDS Charaph Anaphonetic Instantials (2011) Recall / 2013 Haraphonetic Landowsky (2011) MDS Charaphonetic Instantials (2011) MDS Charaphonetic Landowsky (2011) MDS Cha
PRE358 PRE359		t Disease Classification t Disease	Other Leukemia (OL) Other Leukemia	~		Specify the other leukemia classification Specify other leukemia:	Chronic lymphocytic leukemia (LLI), NOS,Chronic lymphocytic leukemia (LLI), Becell / small lymphocytic lymphona (SLL), Hairy cell leukemia, Hairy cell leukemia variant, Monoclonal B cell symphocytics (scher leukemia, NOS PLL B cell Prolymphocytic leukemia (PLI), NOS, PLL, T cell	Specify the other leukemia classification Specify other leukemia:	Chronic lymphocytic leukemia (CLI), NOS, Chronic hymphocytic leukemia (CLI), BockI / small lymphocytic hymphoma (SLI), Hairy cell leukemia Hairy cell leukemia Hairy cell leukemia Variant. Monodonal B cell lymphocytosis, Other leukemia, NOS, PLL, B cell. Prohymphocytic leukemia PLI), NOS, PLL, T cell
		Classification	(OL)	res .	10		upon text		9/01/52.
		t Disease Classification		yes	no	Was any 17p abnormality detected?	noves	Was any 17p abnormality detected?	b2/k2
PRE361	Pre-Transplant	t 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?	noyes	Did a histologic transformation to diffuse lan cell lymphoma (Richter syndrome) occur at a time after CLL diagnosis?	P P 0/25
		t Direcce	Other Leukemia	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.6ge:3rd complete remission.≥:3rd relapse.No treatment.Primary	What was the disease status? (Atynical CMI	1st complete remission (no previous bone marrow or extrameduliary relapse). 1st relapse 2nd complete remission. 2nd relapse & dec 3rd complete remission. & dec 3rd relapse. No treatment Primary
PRE363	Pre-Transplant	Classification	(OL)	ves.	80	What was the disease status? (CLL_PLL Hairy cell leukemia. Other	Induction LaTure Complete remission (CR), Not assessed, Untreated Partial remission (PR), Progressive disease (Prog), Stable disease (SD)		
PRE363 PRE364		Classification			-	What was the disease status? (LLL, PLL, Hairy cell leukemia, Other leukemia) Date assessed:	Complete remission (UV) Not stocsted uniteded-partial remission (HV) Progressive disease (Hrog) stable disease (SU)	What was the disease status? (LLL, PLL, Hair) leukemia, Other leukemia) Date assessed:	Cell Complete remission (CR).Not assessed.Untreated.Partial remission (PR).Progressive disease (Prog.Stable disease (SD) YYY/NAMDD
		t Disease Classification	Other Leukemia (OL)	res I	10				
PRE365	Pre-Transplant	t Disease Classification	Hodgkin and Non- Hodgkin	yes	no	Specify the lymphoma histology	Hodgkin Lymphoma	Specify the lymphoma histology	Hodglin Lymphoma Hodglin Lymphoma ont otherwise one-filed (150)
			-ymph0ma				Michael And Annual And Annual Annua		Voidigi Voidia voi ethevine seestilla (100) kunimaria ethevine (114) Media ethevine (114) Media ethevine (115) Media ethevine (115)
							Mixed celularity (153) Nodular tyrophocyte predominant Hodgkin lymphoma (155) Medidar or forderol (151)		Mixed cellularity (153) Nodular' symphonic per performinant Hodgkin lymphoma (153)
							Non-Hodguin Lympinoma		Non-Hodgkin Lymphoma Brefil Nenolasms
							Head Nacionari Head Nacionari Net Methodson (131) Nacionari International (134) Nacionari International (134) Status Lup & Gel Mendorma - Andratad & Gel Oli per Janos (131) Status Lup & Gel Mendorma - Andratad & Gel Oli per Janos (131) Status Lup & Gel Mendorma - Andratad & Gel Oli per Janos (131) Status Lup & Gel Mendorma - Andratad & Gel Oli per Janos (131) Status Lup & Gel Mendorma - Andratad & Gel Oli per Janos (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Oli (131) Status Lup & Gel Mendorma - Andratad & Gel Mendorma - Andra		Bredl Weighaussi Aux Furge For eXII motions (1833) Bredl ymphoma, unclassifiable, with fratures intermediate between DLBCL and classical Hodgkin lymphoma (149)
							Burkits-like (ymphoma with 11q aberration (1834) Burkits-Like (ymphoma with 11q aberration (1834) Direc, Like (9 - Coll ymphoma - Activated B coll ympe (non-GCB) (1821)		Affar EngleSettilling Affar EngleSettiling Affar EngleSettiling <
							Diffuse, Jarge B-cell lymphoma- Germinal center B-cell type (1820) Diffuse Jarge B-cell lymphoma- (cell of origin unknown) (107) THE Jarden Mark Market Line Jarge Line (1977)		Diffuse, Large B-cell hypothona- Germinal center B-cell type (1820) Diffuse Large B-cell hypothona (Cert Orgin unitscore) (1677)
							LARCL: ADDUCTION OF THE THE ADDUCTION OF T		2022.4.560.4124 W01147487.880.81250/ E027 D42 (0.21) 900 001 (0.21) 900 000 (0.21) 900 000 (0.21) 900 000 (0.21) 900 000 (0.21) 900 000 (0.21) 900 000 (0.21) 900 (0.21)
							EBV+ mucocitaneoios ulcer (1824) Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)		BVY microcatanosis sizer (1824) Bitranosia marginal sone B-cell hymphoma of mucosal associated lymphold tissue type (MALT) (122)
							Bransol manginal zone 5 coll ymphone an d muccul associated purpledie tissue type (MATI) (122) Pilicius; miek, mild utilica dan lang esel (Clock and lang eservice) (Clock and lang esel) (Clock and l		Collicular, made and closed and large cell (Grade III) solice center hypothesis (Lease) Folicular, made and closed and large cell (Grade III) solice center hypothesis (Lease) Folicular, predominantly large cell (Grade IIII Solice center hypothesis (Lease) Folicular, predominantly large cell (Grade IIII Solice center hypothesis (Lease)
									rollouidu; predemianty funçi cesti (farde ili kv. villi not specified) (1314) folicular; predemianty funçi ceste celli (farde ili kv. villi not specified) (1314)
							Animala, produmianto angle Carlo Carlo de La Construcción (a Del Construcción de La Construcción de La Constru Carlo de La Construcción de La Const HANDRA DEL LA CONSTRUCCIÓN de La Constru HANDRA DEL LA CONSTRUCCIÓN de La Constru		Pedicut (gaoc indicent) (1x4) MM/S U.B.(1x6) (3x8) MM/S U.B.(1x6) (3x8)
							Here Coll 27, NOT (133). Here Coll 27, NOT (13		Falchar incombinative fue of Carlot III A UIII for Experimental (132) Falchar in productive (134) Falchar in productive (134) Fally and b c-oll (1) productive (134) Fally (134)
							Large 6-cell /ymphona with IRF4 rearrangement (1832) lymphomacold ganulomatoist (1833) Monthe cell kembergio (115)		Large Excil hypohona with BF4 rearrangement (1832) hypohonatodi graniconatoki (1833) hypohonatodi (1835)
							Mardie cell (mynkhona (115) bediartier ondia marginal zone (zmoncytoid B-cells) (123) Bediartier ondia marginal zone (zmoncytoid B-cells) (123) Dent text		Natrice (Il Implane) (153) Modif miglian de les Minghana (154) Modif miglian de les Minghana (155) Modif miglian de les Minghana (1513) opon tot
PRE366	Pre-Transplant	t Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes	no	Specify other lymphoma histology:	open text	Specify other lymphoma histology:	open text
						1			

Item ID	ma Roint	Information	Information	Parnonra required if Information Collection	n may be Current Information Collection Data Element (if applicable)	l/urrent information Collection Data Element Remonan Option(r)	aformation Collection undate:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	inc ronk	Collection Doma Sub-Type	ain Collection Domain Additional Sub Domain	additional Sub Domain requested multiple ti applies	mes		normation concertor oparies.			nationale to have maked concerns operate
PRE367 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	Is the lymphoma histology reported at transplant a transformation from CLL?	noyes		Is the lymphoma histology reported at transplant a transformation from CLL?	no, yes (Also complete Chronic Lymphocytic Leukemia (CLL))	
PRE368 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin	yes no	Was any 17p abnormality detected?	noyes		Was any 17p abnormality detected?	no.jes	
PRE369 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin	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	
PRE370 F	re-Transplant	Disease Classification	Lymphoma Hodgkin and Non- Hodgkin	yes no	Specify the original lymphoma histology (prior to transformation)	Aggresske Nit-cel leukenia, Anaptasti: Large-cell lymphoma (ALCL), ALK negative, Anapbastic Large-cell lymphoma (ALCL), ALK positive. Angolammunoblasti: T-cell lymphoma Adult T-cell lymphoma / Aukennia (HTV1 associated), Breast implant-associated anaptastic large-cell lymphoma Barkite Nite hymphoma with 11q abernation, Chronic lymphografiler attree disorder of NK cells. [Diffuse, Large P-cell		histology? (Not CLL) Specify the original lymphoma histology (prior to	Aggressive NK-cell leskemia, Anaplastic large-cell lymphoma (ALCL), ALK negative Anaplastic large-cell lymphoma (ALCL), ALK positive, Anaplantic Large-cell lymphoma /	
		Classification	Hodgkin Lymphoma			Aukens UPUS anotatelli hero ingeleti anotateli angeleti ingeleti ingelet		Irandomatko)	Agencies de cel la derina Apagia de la tege cel hepetonia ALC La cogne Apagia de la tege cel hepetonia ALC La cogne Apagia de la tege cel hepetonia de la cogne de	
PRE371 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	
PRE372 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin	yes no	Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)	YYY/M/DD		Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)	YYY/MM/DD	
PRE373 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin	yes no	Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)	noyes		Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)	novies	
PRE374 F	re-Transplant	Disease Classification	Lymphoma Hodgkin and Non- Hodgkin	yes no	Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?	00/YES		regimen / infusion) Was the PET (or PET/CT) scan positive for)ymphoma involvement at any disease site?	no,yes	
PRE375 F	re-Transplant	Disease	Hodgkin Lymphoma Hodgkin and Non-	ves no	any disease site? Date of PET scan	KoomUnkoom		Nymphoma involvement at any disease site?	Known Urignown	
		Classification	Hodgkin Lymphoma		Date of PET (or PET/CT) scan:			Date of PET (or PET/CT) scan:		
PRE376 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no		TTT/MM/LU			TTT/MNUU	
PRE377 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	Deauville (five-point) score of the PET (or PET/CT) scan	Known,Urdzown		Deauville (five-point) score of the PET (or PET/CT) scan	Known,Ukknown	
PRE378 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	Scale	Is na update a na rokala utaba ja update, bak poste volo pod (moducitum) ja update a down modutimu, bat jeto na o rougi lo update is hite liver ja update a down modutimu, bat jeto na update is hite liver moducity increased poste or any nave isota		Scale	5 - no state or or notification update - program (and a state of the state - program (and a state of the st	
PRE379 F	re-Transplant	Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	What was the disase status?	EII: 12 complete remotion in boom ensures or definited by risper prior to transplant ensures OCI -> 20 or applete remotion		What was the disease status?	E1: - Locardist central models in tagge per la based and E2: - Dot central remains (E1) B or advanced torque termination (E1) - B or advanced torque terminatio	
PRE380 F		Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	Total number of lines of therapy received (between diagnosis and HC infusion)	Tile3 les3-les		Total number of lines of therapy received (between diagnosis and HCT / infusion) Date assessed:	1 line 3 lines	
PRE381 F		Disease Classification	Hodgkin and Non- Hodgkin Lymphoma	yes no	Date assessed:					
		Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	yes no		Servfolded, Mancdonal genimodark of renal significance (MRRS) Multiple myelona. Altholic myclonal sign chair on Jy Autopie myelona - non-scontory, Osteoscienolic myelona / POD-65 yndrone, Other glasma cell disorder (PCI), Fluena cell leakemia (PCI). Smoldering myelona. Saltary plasma-plana			an oldalah. Navadani permanahi yi mul apikanan NASI Mahde melanan Alkilipi melanan fakt Abia odi Alahibe melana soo seoretary. Dataadendik melana / PGBAG yandama.Ober pisana celi daarder (PCI) / Rusia celi laakena (PCI). Sinaktoring melana Saktary bismacytana	
	re-Transplant re-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	ves no	Specify other plasma cell disorder:	egen tot Iv Newy dain orij juk kapa Jak tantoti juf Newy dain orij juf kapa Jafi tantoti juf Newy dain orij juf kapa Jafi tantoti juf Newy dain Iv Newy dain orij juf kapa Jak tantoti juf Newy dain orij juf kapa Jafi tantoti juf Newy dain orij juf kapa Jafi		Specify other plasma cell disorder:	open test (4) Reav chain oni/11gk LagaLigt LimbdLigt Reav chain oni/11gt LagaLigt LimbdLigt Reav chain oni/11gt LagaLigt LimbdLigt Reav chain	
		Classification	Myeloma / Plasm Cell Disorder (PCD Multiple	ves no	Specify Amyloidosis classification	only), gM kapoulgM Limbdu KapoulgM Limbdu (light chain only) All amyloldoxi. All amyloldoxi. Al amyloldoxis		that apply) Specify Anyloidosis classification	oný) (gé) Kapozaje) lambda Xapos (light chain oný). At amyladou: Atk. amyladou: At. amyladou:	
	re-Transplant	Disease Classification Disease	Myeloma / Plasm: Cell Disorder (PCD Multiple	yes no	Select monocional gammopathy of renal significance (MGRS)	Cl glomerslogathy with monoclonal gammogathy, Crystal-storing histocyclos, lemmantactical glomerslogathy (POW) Glomersloveshvitis with organized monoclonal microbular immunog doulin		Select monoclonal gammopathy of renal	3 gonerul gatily with monocloral gammogathy Crystal-storing histocotosis. Immunet actual gionerulogathy (11GA)/ Giomenuloneghnitis with organized monocloral microixbudar immunegidadin	
		Classification	Myeloma / Plasm: Cell Disorder (PCD		classification	deposits (GOMMD). Light chain fancoin yndrome. Monoclonal immungjobulin deposition diseare (MCD). Non-smyloid fforflary gformerulonephritis, Proifferative gformerulonephritis with monoclonal Immungjobulin G deposits (PGNME). Prosimal tubulopathy without crystals. Type 1 cryoglobulinemic gjomerulonephritis, Likinown		significance (MGRS) classification	deposits (COMMIDL)Light chain faxioni syndrome. Monoclonal immunglobulin deposition disease (MCD). Non-amyleid fibrillary glomerulonephritis. Proliferative glomerulonephritis with monoclonal immunglobulin G deposits (ROMMD). Provinal tubulopathy without crystals. Type 1 cryoglobulinemic glomerulonephritis, livinovn	
		Disease Classification	Multiple Myeloma / Plasm: Cell Disorder (PCD	yes no		bezy duain deposition disease (HCDD).Light duain deposition disease (LCDD).Light and heavy duain deposition disease (LHCDD)			Neavy chain deposition disease [HCD0] Light chain deposition disease [LCD0].Light and heavy chain deposition disease [LHCD0]	
PRE388 F	re-Transplant	Disease Classification	Multiple Myeloma / Plasm: Cell Disorder (PCD	yes no	Was documentation submitted to the CIBMTR? (e.g. pathology repor	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	Rore derived.Extranedullary		Solitary plasmacytoma was	Boxe derhed.Extramedullary	
PRE390 F	re-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	yes no	What was the Durie-Salmon staging? (at diagnosis)	Start (M of the following high > Signit, serum calcum normal or +105 mpldt, boxe +ray normal boxe structure (scale t), or solitary boxe plasmostroms and r, box H component production rates gin > Single (), 4 > spati, unite (gin to hal H component on rectarophoness: 4(2/4) - 3.8ge () () () () () () () () () () () () ()		What was the Durie-Salmon staging? (at diagnosis)	Stage (ML of the following Hgt) - Mg/dE, serum calcum normal or <10.5 mg/dE, boxe r-ray normal boxe structure (calce); or valuery boxe plannaptions unit; now M component production rates (gr. * gr. dg. + gr. dg. unit eight calm is Komponent on estemptioners 4(gr. dg.) - gr. dg. (gr. dg. dg. dg. dg. dg. dg. dg. dg. dg. dg	
PRE391 F	re-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD	yes no	What was the Durie-Salmon sub classification? (at diagnosis)	A - relatively normal recal function (aroun creatinine < 2.0 mg/dL,B - abnormal renal function (aroun creatinine > 2.0 mg/dL)		What was the Durie-Salmon sub classification? (at diagnosis)	A - Islatively normal result function (serum creatinine < 2.0 mg/dL,II - Janormal result function (serum creatinine : 2.0 mg/dL)	
PRE392 F	re-Transplant	Disease Classification	Multiple Myeloma / Plasm: Cell Disorder (PCD	yes no	Did the recipient have a preceding or concurrent plasma cell disorder			Did the recipient have a preceding or concurrent plasma cell disorder?		
	re-Transplant		Preceding or Concurrent Plasm Cell Disorder	yes yes	Specify preceding / concurrent disorder	Servinderia: Manochonal generalizative of each significance. Monocoloral generalizative of each serving of each serving and e			Amplotions. Monoclonal primorgatin of mul significance. Monoclonal primorgatity of unlession significance. Multiple myeloma. Hight chain only Multiple myeloma - non- socretory, Oddosclondic myeloma / PODMS syndrome, Other disease. Plasma de leukentia. Smoklening myeloma. Saltary plasmacytoma	
	re-Transplant		Preceding or Concurrent Plasm Cell Disorder	yes yes	Specify other preceding/concurrent disorder:	Spen het		Specify other preceding/concurrent disorder:		
	re-Transplant		Preceding or Concurrent Plasm Cell Disorder	yes yes	Date of diagnosis of preceding / concurrent disorder:	WYYMM/26		Date of diagnosis of preceding / concurrent disorder:	YYYY/MAGD	
PRE396 F	re-Transplant	Disease Classification	Multiple Myeloma / Plasm: Cell Disorder (PCD	yes no	Serum beta2 - microglobulin	Koun Uninoun		Serum beta2 - microglobulin	looan, Uninoun	

tem ID Tim	ne Point	Information	Information Response required if	Information Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Collection Domain Sub-Type	Information Response required if Collection Additional Sub Domain Domain applies Additional Sub Domain	n requested multiple times				Element (if applicable)		
RE397 Pre	e-Transplant	Disease Dassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Serum beta2-microglobulin:			Serum beta2-microglobulin:	up(d. mpL encl/L	
		Disease Dassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no).S.S Stage	Kosen Ukkoen		LS.S Stage	Kown, Uslanown	
RE399 Pre	e-Transplant	Disease Classification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	1.5.5 Stage	1 (Sorum JB2 microglobulin + 3.5 mg/L, Sorum albumin + 3.5 g/dL). 2004t fitting stage 1 or 3). 3 (Sorum JB2 microglobulin + 5.5 mg/L; Sorum albumin)		LS.S Stage	1 (Serum (32-microglobulin « 3.5 mg/L, Serum albumin » 3.5 g/dL). 2(Net fitting stage 1 or 3), 3 (Serum (32-microglobulin » 5.5 mg/L; Serum albumin —)	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	R-1.5.5 Stage	Kosen Uklopen		R-I.S.S Stage	Koown, Unitrown	
RE401 Pre	e-Transplant	Disease Classification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	R-1.5.5 Stage	1185 stage 1 and no high-risk on pagenetic zboomsaffels hy/199 (defetion 15yr 15yr, 14-14), 1(14-16)] and normal LDH levels) 2(Not R-RS stage 1 or III).2(RS stage III) and either high-risk-onogenetic abnormalities by F8H (defetion 17yr / 17yr, 14-14), (14-14)] or high LDH levels)		R-LSS Stage	1 195 dage 1 and na high-rids cytogenetic abnormalities by FRM (deletions Typ. 715 yr, 142 H), (134-148) and normal LDH levels).25942 H-SS stage 1 or III.)385 stage II and either high-rids cytogenetic abnormalites by FRM (deletion Typ. 715 p. 142-14, 134-148) or high LDH levels)	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by flow cytometry	Koan Ukinown		Plasma cells in peripheral blood by flow cytometry	Koewa,Usikowa	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by flow cytometry	%		Plasma cells in blood by flow cytometry	S	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by morphologic assessment	Known, Udirown		Plasma cells in peripheral blood by morphologic assessment	Kown, Uslanown	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by morphologic assessment	%		Plasma cells in blood by morphologic assessment		
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by morphologic assessment			Plasma cells in blood by morphologic assessment	••0 4 259/1 (4 25 ymm3) •0 2 2564	
RE407 Pre	e-Transplant	Disease Elassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	n.Ushnow, jes		Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	na, Didinomi, yes	
		Elassification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Were cytogenetics tested via FISH?	NLYS		Were cytogenetics tested via FISH?	Ne.Yes	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Results of tests	Aknomalites identified Na aknomalities		Results of tests	Abnormalities identified No abnormalities	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Specify abnormalities (check all that apply)	Ану закоппайту и 15,0му закоппайту и 15,06(112), 115,60(116)/175-Нуконброй (- 50),Нуровброй (- 40,-11, 77,МС позгладения.Обнет закоппайту, (11,14,11,14,11,14,01,14,4),56,1,64,1,64,1,64,1,54,7,74			дар abnormality af 15,449 abnormality af 15,461(13) (13); Abpedigladd (* 20,13); poddpladd (* 40,13); frynodigladd (* Frynodigladd (* 40,13); frynodigladd (* 40,13); frynodigla	
RE412 Pre	e-Transplant	Disease Elassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Specify other abnormality:	open feat		Specify other abnormality:	spon feat	
		Elassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	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	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Were cytogenetics tested via karyotyping?	No.76		Were cytogenetics tested via karyotyping?	No.Yes	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Results of tests	Abnormalites identified No abnormalities No evoluable metaphores		Results of tests	Abnormalities identified, No abnormalities, No evoluable metaphases	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	Spen teat		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Specify abnormalities (check all that apply)	far absommår at 19,4m y absommår yd 19,4m ⁽¹ 1),4 ¹) (19,4m ⁽¹ 1),4 ¹),1 ¹ / ¹			Ang-alaxemaility at 15,4m abnormality at 15,4m(13)/115,4m(13)/115,4m),appendiplied (> 50).Hypodiplied (< 44), 13,113,MTC rearrangement.Other abnormality.H1114J,1414,8J,114,201,8414,86140,911+15,47,47,49	
		Dassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
RE419 Pre	1	Disease Elassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No./rs		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No. Yes	
	e-Transplant		Multiple Myeloma / Plasma Cell Disorder (PCD)	no	What is the hematologic disease status?	Emplote remission (CRL)Progressive disease (PRL)Partial remission (PRL)Relayue from CR (Rel) (Laterated). Stringert complete remission (CRL) Stable disease (SRL)Johnson/Very good partial remission VCPRL		What is the hematologic disease status?	Complete reminsion (CR).Progressive disease (PO),Partial reminsion (PR),Relapse from CR (Rd) (antroated),Stringent complete reminsion (CR),Stable disease (SO),Unknown, Very good partial reminsion VCR/N	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Date assessed:	(YYY)M/IDD		Date assessed:	WYNAMOD	
	e-Transplant		Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no		Complete response (CR).No response (NR) / stable disease (SD).Progressive disease (PO).Partial response (PR).Relapse from CR (Ref) (untreated).Unknown,Very good partial response (VGPR)		(Amyloid patients only)	Complete response (CR), No response (NR) / stable disease (DD), Progressive disease (PD), Partial response (PR), Belgace from CR (Ref) (untreated), Unixoum, Very good partial response (VGPR)	
		Elassification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Date assessed:	WYYMM/RC		Date assessed:	YYY/94/00	
	e-Transplant		Isolid Tumors yes	no	Specify the solid tumor classification	baset access these access feed dates global participation across systems tunce becading GR PBF Claimetal Caciar Inplicated Early Tenny Learness (Including R PBF Claimetal Caciar Inplicated Early Tenny Learness (Including R PBF) (Intel Caciar Inplicated Early Tenny Learness (Including R PBF) (Intel Caciar Inplicated Early Tenny Learness (Including R PBF)) (Intel Caciar Inplicated Early Tenny Learness (Including R PBF)) (Intel Caciar Inplicated Early Tenny Learness (Intel Caciar		Specify the solid tumor classification	Band cancer Alexe scream (setubling) (sing faith) bands: Cancid Londral services sphere have: http://bankgraphing.com/setup setup/s	
RE425 Pre	e-Transplant e-Transplant	Disease Classification Disease	Solid Tumors yes Aplastic Anemia yes	no	Specify other solid turnor: Specify the aplastic anemia classification - If the recipient developed	gen text Kaginal megukanyochola (not congenital). Kaginet pare red ell salada (not congenital). Krapinet ML, not otherwise specified DMH scapanet Ordennie syndmet ML accordary to Menostharayo, Augusta ML, Scandary To Inspatific. Acquired AM, scondary to Immune effector of Brazyi Acquired AM, scondary to toxini / other drug		Specify other solid tumor: Specify the aplastic anemia classification – if the	ogen test Krainer amsgikurysstoki ford congential/Acquired pure red cell aplacis (net congential/Acquired AA, rot otherwise specified Other acquired cytoperic syndrome, Acquired AA secondary to chemotherap/Acquired AA, secondary to hequitib.Acquired AA secondary to limnuacherapy or limnue effects cell throup/Acquired AA, secondary to takin (other dug	
RE427 Pre	e-Transplant	Disease	Aplastic Anemia yes	no	MDS or AML, indicate MDS or AML as the primary disease. Specify severity	chemotherapy.Acquired AA, secondary to hepathis.Acquired AA secondary to immunotherapy or immune effector cell therapy.Acquired AA, secondary to toxin / other drug Not sevens.Severe / very severe		recipient developed MDS or AML, indicate MDS or AML as the primary disease. Specify severity	chemotherapy, Acquired AA, secondary to hepatitis, Acquired AA secondary to lemnuncherapy or immune effector cell therapy, Acquired AA, secondary to tooln / other drug Not severe. Severe / very severe	
RE428 Pre	e-Transplant	Disease Elassification	Aplastic Anemia yes	no	Specify other acquired cytopenic syndrome:	open text			open text	
RE429 Pre	e-Transplant	Disease Elassification	Inherited Bone yes Marrow Fallure Syndromes Hemodobinopathi yes	no	Specify the inherited bone marrow failure syndrome classification Specify the hemoglobinopathy classification	Dyskeratolis congenita. Jaccori anemia. Severe congenital in notiropena, Alamoné Blackfan anemia. Stevachman Olamoné Dimer hemogolanopathy. Solite cell disease. Transfusion dependent thal ascenia.		syndrome classification	Dyskratolis congenity. Sinceri aremis Severe congenital invetropenia, Diamoné Hickitan aremia, Shuachman Clamond, Other Inherited bone failure syndromes Ditter hemogóbiongosthy. Sickle coll diseaux, Translusion degendent thalacemia	
	e-Transplant e-Transplant		Hemoglobinopathi yes es Hemoglobinopathi yes	no	Specify the hemoglobinopathy classification Specify transfusion dependent thalassemia	Other hemoglobinopathy,Sickie cell disease,Trandusion dependent thalassemia Trandusion dependent beta thalassemia,Other translusion dependent thalassemia			Other hemoglobinopathy.Sidde cell discase, l'annotasion dependent thalassemia Transfusion dependent beta thalassemia, Other transfusion dependent thalassemia	
RE432 Pre	e-Transplant	Disease Elassification	es	no	Specify other hemoglobinopathy:	open text		Specify other hemoglobinopathy:	apen text	
	e-Transplant	Disease Elassification	Hemoglobinopathi yes es	no	Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?	No,Uninown,Yes		Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?	No. Unknown, Yes	

Item ID Time Point	Information Collection Domain Sub-Type	Information Response required if Collection Additional Sub Domai Domain applies Additional Sub Domain	Information Collection may be in requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(a)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
PRE434 Pre-Transplant I	Disease Classification	Hemoglobinopathi yes	no	TRJV measurement	Known, Unknown		TRJV measurement	Anora, Dahaowa
	Classification Disease Classification	es Hemoglobinopathi yes	no	TR/V measurement:	• misec		TRJV measurement:	m/sec
	Disease Classification	es Hemoglobinopathi yes	no	Was liver iron content (LIC) tested within 6 months prior to infusion?	No,Yes		Was liver iron content (UC) tested within 6 months prior to infusion?	No.Yes
	Disease Classification	Hemoglobinopathi yes es	no	Liver iron content:			Liver iron content:	
PPE429 Pre-Translant	Diraxa	Hemostobiogostbi ker	200	Method used to estimate UC?	•umol Fe / g liver dry weight FerriScan.Liver Biopsy.Other.SQUID MRI,T2 MRI		Method used to estimate LIC?	erriScan_Liver Biopaj,Other SQUID MBI,172 MBI
PRE438 Pre-Transplant C PRE439 Pre-Transplant C		es		Is the recipient red blood cell transfusion dependent? (requiring			is the recipient red blood cell transfusion	
	Classification	es		transfusion to maintain HGB 9-10 g/dL)	mu, tsa		dependent? (requiring transfusion to maintain HGB 9-10 g/dL)	
PRE440 Pre-Transplant I	Disease Classification	Hemoglobinopathi yes es	no	Year of first transfusion: (since diagnosis):	WW		Year of first transfusion: (since diagnosis):	mm
PRE441 Pre-Transplant I	Disease Classification	Hemoglobinopathi yes es	no	Was iron chelation therapy given at any time since diagnosis?	No,Unimown,Yes		Was iron chelation therapy given at any time since diagnosis?	No Unkinown, Yes
PRE442 Pre-Transplant E	Disease Classification	Hemoglobinopathi yes es	no	Did iron chelation therapy meet the following criteria: initiated within 58 months of the first translution and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?	No, inn cheisten therapy given, but not meeting offenia/on cheisten therapy given, but details of administration unknown, ites, inn cheisten therapy given as specified		Did iron cheation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 day. / week (either oral or parenteral iron chelation medication)?	No, Iron declation therapy given, but not meeting oriteria, Iron declation therapy given, but details of administration unknown, Yec, Iron declation therapy given as specified
PRE443 Pre-Transplant I	Disease Classification	Hemoglobinopathi yes es	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
PRE444 Pre-Transplant I	Disease Classification	Hemoglobinopathi yes es	no	Specify other reason criteria not met:	open text		Specify other reason criteria not met:	open text
PRE445 Pre-Transplant I	Disease Classification	Hemoglobinopathi yes es	no	Year iron chelation therapy started	Known, Unknown		Year iron chelation therapy started	koom,Unknown
PRE446 Pre-Transplant	Disease Classification	Hemoglobinopathi yes es	no	Year started:	ww.		Year started:	mm
PRE447 Pre-Transplant		Hemoglobinopathi yes es	no	Did the recipient have hepatomegaly? (2 2 cm below costal margin)	no,Unknown, yes		Did the recipient have hepatomegaly? (2 2 cm below costal margin)	no,Uninown, yes
	Disease Classification	Hemoglobinopathi yes es	no	Liver size as measured below the costal margin at most recent evaluation:	a		Liver size as measured below the costal margin at most recent evaluation:	CM
	Disease Classification	Hemoglobinopathi yes es	no	Was a liver biopsy performed at any time since diagnosis?	nayes		Was a liver biopsy performed at any time since diagnosis?	na,yes
PRE450 Pre-Transplant 0	Disease Classification	Hemoglobinopathi yes es	no	Date functional status assessed	Known, Unknown		Date functional status assessed	Known,Unknown
PRE451 Pre-Transplant D	Disease Classification	Hemoglobinopathi yes es	no	Date assessed:	YYY/MM/DD		Date assessed:	YYYYMMDD
PRE452 Pre-Transplant		Hemoglobinopathi yes es	no	Date estimated	checked		Date estimated	checked
	Disease Classification	Hemoglobinopathi yes es	no	Was there evidence of liver cirrhosis?	No,Uninown,Yes		Was there evidence of liver cirrhosis?	No, Unincown, Yes
	Disease Classification	Hemoglobinopathi yes es	no	Was there evidence of liver fibrosis?	No,Unimown,Yes		Was there evidence of liver fibrosis?	No,Uhinown,Yes
PRE455 Pre-Transplant	Disease Classification	Hemoglobinopathi yes es	no	Type of fibrosis	Bridging,Other,Periportal,Unknown		Type of fibrosis	Bridging, Other, Peripartal, Unknown
	Disease Classification	Hemoglobinopathi yes es	no	Was there evidence of chronic hepatitis?	No,Unimown,Yes		Was there evidence of chronic hepatitis?	No,Unknown, Yes
PRE457 Pre-Transplant 0	Disease Classification	Hemoglobinopathi yes es	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
PRE458 Pre-Transplant 0	Disease Classification	Hemoglobinopathi yes es	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	Hemoslohinanathi ker	100	Did the recipient have a splenectorny?	no.Unknown.ves		Infusion? Did the recipient have a splenectomy?	no.Uninown.ves
	Classification	es Hemoslobioonathi ker	100					
[Disease Classification	es Hemoslobioonathi ker		Total serum bilirubin	µmol /L		Total corum bilinghin	μρ(/d. μρησ//L
	Disease Classification Disease	es Hemoplobinopathi ves	80	Total serum bilirubin:	: • ms/dL		Total serum bilirubin:	• m//4
- · · K	Classification Disease	es Hemoelohinonathi ves	10	Upper limit of normal for total serum bilirubin:			Upper limit of normal for total serum bilirubin:	
PRE464 Pre-Transplant I	Classification Disease Classification	es Disorders of the yes Immune System	no	Specify disorder of immune system classification	Rada Istangectasia. Bare humphocyte syndrome. Cartillage hair hypoglasia. Cholo ligand deficiency, Chonic grandonatoar. discase, DiGorge anomaly, Criscelli syndrome hype 2.HW Infection. Hermannsky-Hudia syndrome hype 2.Leakocyte adheciane deficiences, Lindaling Cartilla, Chi Li, Ka ad WR Cardiola deficiences, Chemory and High Mapha Androme. Chine immunosche discherischen syndrome. Che signettarg fait and discher Che USC 2016. Immunodeficiency (CDC), SCR, in cei deminie upchiled, Alkonice i T and E coli SCD. Jimmare deficiency, Andro Himmare deficiency, and chemica uppechile. Alkonice i transmissione and the coli second andro and the Chemica uppechile. Alkonice i transmissione and the coli second andro and the Chemica uppechile. Alkonice i transmissione and transmissione and transmissione and transmissione and transmissione and the coli second andro and the coli second andro and the coli second and the coli second and the coli second and the coli second and the transmission and the coli second and		Specify disorder of immune system classification	Anali takingketasi. Bare humphonete syndrome. Curtidage har huppoglasi. CAPO ligand deficiency. Curvair: granulomatous disaset. DEscorge anomaly, Cateroli syndrome type 21-bekorge advector deficience includinge CPRA. De 10, Da aut WE. advectored. Barboson deficiences. Naturalysed Statis deficiency. Cateroli syndrome. Der jamentary dandition disaset. DESCOR advectored. Barboson deficiences. Naturalysed Statis deficiency. Cateroli syndrome. Der jamentary dandition disaset. DESCOR Jones et al. Descore advectored. Barboson deficiences. Naturalysed Statis deficiency. Cateroli syndrome. Der jamentary dandition disaset. DESCOR Jones et al. Descore advectored. Barboson deficiences. Naturalysed Statis deficiences. Descore advectored. Barboson deficiences. Descore advectored. Descore ad et al. SCOR Jones et al. Descore advectored. Descore advec
PRE465 Pre-Transplant 0	Disease Classification	Disorders of the yes Immune System	no	Specify other SCID:	open text		Specify other SCID:	open text
PRE466 Pre-Transplant 0	Disease Classification	Disorders of the yes Immune System	no	Specify other immunodeficiency:	open text		Specify other immunodeficiency:	open test
PRE467 Pre-Transplant 0	Disease Classification	Disorders of the yes Immune System	no	Specify other pigmentary dilution disorder:	open text		Specify other pigmentary dilution disorder:	open test
PRE468 Pre-Transplant 0	Disease Classification	Disorders of the yes Immune System	no	Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?	No,Yes		Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?	No,Yes
	Disease Classification	Disorders of the yes Immune System	no		Alcondrus RV Vins. Chilaaganga Waa Cytonegalonia (DM) Caroawina. Deegar Vins. Egatoh Barr Vins. (BH) Enteronina (BB) Enteronina (B Enteronina (BB) Enteronina		Specify viral pathogen (check all that apply)	Alexandrug Bir Van Callaurgen yn Anne, Contemplein (pol), Contravier a brauge y Hau zallen Bar yn yn 1893 (Brandrug Lif 1946) (Brandrug Brandrug Bir 2000) Color Barry (pol), Callaurgen yn Anne, Contemplein yn 1993 (Brandrug Bir 2000) Roedd Callaurgen yn Anne Alexandrug Chrynnar Hymphotogy (Yna Lif 1993) (Brandrug Bir 2000) Palliaurgen yn Phyl Areges Singel yn yn Hyful Amman Tymphotogy (Yna Lif 1994) (Brandrug Marchan, NGSK, Yna (Phyleraele Matthoal Ladoroccabalapathy Phyl Chryster (Yna Chryster) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Bir 2000) Phyl Chryster (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) Matthoal (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) Matthoal (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) Matthoal (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) (Brandrug Fyria) Matthoal (Brandrug Fyria) (Brandrug Fyr
PRE470 Pre-Transplant D	Disease Classification	Disorders of the yes Immune System Disorders of the yes	no	Has the recipient ever been infected with PCP / PJP?	N0,765		Has the recipient ever been infected with PCP / PJP?	NO,765
PRE471 Pre-Transplant 0	Disease Classification	Disorders of the yes Immune System		Does the recipient have GVHD due to maternal cell engraftment pre- HCT? (SCID only)	notro		Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	larito
PRE472 Pre-Transplant C	Disease Classification	Inherited Abnormalities of Platelets	no	Specify inherited abnormalities of platelets classification	Congenital amegalaryocytosis / congenital thrombocytopenia (501). Glavamann thrombastheria (502).Other inherited platelet abnormality (509)		Specify inherited abnormalities of platelets classification	Congenital amegakaryocytosis / congenital thrombocytopenia (501,Claumann thrombasthenia (502,Other Inherited platelet abnormality (509)
	Disease Classification	Inherited yes Abnormalities of Platelets	no	Specify other inherited platelet abnormality:	open text		Specify other inherited platelet abnormality:	open taut
	Disease Classification	Inherited yes Disorders of Metabolism	no	Specify Inherited disorders of metabolism classification	Atendiadytotyk (JAI) (SHL), andrzy djaczanistica: (SHL) a juurantiza defactivy (VII) (SJT) randskis (SAG, Gauher dinase (SHL), Kacus target disse (SHL), Atente syndrom (SHL), SHL and			Amenditry wild in balances/biaspiny with spherotic, Adversaria/adversaria/biaspiny adversaria/biaspiny adversa
PRE475 Pre-Transplant (Disease Classification	Inherited yes Disorders of Metabolism	no	Specify other inherited metabolic disorder:	open text		Specify other inherited metabolic disorder:	open text
PRE476 Pre-Transplant C	Disease Classification	Metabolism Inherited yes Disorders of Metabolism	no	Loes composite score	Adrenolesäksöystrophy (ALD) only		Loes composite score	Ademoleukodystruphy (ALD) only
PRE477 Pre-Transplant I	Disease Classification	Histiocytic yes	no	Specify histiocytic disorder classification	Hatocytic disorder, not otherwise specified (570),Langerhans cell histocytosis (histiocytosis-X) (572).Hemophagocytic lymphohistiocytosis (HLH) (571),Hemophagocytosis (reactive or viral associated) 1731).Malignant histocytosis (574),Other histocytic disorder (579)		Specify histiocytic disorder classification	Histocytić disorder, not otherwise specified (1570) Langenhans cell histocytosis (histocytosis (1572) Hemophagocytic lymphohistocytosis (HH) (1571).Hemophagocytosis (reactive or viral associated) 1573).Malignam histocytosis (154).Ofber histocycic disorder (1579)
PRE478 Pre-Transplant D	Classification Disease Classification	Disorders Histiocytic yes	no	Specify other histiocytic disorder:	12/3//www.gewin tearacy.uso. (2/4).cv.iter tearacy.dl GlGddef (3/7) open teat		Specify other histiocytic disorder:	(572),Malgmant histosytosis (574),Other Histosytos disorder (579) open text
	Classification Disease Classification	ulsorders Histiocytic yes Disorders	no	Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? Hemophagocytic lymphohistiocytosis (HLH) only	No.Yee		Did the recipient have an active or recent infection with a viral pathogen within 60 days of HC17 Hemophagocytic lymphohisticcytosis (HLH) only	k/k
PRE480 Pre-Transplant E		Histlocytic yes Disorders	no	Specify viral pathogen (check all that apply)	Alconvirus, RV Vins. Chilaugung Vinz. Cytomegalovirus (SM), Corosavina, Deegue Vinz. Epstehn-Barry Vinz. Ethyl. Enteronivus (BE) (SMB), Enteronius (ECHO, Conscided, Enteronius, RSJ: Microline (Jabbi), Hypathi, X. Vina-Lingubbi): C. Vina-Lingubbi): C. Vina-Lingubbi): C. Vinz,		Specify viral pathogen (check all that apply)	Aderovinus BY Vins. Chikaugump Vins. Cytomegalovinus (AM) Connouvinus. Deegaer Vins. Epistein Baur Vins. Effetti Baur Vins. Eff
PRE481 Pre-Transplant D	Disease Classification	Histiocytic yes Disorders	no	Has the recipient ever been infected with PCP / PJP?	No,Yes		Has the recipient ever been infected with PCP / PJP?	
PRE482 Pre-Transplant E	Disease Classification	Autoimmune yes Diseases	no	Specify autoimmune disease classification	And/photophological protomers the start of advance 2 may 2 manual calcular justice mitter increases and photophological photop		Specify autoimmune disease classification	hadpsproduktion phone theory indexes. Drug directs Charles of phone theory in the observation of the observa
PRE483 Pre-Transplant	Disease Classification	Autoimmune yes Diseases	no	Specify other autoimmune cytopenia:	open text		Specify other autoimmune cytopenia:	oon tet

Item ID	lime Point	Information	Information	Response required if In	nformation Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	formation Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Collection Doma Sub-Type	Information collection Domain Additional Sub Domain	Additional Sub Domain re applies	equested multiple times				Element (if applicable)		
PRF484	Pre-Transplant	Disease	Domain Autoimmune	ves o	0	Specify other autoimmune bowel disorder:	oom text		Specify other autoimmune bowel disorder:	open text	
PRE485	Pre-Transplant	Classification Disease	Diseases Autoimmune Diseases	yes n	0	Specify other autoimmune disease:	open text			open text	
PRE486	Pre-Transplant	Disease Classification		yes ni	0	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	
			Tolerance Induction Associated with Solid Organ Transplant								
PRE487	Pre-Transplant	Disease		yes ni	0	Specify other organ:	open text		Specify other organ:	open text	
			Tolerance Induction Associated with Solid Organ Transplant								
PRE488	Pre-Transplant	Disease		yes ni	0	Specify other disease:	open text		Specify other disease:	open feut	
			Tolerance Induction Associated with Solid Organ Transplant								
PRE489	Pre-Transplant	Disease	Myelodysplastic Syndrome (MDS)	yes ye	8	WBC	Known, Unknown		WBC	Known, Unknown	
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	ves w	8	WBC	 x:10⁷/L (x:10⁷/mm²) 		WBC	 x 10/L (x 10/mm²) 	
										* 107(k 107)mm?	
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	e	Neutrophils	Known, Unknown		Neutrophils	Known,Ushinown	
PRE492	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	e.	Neutrophils	\$		Neutrophils	%	
PRE493	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	e e	Blasts in blood	Known, Unknown		Blasts in blood	Known, Unknown	
	Pre-Transplant		Muniodusolastic	yes w	8	Blasts in blood	%		Blasts in blood		
			Syndrome (MDS)				Kown Unkown		Hemoglobin	Room Uringen	
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	r 14	-	Hemoglobin					
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	e	At Diagnosis: Hemoglobin	g/dL • g/L • mmoVL		At Diagnosis: Hemoglobin	∮/d. 	
PRE497	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	8	Were RBCs transfused s 30 days before date of test?	No.Yes		Were RBCs transfused s 30 days before date of test?		
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	8	Platelets	Known, Unknown		Platelets	Known, Unknown	
	Pre-Transplant		Myclodysplastic	ves	8	Platelets	x 10'/L (x 10'/mm')		Platelets	x 10'/L (x 10'/mmi')	
			Syndrome (MDS)								
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	8	Were platelets transfused s 7 days before date of test?	No,Yes		Were platelets transfused s 7 days before date of test?	No,Yes	
PRE501	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	e e	WBC	Known, Unknown		WBC	Known,Unknown	
PRE502	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	e	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
PRE503	Pre-Transplant	Disease	Myelodysplastic Syndrome (MDS)	yes ye	с.	Neutrophils	%		Neutrophils	%	
			Syndrome (MDS) Myelodysplastic				Koran Ibinown				
	Pre-Transplant		Myelodyspiastic Syndrome (MDS)	yes ye	e.	Blasts in blood	Known, Unknown		Blasts in blood	Known, Urkinown	
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	e	Blasts in blood	%		Blasts in blood	%	
PRE506	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	с с	Hemoglobin	Known, Unknown		Hemoglobin	Known,Unknown	
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	8	Prior to Infusion: Hemoglobin	• ŷû. ŷû. ŷû.		Prior to Infusion: Hemoglobin	ÿå. ÿ, y, y, y,	
				ves	8	Were RBCs transfused s 30 days before date of test?	No.Yes		Were RBCs transfused s 30 days before date of		
	Pre-Transplant		Myelodysplastic Syndrome (MDS) Myelodysplastic						test?		
	Pre-Transplant		Myelodysplastic Syndrome (MDS)	yes ye	e.	Platelets	Known, Unknown		Platelets	Known, Uelinown	
PRE510	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	e e	Platelets	x 10 [/] / (x 10 [/] /nm ²) x 10 [/] / (x 10 [/] /nm ²)		Platelets	x 10 [/] /L (x 10 [/] /mm [*]) x 10 [/] /L	
PRE511	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes ye	e	Were platelets transfused s 7 days before date of test?	No,Yes		Were platelets transfused s 7 days before date of test?	No.Yes	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)	yes w	8	WBC	Known, Unknown		WBC	Known, Unknown	
				yes kv	es	WBC	• x 10/1 (x 10/mm/)		WBC	• x 107/L (x 10/mm?)	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)				10/1 (x 19/mm ²)			• 1 50% (b 10)(nm) • 10%	
PRE514	Pre-Transplant	Lusease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	e	Neutrophils	Known, Unknown		Neutrophils	Known, Unknown	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)	yes ye	8	Neutrophils			Neutrophils	%	
PRE516	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	es.	Blasts in blood	Known, Unlacown		Blasts in blood	KnownUnknown	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)	yes ye	e.	Blasts in blood	X		Blasts in blood	%	
				yes .	ĸ	Hemoglobin	Known, Unknown		Hemoglobin	Known Unknown	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)			r en rengement i					
PRE519	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	8	Hemoglobin	9.4 → 1.2 →		Hemoglobin		
PRE520	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	e	Were RBCs transfused s 30 days before date of test?	N0,Yes		Were RBCs transfused s 30 days before date of test?	No,Yes	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)	yes ye	e e	Platelets	Known, Unknown		Platelets	Known,Unknown	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)		e	Platelets	× 10'/L (x 10'/mm')		Platelets	× 10'/L (x 10'/mm')	
						Were platelets transfused s 7 days before date of test?			Were platelets transfused s 7 days before date of		
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)		0	were parenets transfused s / days before date of test?	na' iza		test?		
PRE524	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	e	WBC	Known, Unknown		WBC	Known Unknown	
PRE525	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	8	WBC	••* 10/A (x 10/mm ²) •* x 10/A		WBC		
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)	yes ye	8	Neutrophils	Known, Unknown		Neutrophils	Known, Unknown	
		Carallication	eopusins (MPN)								

									-		
Item ID	Time Point	Information Collection Domain Sub-Type	Information R Collection A	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		540 1990	Additional Sub Domain	appacs							
PRE527	Pre-Transplant	Disease	Myeloproliferative y	yes	in the second	Neutrophils	N		Neutrophils		
		Classification	Neoplasms (MPN)								
PRE528	Pre-Transplant	Disease Classification	Myeloproliferative y Neoplasms (MPN)	yes	ha Na	Blasts in blood	Known, Unknown		Blasts in blood	Known,Unknown	
PRE529	Pre-Transplant	Disease Classification	Myeloproliferative y	yes	yes	Blasts in blood	N		Blasts in blood	3	
		Classification	Neoplasms (MPN)								
PRE530		Disease Classification	Myeloproliferative y Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known, Unknown	
PRE531	Pre-Transplant	Disease	Myeloproliferative v	ves	wes.	Hemoslobin	• v/d		Hemoglobin	• *//1	
		Classification	Neoplasms (MPN)								
PRE532	Pre-Transplant	Disease Classification	Myeloproliferative y Neoplasms (MPN)	yes	yes	Were RBCs transfused s 30 days before date of test?	No,Yes		Were RBCs transfused s 30 days before date of test?	No,Yes	
PRE533	Pre-Transplant	Disease	Myeloproliferative y	ves	we	Platelets	Known Unizown		Platelets	Known.Unknown	
		Classification	Neoplasms (MPN)	/							
PRE534	Pre-Transplant	Disease Classification	Myeloproliferative y Neoplasms (MPN)	yes	ha Na	Platelets	x 10%L (x 10%mm*) x 10%L		Platelets	x 10/L (x 10/mm) x 10/l	
PRE535	Pre-Transplant		A strength with			Were platelets transfused s 7 days before date of test?			Were platelets transfused s 7 days before date of		
PRESSS	Pre-transplant	Disease Classification	Neoplasms (MPN)	YES .	10	were platelets transitised 5.7 days before date of test:	10,15		test?	NU, TOS	
PRE536	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma	yes	no	Serum albumin	Known, Unknown		Serum albumin	Known, Unknown	
			Cell Disorder (PCD)								
PRE537	Pre-Transplant	Disease	Multiple Myeloma / Plasma	yes	no	Serum albumin:	¢ β/dt φ g/t		Serum albumin:	• g/dL • g/L	
		- damon Dil	Cell Disorder (PCD)				· · · · · ·				
PRE538	Pre-Transplant	Disease	Multiple y	yes	no	цон	Known,Unknown		LDH	Known,Unknown	
		Classification	Myeloma / Plasma Cell Disorder (PCD)								
PRE539	Pre-Transplant	Disease	Multiple	yes	no	LDH	0 U/t		LDH	o U/.	
		Classification	Myeloma / Plasma Cell Disorder (PCD)				••oµkat/L			••o ykat/L	
PRE540	Pre-Transplant	Disease	Multiple y	yes	no	Upper limit of normal for LDH:	·		Upper limit of normal for LDH:	•	
		Classification	Myeloma / Plasma Cell Disorder (PCD)								
PRESA	Pre-Transplant	Disease	Hemoglobinopathi	ves	80	Serum iron	Konen Lininoen		Senimiron	Known.Unknown	
		Disease Classification Disease	Hemoglobinopathi y es		-	Serum iron			Serum iron		
PRES42 PRES43	Pre-Transplant	Classification	es Usersalablessabl	yes	no	Serum iron Total iron binding capacity (TIBC)	με/dt μmol/L- KoonuUkicom		Total iron binding capacity (TIBC)	pg / d. pmol / L Monny Urlingsom	
PRES43	Pre-Transplant	Disease Classification GVHD Prophylaxis	Hemogropinopatni y es	yes	no	Vas GVHD prophylaxis planned?	Known, Unbriown		Was GVHD prophylaxis planned?		
			Recipient	yes	no		No.Yes Relatacent Anti CD 25/Zenaoux. Dacibumab. AntiTACI.Blinded randomized trial.Bortezomib.CD34 enriched/CD34+ selection/.Corticosteriods (systemic).Cyclosobamide (Cytourn).Cyclosoprine (CSA.			No,Yes	
PRE545	Pre-Transplant	GVHD Prophylaxis	Allogeneic y Recipient	yes	no	Specify drugs / intervention (check all that apply)	Abatacey, Lntt O2 5/Zenapax, Daciliumah, Anth/AC, Bilnded randomized trial, Bortecomik, CD34 enriched (CD34+ selection), Corticosteriods (systemic), Cyclophosphamide (Cyfoxan), Cyclopaorine (CSA, Neoral, Sandimmune), Extra-corporael photopheresis (ECP), Ex-vivo T-cell degletion. Filigothib, Maraviroc, Mycophenolate mofetti (MMF) (Cellcept), Methotresate (MTX) (Amethopterin), Other agent, Raudithib, Sirolimus (Rapamue), Rapamue), Tarcolimuz(HS 506), Tociliumab		Specify drugs / intervention (check all that apply)	Abstacept Anti CD 25(Zenapax, Dacilzumab, AntiTAC), Blinded randomized trial, Bortezomb, CD34 enriched(CD34+ selection), Corticosteriods (systemic), Cyclophosphamide (Cytoxan), Cyclopportne (CSA, Neoral, Sandimrune), Extra-corporal photopheresis (ECP), Ex-vivo T-cel despletion Filpathilu Maraviroz, Mycophenolate moletil (MMF) (Cellcept), Methotersate (MTX) (Amethopterin), Other opent, Rusolithilis Sultimum, Baravine, Taronimum (FS06), Tocilizumab	
PRE546	Pre-Transplant	GVHD Prophylaxis	Allogeneic y	yes	no	Specify other agent:	open text (do not report ATG, campath)		Specify other agent:	open text (do not report ATG, campath)	
PRE547	Pre-Transplant	Post-HCT Disease	Recipient	no	no	Is additional post-HCT therapy planned?	noyes		is additional post-HCT therapy planned?	no,yes	
		Therapy Planned as of Day 0									
PRESAR	Pre-Transplant	Post-HCT Disease		20			Azacitidine(vidaza),Blinatumomab,Bortezomib (Velcade),Bosutinib,Brentuximab,Carfilzomib,Celiular therapy (e.g. DC),				
		Therapy Planned as	[[no	Specify post-HCT therapy planned	ralistonie (vinalistonie wiele in statistickie) i kannel (viele in statisticki) i kannel (viele in		Specify post-HCT therapy planned	Azacitidine/Vidaza).Blinatumomab.Bortezomib (Velcade).Bosutinib.Brenturimab.Cartilizomib.Celkiar therapy (e.g. DCI, DUI).Creationalis.Daratumumab.Darathib.Deritabibe.Elotumumab.Enaidenib.Caliterinibii.bimatibib.Bortesitabib.Brence, Gilvec).intrathecal.chemotherapy/veidenib.izazomib.Lenaildomide Dui Creationalis.Daratumumab.Barathib.Deritabibe.Elotumumab.Enaidenib.Caliterinibib.Bortesitabi.Bortesitabi.Bortesitabib.Bortesitabi Bortesitabib.Bortesit	
		Therapy Planned as of Day 0			no	speary post-HLI therapy planned	EUL/Creducia/b Daratumumab. Docatinkb.Decitables. Educationab. Exacidencia/B. Elevatinkb. Burutinkb.maildomide Reclinidig.Letarutumab.Docatindberapy. Mdostaurin, Nilotnib, Doinutuumab. Other / Pacritiski, Penatinkb, Quizartinib, Rituurinab (Rituan, Mabthera), Soratenib, Sunitiski, Thaildomide Thailomid/, Unknown		specity post-HCI therapy planned	EUI, Crenolan Dara tumumeb Dazathib, Decitables Distaurana Enazionib, Gilterlinib, Joruthib, Imanito menylate (Gevece, Gilvec), Intrathecal chemotherapy, Josidenib, Juazonib, Lenaildonide (Reinnid), Lestanib, Local radiotherapy, Midostaurin, Nilotnib, Doinutsuranab, Other Parriterib, Ponatinib, Quitartinib, Rituximab (Rituxam, Matchena), Soralenib, Sunitinib, Thaldonide (Thalomid), Unizonom	
		Therapy Planned as of Day 0		no	no	Specify obs:+HL1 therapy planned	RL (Creation), Durch munich Dauthority), Detailuine L Mauranta (Daudenb), Cherkhaumanik, Bundink B Bundink Bundink Bundik Bundink Bundink Bundink Bundink Bundik Bundink Bundi		Specify other therapy:	Specific Distribution of Specific Distribution (Specific Distribution), Specific Distribution (Specific Distribution), Specific Distribution), Specific Distribution, Specific Distr	
PRES49	Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0		no	no	Specify other therapy:	RUL Generalish Darahammah Darahab Jostahine Eduaramah Anadonik Diferritrik bandhal Javaithi J		Specify other therapy:	Specific Distribution of Specific Distribution (Specific Distribution), Specific Distribution (Specific Distribution), Specific Distribution), Specific Distribution, Specific Distr	
PRES49	Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen		no no	no no	Specify other therapy: Ding (drop down list)	EUL/Creducia/b Daratumumab. Docatinkb.Decitables. Educationab. Exacidencia/B. Elevatinkb. Burutinkb.maildomide Reclinidig.Letarutumab.Docatindberapy. Mdostaurin, Nilotnib, Doinutuumab. Other / Pacritiski, Penatinkb, Quizartinib, Rituurinab (Rituan, Mabthera), Soratenib, Sunitiski, Thaildomide Thailomid/, Unknown		Specify other therapy:	EUI, Crenolan Dara tumumeb Dazathib, Decitables Elausamb. Enasidenb, Gilterlinb, bruthib, Imanito meyate (Gevec, Gilvec), Intrathecal chenotherapy, Josédenb, Auzomb, Lenaidómide (Reinhid), Lestarinb, Local radiotherapy, Midostarín, Nilotnib, Doinutszumab, Other Paritinib, Ponatinib, Quitartinib, Rituximab (Rituxam), Matchena), Soralenib, Sunitinib, Thaldomide (Thalomid), Unizonom	
PRE549 PRE550	Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0		no no no	no no no	Specify other therapy:	RUL Greenige his Drazhomana Dazahleb, Dortazhe Elkanma, Erakdenik Gherrika Linnika Linnika (Gereck, Gherci Lintarbeci Ameritary) vodeleni bi zaromb, Erakdenik G Rulandel J. Hinnom geni test Indenesti J. Karlong J. Starken (Schwarz, Schwarz, Schwa		Specify other therapy:	Dil (Credobili Barahaman Disarbing) Dettable Education (Education), Color Monthal David Barahaman Disarbing (Centre Disarbing), Societta Sciences, Color Linatoria (Education), Societta Sciences,	
PRE549 PRE550 PRE551	Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen		no no no	no no no	Specify other therapy: Drug (drop down list) Actual weight at instantion of pre-HCT preparative regiment:	RUL Generalish Darahammah Darahab Jostahine Eduaramah Anadonik Diferritrik bandhal Javaithi J		Specify other therapy: Drug (drop down list) Actual weight at initiation of pre-HCT preparative regiment.	DLI (Credobilis Darahumana). Darahu Dubitaka (Eduaraka), Calandonik, Chierithia Univiti hanoutike megiskei (Derec, Check Janabaca Honosoka), Koadina, Kalandonik Univitabilis, Kalandonik International Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik International Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik	
PRE549 PRE550 PRE551	Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen		no no no	no no no no no	Specify other therapy: Ding (drop down list)	RUL Greenige his Drazhomana Dazahleb, Dortazhe Elkanma, Erakdenik Gherrika Linnika Linnika (Gereck, Gherci Lintarbeci Ameritary) vodeleni bi zaromb, Erakdenik G Rulandel J. Hinnom geni test Indenesti J. Karlong J. Starken (Schwarz, Schwarz, Schwa		Specify other therapy: Drug (drop down list)	DLI (Credobilis Darahumana). Darahu Dubitaka (Eduaraka), Calandonik, Chierithia Univiti hanoutike megiskei (Derec, Check Janabaca Honosoka), Koadina, Kalandonik Univitabilis, Kalandonik International Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik International Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik	
PRESSO PRESSO PRESS1 PRESS2	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen	2 n	no no no yes	no no no no no no	Specify other therapy: Drug (drop down list) Actual weight at instantion of pre-HCT preparative regiment:	DLC General Ab Darah menak Darah Bortak Dertak Bortakan (Eduarenak Johnson Beneral) (Hardenak Johnson Beneral) DLC General Ab Darah menak Darah Bortak Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral Ab Darah Methyle (Eduarenak Johnson Beneral Ab Darah Methyle (Eduarenak Johnson Beneral Ab Darah Methyle (Eduarenak Johnson Beneral		Specify other therapy: Drug (drug down list) Actual weight at initiation of pre-HCT preparative regimens: Was a pre-HCT preparative regimen prescribed?	PUL) Credebility Distribution Control Statistics of Control Stat	
PRESSO PRESSO PRESS1 PRESS2 PRESS3	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen	2 n	no no no yes	90 190 190 190 190	Specify adhor thorapy: Snig (dop down list) Athau weight at initiation of yre HCT preparative regimen: Was a pre-HCT preparative regimen prescribed? Statush the recipient's prescribed preparative regimen (Alageneck HCT with)	DLC General Ab Darah menak Darah Bortak Dertak Bortakan (Eduarenak Johnson Beneral) (Hardenak Johnson Beneral) DLC General Ab Darah menak Darah Bortak Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Bortakan (Eduarenak Johnson Beneral) DLC General Ab Darah menak Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral) DLC General Ab Darah Methyle Control (Eduarenak Johnson Beneral Ab Darah Methyle (Eduarenak Johnson Beneral Ab Darah Methyle (Eduarenak Johnson Beneral Ab Darah Methyle (Eduarenak Johnson Beneral		Specify other therapy: Drug (drop down list) Actual weight at Initiation of pre-HCT preparative regime. Was a pre-HCT preparative regimen prescribed? Calary the regiment prescribed? preparative regimen (Alogonet: HCT cony)	DLI (Credobilis Darahumana). Darahu Dubitaka (Eduaraka), Calandonik, Chierithia Univiti hanoutike megiskei (Derec, Check Janabaca Honosoka), Koadina, Kalandonik Univitabilis, Kalandonik International Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik International Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik Univitabilis, Kalandonik	
PRESSO PRESSO PRESS1 PRESS2 PRESS3	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen	2 n	no no no yes no	70 70 70 70 70 70	Specify other therapy: They (dop down list) Actual weight at Initiation of pre HCT preparative regimen. Was a pre HCT preparative regimen prescribed?	DLC General Ab Darah menak Darah Bortak Dertak Bortakan (Eduaren) A Dertek Merek Me		Specify other therapy: Drug (drug down list) Actual weight at initiation of pre-HCT preparative regimens: Was a pre-HCT preparative regimen prescribed?	PUL) Credebility Distribution Control Statistics of Control Stat	
PRE550 PRE550 PRE551 PRE552 PRE553 PRE554	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen	2 n 2 n 2 n 2 n 2 n 2 n 2 n 3 Nogeneic y 8 cipient y	no no no yes no	70 70 70 70 70 70 70 70 70 70	Specify adhor thorapy: Sng (dop down list) Athau weight at initiation of yre HCT preparative regimen: Was a pre-HCT preparative regimen prescribed? Massing the recipient's prescribed preparative regimen (Alageneck HCT with)	DLC General Ab Darah menak Darah Bortak Dertak Bortakan (Eduaren) A Dertek Merek Me		Specify other therapy: Drug (drop down list) Actual weight at Niktiston of pre-tHC preparative regime. Was a pre-HC preparative regimes prescribed? Casily the receiver's prescribed preparative regimes (Alogones HCT and) Was installation planned as part of the pre-HCT programmer regime.	PUL) Credebility Distribution Control Statistics of Control Stat	
PRE549 PRE550 PRE551 PRE552 PRE553 PRE554 PRE555	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen	n n n Nilogeneic y Recipient n n	no no no no yes no	60 100 100 100 100 100 100 100 1	Specify after therapy. Drug (dep down list) Actual weight at initiation of pre HCT preparative regimen: Was a pre HCT preparative regimen prescribed? Stacily the receptor of prescribed preparative regimen; (Alagonet HCT only) Was includion planned as part of the pre-HCT preparative regimen? Was includion planned as part of the pre-HCT preparative regimen? What was the prescribed radiation field?	RLG Area for an annual Data and hor show and Data and hor show and an advanced and area for a second and a second area of a second and a second area of a secon		Specify other therapy. Drug (drug down list) Actual weight at initiation of pre-HCT preparative regions: Uses a pre-HCT preparative regions pre-scribed? Uses/http://dx.englonerk.etCl.org/ Drugs/http://dx.englonerk.etCl.org/ preparative regions/	21) Circle Adv Burget mund Aguet Adv Burget Advanced. National Advanced Adv	
PRE549 PRE550 PRE551 PRE552 PRE553 PRE554 PRE555	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Regime	n n n Nilogeneic y Recipient n n	no no no no yes no no	90 100 100 100 100 100 100 100 1	Specify adher thorapy: Sing (deg down list) Attaal weight at initiation of pre-teC preparative regimes: Was a pre-teC preparative regimes prescribed? Stady the recipient's preached preparative regimes (Aligenet He C Was insolution planned as part of the pre-teC preparative regimes)?	RLG, fersel and b, Drag Ammand, Dagata Mark, Bakaumand, Dardelle, Markelle,		Specify other therapy: Drug (drop down list) Actual weight at Niktiston of pre-tHC preparative regime. Was a pre-HC preparative regimes prescribed? Casily the receiver's prescribed preparative regimes (Alogones HCT and) Was installation planned as part of the pre-HCT programmer regime.	PLI (Credebility Resp. Constraints) Provide Transmission Constraints (Provide Transmission Constraints) PLI (Credebility Resp. Constraints) Provide Transmission Constraints Provide Transmission Constraints Provide Transmission Constraints Provide Transmissio	
PRE549 PRE550 PRE551 PRE552 PRE554 PRE554 PRE556	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Therapy Planned as of Day 0 Post-HCT Disease Therapy Planned as of Day 0 Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen Pre-HCT Preparative Regimen	n n n Nilogeneic y Recipient n n	no no no yes no no no no no no no no	50 100 100 100 100 100 100 100 1	Specify after therapy. Drug (dep down list) Actual weight at initiation of pre HCT preparative regimen: Was a pre HCT preparative regimen prescribed? Stacily the receptor of prescribed preparative regimen; (Alagonet HCT only) Was includion planned as part of the pre-HCT preparative regimen? Was includion planned as part of the pre-HCT preparative regimen? What was the prescribed radiation field?	RLG Area for an annual Data and hor show and Data and hor show and an advanced and area for a second and a second area of a second and a second area of a secon		Specify other therapy. Drug (drug down list) Actual weight at initiation of pre-HCT preparative regions: Uses a pre-HCT preparative regions pre-scribed? Uses/http://dx.englonerk.etCl.org/ Drugs/http://dx.englonerk.etCl.org/ preparative regions/	21) Circle Adv Burget mund Aguet Adv Burget Advanced. National Advanced Adv	
PRE549 PRE550 PRE551 PRE552 PRE554 PRE556 PRE556 PRE556	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Theory Planned so they of Choose Teacher Choose Regimen Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen	Allogeneic y Allogeneic y Control of the second sec	no no no yes no no no no no no no no	10 10 10 10 10 10 10 10 10 10	Specify other therapy: Sing (dep down list) Actual weight at Institution of pre-HCT preparative regimen. Wata pre-HCT preparative regimen preactibed? Calcify the receipter's preactibed preparative regimen, (Alogeneic HCT with a specific prescribed preparative regimen, Mageneic HCT what was the pre-HCT preparative regimen. ² What was the pre-HCT preparative regimen. ² What was the pre-scribed socie (Score per fraction v total number of fractional Total pre-scribed socie (Score per fraction v total number of fractional Total actuals.	RUC deration für derationen der Status in der Status in der Status in der der Status in der der Status in der Stat		Specify other therapy: Drug (drug down list) Actual weight at Initiation of pre HCT preparative regimes: Was a pre HCT preparative regimen presurbled? Classify the requirest greecolled gregarative regiment. Alagonet: Acti con it Main isolation planed as part of the pre HCT preparative regiment? Total greecolled greater as and of the pre HCT provide as the pre-scribber alastian field? Total greecolled door (size per function + total number of function) Date started:	BLI Chreckel Marcus Algunde Marcus	
PRE549 PRE550 PRE551 PRE552 PRE554 PRE556 PRE556 PRE556	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Theory Ramed as day of any of Research of the second second theory Ramed as days of any of Research Regardine Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen	Allogeneic y Allogeneic y Control of the second sec		60 100 100 100 100 100 100 100 1	Specify other therapy: Drug diep down list? Xitual weight at initiation of pre-HCT preparative regimen: Was a pre-HCT preparative regimen prescribed? Statisfy the receptor's prescribed preparative regimen? Was insolation planned as part of the pre-HCT preparative regimen? What was the prescribed readation field?	RUC deration für derationen der Status in der Status in der Status in der der Status in der der Status in der Stat		Specify other therapy. Drug (drug down list) Actual early of a hildston of pre-HCT preparable regimes. We a pre-HCT preparable regimen prescribed? Example the regiment prescribed preparable regimen (Adopter HCT only) What was the prescribed cadation field? Total pre-predict down total method of downlow	BLI Chreckel Marcus Algunde Marcus	
PRE549 PRE550 PRE551 PRE552 PRE553 PRE554 PRE555 PRE556 PRE557 PRE553	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Theory Planned so they of Choose Teacher Choose Regimen Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen Pre-HCT Requirable Regimen	Allogeneic y Allogeneic y Control of the second sec		50 100 100 100 100 100 100 100 1	Specify other therapy: Sing (dep down list) Actual weight at Institution of pre-HCT preparative regimen. Wata pre-HCT preparative regimen preactibed? Calcify the receipter's preactibed preparative regimen, (Alogeneic HCT with a specific prescribed preparative regimen, Mageneic HCT what was the pre-HCT preparative regimen. ² What was the pre-HCT preparative regimen. ² What was the pre-scribed socie (Score per fraction v total number of fractional Total pre-scribed socie (Score per fraction v total number of fractional Total actuals.	RUC deration für derationen der Status in der Status in der Status in der der Status in der der Status in der Stat		Specify other therapy: Drug (drug down list) Actual weight at Initiation of pre HCT preparative regimes: Was a pre HCT preparative regimen presurbled? Classify the requirest greecolled gregarative regiment. Alagonet: Acti con it Main isolation planed as part of the pre HCT preparative regiment? Total greecolled greater as and of the pre HCT provide as the pre-scribber alastian field? Total greecolled door (size per function + total number of function) Date started:	BLI Chreckel Marcus Algunde Marcus	
PRE549 PRE550 PRE551 PRE552 PRE553 PRE554 PRE555 PRE556 PRE557 PRE553	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Theory Planned so Development of the second and the Planned so theory Planned so theo	Allogeneic y Allogeneic y Control of the second sec		50 100 100 100 100 100 100 100 1	Specify adher therapy: Sing (dep down list) Attaul weight at labitation of pre HCT preparative regimes. Was a pre HCT preparative regimes prescribed? Statush the recipient's prescribed preparative regimes (Alageneck HCT Was installation therapy and the pre HCT preparative regimes)? Was installation that prescribed preparative regimes (Alageneck HCT) Was installation to be prescribed adjustion to be an another of tractions) State started: Was the scalation fractionated? Total another of fractions:	RLG Area Mark Darak manuk Darak Darak Darak Darak Bakumah Andrek Manuka Marke Manuka Marke		Sectly other therapy: Drug (drop down list) Actual weight at lististics of prest/C preparative regime. Was a prest/C preparative regimes prescribed? Classifies (Alsoping) the regimes prescribed? Salar to prest/C preparative regimes (prescribed) was installation planets as part of the prest/C? prescribed regimes (also prest/C?) and the sus the prescribed radiation field? Field prescribed down (slose per fraction s total Sale startion) Was the radiation fractionated?	Public Production Production Public Production Production Production <td></td>	
PRESSP PRESS1 PRESS1 PRESS1 PRESS3 PRESS5 PRESS5 PRESS7 PRESS9	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Theory Planned so theory Planned So Part of Plannet Theory Plannet Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen Pre-HCT Reparative Regimen	Allogeneic y Allogeneic y Control of the second sec		10 10 10 10 10 10 10 10 10 10	Specify other therapy: Sing (deg down list) Actual weight at Initiation of pre-HCT preparative regimes. Wea a pre-HCT preparative regimes prescribed? Classify the recipient's pre-scribed preparative regimes (Alogenet HCT was instability the incidence of the pre-HCT preparative regimes)? What was the pre-scribed radiation field? Teld prescribed does (does per fraction x boal number of fractional State stands. Was the indiation finationated?	RLG Area Mark Darak manuk Darak Darak Darak Darak Bakumah Andrek Manuka Marke Manuka Marke		Specify other therapy: Dec (free down list) Actual weight at initiation of pre-HCT preparable regimes. Was a pre-HCT preparable regimes precedibed? Example free regimes (precedibed preparable regimes). Was insidiation planned as part of the pre-HCT preparable regimes (pre-HCT initiation). Was insidiated due: (plane per HCT initiation). Notal was the prescribed radiation field? Total pre-critical due: (plane per fraction in total mattee of fraction). Date standel.	Public Production Production Public Production Production Production <td></td>	
PRESSP PRESS PRES PRE	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	It begins framed as Data HET Discose traces of House traces of House traces of House traces of House traces of House traces of House Regions Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Regions Pre-HET Regulation Pre-HET Regulation Pre-HE	Allogeneile y Al		50 50 50 50 50 50 50 50 50 50	Specify addre thorapy: Sing (dop down list) Attaal weight at initiation of pre-teC1 preparative regimes: Was a pre-teC1 preparative regimes prescribed? Statistical the recipient's preached preparative regimes (Aligenetic teC1 was installation face data part of the pre-teC1 preparative regimes)? Was installation face data part of the pre-teC1 preparative regimes? What was the pre-scribed parative in total number of fractions) State started: Was the read/ation fractionated? Total number of fractions: Specify other drug:	RLG feetable burgers much Dead hand bertakting Education in Education		Sectly other therapy: Drug (drug down list) Actual weight at bilitation of pre-HC preparative regimes. Was a pre-HC preparative regimes prescribes? Using the regimes' precording preparative regime (Alogones' HCT conj) Was invadiently and the pre-HCT preparative regimes' precording regarisettier regimes (Alogones' HCT conj) Was invadiently and the pre-HCT preparative regimes' pre-HCT prescribes of fractions Date statistics Total remote of fractions: Date radiation fractionated?	Public Constraint Algorithm Strainten (Educational) Answerden (Educational) Strainten (Education) Strainten (Educational) Strainten (Education)	
PRESSP PRESS PRES PRE	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	Theory Planned so Development of the second and the Planned so theory Planned so theo	Allogeneile y Al		50 50 50 50 50 50 50 50 50 50	Specify adher therapy: Sing (dep down list) Attaul weight at labitation of pre HCT preparative regimes. Was a pre HCT preparative regimes prescribed? Statush the recipient's prescribed preparative regimes (Alageneck HCT Was installation therapy and the pre HCT preparative regimes)? Was installation that prescribed preparative regimes (Alageneck HCT) Was installation to be prescribed adjustion to be an another of tractions) State started: Was the scalation fractionated? Total another of fractions:	RLG feetable burgers much Dead hand bertakting Education in Education		Sectly other therapy: Drug (drop down list) Actual weight at lististics of prest/C preparative regime. Was a prest/C preparative regimes prescribed? Classifies (Alsoping) the regimes prescribed? Salar to prest/C preparative regimes (prescribed) was installation planets as part of the prest/C? prescribed regimes (also prest/C?) and the sus the prescribed radiation field? Field prescribed down (slose per fraction s total Sale startion) Was the radiation fractionated?	Public Constraint Algorithm Strainten (Educational) Answerden (Educational) Strainten (Education) Strainten (Educational) Strainten (Education)	
PRESSP PRESS PRES PRE	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	It begins framed as Data HET Discose traces of House traces of House traces of House traces of House traces of House traces of House Regions Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Pre-HET Regulation Regions Pre-HET Regulation Pre-HET Regulation Pre-HE	Allogeneile y Al		10 10 10 10 10 10 10 10 10 10	Specify addre thorapy: Sing (dop down list) Attaal weight at initiation of pre-teC1 preparative regimes: Was a pre-teC1 preparative regimes prescribed? Statistical the recipient's preached preparative regimes (Aligenetic teC1 was installation face data part of the pre-teC1 preparative regimes)? Was installation face data part of the pre-teC1 preparative regimes? What was the pre-scribed parative in total number of fractions) State started: Was the read/ation fractionated? Total number of fractions: Specify other drug:	RUC Area for the Dara menu has been have been and been have been been and the set of the		Sectly other therapy: Drug (drug down list) Actual weight at bilitation of pre-HC preparative regimes. Was a pre-HC preparative regimes prescribes? Using the regimes' precording preparative regime (Alogones' HCT conj) Was invadiently and the pre-HCT preparative regimes' precording regarisettier regimes (Alogones' HCT conj) Was invadiently and the pre-HCT preparative regimes' pre-HCT prescribes of fractions Date statistics Total remote of fractions: Date radiation fractionated?	Pail Control Pail Control	
PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO	Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant Pre-Transplant	It begins that and a begins of the response of the response of the response of response of	Allogeneix Participation Parti		10 10 10 10 10 10 10 10 10 10	Specify addre thorapy: Sing (dop down list) Attaal weight at initiation of pre-teC1 preparative regimes: Was a pre-teC1 preparative regimes prescribed? Statistical the recipient's preached preparative regimes (Aligenetic teC1 was installation face data part of the pre-teC1 preparative regimes)? Was installation face data part of the pre-teC1 preparative regimes? What was the pre-scribed parative in total number of fractions) State started: Was the read/ation fractionated? Total number of fractions: Specify other drug:	RLG feetable burgers much Dead hand bertakting Education in Education		Sectly other therapy: Drug (drug down list) Actual weight at bilitation of pre-HC preparative regimes. Was a pre-HC preparative regimes prescribes? Using the regimes' precording preparative regime (Alogones' HCT conj) Was invadiently and the pre-HCT preparative regimes' precording regarisettier regimes (Alogones' HCT conj) Was invadiently and the pre-HCT preparative regimes' pre-HCT prescribes of fractions Date statistics Total remote of fractions: Date radiation fractionated?	Public Constraint A Straint Programment & Straint &	
PRESS9 PRESS0 PRESS1 PRESS1 PRESS1 PRESS4 PRESS4 PRESS4 PRESS6 PRESS0 PRESS1 PRESS2	Ne transfast Ne transfast	It begins that and a begins that and a begins that and the begins that and begins that and begins that and begins that begins that begins that begins the best that best the best that best that best the best that best the best that best the bes	Allogeneire Allogeneire Construction Constru		10 10 10 10 10 10 10 10 10 10	Specify adher thorapy: Sing (deg down list) Attail weight at initiation of pre-teC1 preparative regimes. Was a pre-teC1 preparative regimes prescribed? Statistical the recipient's preached preparative regimes. (Aligenet HC 1 was intradiction factorized as part of the pre-teC1 preparative regimes.) What was the prescribed parative regimes total number of fractions) State started. Was intradiction fractionated? Total number of fractions: Specify other drug: Total prescribed dose.	RLG devide the Dark memory is backed by betables (Backanda Andrewide Andrew		Sendly other therapy: Drug (line) down (int) Actual weight at bittation of pre-HC preparative regimes. Was a pre-HC preparative regimes presorbies? Using a pre-HC preparative regimes (Associated Pre- regimes (Associated Pre- Parative Pre- Par	PUL (Procedults, Burgers, Processing, Burgers, Burger	
PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO	Ретанция Нетанция Нетанция Ретанция Ретанция Нетанция Нетанция Нетанция Нетанция Нетанция Нетанция	It begins in the second	Allogeneire Allogeneire Construction Constru		P0	Specify other therapy: Sing (dep deam list) Attaut weight at initiation of pre-HCT preparative regimes. Was a pre-HCT preparative regimes prescribed? Statistics the recipient's prescribed preparative regimes (Magnetic HCT statistics) the recipient's prescribed preparative regimes (Magnetic HCT Was inradiation planed as part of the pre-HCT preparative regimes)? What was the prescribed adaption field? Total prescribed dose; (Magnetic HCT) Was the radiation fractionated? Total number of fractions: Total prescribed dose.	RLG metal budgets for all months Decademark Decademark (Proceedings) working in any office in any		Sendly other therapy: Drug (line) down (int) Actual weight at bittation of pre-HC preparative regimes. Was a pre-HC preparative regimes presorbies? Using the regimes' precording preparative regime (Alogonetic HC cont) Was invadiantly and the pre-HC preparative regime (Alogonetic HC cont) Was invadiantly and the pre-HC pre- parative regimes' precorded rediction field? Total research regimes' pre- total member of fractione. See the radiation fractiones. See the radiation fractiones. Deter based dose: Date started:	Build Check Build State Structure And State Build State Structure And State S	
PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO	Ретанция Нетанция Нетанция Ретанция Ретанция Нетанция Нетанция Нетанция Нетанция Нетанция Нетанция	It begins in the second	Allogeneire Allogeneire Construction Constru		10 10 10 10 10 10 10 10 10 10	Specify adher thorapy: Sing (deg down list) Attail weight at initiation of pre-teC1 preparative regimes. Was a pre-teC1 preparative regimes prescribed? Statistical the recipient's preached preparative regimes. (Aligenet HC 1 was intradiction factorized as part of the pre-teC1 preparative regimes.) What was the prescribed parative regimes total number of fractions) State started. Was intradiction fractionated? Total number of fractions: Specify other drug: Total prescribed dose.	RLG devide the Dark memory is backed by betables (Backanda Andrewide Andrew		Sendly other therapy: Drug (line) down (int) Actual weight at bittation of pre-HC preparative regimes. Was a pre-HC preparative regimes presorbies? Using the regimes' precording preparative regime (Alogonetic HC cont) Was invadiantly and the pre-HC preparative regime (Alogonetic HC cont) Was invadiantly and the pre-HC pre- parative regimes' precorded rediction field? Total research regimes' pre- total member of fractione. See the radiation fractiones. See the radiation fractiones. Deter based dose: Date started:	Pail Control Pail Control	
PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7 PRESS7	Pre Langkat Pre L	It begins that and a begins that and a begins that and the begins the begins that and the begins	Allogeneire Allogeneire Construction Constru		60 100 100 100 100 100 100 100 1	Specify adher thorapy: Drag (drag down list) Actual weight at indiction of pre-teCP preparative regimen. Was a pre-teCP preparative regimen prescribed? Tatality for incident prescribed preparative regimen? Mai incident pre-technic pre-technic regimen? Was incident pre-technic pre-technic regimen? Was incident pre-technic pre-technic regimen? Was incident pre-technic pre-technic regimen? Tatal pre-technic pre-technic regimen? Tatal member of fractions: Date started: Tatal member of fractions: Date started: Date started: Date started: Date started:	RLC feet provide the provide set of the set		Specify other therapy: Drug (drug down fist) Actual weight at Islation of pre-HCF preparative regions: Was a pre-HCF preparative regions preventible? Turshy the regions? specified preparative regimes (Allogenet: HCF only) Wast was the presched radiation field? Total pre-colled due; blow per faction is total method of factions of the radiation functionate? Total pre-colled due; blow per faction is total method of the collegence pacefy other drug: Total pre-colled due; total pre-colled d	Pail Control Pail Control	
PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO	Ретонціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан Нетанціан	In Design Provide Section 11 (1997) Provide	Allogeneire Allogeneire Construction Constru		10 10 10 10 10 10 10 10 10 10	Specify adhor thorapy: Drug (deg down list) Attaal weight at initiation of pre-teC preparative regimes. Was a pre-teC preparative regimes prescribed? Clushy the recipient's preached preparative regimes. (Adapteric teC is why) Was installion planned as part of the pre-teC preparative regimes.) Was installion fractions field? Teld prescribed dose (dose per fraction is total number of fractions) Safe started. Safe started. Safe started. Safe started. Safe started. Safe started.	RLG Area (An Andrea) Andream An Dead Mark De Stallward An Andread Mark Mark Mark Mark Mark Mark Mark Mark		Gendly other therapy: Drug (drop down fist) Actual weight at bitation of pretif-E preparative regime. Was a pretif-E preparative regimes prescribed? Caught the reducer's precorded preparative regime (Abagenet HCL only) Was insulation planned as part of the pre-HCT pregime (Abagenet HCL only) Was true to the pre-orbital reduction field? Total represented radiation field? Total number of fractionics Detects other addition fractionics Detects addition fr	Bill Chreckholmsking Statistics Bill Chreckholmsking Statistics Bill Chreckholmsking Statistics Statistics Statistics <	
PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO PRESSO	Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал Ретолирал	In Design Procession of the Second Se	Allogeneire Allogeneire Construction Constru		10 10 10 10 10 10 10 10 10 10	Specify adhor thorapy: Drug (deg down list) Attaal weight at initiation of pre-teC preparative regimes. Was a pre-teC preparative regimes prescribed? Clushy the recipient's preached preparative regimes. (Adapteric teC is why) Was installion planned as part of the pre-teC preparative regimes.) Was installion fractions field? Teld prescribed dose (dose per fraction is total number of fractions) Safe started. Safe started. Safe started. Safe started. Safe started. Safe started.	RLG Angel And Angel Ange		Specify other therapy: Drug (drug down fist) Actual weight at Islation of pre-HCF preparative regions: Was a pre-HCF preparative regions preventible? Turshy the regions? specified preparative regimes (Allogenet: HCF only) Wast was the presched radiation field? Total pre-colled due; blow per faction is total method of factions of the radiation functionate? Total pre-colled due; blow per faction is total method of the collegence pacefy other drug: Total pre-colled due; total pre-colled d	Bill Chrechelmank Datasehnen Abzuehnen Abzuehnen Abzuehnen Abzuehnen Abzuehnen Abzuehnen Besteren Abzuehnen Abzuehn	
PRE559 PRE550 PRE551 PRE551 PRE552 PRE553 PRE554 PRE555 PRE554 PRE555 PRE555 PRE556 PRE557 PRE557 PRE550 PRE550 PRE550 PRE550 PRE551 PRE550 PRE550 PRE541 PRE553 PRE5542 PRE5542 PRE555	Pre Transplant Pre Transplant	It begins that and a begins that and a begins that and the begins of the begins of the begins of the begins of the begins of the test of the begins of the test of the begins of the test of the begins of the test of the test of test	Allogeneire Allogeneire Construction Constru		No No <td>Specify other therapy: Drug (dep down fiel) Actual weight at indication of pre-tel? preparative regimes: Wata a pre-tel? preparative regimes prescribed? Taulying the received preparative regimes (Adapter tel? Wata includion planned apart of the pre-tel? preparative regimes? Wata includion functionated? Wata includion functionated? Taul prescribed door: Specify other drug: Specify administration (poundation only) Table stanted: Specify administration (poundation only) Table regimes (pathogastion only)</td> <td>RLC feet part of the second se</td> <td></td> <td>Sectly other therapy: Sectly other therapy: Actual weight at initiation of pre-HC preparative regions: Actual weight at initiation of pre-HC preparative regions: Actual weight at initiation of pre-HC presentations: Sector and actual pre-sections of the pre-HC pre- sector and actual pre-sections or part of the pre-HC pre- sector and actual pre-sections or part of the pre-HC pre- ment of the pre-section of the pre-HC pre- sector and actual pre-sections or part of the pre-HC pre- paration of the pre-section of the pre-HC pre- paration of the pre-section of the pre-HC pre- paration of the pre- para</td> <td>Bill Christophile Bill Statistophile Bill Statistophile Bill Statistophile Bill Statistophile</td> <td></td>	Specify other therapy: Drug (dep down fiel) Actual weight at indication of pre-tel? preparative regimes: Wata a pre-tel? preparative regimes prescribed? Taulying the received preparative regimes (Adapter tel? Wata includion planned apart of the pre-tel? preparative regimes? Wata includion functionated? Wata includion functionated? Taul prescribed door: Specify other drug: Specify administration (poundation only) Table stanted: Specify administration (poundation only) Table regimes (pathogastion only)	RLC feet part of the second se		Sectly other therapy: Sectly other therapy: Actual weight at initiation of pre-HC preparative regions: Actual weight at initiation of pre-HC preparative regions: Actual weight at initiation of pre-HC presentations: Sector and actual pre-sections of the pre-HC pre- sector and actual pre-sections or part of the pre-HC pre- sector and actual pre-sections or part of the pre-HC pre- ment of the pre-section of the pre-HC pre- sector and actual pre-sections or part of the pre-HC pre- paration of the pre-section of the pre-HC pre- paration of the pre-section of the pre-HC pre- paration of the pre- para	Bill Christophile Bill Statistophile Bill Statistophile Bill Statistophile Bill Statistophile	
PRESSO	Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран Реталиран	It begins from the second seco	Allogeneire Allogeneire Construction Constru		No No <td>Specify addre therapy: Sing (dep down list) Actual weight at initiation of pre-teCT preparative regimes: Was a pre-teCT preparative regimes presented? Clushy the recipient's presented preparative regimes: Must use the presented apart of the pre-teCT preparative regimes? Was invadion function apart of the pre-teCT preparative regimes? Teld presented dose: (dose pre-fraction + total number of fractions) Sale tarted: Teld number of fractions: Specify administration functional Sale tarted: Sale tarted: Sal</td> <td>RLC Area Dar Series And Carlon an</td> <td></td> <td>Sectly other therapy: Drug (line) down (int) Actual weight at bittation of pre+KE preparable regime. Actual weight at bittation of pre+KE preparable regime (Adopted Section 2000) Was invadiantly intercollege regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Date started: Date started: D</td> <td>Bill Chreck Burgers Answert Burgers Bur</td> <td></td>	Specify addre therapy: Sing (dep down list) Actual weight at initiation of pre-teCT preparative regimes: Was a pre-teCT preparative regimes presented? Clushy the recipient's presented preparative regimes: Must use the presented apart of the pre-teCT preparative regimes? Was invadion function apart of the pre-teCT preparative regimes? Teld presented dose: (dose pre-fraction + total number of fractions) Sale tarted: Teld number of fractions: Specify administration functional Sale tarted: Sale tarted: Sal	RLC Area Dar Series And Carlon an		Sectly other therapy: Drug (line) down (int) Actual weight at bittation of pre+KE preparable regime. Actual weight at bittation of pre+KE preparable regime (Adopted Section 2000) Was invadiantly intercollege regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Was invadiantly intercollege as part of the pre-KET regime (Adopted Section 2000) Date started: Date started: D	Bill Chreck Burgers Answert Burgers Bur	
PRE557 PRE553 PRE554	Ретолирае Ретолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае Нетолирае	In Design Processor Processor Discossor processor Pr	Allogeneire Allogeneire Construction Constru		No	Specify other therapy: Drug diep down lot? Xitual unight at initiation of pre-HCT preparative regimes: Was a pre-HCT preparative regimes prescribed? Statistics and the pre-HCT preparative regimes (Alagoner HCT obj) Was insolution planned as part of the pre-HCT preparative regimes? Whit was the prescribed does to the pre-HCT preparative regimes? Was was the prescribed does to the pre-HCT preparative regimes? Was and the prescribed does to the pre-HCT preparative regimes? Teld prescribed does to the pre-HCT preparative regimes. Teld prescribed does State started: Teld pre- Teld pr	RLC Andread Market Darak menuta Data Market Bekannak Dender Kannak Bernet Berne		pacely other therapy pacely other therapy Log (keg down list) Actual adopt at Initiation of pre-HCT preparative regress. Log (keg down list) Log (keg	Dil Checkborg Selection of Selecion of Selection of Selection of Selection o	
PRESSO	Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа Реталираа	It beings manned as beings for the second s	Allogeneire Allogeneire Construction Constru		No No <td>Specify shift therapy: Signedly shift at initiation of pre-HCT preparative regimes: Kital weight at initiation of pre-HCT preparative regimes: Was insolution framewise regimes prescribed preparative regimes (Alagones: HCT shift) the recipient prescribed preparative regimes (Alagones: HCT initiation) planned as part of the pre-HCT preparative regimes. Was insolution framewise the pre-HCT preparative regimes. Was the prescribed door foldor per fraction is total number of fraction() Sale stands. Was the calation fractionated? Total prescribed door. Sale stands. Sale Stands.</td> <td>RLC Andread Marken by Carl Annual Research Between Research Andread Research Andread Research Between Resear</td> <td></td> <td>gencly other therapy. Sing (drog down list) Actual order of a liabilitation of pre HCT preparative regions. Main a pre-HCT preparative regions prescribed? Taush the regions of pre-HCT preparative regions. Main a pre-HCT preparative regions of the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the reduction facilitation field? Taush of the reduction facilitation field. Taush of the reduction of the reduction pre-Taush of the reduction facilitation Safe started. Safe started.</td> <td>Dil Checkberger Miler Stephensensk Diversensk Diverse</td> <td></td>	Specify shift therapy: Signedly shift at initiation of pre-HCT preparative regimes: Kital weight at initiation of pre-HCT preparative regimes: Was insolution framewise regimes prescribed preparative regimes (Alagones: HCT shift) the recipient prescribed preparative regimes (Alagones: HCT initiation) planned as part of the pre-HCT preparative regimes. Was insolution framewise the pre-HCT preparative regimes. Was the prescribed door foldor per fraction is total number of fraction() Sale stands. Was the calation fractionated? Total prescribed door. Sale stands. Sale Stands.	RLC Andread Marken by Carl Annual Research Between Research Andread Research Andread Research Between Resear		gencly other therapy. Sing (drog down list) Actual order of a liabilitation of pre HCT preparative regions. Main a pre-HCT preparative regions prescribed? Taush the regions of pre-HCT preparative regions. Main a pre-HCT preparative regions of the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the regions are not the pre-HCT preparative regions. Taush the reduction facilitation field? Taush of the reduction facilitation field. Taush of the reduction of the reduction pre-Taush of the reduction facilitation Safe started.	Dil Checkberger Miler Stephensensk Diversensk Diverse	
PRESS9 PRESS1 PRESS2 PRESS3 PRESS3 PRESS3 PRESS3 PRESS4 PRESS4 PRESS4 PRESS3 PRESS4	не талирал не талирал	In boost in the second	Allogeneire Allogeneire Construction Constru		P0 P0 <td>Specify other therapy: Drug (dep down fait) Actual weight at initiation of pre HCT preparative regimes: Wata pre HCT preparative regimes prescribed? Stratights the received a prescribed preparative regimes (Adapter HCT shift) the received a pre-trate of the pre-HCT preparative regimes? Wata initiation planned agust of the pre-HCT preparative regimes? Fail prescribed door: for pre-trates of fractions: Specify other drugs Total prescribed door: Specify adher drugs Total prescribed door: Specify adherid door (Doordina only) Title received door: Specify adherid adus (Doordina only) Title received adustion of pre-HCT preparative regimes: Specify adherid adus (Doordina only) Site States (Doordina only) Site States (Doordina only) Site MCT only (CC) EMFH Received; Do</td> <td>RLC Andread Market Andread Market Andread Research Andrea</td> <td></td> <td>Specify other therapy: Sing (long down fiel) Actual weight at islitution of pre-HC preparative regions: We as pre-HC preparative regions prescribed? Cluph the region of prescribed preparative regions: (Adopter's HC only) We pre-Address preparative regions as part of the pre-HCT sources and the pre-HCT addition field? Multi-address pre-HCT addition field? Multi-Addition of pre-HCT pre-parative Regions: Safet Code HCCL Cod-HCT Code (ICCL) Cod-HCT Code (ICCL) Cod-HCT Research ICC)</td> <td>Rul Crede Mark Burger Amanda Starter Mark Burger Burger Mark Burger B</td> <td></td>	Specify other therapy: Drug (dep down fait) Actual weight at initiation of pre HCT preparative regimes: Wata pre HCT preparative regimes prescribed? Stratights the received a prescribed preparative regimes (Adapter HCT shift) the received a pre-trate of the pre-HCT preparative regimes? Wata initiation planned agust of the pre-HCT preparative regimes? Fail prescribed door: for pre-trates of fractions: Specify other drugs Total prescribed door: Specify adher drugs Total prescribed door: Specify adherid door (Doordina only) Title received door: Specify adherid adus (Doordina only) Title received adustion of pre-HCT preparative regimes: Specify adherid adus (Doordina only) Site States (Doordina only) Site States (Doordina only) Site MCT only (CC) EMFH Received; Do	RLC Andread Market Andread Market Andread Research Andrea		Specify other therapy: Sing (long down fiel) Actual weight at islitution of pre-HC preparative regions: We as pre-HC preparative regions prescribed? Cluph the region of prescribed preparative regions: (Adopter's HC only) We pre-Address preparative regions as part of the pre-HCT sources and the pre-HCT addition field? Multi-address pre-HCT addition field? Multi-Addition of pre-HCT pre-parative Regions: Safet Code HCCL Cod-HCT Code (ICCL) Cod-HCT Code (ICCL) Cod-HCT Research ICC)	Rul Crede Mark Burger Amanda Starter Mark Burger Burger Mark Burger B	
PRE559 PRE550 PRE551 PRE552 PRE553 PRE553 PRE554 PRE554 PRE555 PRE557 PRE552 PRE552 PRE553 PRE554 PRE555 PRE555 PRE542 PRE555 PRE542 PRE543 PRE544 PRE545 PRE546 PRE547 PRE548 PRE557 PRE548 PRE571	Ретанция Ретанция	It begins mend as by the second seco	Allogeneire Allogeneire Construction Constru		P0 P0 <td>Specify other therapy: Drug (dep down fiel) Actual weight at holization of pre-teCP preparative regimes: Was a pre-teCP preparative regimes prescribed? Tabalish the recipient's prescribed preparative regimes: Main and a pre-teCP preparative regimes: Main and a pre-teCP preparative regimes: Main and the pre-teCP preparative regimes: Main and the pre-teCP preparative regimes: Main and the pre-teCP preparative regimes: Tabal pre-teCP preparative regimes: Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Tabal manifer of face(lose) Tabal manifer of face(lose) Tabal manifer of face(lose) Tabal manifer of face(lose) Tabal</td> <td>RLC Area Data Service A Data Service A Service A Data Service A D</td> <td></td> <td>Sectly other therapy: Drug (Brug down list) Actual weight at Initiation of pre+KT preparative Actual weight at Initiation of pre+KT preparative Actual weight at Initiation of pre+KT preparative regime (Allogenet: KT cont) Was installation placed and actual of the pre+HCT actual the presched radiation field? Multi-actual the presched radiation field? Total member of fractione State started. State star</td> <td>Rul, Creek Mark, Burger Amark, Burger Mark, Bockabard, Bo</td> <td></td>	Specify other therapy: Drug (dep down fiel) Actual weight at holization of pre-teCP preparative regimes: Was a pre-teCP preparative regimes prescribed? Tabalish the recipient's prescribed preparative regimes: Main and a pre-teCP preparative regimes: Main and a pre-teCP preparative regimes: Main and the pre-teCP preparative regimes: Main and the pre-teCP preparative regimes: Main and the pre-teCP preparative regimes: Tabal pre-teCP preparative regimes: Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Specify which drugs Tabal manifer of face(lose) Tabal	RLC Area Data Service A Data Service A Service A Data Service A D		Sectly other therapy: Drug (Brug down list) Actual weight at Initiation of pre+KT preparative Actual weight at Initiation of pre+KT preparative Actual weight at Initiation of pre+KT preparative regime (Allogenet: KT cont) Was installation placed and actual of the pre+HCT actual the presched radiation field? Multi-actual the presched radiation field? Total member of fractione State started. State star	Rul, Creek Mark, Burger Amark, Burger Mark, Bockabard, Bo	
PRE557 PRE557 PRE557 PRE553 PRE553 PRE553 PRE554 PRE554 PRE553 PRE554 PRE553	Ретанция Ретанция	In boost in the second	Allogeneire Allogeneire Construction Constru		No No <td>Specify other therapy: Drug (dep down fait) Actual weight at initiation of pre HCT preparative regimes: Wata pre HCT preparative regimes prescribed? Stratights the received a prescribed preparative regimes (Adapter HCT shift) the received a pre-trate of the pre-HCT preparative regimes? Wata initiation planned agust of the pre-HCT preparative regimes? Fail prescribed door: for pre-trates of fractions: Specify other drugs Total prescribed door: Specify adher drugs Total prescribed door: Specify adherid door (Doordina only) Title received door: Specify adherid adus (Doordina only) Title received adustion of pre-HCT preparative regimes: Specify adherid adus (Doordina only) Site States (Doordina only) Site States (Doordina only) Site MCT only (CC) EMFH Received; Do</td> <td>RLC Andread Market Andread Market Andread Research Andrea</td> <td></td> <td>Specify other therapy: Specify other therapy: Actual weight at islitution of pre-HC preparather regions: May a pre-HC preparative regions prescribed? Cluph the region of precorded preparative regions: (Adopter's HC only) Washed by a constraint of the pre-HCT second prescribed actual and the pre-HCT washed of Sacchool State addition function as part of the pre-HCT second pre-HCT addition field? Total pre-Solid date: (does pre-factions is total mather of Sacchool State addition functionated? Total pre-Solid date: (does pre-factions is total mather of Sacchool Sacchy adhering and the second pre- second pre-Solid date: (does pre-factions is total Total pre-Solid date: (does pre-factions is total Total pre-Solid date: (does pre-factions is total Sacchy adhering and the pre- Sacchy adhering and the pre- Sacchool (does pre- Sacchool (does pre- Sacchool (does pre- Sacchool (does pre- Sacchool (doe) Sacchio (does pre- Sacchool (doe) Sacchio (doe)</td> <td>Rul Crede Mark Burger Amanda Starter Mark Burger Burger Mark Burger B</td> <td></td>	Specify other therapy: Drug (dep down fait) Actual weight at initiation of pre HCT preparative regimes: Wata pre HCT preparative regimes prescribed? Stratights the received a prescribed preparative regimes (Adapter HCT shift) the received a pre-trate of the pre-HCT preparative regimes? Wata initiation planned agust of the pre-HCT preparative regimes? Fail prescribed door: for pre-trates of fractions: Specify other drugs Total prescribed door: Specify adher drugs Total prescribed door: Specify adherid door (Doordina only) Title received door: Specify adherid adus (Doordina only) Title received adustion of pre-HCT preparative regimes: Specify adherid adus (Doordina only) Site States (Doordina only) Site States (Doordina only) Site MCT only (CC) EMFH Received; Do	RLC Andread Market Andread Market Andread Research Andrea		Specify other therapy: Specify other therapy: Actual weight at islitution of pre-HC preparather regions: May a pre-HC preparative regions prescribed? Cluph the region of precorded preparative regions: (Adopter's HC only) Washed by a constraint of the pre-HCT second prescribed actual and the pre-HCT washed of Sacchool State addition function as part of the pre-HCT second pre-HCT addition field? Total pre-Solid date: (does pre-factions is total mather of Sacchool State addition functionated? Total pre-Solid date: (does pre-factions is total mather of Sacchool Sacchy adhering and the second pre- second pre-Solid date: (does pre-factions is total Total pre-Solid date: (does pre-factions is total Total pre-Solid date: (does pre-factions is total Sacchy adhering and the pre- Sacchy adhering and the pre- Sacchool (does pre- Sacchool (does pre- Sacchool (does pre- Sacchool (does pre- Sacchool (doe) Sacchio (does pre- Sacchool (doe) Sacchio (doe)	Rul Crede Mark Burger Amanda Starter Mark Burger Burger Mark Burger B	

Item ID Time Point	ha farama ti'n a		ind if the formation Collection may be	Konnet Information Collection Data filoment (Geneticable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Research Information Collection Data	Present information Collarkies Onto Flammat Researce Cation(a)	Rationale for Information Collection Update
item iD Time Point	Information Collection Domain Sub-Type	Collection Additional Sub Domain applies Additional Sub	Domain requested multiple times	Current information Collection Data Element (if applicable)	Lurrent information Collection Data Element Response Option(s)	information Collection update:	Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Additional Sub Domain							
PRE574 Pre-Transplant	Pre-Transplant	no	no	Sex	femak, male		Sex	female,male	
PRES75 Pre-Transplant	Essential Data Pre-Transplant	00	no	Ethnicity	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unimown		Ethnicity	Hispanic or Latino Not applicable (not a resident of the USA) Not Hispanic or Latino Unknown	
	Essential Data		00	Race (check all that apply)	American Indian or Alaska Native Asian Black or African American Not reported Native Hawailan or Other Pacific Islander Unknown. White		Race (check all that apply)	Impense of same cycle approximation of the company of same contraction of same contraction of the cycle company of same contraction of the cycle company of	
PRE576 Pre-Transplant PRE577 Pre-Transplant	Pre-Transplant Essential Data			Race (check all that apply) Race detail (check all that apply)			Race (cneck all that apply)		
	Essential Data	no	no		White Eastern European Filipino (Plipino) Guamanian Howaian, bapaneer. Korean Mediterranean, Middle Eastern North American North Coast of Africa Chineer. Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Aslan, Uninxown, Vietnameer, White Carlibean, Western European, White South or Central American American Souther South or Central American, Other Southeast Aslan, Uninxown, Vietnameer, White Carlibean, Western European, White South or Central American American Souther Souther Central American, Other Southeast Aslan, Uninxown, Vietnameer, White Carlibean, Western European, White South or Central American American Souther Souther Souther Southers Southeast Aslan, Uninxown, Vietnameer, White Carlibean, Western European, White South or Central American American Southers Sout			White Sastem European Filipino (Plipino), Caumanian, Havailan, Lapanees Korean, Meditemanean, Médite Sastem, North. Annerkcan North. Caudo of Africa, Chinees, Northern European, Other Pacitic Salander, Other Black, Samoan, Black South or Central American, Other Southeast Adar, Uninnown, Vietnamese, White Caribbean, Westem European, White South or Central American Control (Control Control Control American)	
PRES78 Pre-Transplant	Pre-Transplant Essential Data	0	80	Country of primary residence	Adors United Arab Finnize, Adjantasta, Angia, and Baroba, Angilla, Allinaia, Ameria, Nettericulari, Azardita, Azardita, Azgentia, Azgent		Zountry of primary residence	Anders Lander Auf Einsten Algunsten Andergan and Einstein Angellin Albeits Javeets Hereferieds Anders Augest Auges	
PRE579 Pre-Transplant	Pre-Transplant	00	no	State of residence of recipient	Arre, Alagoas, Amapa, Amazonas, Bahla, Ceara, Distrito Federal, Espírito Santo, Golas, Maranhao, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Para, Paraiba, Parana, Pernambuco, Plaul, Rio Grande do		State of residence of recipient	Acre, Alagoas, Amapa, Amaponas, Bahla, Ceara, Distrito Federal, Espírito Santo, Golas, Maranhao, Mato Grosso, Mato Grosso, do Sul, Minas Gerais, Para, Paralba, Parana, Pernambuco, Plaul, Rio Grande do	
PRES80 Pre-Transplant	Essential Data			Province or territory of residence of recipient	Norte, Rio Grande do Sul Rio de Janeiro, Rondonia, Ronalma, Santa Catarina, Sao Paulo, Sergipe, Tocantins Alberta, British Columbia, Manitoba, New Brunowick, Newfoundiand and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon		Province or territory of residence of recipient	Norte Rio Grande do Sul Rio de Janeiro, Rondonia, Roraima, Santa Catarina, Sao Paulo Sergipe, Tocantins Alberta, British Columbia, Manitoba, New Brunowick, Newfoundiand and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	
	Essential Data			State of residence of recipient			State of residence of recipient		
	Pre-Transplant Essential Data	no	10		kalaa Allaman, Mansaa, Altonsa, Califonia, Calondo, Canventon, D. Marki et Calimaha, Dakware Chalo, Gongali kawali. Jawa Kalih Millonia Judaan, Xan Kantonkay, Loukiana, Masachuseth, Manyland, Maine Michigan, Mioneosta, Missouri Mindasigai, Montana, North Carolina, Janimer Kalina, Jakebrazia, Jaye Nangadhe Lee, Jereng Newe, New Newe, Newe, N			Janka Allaman Adminia Adminia Chrinnia Charlando Conner Colla Darki el Confina Dobesco - Professo Congo Havella Javan Bullin Rich Adma Assensa Aerinda (Locidiana Masschuretti, Maryland Maine Michigan Mimeenta, Masauri Misialegi Montana, North Carolina, Deriveno - Francisco Congo Havella Javan Bullingan Markana, Deragon Venniyotrala, Ribole Hand South Carolina, South Balana, Grenzen - Franzisco Havella Margina Markana, Menzia Menzia, Markana, Dergon Venniyotrala, Ribole Hand South Carolina, South Balana, Grenzen - Franzisco Havella Margina, Marcana, Netzer Margina, Margina Javani, Balana, Margina Javani, Balana, Margina Javani, Balana, Margina Javani, Balana, Margina, Martina, Balana, Martina, Balana, Martina, Balana, Margina, Martina, Balana, Martina, Balana, Martina, Balana, Martina, Balana, Martina, Martina, Balana, Martina, Balana, Martina, Martina, Martina, Martina, Martin Martina, Grenzen - Carana, Martina, Martin Martina, Martina,	
PRE582 Pre-Transplant	Pre-Transplant Essential Data	no	no	NMDP Recipient ID (RID):	open text		NMDP Recipient ID (RID):	open text	
PRES83 Pre-Transplant	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	
PRE584 Pre-Transplant	Essential Data Pre-Transplant Essential Data	Allogeneic yes	no	Has the recipient signed an IRB / ethics committee (or similar body)	No (recipient declined).Not applicable (center not participating). Not approached, Ves (recipient consented) P			No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)	
	caaciinan pata	ni uprEB		approved consent form to donate research blood samples to the NME / CIBMTR (For allogeneic HCTs only)?			(or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneic HCTs only)?		
PRES85 Pre-Transplant	Pre-Transplant Essential Data	Allogeneic yes Recipient	no	Date form was signed:	YYY/MM/DD		Date form was signed:	YYYY/MM/DD	
		Related Donors yes	no	Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	novjes		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	
	Essential Data	Clinical Trial yes Participants	no	Specify other sponsor:	open text		Specify other sponsor:	open text	
PRE591 Pre-Transplant	Pre-Transplant Essential Data	Clinical Trial yes Participants	no	Subject ID:	open text		Subject ID:	open text	
PRE592 Pre-Transplant	Pre-Transplant	Clinical Trial yes Participants	no	Specify the ClinicalTrials.gov identification number:	open text		Specify the ClinicalTrials gov identification number:	open text	
PRE593 Pre-Transplant		Autologous yes Transplant	no	Is a subsequent HCT planned as part of the overall treatment protocol (not as a reaction to post-HCT disease assessment) (For autologous	? no,yes		is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-	hoyes	
PRE594 Pre-Transplant		Autologous ves		(not as a reaction to post-HL1 disease assessment) (For autologous HCTs only) Specify subsequent HCT planned	Allocenck Autologus		treatment protocol? (not as a reaction to post- HCT disease assessment) (For autologous HCTs only) Specify subsequent HCT planned	Alorenic Autologus	
PRE594 Pre-Transplant PRE595 Pre-Transplant	Essential Data	Autologous yes Transplant	10	Specify subsequent HCT planned Has the recipient ever had a prior HCT?	Allogeneic, Autologous		Specify subsequent HCT planned	Panganan-runnuguus	
	Essential Data				N0,105			PR0,155	
PRE596 Pre-Transplant	Essential Data			Specify the number of prior HCTs:	open text		Specify the number of prior HCTs:	iopen text	
PRE597 Pre-Transplant	Essential Data			Were all prior HCTs reported to the CIBMTR?	No,Unlinown,Yes		Were all prior HCTs reported to the CIBMTR?	No,Unimown,Yes	
	Pre-Transplant Essential Data	Prior Transplant yes	yes	Date of the prior HCT:	YYYY/MI/DD		Date of the prior HCT:	YYYYMM/DD	
	Pre-Transplant Essential Data	Prior Transplant yes	ves	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	
PRE601 Pre-Transplant	Pre-Transplant Essential Data	Prior Transplant yes	yes	Name:	open text		Name:	open text	
PRE602 Pre-Transplant	Pre-Transplant Essential Data	Prior Transplant yes	yes	City:	open text		City:	open text	
PRE603 Pre-Transplant	Pre-Transplant Essential Data	Prior Transplant yes	yes	State:	open text		State:	open text	
		Prior Transplant yes	yes	Country:	open text		Country:	open text	
PRE605 Pre-Transplant		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?	Allogeneic - related, Allogeneic -unrelated, Autologous	
PRE606 Pre-Transplant	Essential Data Pre-Transplant	no	no	Reason for current HCT	Graft failure / insufficient hematopoletic recovery.Insufficient chimerism.New malignancy (including PTLD and EBV lymphoma).Other Persistent primary disease,Planned subsequent HCT, per		(check all that apply) Reason for current HCT	Graft failure / insufficient hematopoletic recovery Insufficient chimerism, New malignancy (including PTLD and EBV lymphoma), Other Persistent primary disease, Planned subsequent HCT, per	
	Essential Data Pre-Transplant	no	no	Date of graft failure / rejection:	protocol,Recurrent primary disease YYYY/MM/DD		Date of graft failure / rejection:	protocol,Recurrent primary disease YYYY/MM/DD	
	Essential Data Pre-Transplant Essential Data	no	no	Date of relapse:	YYYYMM/DD		Date of relapse:	YYYYMM/DD	
	Pre-Transplant	no	no	Date of secondary malignancy:	YYYYMW/DD		Date of secondary malignancy:	YYYYMM/DD	
	Essential Data	80	no	Specify other reason:	open text		Specify other reason:	ooen text	
PRE611 Pre-Transplant	Pre-Transplant Essential Data Pre-Transplant		00	Has the recipient ever had a prior cellular therapy? (do not include	No Itoinown Yes		Has the recipient ever had a prior cellular	No Liningun Yes	
	Essential Data	no Prior Cellular ves		Has the recipient ever had a prior cellular therapy? (do not include DLIs) Were all prior cellular therapies reported to the CIBMTR?	No,Urianown, res		Has the recipient ever had a prior cellular therapy? (do not include DLIs) Were all prior cellular therapies reported to the	No, Unimown, Yes	
	Essential Data	Theraples	10				CIBMTR?		
PRE613 Pre-Transplant	Pre-Transplant Essential Data	Prior Cellular yes Therapies	no	Date of the prior cellular therapy:	YYYY/MM/DD		Date of the prior cellular therapy:	YYYY/MM/DD	
	Essential Data	Prior Cellular yes Theraples	no	Was the cellular therapy performed at a different institution?	No,Yes		Was the cellular therapy performed at a different institution?		
PRE615 Pre-Transplant	Essential Data	Prior Cellular yes Therapies	no	Name:	open text		Name:	open test	
PRE616 Pre-Transplant	Pre-Transplant Essential Data	Prior Cellular yes Therapies	no	City:	open text		City:	open text	
PRE617 Pre-Transplant	Pre-Transplant	Prior Cellular yes Therapies	no	State:	open text		State:	open text	
PRE618 Pre-Transplant	Pre-Transplant Essential Data	Prior Cellular yes Therapies	no	Country:	opon text		Country:	open text	
PRE619 Pre-Transplant	Pre-Transplant Essential Data	Prior Cellular yes Therapies	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	
PRE620 Pre-Transplant	Pre-Transplant Essential Data	no no	no	Multiple donors?	novjes		Multiple donors?	no,yes	
PRE621 Pre-Transplant	Pre-Transplant	no	no	Specify number of donors:	open text		Specify number of donors:	open text	
PRE622 Pre-Transplant	Essential Data Pre-Transplant	no	yes	Specify donor	Allogeneic-related donor Allogeneic-unrelated donor Autologous		Specify donor	Allogeneic-related donor Allogeneic-unrelated donor Autologous	
PRE623 Pre-Transplant	Essential Data	no	ves	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	
PRE624 Pre-Transplant	Pre-Transplant	no)es	Specify other product:	open text		Specify other product:	open text	
PRE625 Pre-Transplant	Essential Data Pre-Transplant	WAS .	ves	Is the product genetically modified?	NoYes		Is the product genetically modified?	No. Yes	
	Essential Data	Allogeneir Donorr		Specify the related donor type	nu, res HLA-matched other relative.HLA-mismatched relative.HLA-identical sibiling (may include non-monozygotic twin).Syngeneic (monozygotic twin)		Specify the related donor type	nu, res H4-matched other relative,HIA-mismatched relative,HIA-identical sibiling (may include non-monoarypotic twin). Syngeneic (monoarypotic twin)	
	Pre-Transplant Essential Data	Allegende Donors yes		Specify the biological relationship of the donor to the recipient					
	Pre-Transplant Essential Data	willigeneic Lionors yes	yes		Fratemal twin,Father,Grandchild,Grandparent,Mother,Matemal aunt,Matemal cousin,Matemal uncle,Other biological relative,Patemal aunt,Patemal cousin,Patemal uncle,Recipient's child,Sibling			Fraternal twin, Father, Grandbild, Grandparent, Mother, Maternal aunt, Maternal cousin, Maternal unde, Other biological relative, Paternal aunt, Paternal cousin, Paternal unde, Recipient's child, Sibling	
PRE628 Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors yes	yes	Specify other biological relative:	open text		Specify other biological relative:	open test	
		· · · · · ·						1	

PECAD Per Transplant Per Transplant	Alagenci: Conony espected Alagenci: Conony es Alagenci: Conony es	Stand Jack Domain requested multiple times 9 PR PR PR<	Segree of mismatch (related donese only) Specify unrelated donese only) Specify unrelated done type I when the done and for any prior techt (for this request) Lisbad Regitaristics Monthler for Donese (offici) Mole Shafe and Bood and ID Regitary door ID: Non-NMPF and Bood and ID. I she CRU ID also the 1987 CRN number? Specify the Safe ID Namber:	Carrent Information Collection Data Element Response Option(s) Pointmath 114A antigen minimultin, greater than or equal to 2 HA antigen minimultin (does include hapdoelentical door) 4.4 minipun minimultin, greater than or equal to 2 HA antigen minimultin (does include hapdoelentical door) 4.4 minipun minimultin, greater than or equal to 2 HA antigen minimultin (does include hapdoelentical door) any rel on yet open text open te	Rener (If applicable) Pagere of meanacht irreined Rener (If applicable) Rener (If applic	Attained unrelated, RA minutche unrelated Attained unrelated, RA minutche unrelated 16 Big Ansiche unrelated, RA minutche unrelated Attained 16 Big Big Attained, RA minutche unrelated, RA minutche
PEGAD NorTranslast NorTranslast PEGAD NorTranslast NorTranslast Nortranslast NorTranslast NorTranslast NorTranslast Nortranslast Nortranslast NorTranslast Nortra	Alogenei: Donori es Alogenei: Donori es Alogenei: Conori es	65 65	gracity unrelated donor type but HAGP, 7 in the Machin Carlinsten the procurement, collection, or wars this donor used for any prior HC12 (for this recipient) clobal Registration identifier for Donors (GRID) MORP card blood unit ID: Registry donor ID: Non-NHOP card blood unit ID: Non-NHOP card bl	An addred unredated An monoched unredated Na Tre Na Tre Na Tre Spon feat open feat Spon feat	Sectly unvestant down'r tyse Sectly and Sectly and Sectly and Sectly and Sectly Section of the procurement celefation, or it module! We be too down and sectly and sectly and sectly and sectly and sectly and sectly and Sectly and sectly and sectly and sectly and Registry down ID: Registry down ID: Re	An added unrelated, AA misnuched unrelated Ab Phanescher unrelated, AA misnuched unrelated Spein fest open fest unrelater, Nucleanous, Yes open fest open fest open fest
PEGAD NorTranslast NorTranslast PEGAD NorTranslast NorTranslast Nortranslast NorTranslast NorTranslast NorTranslast Nortranslast Nortranslast NorTranslast Nortra	Alogenei: Donori es Alogenei: Donori es Alogenei: Conori es	P65	gracity unrelated donor type but HAGP, 7 in the Machin Carlinsten the procurement, collection, or wars this donor used for any prior HC12 (for this recipient) clobal Registration identifier for Donors (GRID) MORP card blood unit ID: Registry donor ID: Non-NHOP card blood unit ID: Non-NHOP card bl	An addred unredated An monoched unredated Na Tre Na Tre Na Tre Spon feat open feat Spon feat	Sectly unvestant down'r tyse Sectly and Sectly and Sectly and Sectly and Sectly Section of the procurement celefation, or it module! We be too down and sectly and sectly and sectly and sectly and sectly and sectly and Sectly and sectly and sectly and sectly and Registry down ID: Registry down ID: Re	An added unrelated, AA misnuched unrelated Ab Phanescher unrelated, AA misnuched unrelated Spein fest open fest unrelater, Nucleanous, Yes open fest open fest open fest
Rectal Data Rectar Data Rectar Data Rectar Data Rectar Data Rectar Data Rectar	a Allogenei: Donon yes Allogenei: Donon yes	P6	Del MARIP / Ber the Math Traclittate the procurement, collection, or environmentation of the product? Was this donors used for any prior NETS (for this regioner) Coloal Registration destitient for Danors (CRID) NARIP cord blood unit ID: Registry Monor ID: Non-NARIP cord blood unit ID: Non CRI Dia das the USET CAIN number? Seedby the SIGT IN Number:	Nare Appended	Ber Note 7: a factor to an official of the statush for a second sec	Interpretation Interpretation Interpretation
RE632 Pie Translant Pie Translant RE633 Pie Translant Pie Translant RE633 Pie Translant Pie Translant RE634 Pie Translant Pie Translant RE635 Pie Translant Pie Translant RE637 Pie Translant Pie Translant RE637 Pie Translant Pie Translant RE638 Pie Translant Pie Translant RE639 Pie Translant Pie Translant RE639 Pie Translant Pie Translant RE639 Pie Translant Pie Translant Pie Translant Pie Translant	a Allogenei: Donor yes at Allogenei: Donor yes a Allogenei: Donor yes at Allogenei: Donor yes at Allogenei: Donor yes	P5 P65	An information is not product. Was this down used for any prior HCTs (for this respinent) Colour Registrations destributer for Downers (CHIC) NHEEP cord blood unit ID: Non-NHEEP cord blood unit ID: 1. the CRU ID also the ISHT CAIN number? Secoldly the SIST CAIN number?	ARGUIDADOWN YYS ARGUIDADONN YY	Processing and Section 2014	pointing for the second seco
Economic Data Economic Data Economic Data EC33 PE-Transplant PEC34 PE-Transplant PEC34 PEC3 PEC34 PEC34 PEC34 PEC34 PEC3 PEC34 PEC34 PEC3 PEC34 PEC3 PEC34 PEC3 PEC34 PEC3 PEC34 PEC3 PEC34 PEC3 PEC34 PEC34 PEC3 PEC3 PEC34 PEC3	et Allogencic Donors yes et Allogencic Donors yes	HS	Clobal Registration destRFer for Donors (CRIC) NMODP cond Blood unit ID: Registry donor ID: Non-NAGP cond Blood unit ID: SecOrdy the SIBT DIN number:	ARGUIDADOWN YYS ARGUIDADONN YY	Register) Good Registration Metriffer Media Social unit Be Registra doorn B) New MetRif card Mead unit II. Ne de COU 2016 Lond unit II.	Down (RH) pen tet pen tet pen tet pen tet pen tet
 REEAS Ne Transplant Ne Transplant<td>et Allogencic Donors yes et Allogencic Donors yes</td><td>HG HG HG</td><td>NMOP and Blood with ID: Registry danar ID: Non-NMOP and Blood with ID: In the CBU ID also the ISBT CIN number? Specify the ISBT CIN number:</td><td>ARGUIDADOWN YYS ARGUIDADOWN YYS ARGUIDADONN YY</td><td>WHEP cord blood unit ID: Registry dance ID: Non-NHCP cord blood unit II is the CBU ID also the ISBT DI Specify the ISBT DIN number:</td><td>************************************</td>	et Allogencic Donors yes et Allogencic Donors yes	HG	NMOP and Blood with ID: Registry danar ID: Non-NMOP and Blood with ID: In the CBU ID also the ISBT CIN number? Specify the ISBT CIN number:	ARGUIDADOWN YYS ARGUIDADONN YY	WHEP cord blood unit ID: Registry dance ID: Non-NHCP cord blood unit II is the CBU ID also the ISBT DI Specify the ISBT DIN number:	************************************
REEAT No Transplant No Transplant Execution 2004 REEAT No Transplant Execution 2004 REEAT No Transplant No Transplant REEAT No Transplant No Transplant	nt Allogeneic Donors yes a Allogeneic Donors yes at Allogeneic Donors yes	95 95 95 95 95 95	Registry door ID: Non-NHOP cost blood witt ID: Is the CBU ID also the ISBT DIN number? Specify the ISBT DIN number:	ARGUIDADOWN YYS ARGUIDADONN YY	Registry down (D) Non NAMDP cord blood unit (I k, the CBU ID also the ISBT DD Specify the ISBT DIN number:	amber 2 April
REG3 Per Transplant Per Transplant BREG3 Per Transplant PREG3 Per Transplant REG3 P	nt Allogeneic Donors yes a Allogeneic Donors yes a Allogeneic Donors yes a Allogeneic Donors yes nt Allogeneic Donors yes a Allogeneic Donors yes	95 95 95 95 95 95	Non-NIMDP cord blood unit ID: is the CBU ID also the ISBT DIN number? Specify the ISBT DIN number:	ARGUIDADOWN YYS ARGUIDADONN YY	Non-NMDP card blood unit II is the CBU ID also the ISBT DI Specify the ISBT DIN number:	amber 2 April
REEM Pre-Translate Pre-Translate REEM Pre-Translate Pre-Translate REEM Pre-Translate Pre-Translate REEM Pre-Translate Pre-Translate REEM Pre-Translate Pre-Translate REEM Pre-Translate Pre-Translate Superfamilies	nt Allogeneic Donors yes a Allogeneic Donors yes a Allogeneic Donors yes a Allogeneic Donors yes a Allogeneic Donors yes	294 295 296 294	Is the CBU ID also the ISBT DIN number? Specify the ISBT DIN number:	span held Sta UnitedNote Sta UnitedN	is the CBU ID also the ISBT DI Specify the ISBT DIN number:	open text
REEAB NorTransplart NorTransplart Recenta Joan REEAF NorTransplart NorTransplart Scientisa Usas	nt Allogeneic Donors yes nt Allogeneic Donors yes	PG 95 95	Specify the ISBT DIN number:	Rectification in terms (Section 2004) (Section 2004	Specify the ISBT DIN number:	open text
REEAB NorTransplart NorTransplart Recenta Joan REEAF NorTransplart NorTransplart Scientisa Usas	nt Allogeneic Donors yes nt Allogeneic Donors yes	955 965		spen test All Austrian Coeff Blood Registry (JAC) Bloom Registry (JAC) Bloom Coeff Bloom Australian Coeff Blood Registry (JAC) Bloom Regis		per text. A) Austrice Some Marrow Desore (JZC) Austrice Core Blood Registry (JZC) Bloocher, the (JZE) Entrance Some Marrow Desore (JZC) Austrice Core Blood Registry (JZC) Bloocher, the (JZE) Entrance Some Marrow Desore (JZC) Austrice Core Blood Registry (JZC) Bloocher, the (JZE) Entrance Some Marrow Desore Blook Plance Desore Blook Plance Desore Plance Desore Blook Plance Desore Blook Plance Desore Plance Blook Plance Desore Blook Plance Desore Plance Plance Desore Blook Plance Des
RECOV Re-Translant Pre-Translant Exercise Data	nt Allogeneic Donors yes	,69 	Registry or UKB Bank ID	A solution on house to house to house to house to house the party (AC) and the rest of the party (AC) and the rest of house to ho	Registry or UCB Back ID	A dealeration does not account for the control account over the control
PRE640 Pre-Transplant Pre-Transplant Essential Data						proj Unrelated time Natives Book Petagony Add Dooks (1): 12 Agent Experimentation Experiment Control Parage (2): 44 Experimentation Con
Essential Data	at Alleganda Danasa kas		Specify other Registry or UCB Bank:		Specify other Registry or UCB	nk open text
			Specify other Registry or UCB Bank:	open text	Specify other Registry or UCB Donor date of birth	nic open text
PRE641 Pre-Transplant Pre-Transplant Essential Data PRE642 Pre-Transplant Pre-Transplant		195 195	Donor date of birth Donor date of birth:	Known, Unknown	Donor date of birth Donor date of birth:	Koown, Unknown
PRE642 Pre-Transplant Pre-Transplant Essential Data PRE643 Pre-Transplant Pre-Transplant	ta	P ⁵	Donor date of birth: Donor age	YYYY/MM/DD Known Unknown	Donor date of birth:	VYYY/MM/DD
PRE643 Pre-Transplant Pre-Transplant Essential Data PRE644 Pre-Transplant Pre-Transplant	ia Č)res	Donor age Donor age: Months (use only if less than 1 years old), Years		Donor age	
Essential Data	ia Č	yes	Donor age: Months (use only if less than 1 years old), Years	open text	Donor age: Months (use only old), Years	se than 1 years open feet
PRE645 Pre-Transplant Pre-Transplant Essential Data		yes	Donor sex	female,male	Donor sex	female_male
PRE646 Pre-Transplant Pre-Transplant Essential Data	ta	ves		AA8.8.0	Specify blood type (donor) (n donors only)	
PRE647 Pre-Transplant Pre-Transplant Essential Data	ta	yes	Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative.Positive	donors only)	MDP alogeneiz Negative.Positive
PRE648 Pre-Transplant Pre-Transplant Essential Data	ta (ves		Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive	HCTs only)	tal) (Alogenei: Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive
PRE649 Pre-Transplant Pre-Transplant Essential Data PRE650 Pre-Transplant Pre-Transplant Essential Data	nt Allogeneic Donors yes	hez	Date form was signed:	Ne (danor declined), Net applicable (onter net participating). Not approached. Yes (danor concentred) WYY/3464/DD	(or similar body) approved co donate research klood sample CIBMTR? (Related donors on) Date form was signed:	ми//ми.bo
PRE651 Pre-Transplant Pre-Transplant Essential Data	nt Allogeneic Donors yes ta	yes	Did the donor submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	no,yes	Did the donor submit a reseau NMDP/CIBMTR repository? (r	sample to the no.yes deformer any
PRE652 Pre-Transplant Pre-Transplant	nt Allogeneic Donors ves	ves	Research sample donor ID:	open text	Research sample donor ID:	oon lat
Essential Data PRE653 Pre-Transplant Pre-Transplant Essential Data	ta nt Autologous ves	ves	Specify number of products infused from this donor:	open text	Specify number of products in	ad from this loose text
Essential Data PRE654 Pre-Transplant Pre-Transplant Essential Data	nt Autologous yes	yes	Specify the number of these products intended to achieve hematopoletic engraftment:	open text	donor: Specify the number of these p achieve hematopoletic engral	duti intended to open text
PRE655 Pre-Transplant Pre-Transplant Essential Data		yes		GCSF ITIDD Higraritim, Higraritim, Grank, Neupogen), GM-CSF (cargramostim, Leakine), Pegylated G-CSF (pegtilgrastim, Neulasta), Pierkudor (Mozobil), Combined with chemotherapy, Anti-CD20 Woniversh: Ritranal, Otherament	What agents were used to me autologous recipient for this f	
			HCT? (check all that apply) Specify other agent:	(inturimab, Rituran), Other agent	autologous recipient for this H apply) Specify other agent-	? (deck all that [r/fuximab, Busuni, Other agent
Essential Data	ta Transplant		Specify other name:	non text	Specify other name:	ann frei
PRE658 Pre-Transplant Pre-Transplant Essential Data PRE659 Pre-Transplant Pre-Transplant		00	bpearly other name: What scale was used to determine the recipient's functional status?	open text		open text text text text text text text text
PRE659 Pre-Transplant Essential Data PRE660 Pre-Transplant Pre-Transplant	ta	10	What scale was used to determine the recipient's functional status? Karnofsky Scale (recipient age 2 16 years)	Namosky, Lanky 100 Normal; no complaints; no evidence of disease, 10 Moribund; fatal process progressing rapidly, 20 Very sids; hospitalization necessary, 30 Severely disabled; hospitalization indicated, although	Karnofsky Scale (recipient are	
Essential Data	ta	no.		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	karnoisky scale (recipient age	both not limitent. 40 Diabled, require special care and austratures 50 Requires considerable austrance and frequent medical care 50 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 or to do active work,80 Normal activity with effort 90. Able to carry on normal activity or to do active work,80 Normal activity with effort 90. Able to carry on normal activity or set or active work,80 Normal activity with effort 90. Able to carry on normal activity or set or active work,80 Normal activity with effort 90. Able to carry on normal activity or set or active work and the set of
PRE661 Pre-Transplant Pre-Transplant Essential Data			Lansky scale (reopient age 5 1 year and < 16 years) Specify blood type (of recipient) (For allogeneic HCTs only)	200 High school, 300 Conjunctive disables on conception pairs (pairs) and there is no provided by others (pairs) (PA). The school considerable assistance for ageing and pairs (pairs) devices (pairs) and pairs (Lanaxy scare (recipient age 2 years) Specify blood type (of recipient	schlifter, SD Considenable austrature required for any active play. Hully able to enjage in qualet play, IdA Antibulatory up to SVII of time. Timited active play with austrature / aupenvision, 70 Both greater restrictions of, and less time spent in , active play, JDD Restricted in strenuous play, times more easily, otherwise active, 70 Minor restriction in physically strenuous play
PRE662 Pre-Transplant Pre-Transplant Essential Data PRE663 Pre-Transplant Pre-Transplant	nt Allogeneic yes ta Recipient	10	Specify blood type (of recipient) (For allogeneic HCTs only) Specify Rh factor (of recipient) (For allogeneic HCTs only)	AA8.0 Neative Positive	Specify blood type (of recipier HCTs only) Specify Rh factor (of recipient	
PRE663 Pre-Transplant Pre-Transplant Essential Data PRE664 Pre-Transplant Pre-Transplant	ta Recipient	no	Specify Rh factor (of recipient) (For allogeneic HCTs only) Recipient CMV-antibodies (IgG or Total)	Negative,Positive	Specify Rh factor (of recipient HCTs only) Recipient CMV-antibodies (ig	
PRE664 Pre-Transplant Pre-Transplant Essential Data PRE665 Pre-Transplant Pre-Transplant Essential Data	ta	no	Recipient CMV-antibodies (IgG or Total) 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?		Recipient CMV-antibodies (tg Has the patient been infected (SAR5-CoV-2) based on a pool arry time prior to the start of regimen / infusion?	
PRE666 Pre-Transplant Pre-Transplant Essential Data	nt ta		Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	Na.Yes	regimen / infusion? Did the patient require hospit management of COVID-19 (S# infection?	
PRE667 Pre-Transplant Pre-Transplant Essential Data	nt		Was mechanical ventilation given for COVID-19 (SAR5-CoV-2) infection?	Nayes	Was mechanical ventilation g (SARS-CoV-2) infection?	
PRE668 Pre-Transplant Pre-Transplant Essential Data	nt no)es	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unimown,Yes	Was a vaccine for COVID-19 () received?	S-G9/2) No.Unktoom/Ns
PRE669 Pre-Transplant Pre-Transplant	nt COVID-19 Vaccine wes	yes	Specify vaccine brand	AdtraZeneca,Johnson & Johnson/Jansen,Moderna,Novavax,Other (specify),Pfizer-BioNTech	received? Specify vaccine brand	AttraZeneca, Johnson E, Johnson Viansen, Moderna, Nouvay, Other (specify) //Hter-BioNTech
Essential Data PRE670 Pre-Transplant Pre-Transplant	nt COVID-19 Vaccine ves	yes	Specify other type:	open text	Specify other type:	open text
Essential Data PRE671 Pre-Transplant Pre-Transplant Essential Data)es	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
Essential Data PRE672 Pre-Transplant Pre-Transplant Essential Data	nt COVID-19 Vaccine yes	ies .	Date received:	YYY/MM/DD	Date received:	Y17/IM4DD
PRE673 Pre-Transplant Pre-Transplant	nt COVID-19 Vaccine yes)es	Date estimated	theoled	Date estimated	checked
Essential Data PRE674 Pre-Transplant Pre-Transplant	nt no	no	Is there a history of mechanical ventilation? (excluding COVID-19	no.yes	Is there a history of mechanic	endladon' o yes
Essential Data PRE675 Pre-Transplant Pre-Transplant Essential Data	ta	no	(SARS-CoV-2))? Is there a history of invasive fungal infection?	No,Yes	(excluding COVID-19 (SARS-Co Is there a history of Invasive f	20?
Essential Data PRE676 Pre-Transplant Pre-Transplant Essential Data		no	Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair)	No,Yes		
Essential Data	12		(corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)		Does the recipient have know congenital heart disease? (co uncorrected) (excluding simpl repair) (pediatric only)	ted or So VSD, or PM

Item ID Time Point	nt linfor	ormation	Information	Response required if	Information Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Colle Sub-	lection Domain 5-Type	Information Collection Domain Additional Sub Domain	Additional Sub Domain applies	requested multiple times				Element (if applicable)		
			Additional Sub Domain								
PRE677 Pre-Transpl	ant Pre-T	-Transplant ential 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). Hour Jasses comorbidity: before hematopoletic cell transplantation. Blood, 121(15), 2854-2863.)	No.7es		Were there any co-existing diseases or organ impairment present according to the HCT comorbidity lock (HCT-G) (Source Sorror, M. (2013). How lassess comorbidities before hematopoletic cell transplantation. Blood, 121(15), 2854-2863.)	Na Yes	
PREG78 Pre-Transpl	alant Pre-T Esser	-Transplant endial Data	Conditions	Yes	10		Englishes - Any Natory of Josef Statistican er Marker, dia Sala sequences on exercicio con sequences on expansion englishes - Any Natory of Josef Statistican er Marker, dia Sala sequences on exercisic constraints er de monos - a transmission of more varies closes on parts effectives on the more varies closes on the more varies closes on the more varies on the more var		Sporthy co-shifting disease or organ impairment (shed all that sport)	Entyfnion: Any Nutsor of And Mithalitation of Mather, GA Stans syndrome, or werkfoldar matyfnionis requiring transmit. Sector 4-sectors of a sector of the sectors of the	
PRE679 Pre-Transpl	Esser	ential Data	Comorbid Conditions	re	no	Was the recipient on dialysis immediately prior to start of preparative regimen?			Was the recipient on dialysis immediately prior t start of preparative regimen?		
PRE680 Pre-Transpl	Pre-T Esser	-Transplant ential Data	Conditions	Yes	no		Tenda Canzer Genda Canzero Genda Canzero Genda Canzero Server and Canzero Server Annuelle Charles (Charles Server) Server Annuelle Charles Server Server Annuelle Charles Server Server Annuelle Charles Server Serve		Speech prior malignaney (check all that apply)	Best score Best score Sector score score model Sector score score model Sector score score model Sector score score score score score score score score Sector score score score score score score score score score score Sector score score Sector score	
PRE681 Pre-Transpl	ant Pre-T	-Transplant ential Data	Comorbid Conditions	Yes	no	Specify other hematologic malignancy: (prior)	ooen text		Specify other hematologic malignancy: (prior)	ooen text	
PRE682 Pre-Transpl	Esser	ential Data -Transplant ential Data	Conditions	20		Specify other solid tumor: (prior)	ooen text		Specify other solid tumor: (prior)	noen fest	
PRE683 Pre-Transpl	ant Pre-T	-Transnlant			00	Date sample collected:			Date sample collected:	YYY/MM/DD	
PRE684 Pre-Transpl		ential Data -Transplant			20	Upper limit of normal for your institution:	one test		Upper limit of normal for your institution:		
PRE685 Pre-Transpl	Esser	ential Data Transplant				Date sample collected:	**************************************		Date sample collected:	YYY/MM/DD	
PRE686 Pre-Transpl	Esser	ential Data		10	10		1111/MR/JUD				
		-Transplant ential 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	
PRE687 Pre-Transpl	slant Pre-T Esser	-Transplant ential Data	Prior Solid Organ Transplant	yes)es	Specify organ	Bowel, Heart, Kidney(s), Liver, Lung, Other organ, Pancreas		Specify organ	Bowel Heart Kidney(s) Liver Lung. Other organ Pancreas	
PRE688 Pre-Transpl		-Transplant ential Data	Prior Solid Organ Transplant	yes	yes	Specify other organ:	open text		Specify other organ:	open text	
PRE689 Pre-Transpl		-Transplant	Prior Solid Organ	yes	yes	Year of prior solid organ transplant:	Ym		Year of prior solid organ transplant:	mm	
		ential Data	Transplant								
PRE690 Pre-Transpl	Esser	-Transplant ential Data)es	First Name (person completing form):	open text		First Name (person completing form):	open text	
PRE691 Pre-Transpl	blant Pre-T Esser	-Transplant ential Data)es	Last Name:	open text		Last Name:	open text	
PRE692 Pre-Transpl	Esser	-Transplant ential Data)es	E-mail address:	open text		E-mail address:	open text	
PRE693 Pre-Transpl	ant Pre-T	-Transplant ential Data		no	no	Giomerular 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	
PRE695 Pre-Transpl	olant Pre-T Esser	-Transplant ential 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	
PRE696 Pre-Transpl	ant Pre-T	-Transplant ential Data		no	no	Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)			Serum ferritin (within 4 weeks prior to the start of	rnpinL (ugL)	
PRE697 Pre-Transpl	viant Pre-T	-Transplant ential Data		80	10	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Kown Likown		the preparative regimen, use result closest to the start date) Serum albumin (within 4 weeks prior to the start		
	Esser						An and the second s		the start date)		
PRE698 Pre-Transpl		-Transplant ential Data		no	no	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	*\$/\$. *\$/L		Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	•\$/d. •\$/1	
PRE699 Pre-Transpl		-Transplant ential Data		no	no	Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known, Unkrown		Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
PRE700 Pre-Transpl		-Transplant ential Data		no	no	Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	x 10/L (x 10/mm ³)		Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the	x 10% (x 10%mm²)	
		Translant				Were platelets transfused s 7 days before date of test?			preparative regimen, use result closest to the start date) Were platelets transfused < 7 days before date of		
PRE701 Pre-Transpl	Esser	-Transplant ential Data or Exposure:		no	no		No,Uninown,Yes Bilnatumomab(Bilncyta),Gemtuzumab ozogamicin (Mylotarg),Inoturumab ozogamicin (Besponsa), Mogamulizumab (Poteligeo), Mone,Thiotepa		Were platelets transfused < 7 days before date of test? Specify if the recipient received any of the	No.Unimown,Yes Binatumomab(Bincyto), Gemtuaumab ozogamicin (Mylotarg),Inotuzumab ozogamicin (Besponsa), Mogamulizumab (Poteligeo), None, Thiotepa	
PRE702 Pre-Transpl	Poter	ential Study ibility		no	no	Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)	Bilinatumomab(Bilincyto), Jermuzumab 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)	erinatumomaerenncytor, uemtuaumae eatogamicin (Mylotarg) Inotuzumab eatogamicin (Besponsa) , Mogamulizumab (Poteligeo) , None, Thiotepa	
	engib	the p		1		1	1		amount and some applicable	1	

						Transplant Pro	ocedure and F	Product Information			
Item ID	Time Point		Information Collection Domair	Response required if Additional Sub Domair applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO001		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Registry donor ID:	open text		Registry donor ID:	open text	
PRO002	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
PRO003	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Global Registration Identifier for Donors (GRID)	n open text		Global Registration Identifier for Donors (GRID)	open text	
PRO004		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	ISBT DIN:	open text		ISBT DIN:	open text	

ltem ID	Time Point	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
PRO005	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Registry or UCB Bank ID	 (A) Austrian Bone Marrow Donors, (ACB) 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, (ACB) BANCEL - Argentine CPH Donors Registry, (ACEB) BANCEL - Argentine CPH Blood Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry,(BC) Belgium Cord Blood Registry,(BC) Belgium Cord Blood Registry,(BC) Bulgarian Bone Marrow Donor Registry,(BR) IINCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood,(CB) 		Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) 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, (CKC) 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, (CS2) Czech National Marrow Donor Registry, (CSCR) Cech Stem Cells 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 Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (CPB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Bone Marrow Donor Registry, (FICB) Finnish Bone Marrow Donor Registry, (GR) Brinish Bone Marrow Donor Registry, (GR) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Ronor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HEN) Coatian Bone Marrow Donor	
PRO006	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
PRO007	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
PRO008	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor sex	female,male		Donor sex	female,male	

	Collection Domain Sub-	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domair applies	Collection may be	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
		Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specify the person for whom this typing is being done	Donor,Recipient- final typing		Specify the person for whom this typing is being done	Donor,Recipient-final typing	
Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes		Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes	
		Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus A	Known,Unknown		Locus A	Known,Unknown	
Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First A* allele designations:	open text		First A* allele designations:	open text	
		Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second A* allele designations:	open text		Second A* allele designations:	open text	
		Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus B	Known,Unknown		Locus B	Known,Unknown	
		Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First B* allele designations:	open text		First B* allele designations:	open text	
	Transplant Procedure and Product Information Transplant Procedure and Product Information	Procedure and Product Information HLA Typing Transplant Procedure and Product Information Confirmation of HLA Typing Transplant Procedure and Product Confirmation of HLA Typing Transplant Procedure and Product Confirmation of HLA Typing	Collection Domain Sub- TypeCollection Domain Additional Sub DomainTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationTransplant Procedure and Product Information	Collection Domain Sub- TypeCollection Domain Additional Sub DomainAdditional Sub appliesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic Or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationyesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationyesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationyesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationyesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationyesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationyesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit InformationYesTransplant Procedure and Product InformationConfirmation of HLA TypingNon NMDP Allogeneic or syngeneic Donor / Recipient or Non 	Collection Domain Sub- TypeCollection Domain Additional Sub Domain Sub- pomain Su	Collection Domain Sub Domain Sub Procedure HA TypingCollection Domain Additional Sub DomainCollection may be applies Domain Sub Procedure ProcedureInformation Specify the person for whom this typing to being doneTransplant InformationConfirmation of HA TypingNon NMDP Allogencic or Syngencic Domor / Recipient or Non NMDP Cord Blood Unit InformationyesnoWas documentation submitted to the CIBMTR (e.g. lab report)Transplant Procedure and Product InformationConfirmation of HA TypingNon NMDP Allogencic or Syngencic Domor / Recipient or Non NMDP Cord Blood Unit InformationnoUarsTransplant Procedure and Product InformationConfirmation of HA TypingNon NMDP Allogencic or syngencic Domor / Recipient or Non NMDP Cord Blood Unit InformationnoFirst A* allele designations:Transplant Procedure and Product InformationConfirmation of Non NMDP Allogencic Or Syngencic Domor / Recipient or Non NMDP Cord Blood Unit InformationnoFirst A* allele designations:Transplant Procedure and Product HA TypingNon NMDP Allogencic Or Syngencic Domor / Recipient or Non NMDP Cord Blood Unit InformationyesnoFirst B* allele designations:Transplant Procedure and Product HA TypingNon NMDP Allogencic Or Allogencic Or NMDP	Collection Damin Sub- Type Collection Damin Additional Sub Domain Additional Sub applies Domain pipes Information collection Data Element (R applicable) Information Collection Data Element (R applicable) Transplant Procedure and Product Information Confirmation of Non NMDP rescuere and Product Information Non NMDP Procedure and Product Information N	Collection Type Collection Data Additional Sub Domain Collection Data applies Collection may be requested multiple times Information Collection Data Benefit (f) applicable (collection Data applicable) Information Collection Data Benefit (f) applicable) Information	Collection Type Collection Domain Additional Sub Papelies New Parents Collection may be inner state with the papelies of the parents of the parents papelies being Information Papelies Description Data Element (# applicable) Transplant Min Product Information Confirmation of Num Product Min Product Confirmation of Num Product Not NMOP Min Product Ves Num Product Not NMOP Min Product Not NMOP Min Product Ves Num Product Not NMOP Min Product <	Detection type Collection applies Detection applies Detection applies Magnetic constant (second period period period (second period) Detection (second period) Data Element (if applicable) Research (second period) Transport (second period) Contraction (second period) (second period) (second period)

Item ID		Collection	Information Collection Domair 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
PRO016		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second B* allele designations:	open text		Second B* allele designations:	open text	
PRO017		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus C	Known,Unknown		Locus C	Known,Unknown	
PRO018		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First C* allele designations:	open text		First C* allele designations:	open text	
PRO019	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second C* allele designations:	open text		Second C* allele designations:	open text	
PRO020		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus DRB1	Known,Unknown		Locus DRB1	Known,Unknown	
PRO021		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First DRB1* allele designations:	open text		First DRB1* allele designations:	open text	
PRO022		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second DRB1* allele designations	open text		Second DRB1* allele designations:	open text	

ltem ID	Time Point	Collection Domain Sub- Type	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO023	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Locus DRB3	Known,Unknown		Locus DRB3	Known,Unknown	
PRO024	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	First DRB3* allele designations:	open text		First DRB3* allele designations:	open text	
PRO025	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Second DRB3* allele designations:	open text		Second DRB3* allele designations:	open text	
PRO026	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Locus DRB4	Known,Unknown		Locus DRB4	Known,Unknown	
PRO027	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	First DRB4* allele designations:	open text		First DRB4* allele designations:	open text	
PRO028	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Second DRB4* allele designations:	open text		Second DRB4* allele designations:	open text	
PRO029	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Locus DRB5	Known,Unknown		Locus DRB5	Known,Unknown	
PRO030	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	First DRB5* allele designations:	open text		First DRB5* allele designations:	open text	
PRO031	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Second DRB5* allele designations:	open text		Second DRB5* allele designations:	open text	
PRO032	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Locus DQB1	Known,Unknown		Locus DQB1	Known,Unknown	
PRO033	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	First DQB1* allele designations:	open text		First DQB1* allele designations:	open text	
PRO034	Transplant Procedure and Product Information	Confirmation of HLA Typing	no	no	Second DQB1* allele designations:	open text		Second DQB1* allele designations:	open text	

ltem ID		Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	requested multiple times	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
PRO035		Confirmation of HLA Typing		no	no	Locus DPB1	Known, Unknown		Locus DPB1	Known,Unknown	
PRO036		Confirmation of HLA Typing		no	no	First DPB1* allele designations:	open text		First DPB1* allele designations:	open text	
PRO037		Confirmation of HLA Typing		no	no	Second DPB1* allele designations:	open text		Second DPB1* allele designations:	open text	
PRO038		Confirmation of HLA Typing		no	no	Locus DQA1	Known,Unknown		Locus DQA1	Known,Unknown	
PRO039		Confirmation of HLA Typing		no	no	First DQA1* allele designations:	open text		First DQA1* allele designations:	open text	
PRO040		Confirmation of HLA Typing		no	no	Second DQA1* allele designations:	open text		Second DQA1* allele designations:	open text	
PRO041		Confirmation of HLA Typing		no	no	Locus DPA1	Known,Unknown		Locus DPA1	Known,Unknown	
PRO042	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	First DPA1* allele designations:	open text		First DPA1* allele designations:	open text	
PRO043	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Second DPA1* allele designations:	open text		Second DPA1* allele designations:	open text	
PRO044	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	A Antigens. Number of antigens provided	one,two		A Antigens. Number of antigens provided	one,two	

ltem ID	Time Point	Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	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
PRO045		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	A1,A10,A11,A19,A2 ,A203,A210,A23(9), A24(9),A2403,A25(10),A26(10),A28,A2 9(19),A3,A30(19),A 31(19),A32(19),A33 (19),A34(10),A36 43,A66(10),A68(28) ,A69(28),A74(19),A 80,A9,AX		Specificity – 1st antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A2 5(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19), A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX	
PRO046		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	A1,A10,A11,A19,A2 ,A203,A210,A23(9), A24(9),A2403,A25(10),A26(10),A28,A2 9(19),A3,A30(19),A 3(12),A32(19),A33 (19),A34(10),A36,A 43,A66(10),A68(28) A69(28),A74(19),A 80,A9,AX		Specificity – 2nd antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A2 5(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19), A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX	
PRO047		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	B Antigens. Number of antigens provided	one,two		B Antigens. Number of antigens provided	one,two	
PRO048		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	B12,B13,B14,B15,B 16,B17,B18,B21,B2 2,B27,B2708,B35,B 37,B38(16),B39(16), B3901,B3902,B40,B 4005,B41,B42,B44(12),B45(12),B46,B4 7,B48,B49(21),B551 50(21),B51(5),B510 2,B5103,B52(5),B53 ,B54(22),B55(22),B5 6(22),B57(17),B58(1 7),B59,B60(40),B61(40),B62(15),B63(15) ,B64(14),B65(14),B6 7,B7,B70,B703,B71(70),B72(70),B73,B7 5(15),B76(15),B77(1 5),B78,B8,B8,B81,B82, BX		Specificity – 1st antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35, B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,E 44(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5), B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15) B76(15),B77(15),B78,B8,B81,B82,BX	L)

Item ID		Collection Domain Sub- Type	Collection Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO049		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 2nd antigen	B12,B13,B14,B15,B B12,B13,B14,B15,B B12,B17,B18,B21,B2 2,B27,B2708,B35,B 37,B38(16),B39(16), B3901,B3902,B40,B 4005,B41,B42,B44(12),B45(12),B46,B4 7,B48,B49(21),B55 50(21),B51(5),B510 2,B5103,B52(5),B53 B54(22),B55(22),B5 6(22),B57(17),B58(1 7),B59,B60(40),B61(40),B62(15),B63(15) B64(14),B65(14),B6 7,B7,B703,B71(70),B72(70),B73,B7 5(15),B76(15),B77(1 5),B78,B8,B81,B82, BX		Specificity - 2nd antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35, B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,E 44(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5), B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B59,B60(40),B61(40),B62(15),B63(15),B63(15),B64(14 ,B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15), B76(15),B77(15),B78,B8,B81,B82,BX	
PRO050	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	C Antigens. Number of antigens provided	one,two		C Antigens. Number of antigens provided	one,two	
PRO051		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	Cw1,Cw10(W3),Cw 2,Cw3,Cw4,Cw5,Cw 6,Cw7,Cw8,Cw9(W 3),CX		Specificity – 1st antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
PRO052		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	Cw1,Cw10(W3),Cw 2,Cw3,Cw4,Cw5,Cw 6,Cw7,Cw8,Cw9(W 3),CX		Specificity – 2nd antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
PRO053		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw4 present?	no,yes		Specificity Bw4 present?	no,yes	

Item ID		Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO054		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw6 present?	no,yes		Specificity Bw6 present?	no,yes	
PRO055		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DR Antigens. Number of antigens provided	one,two		DR Antigens. Number of antigens provided	one,two	
PRO056		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DR1,DR10,DR103,D R11(5),DR12(5),DR 3(6),DR14(6),DR14(3,DR1404,DR15(2), DR16(2),DR17(3),D R18(3),DR2,DR3,DR 4,DR5,DR6,DR7,DR8 ,DR9,DRX		Specificity – 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1 403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3 ,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
PRO057	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DR1,DR10,DR103,D R11(5),DR12(5),DR3 3(6),DR14(6),DR14(3,DR1404,DR15(2), DR16(2),DR17(3),D R18(3),DR2,DR3,DR 4,DR5,DR6,DR7,DR8 ,DR9,DRX		Specificity – 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1 403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3 ,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
PRO058		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR51 present?	no,yes		Specificity DR51 present?	no,yes	
PRO059		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR52 present?	no,yes		Specificity DR52 present?	no,yes	

Item ID	Collection Domain Sub- Type	Information Collection Domair 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
PRO060	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR53 present?	no,yes		Specificity DR53 present?	no,yes	
PRO061	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DQ Antigens. Number of antigens provided	one,two		DQ Antigens. Number of antigens provided	one,two	
	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DQ1,DQ2,DQ3,DQ4 DQ5(1),DQ6(1),DQ7 (3),DQ8(3),DQ9(3), DQX		Specificity – 1st antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	
PRO063	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DQ1,DQ2,DQ3,DQ4 DQ5(1),DQ6(1),DQ7 (3),DQ8(3),DQ9(3), DQX	,	Specificity – 2nd antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	
PRO064	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DP Antigens. Number of antigens provided	one,two		DP Antigens. Number of antigens provided	one,two	
	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DPw1,DPw2,DPw3, DPw4,DPw5,DPw6, DPX		Specificity – 1st antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	
	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DPw1,DPw2,DPw3, DPw4,DPw5,DPw6, DPX		Specificity – 2nd antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	

Item ID	Time Point	Collection	Collection Domain	Additional Sub Domain		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO067		Hematopoietic Cellular Transplant (HCT) Infusion		no	no	HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologo us	,	HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologous	
PRO068	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor ever pregnant?	Not applicable (male donor or corc blood unit) ,No,Unknown, Yes		Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown,Yes	
PRO069		Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Number of pregnancies	Known,Unknown		Number of pregnancies	Known,Unknown	
PRO070	and Product	Cellular	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify number of pregnancies:	open text		Specify number of pregnancies:	open text	
PRO071	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Ethnicity (donor)	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown		Ethnicity (donor)	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown	
PRO072	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race (donor) (check all that apply)	American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian or Other Pacific Islander, Unknown, White		Race (donor) (check all that apply)	American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White	

Item ID		Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domair applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if 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
PRO073	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race detail (donor) (check all that apply)	African African African, African (both parents born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean, Caribbea n Indian, Other White, Eastern European, Filipino (Pilipino), Guamania n, Hawaiian, Japanes e, Korean, Mediterra nean, Middle Eastern, North American, North American, North American, North Africa, Chinese, North hern European, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vie tnamese, White Caribbean, Western European, White South or Central		Race detail (donor) (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, Medite rranean, Middle Eastern, North American, North Coast of Africa, Chinese, Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vietnamese, White Caribbean, Western European, White South or Central American	
PRO074	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor a carrier for potentially transferable genetic diseases?	No,Yes		Was the donor a carrier for potentially transferable genetic diseases?	No,Yes	
PRO075	Procedure and Product	Cellular	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify potentially transferable genetic disease (check all that apply)	Other hemoglobinopathy, Other disease,Sickle cell anemia,Thalassemi a		Specify potentially transferable genetic disease (check all that apply)	Other hemoglobinopathy,Other disease,Sickle cell anemia,Thalassemia	
PRO076	Procedure and Product	Cellular	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other disease:	open text		Specify other disease:	open text	

Item ID	Time Point	CENTER FOR INTERNATIONAL BLOOD A MARROW TRANSPLANT RESEARCH	Information	Response required if	Information	Current	Current	Information Collection update:	Proposed Information Collection	Proposed Information Collection Data Element	Rationale for Information Collection
		Collection	Collection Domain	Additional Sub Domain applies	Collection may be requested multiple times	Information Collection Data Element (if	Information Collection Data Element Response Option(s)		Data Element (if applicable)	Response Option(s)	Update
PRO077	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor / product tested for other transferable genetic or clonal abnormalities?	No,Unknown,Yes		Was the donor / product tested for other transferable genetic or clonal abnormalities?	No,Unknown,Yes	
PRO078	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Clonal hematopoiesis of indeterminate potential (CHIP)	No,Yes		Clonal hematopoiesis of indeterminate potential (CHIP)	No,Yes	
PRO079		Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	What was the method of testing used?	open text		What was the method of testing used?	open text	
PRO080	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Monoclonal B-cell lymphocytosis	No,Yes		Monoclonal B-cell lymphocytosis	No,Yes	
PRO081	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Other transferable genetic or clonal abnormality	No,Yes		Other transferable genetic or clonal abnormality	No,Yes	
PRO082		Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other transferable genetic or clonal abnormality:	open text		Specify other transferable genetic or clonal abnormality:	open text	
PRO083	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did this donor have a central line placed?	no,yes		Did this donor have a central line placed?	no,yes	
PRO084		Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Was the donor hospitalized (inpatient) during or after the collection?	no,yes		Was the donor hospitalized (inpatient) during or after the collection?	no,yes	
PRO085	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the donor experience any life-threatening complications during or after the collection?	no,yes		Did the donor experience any life- threatening complications during or after the collection?	no,yes	
PRO086	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify:	open text		Specify:	open text	

Item ID		Contraction Number Collection Domain Sub- Type	Collection Domain	Response required if Additional Sub Domair applies			Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO087		Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the allogeneic donor give one or more autologous transfusion units?	No,Yes		Did the allogeneic donor give one or more autologous transfusion units?	No,Yes	
PRO088	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Date of collection:	YYYY/MM/DD		Date of collection:	YYYY/MM/DD	
PRO089	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Number of units:	open text		Number of units:	open text	
PRO090	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autolc gous transfusions,No	,	Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autologous transfusions,No	
PRO091	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify number of autologous units:	open text		Specify number of autologous units:	open text	
PRO092	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify number of allogeneic units:	open text		Specify number of allogeneic units:	open text	
PRO093	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the donor die as a result of the collection?	no,yes		Did the donor die as a result of the collection?	no,yes	
PRO094	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify cause of death:	open text		Specify cause of death:	open text	
PRO095	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	First Name (persor completing form):	n open text		First Name (person completing form):	open text	
PRO096	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Last Name:	open text		Last Name:	open text	
PRO097	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	E-mail address:	open text		E-mail address:	open text	

ltem ID		Collection	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	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
PRO098	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	
PRO099	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Product type (check only one)	Bone marrow,Other product,PBSC,Singl e cord blood unit	r	Product type	Bone marrow,Other product,PBSC,Single cord blood unit	
PRO100	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify:	open text		Specify:	open text	
PRO101	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP Product	No,Yes		NMDP Product	No,Yes	
PRO102	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
PRO103	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP donor ID:	open text		NMDP donor ID:	open text	
PRO104	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
PRO105	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
PRO106	and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Global Registratior Identifier for Donors (GRID)	n open text		Global Registration Identifier for Donors (GRID)	open text	
PRO107	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	ISBT DIN:	open text		ISBT DIN:	open text	

Item ID		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
PRO108	and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) 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 Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Australian Cord Blood Bagistry, (AUS) Australian / New Zealand Bone Marrow Donor Registry,(BC) Belgium Cord Blood Registry,(BC) Bulgarian Bone Marrow Donor Registry,(BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood,(CB)		Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors.(ACB) Austrian Cord Blood Registry.(ACCB) StemCyte, Inc.(AE) Emirates Bone Marrow Donor Registry.(AM) Armenian Bone Marrow Donor Registry Charltable 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 Donor Program Belgium,(BCB) Belgium Cord Blood Registry(GB) Bulgarian Bone Marrow Donor Registry. (BR) INCA/REDOMO.(BSCB) British Bone Marrow BloodStem Cells - Adult Donors.(CHCB) Swiss Blood Stem Cells - Cord Blood,(CKB) 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.(CS2) Czech Stem Cells Registry.(CY) Cyprus Paraskevaidio Bone Marrow Donor Registry.(CY) Cyprus Paraskevaidio Bone Marrow Donor Registry.(CY) Cyprus Paraskevaidio Bone Marrow Donor Registry.(CY) Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors,(CB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood,(DK) The Danish Bone Marrow Donor Registry, (DX2) Bone Marrow Donors Copenhagen (BMDC).(DUCB German Branch of the European Cord Blood Bank.(E) REDMO.(ECB) Spanish Cord Blood Registry.(F) France Greffe de Moelle - Adult Donors,(FCB) France Greffe de Moelle - Cord Blood,(FI) Finnish Bone Marrow Donor Registry.(GR4) British Bone Marrow Donor Registry.(HE) Pinnish Cord Blood Centers Corc Blood Bank,(H) Hungarian Bone Marrow Donor Registry (HEM) Hema-Quebec.(HK) Hong Kong Bone Marrow Donor Registry.(HE) Croatian Bon	1)
PRO109	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
PRO110	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
PRO111	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor sex	open text, check "Months" or check "Years"		Donor sex	open text, check "Months" or check "Years"	

Item ID		Collection Domain Sub-		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO112		Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT?	No,Yes		Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT?	No,Yes	
PRO113	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylat ed G- CSF(pegfilgrastim, Neulasta), Plerixafor (Mozobil) Other growth or mobilizing factor(s)		Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylated G- CSF(pegfilgrastim, Neulasta) , Plerixafor (Mozobil) Other growth or mobilizing factor(s)	
PRO114	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Specify other growth or mobilizing factor(s):	open text		Specify other growth or mobilizing factor(s):	open text	
PRO115	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date of first collection for this mobilization:	YYYY/MM/DD		Date of first collection for this mobilization:	YYYY/MM/DD	
PRO116	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Were anticoagulants or other agents added to the product between collection and infusion?	No,Yes		Were anticoagulants or other agents added to the product between collection and infusion?	No,Yes	
PRO117	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify anticoagulant(s) or other agents (check all that apply)	Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetet raacetic acid (EDTA), Heparin, Other agent		Specify anticoagulant(s) or other agents (check all that apply)	Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetetraacetic acid (EDTA), Heparin, Other agent	

Item ID	Time Point	Collection Domain Sub- Type	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO118	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Specify other agent:	open text		Specify other agent:	open text	
PRO119	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Was this product collected off-site and shipped to your facility?	no,yes		Was this product collected off-site and shipped to your facility?	no,yes	
PRO120	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Date of receipt of product at your facility:	YYYY/MM/DD		Date of receipt of product at your facility:	YYYY/MM/DD	
PRO121	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Time of receipt of product (24-hour clock):	Hour:Minute Check standard time or check daylight savings	C	Time of receipt of product (24-hour clock):	Hour:Minute Check standard time or check daylight savings	
PRO122	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment		Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	
PRO123	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Specify other shipping environment:	open text		Specify other shipping environment:	open text	
PRO124	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	no	Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?	no,yes		Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?	no,yes	

ltem ID		Collection Domain Sub-		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO125	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes		Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes	
PRO126	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Was the cord blood unit stored at your center prior to thawing?	no,yes		Was the cord blood unit stored at your center prior to thawing?	no,yes	
PRO127	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the storage method used for the cord blood unit	freezer,Liquid		Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase	
PRO128	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Temperature during storage	< -150 0C , > -150 0C to < -135 0C , > - 135 0C to < -80 0C, > -80 0C		Temperature during storage	< -150 0C , > -150 0C to < -135 0C , > -135 0C to < -80 0C, > -80 0C	
PRO129	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date storage started:	YYYY/MM/DD		Date storage started:	YYYY/MM/DD	
PRO130	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total nucleated cells: (Includes nucleated red and nucleated white cells)			Total nucleated cells: (Includes nucleated red and nucleated white cells)	x 10 (Includes nucleated red and nucleated white cells) (Cord blood units only)	
PRO131	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
PRO132	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total number of CD34+ cells:	x 10		Total number of CD34+ cells:	x 10	

Item ID	Time Point	Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO133		Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product thawed from a cryopreserved state prior to infusion?	no,yes		Was the product thawed from a cryopreserved state prior to infusion?	no,yes	
PRO134		Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the entire product thawed?	no,yes		Was the entire product thawed?	no,yes	
PRO135	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the percent of the product that was thawed? (Cord Blood units only)	percent		Specify the percent of the product that was thawed? (Cord Blood units only)	20%,80%,Other percent	
PRO136	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify other percent:	%		Specify other percent:	%	
PRO137	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date thawing process initiated:	YYYY/MM/DD		Date thawing process initiated:	YYYY/MM/DD	
PRO138	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Time at initiation of thaw (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	(Time at initiation of thaw (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
PRO139	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Time of thaw completion:	Hour:Minute Check "standard time" or "check daylight savings time"		Time of thaw completion:	Hour:Minute Check "standard time" or "check daylight savings time"	
PRO140	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	What method was used to thaw the product?	Electric warmer,Other method,Waterbath		What method was used to thaw the product?	Electric warmer,Other method,Waterbath	
PRO141	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	

Item ID	Time Point	Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if n 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)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO142		Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Did any incidents or product complaints occur while preparing or thawing the product?		Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes	
PRO143	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product processed prior to infusion?		Was the product processed prior to infusion?	No,Yes	
PRO144	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Dilute d,Plasma reduced,RBC reduced,Washed	Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed	
PRO145		Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product manipulated prior to infusion?	no,yes	Was the product manipulated prior to infusion?	no,yes	
PRO146		Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify manipulations performed (check all that apply)	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex-vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation	Specify manipulations performed (check all that apply)	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex- vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation	
PRO147	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify antibodies used (check all tha apply)		Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody	
PRO148	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other antibody:	open text	Specify other antibody:	open text	

Item ID		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 Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO149	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify T-cell depletion method	Antibody affinity column,Immunoma gnetic beads,Other Method		Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method	
PRO150	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	
PRO151	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other cell manipulation:	open text		Specify other cell manipulation:	open text	
PRO152	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify the timepoint in the product preparation phase that the product was analyzed	Product arrival (cord blood only) , At infusion (final quantity infused)		Specify the timepoint in the product preparation phase that the product was analyzed	Product arrival (cord blood only) , At infusion (final quantity infused)	
PRO153	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Date of product analysis:	YYYY/MM/DD		Date of product analysis:	YYYY/MM/DD	
PRO154	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total volume of product plus additives:	ml		Total volume of product plus additives:	ml	
PRO155	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells (TNC)	Done,Not done		Total nucleated cells (TNC)	Done,Not done	
PRO156	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells:	x 10		Total nucleated cells:	× 10	
PRO157	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC	Done,Not done,Unknown		Viability of TNC	Done,Not done,Unknown	

ltem ID		Collection Domain Sub- Type	Information Collection Domai Additional Sub Domain	Response required if n Additional Sub Domair applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO158	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC:	%		Viability of TNC:	%	
PRO159	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing TNC viability	Flow cytometry based,Other method,Trypan blue		Method of testing TNC viability	Flow cytometry based (7AAD, AOPI, AOEB),Other method,Trypan blue	
PRO160	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
PRO161	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated white blood cells	Done,Not done		Nucleated white blood cells	Done,Not done	
PRO162	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of nucleated white blood cells:	x 10		Total number of nucleated white blood cells:	x 10	
PRO163	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Mononuclear cells	Done,Not done		Mononuclear cells	Done,Not done	
PRO164	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of mononuclear cells:	x 10		Total number of mononuclear cells:	x 10	
PRO165	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated red blood cells	Done,Not done		Nucleated red blood cells	Done,Not done	
PRO166	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of nucleated red blood cells:	x 10		Total number of nucleated red blood cells:	x 10	
PRO167	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	

Item ID	Time Point	CENTER FOR INTERNATIONAL BLOOD A MARGON TRANSPLANT RESEARCH	Information	Response required if	Information	Current	Current	Information Collection update:	Proposed Information Collection	Proposed Information Collection Data Element	Rationale for Information Collection
		Collection Domain Sub- Type	Collection Domain Additional Sub Domain	n Additional Sub Domair applies	Collection may be requested multiple times		Information Collection Data Element Response Option(s)		Data Element (if applicable)	Response Option(s)	Update
PRO168	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD34+ cells:	x 10		Total number of CD34+ cells:	x 10	
PRO169	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD34+ cells	Done,Not done,Unknown		Viability of CD34+ cells	Done,Not done,Unknown	
PRO170		Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD34+ cells:	%		Viability of CD34+ cells:	%	
PRO171	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD34+ cell viability			Method of testing CD34+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	
PRO172	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
PRO173	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+ cells	Done,Not done		CD3+ cells	Done,Not done	
PRO174	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells	Done,Not done,Unknown		Viability of CD3+ cells	Done,Not done,Unknown	
PRO175	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+ cells:	x 10		Total number of CD3+ cells:	x 10	
PRO176	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells:	%		Viability of CD3+ cells:	%	
PRO177	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+ cell viability			Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	

		Collection	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Specify other method:	open text		Specify other method:	open text	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	CD3+CD4+ cells	Done,Not done		CD3+CD4+ cells	Done,Not done	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Total number of CD3+CD4+ cells:	x 10		Total number of CD3+CD4+ cells:	x 10	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Viability of CD3+CD4+ cells	Done,Not done,Unknown		Viability of CD3+CD4+ cells	Done,Not done,Unknown	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Viability of CD3+CD4+ cells:	%		Viability of CD3+CD4+ cells:	%	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue		Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Specify other method:	open text		Specify other method:	open text	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	CD3+CD8+ cells	Done,Not done		CD3+CD8+ cells	Done,Not done	
	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Total number of CD3+CD8+ cells:	* x 10		Total number of CD3+CD8+ cells:	* x 10	
	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product	no	yes	Viability of CD3+CD8+ cells	Done,Not done,Unknown		Viability of CD3+CD8+ cells	Done,Not done,Unknown	

Item ID		Collection		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO188	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells:	%		Viability of CD3+CD8+ cells:	%	
PRO189	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based,Other method,Trypan blue		Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method, Trypan blue	
PRO190	and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
PRO191	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Were the colony- forming units (CFU) assessed after thawing? (cord blood units only)	no,yes		Were the colony-forming units (CFU) assessed after thawing? (cord blood units only)	no,yes	
PRO192	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Was there growth?	no,yes		Was there growth?	no,yes	
PRO193	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM	Done,Not done		Indicate which Assessments were Carried out (Check all that apply)	Total CFU-GM, Total CFU-GEMM, Total BFU-E	
PRO194	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM:	x10		Total CFU-GM:	x10	
PRO195	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM:	x10		Total CFU-GEMM:	x10	
PRO196	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E:	x10		Total BFU-E:	x10	

ltem ID	Time Point	Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if n 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
PRO197	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)			Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)	No,Pending,Unknown,Yes	
PRO198		Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 127 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus, (all species), 135 Enterococcus, (all species), 137 Enterococcus, (all species), 137 Enterococcus, (all species), 137 Enterococcus, (all species), 137 Enterococcus, 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all		Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species) except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species) 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium kansasii, 116 Mycobacterium fortuitum, 114 Mycobacterium haemophilun, 115 Mycobacterium kansasii, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 180 Staphylococcus aureus (Methicillin Resistant), 177 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Streotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streotrophomonas (Funderia Coccus alpha-hemolytic, 182 Streotrophomonas Purghilis), 169 Vibrio (all species), 160	a

Item ID Time I	Point I Collection Domain Sub- Type	Collection Domain	Response required if Additional Sub Domain applies	Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 127 Chamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all		Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species) 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilus, 115 Mycobacterium mucogenicum, 110 Mycobacterium fortuitum, 114 Mycobacterium haemophilus, 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas areuginosa, 186 Pseudomonas non- aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160 Salmonella (all species), 161 Seratia marcescens, 162 Shigella (all species), 180 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia Species), 180 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophili, 166 Stomatococcus mucilaginosis, 181 Streptococcus, apha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae 168 Treponema (syphilis), 166 Vibrio (all species) Fungal	

Item ID Tin	C	Collection	Collection Domain	Response required if Additional Sub Domain applies	Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pro	ocedure d d Product 1	-lematopoietic Zellular Iransplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 127 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus non- influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all		Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 112 Mycobacterium cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium mucogenicum, 110 Mycobacterium fortuitum, 114 Mycobacterium haemophilus, 105 Mycoplasma (all species), 108 Nycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 157 Pseudomonas aeruginosa, 186 Pseudomonas non- aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160 Salmonella (all species), 161 Serratia marcescens, 162 Shigella (all species), 160 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, apha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae 168 Treponema (syphilis), 169 Vibrio (all species) Fungal	

Item ID		Collection Domain Sub-	Information Collection Domair Additional Sub Domain	Response required if n 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
PRO201	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertusisa (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 127 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacter ium jeikeium, 134 Enterobacter (all species), 135 Enterococcus, (all species), 135 Enterococcus, (all species), 137 Enterococcus, (all species), 137 Enterococcus, (all species), 137 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all		Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species) except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species) 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium neclogeneum, 110 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Mycoplasma (all species), 180 Staphylococcus aureus (Methicillin Sensitive), 158 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumonia 168 Treposendarowythilis, 304 Vibrio (all species) Fungal	a
PRO202	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify organism:	open text		Specify organism:	open text	
PRO203	and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date of this product infusion:	YYYY/MM/DD		Date of this product infusion:	YYYY/MM/DD	
PRO204	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Was the entire volume of receiver product infused?	no,yes d		Was the entire volume of received product infused?	no,yes	
PRO205	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate		Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate	

Item ID		Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO206		Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other fate:	open text		Specify other fate:	open text	
PRO207	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Time product infusion initiated (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"		Time product infusion initiated (24- hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
PRO208	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date infusion stopped:	YYYY/MM/DD		Date infusion stopped:	YYYY/MM/DD	
PRO209	Procedure	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"			Hour:Minute Check "standard time" or "check daylight savings time"	
PRO210	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify the route of product infusion (24-hour clock);			Specify the route of product infusion (24-hour clock);	Intramedullary,Intravenous,Other route of infusion	
PRO211	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other route of infusion:	open text		Specify other route of infusion:	open text	
PRO212	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Were there any adverse events or incidents associated with the stem cell infusion?	no,yes		Were there any adverse events or incidents associated with the stem cell infusion?	no,yes	
PRO213	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Brachycardia	no,yes		Brachycardia	no,yes	
PRO214	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no.yes	

ltem ID		Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO215	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chest tightness / pain	no,yes		Chest tightness / pain	no,yes	
PRO216	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO217	Procedure	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chills at time of infusion	no,yes		Chills at time of infusion	no,yes	
PRO218	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO219	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever ≤ 103 °F within 24 hours of infusion	no,yes		Fever ≤ 103 °F within 24 hours of infusion	no,yes	
PRO220	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO221	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever > 103° F within 24 hours of infusion	no,yes		Fever > 103° F within 24 hours of infusion	no,yes	
PRO222	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

Hematopoietic Cellular Transplant (HCT) Product Infusion Hematopoietic Cellular Transplant (HCT) Product Infusion Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion Cord Blood Product Infusion	yes	no	Gross hemoglobinuria In the Medical Director's judgment, was the adverse event a direct result of the infurior	no,yes		Gross hemoglobinuria	no,yes	
Cellular Transplant (HCT) Product Infusion Hematopoietic Cellular Transplant (HCT)	Cord Blood Product Infusion		no	Director's judgment, was the adverse event a direct result of the			In the Medical Director's judgment		
Cellular Transplant (HCT)	Infusion)			infusion?			was the adverse event a direct result of the infusion?	no,yes	
	1	yes	no	Headache	no,yes		Headache	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion		yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion		yes	no	Hives	no,yes		Hives	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion		yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Infusion)	yes	no	Hypertension	no,yes		Hypertension	no.yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Infusion)	yes	no	adverse event a			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
C T F C T	cellular ransplant (HCT roduct Infusior dematopoietic cellular ransplant (HCT	ellular ransplant (HCT) roduct Infusion Hematopoietic cellular ransplant (HCT) Cord Blood Product Infusion	ellular ransplant (HCT) roduct Infusion Hematopoietic cellular ransplant (HCT) Cord Blood Product Infusion Infusion	iellular Infusion Inf	Image: Hematopoietic Lellular Transplant (HCT) Cord Blood Product Infusion yes no Hypertension Infusion Infusion Infusion Infusion Infusion Infusion Idematopoietic Lellular Transplant (HCT) Cord Blood Product Infusion yes no In the Medical Director's judgment, was the adverse event a direct result of the	Hematopoietic Lellular ransplant (HCT) Cord Blood Product Infusion yes no Hypertension no,yes Hematopoietic Cellular ransplant (HCT) Cord Blood Product Infusion yes no In the Medical Director's judgment, was the adverse event a direct result of the no,yes	Hematopoietic Lellular ransplant (HCT) Cord Blood Product Infusion yes no Hypertension no,yes Hematopoietic Cellular ransplant (HCT) Cord Blood Product Infusion yes no In the Medical Director's judgment, was the adverse event a direct result of the no,yes	Hematopoietic cellular rransplant (HCT)Cord Blood Product yesyesnoHypertensionno,yesHypertensionInfusionInfusionCord Blood Product infusionyesnoHypertensionno,yesHypertensiontematopoietic cellular rransplant (HCT) roduct InfusionCord Blood Product infusionyesnoIn the Medical Director's judgment, was the adverse event a direct result of theno,yes	Image: Antipage: Ant

Item ID		Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypotension	no,yes		Hypotension	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypoxia requiring oxygen (O ₂) support	no,yes		Hypoxia requiring oxygen (O ₂) support	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Nausea	no,yes		Nausea	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, mild	no,yes		Rigors, mild	no,yes	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
						direct result of the					

Item ID		Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO239	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, severe	no,yes		Rigors, severe	no,yes	
PRO240	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO241	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Shortness of breath (SOB)	no,yes		Shortness of breath (SOB)	no,yes	
PRO242	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO243		Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Tachycardia	no,yes		Tachycardia	no,yes	
PRO244		Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO245		Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Vomiting	no,yes		Vomiting	no,yes	
PRO246	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

Item ID		Collection Domain Sub- Type		Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO247	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other expected AE	no,yes		Other expected AE	no,yes	
PRO248	and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other expected AE:	open text		Specify other expected AE:	open text	
PRO249	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?			In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO250	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other unexpected AE	no,yes		Other unexpected AE	no,yes	
PRO251	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other unexpected AE:	open text		Specify other unexpected AE:	open text	
PRO252	and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO253	Transplant Procedure and Product Information	Infectious Disease Markers			yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
PRO254	Transplant Procedure and Product Information	Infectious Disease Markers			yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
PRO255	Transplant Procedure and Product Information	Infectious Disease Markers			yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
PRO256	Transplant Procedure and Product Information	Infectious Disease Markers			yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	

Item ID		Collection Domain Sub-	Collection Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO257		Infectious Disease Markers				Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
PRO258	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	HCT type (check al that apply)	l Allogeneic, related,Allogeneic, unrelated		HCT type (check all that apply)	Allogeneic, related,Allogeneic, unrelated	
PRO259		Infectious Disease Markers		no	no	Product type (check all that apply)	Bone marrow,Othe product,PBSC,Singl e cord blood unit	r	Product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit	t
PRO260	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Other product. Specify:	open text		Other product. Specify:	open text	
PRO261		Infectious Disease Markers		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
PRO262	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
PRO263	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Global Registratior Identifier for Donors (GRID)	n open text		Global Registration Identifier for Donors (GRID)	open text	
PRO264		Infectious Disease Markers		no	no	ISBT DIN:	open text		ISBT DIN:	open text	

ltem ID	Time Point	Collection Domain Sub-	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
PRO265	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) 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 Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Australian Cord Blood Bank,(AUCB) Blood Bank,(AUCB) Blood Bank,(AUCB) Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry,(BG) Belgium Cord Blood Registry,(BR) Bulgarian Bone Marrow Donor Registry,(BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood (CB)		Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc. (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charltable 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, (BS) Australian / New Zealand Bone Marrow Donor Registry, (BS) Australian / New Zealand Bone Marrow Donor Registry, (BS) Nustralian / New Zealand Bone Marrow Donor Registry, (CH) Swis: BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - 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, (CS2) Czech National Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CS2) Czech Stem Cells Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DE) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DX2) Bone Marrow Donors Copenhagen (BMDC), (DUCB German Branch of the European Cord Blood Bank,(E) REDMO, (ECB) Spanish Cord Blood Registry, (F) Trance Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (GR4) British Bone Marrow Donor Registry, (HER) Pinnish Cord Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor	
PRO266	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
PRO267	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
PRO268	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Donor sex	female,male		Donor sex	female,male	
PRO269	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)		Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)	

Item ID	Time Point	Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	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
PRO270	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	HBsAg: (hepatitis B surface antigen)	Non-reactive,Not done,Reactive		HBsAg: (hepatitis B surface antigen)	Non-reactive,Not done,Reactive	
PRO271	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO272	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti HBc: (hepatitis B core antibody)	Non-reactive,Not done,Reactive		Anti HBc: (hepatitis B core antibody)	Non-reactive,Not done,Reactive	
PRO273	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO274	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HBV	Negative,Not done,Positive		FDA licensed NAAT testing for HBV	Negative,Not done,Positive	
PRO275	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO276	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HCV: (hepatitis C antibody)	Non-reactive,Not done,Reactive		Anti-HCV: (hepatitis C antibody)	Non-reactive,Not done,Reactive	
PRO277	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	

Item ID	Time Point	Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domair applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if 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
PRO278	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HCV	Negative,Not done,Positive		FDA licensed NAAT testing for HCV	Negative,Not done,Positive	
PRO279	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO280	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	HIV-1 p24 antigen	Non-reactive,Not done,Not reported,Reactive		HIV-1 p24 antigen	Non-reactive,Not done,Not reported,Reactive	
PRO281	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO282	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HIV-1	Negative,Not done,Positive		FDA licensed NAAT testing for HIV-1	Negative,Not done,Positive	
PRO283	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO284	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)	Non-reactive,Not done,Not reported,Reactive		Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)	Non-reactive,Not done,Not reported,Reactive	
PRO285	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	

Item ID	Time Point	Collection Domain Sub-	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 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
PRO286	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Chagas testing	Negative,Not Done,Positive		Chagas testing	Negative,Not Done,Positive	
PRO287	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO288	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HSV (Herpes simplex virus antibody)	Negative,Not Done,Positive		Anti-HSV (Herpes simplex virus antibody)	Negative,Not Done,Positive	
PRO289	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO290	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-EBV (Epstein- Barr virus antibody)	Inconclusive,Negati ve,Not done,Positive		Anti-EBV (Epstein-Barr virus antibody)	Inconclusive,Negative,Not done,Positive	
PRO291	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO292	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-VZV (Varicella zoster virus antibody)	Negative,Not Done,Positive		Anti-VZV (Varicella zoster virus antibody)	Negative,Not Done,Positive	
PRO293	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	

Item ID	Domain Sub-	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
PRO294		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Other infectious disease marker, specify	no,yes		Other infectious disease marker, specify	no,yes	
PRO295		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO296		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test and method:	open text		Specify test and method:	open text	
PRO297		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test results:	open text		Specify test results:	open text	

Information Collection Domain: Post-Transplant Periodic Information Collection

				Information	Collection	Domain: Post-Transplant Per	lodic Information Collection				
ltem ID		Collection	Information Collection Domain - Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data In Element Response Option(s)	formation Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST001	Post- Transplant	Post- Transplant Essential Data	a	no	yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
POST002	Post- Transplant	Post- Transplant Essential Data	a	no	yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
POST003	Post- Transplant	Post- Transplant Essential Data	a	no	yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
POST004		Post- Transplant Essential Data	a	no	yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
POST005		Post- Transplant Essential Data	a	no	yes	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
POST006		Post- Transplant Essential Data	a	no	yes	Visit	100 day,1 year,2 years,> 2 years,6 months		Visit	100 day,1 year,2 years,> 2 years,6 months	
POST007	Post- Transplant	Post- Transplant Essential Data	9	no	yes	Specify:	open text		Specify:	open text	
POST008	Transplant	Post- Transplant Essential Data	4	no	yes	Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD		Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD	
POST009		Post- Transplant Essential Data	a	no	yes	Specify the recipient's survival status at the date of last contact	Alive,Dead		Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	
POST010		Post- Transplant Essential Data	a	no	yes	Did the recipient receive a subsequent HCT?	no,yes		Did the recipient receive a subsequent HCT?	no,yes	
POST011	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant	yes	yes	Date of subsequent HCT:	YYYY/MM/DD		Date of subsequent HCT:	YYYY/MM/DD	
POST012	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant a	yes	yes	What was the indication for subsequent HCT?	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma).Other,Persitent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease		subsequent HCT?	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease	
POST013	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant a	yes	yes	Specify other indication:	open text		Specify other indication:	open text	
POST014	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant a	yes	yes	Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous		Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous	
L											

ltem ID	Time Point	Domain Sub-	Information Collection Domain Additional Sub Domain	Additional Sub	Collection may	Current Information Collection Data Element (if applicable)	Current Information Collection Data Information Collection update: Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST015	Post- Transplant	Post- Transplant Essential Data		no	yes	Has the recipient received a cellular therapy? (e.g. CAR-T, DCI)	no,yes	Has the recipient received a cellular therapy? (e.g. CAR-T, DCI)	no,yes	
POST016	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Was this infusion a donor lymphocyte infusion (DLI)?	no,yes	
POST017	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Number of DLIs in this reporting period		
POST018	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant	yes	yes			Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	
POST019	Post- Transplant	Post- Transplant Essential Data	Subsequent Transplant	yes	yes	Date of cellular therapy:	YYYY/MM/DD	Date of cellular therapy:	YYYY/MM/DD	
POST020	Post- Transplant	Post- Transplant Essential Data		no	yes	Was there evidence of initial hematopoietic recovery?	No(ANC ≥ 500/mm3 was not achieved) ,Not applicable(ANC never dropped below 500/mm3 at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report) ,Yes(ANC ≥ 500/mm3 achieved and sustained for 3 lab values)	Was there evidence of initial hematopoletic recovery?	No(ANC ≥ 500/mm3 was not achieved). Not applicable(ANC never dropped below 500/mm3 at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report). Yes(ANC ≥ 500/mm3 achieved and sustained fo 3 lab values)	r
POST021	Post- Transplant	Post- Transplant Essential Data		no	yes	Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD	Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD	
POST022	Post- Transplant	Post- Transplant Essential Data		no	yes	Did late graft failure occur?	No,Yes	Did late graft failure occur?	No,Yes	
POST023	Post- Transplant	Post- Transplant Essential Data		no	yes	Was an initial platelet count ≥ 20 x 10°/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L) ,Previously reported(≥ 20 x 109/L was achieved and reported previously),Yes	Was an initial platelet count ≥ 20 x 10°/L achieved?	No.Not applicable(Platelet count never dropped below 20 x 109/L) .Previously reported (≥ 20 x 109/L was achieved and reported previously).Yes	
POST024	Post- Transplant	Post- Transplant Essential Data		no	yes	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	
POST025	Post- Transplant	Post- Transplant Essential Data		no	yes	Did acute GVHD develop?	No,Unknown,Yes	Did acute GVHD develop?	No,Unknown,Yes	
POST026	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Date of acute GVHD diagnosis:	YYYY/MM/DD	Date of acute GVHD diagnosis:	YYYY/MM/DD	
POST027	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Did acute GVHD persist?	No,Unknown,Yes	Did acute GVHD persist?	No,Unknown,Yes	

ltem ID		Collection Domain Sub-	Information Collection Domain Additional Sub Domain		ollection may e requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
205T028	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes ye	es	Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with builous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)		Overall grade of acute GVHD at diagnosis	 I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without lieus IV - Generalized erythroderma with bullous formation, or bilirubin 15 mg/dL Not applicable (acute GVHD present but cannot be graded) 	
POST029	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes ye	es	Skin	Stage 0 – No rash, no rash attributable to acute GVHD Stage 1 – Maculopapular rash, < 25% of body surface Stage 2 – Maculopapular rash, 25–50% of body surface Stage 3 – Generalized erythroderma, > 50% of body surface Stage 4 – Generalized erythroderma with bullae formation and/or desquamation		Skin	Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 2 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, < 50% of body surface Stage 4 - Generalized erythroderma with bullae formation and/or desquamation	
OSTO30	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes ye	es	Lower intestinal tract (use mL/day for adui recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19,9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day fo adult recipients and mL/kg/day for pediatric recipients)	r Stage 0 – No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 3 mL/kg/day (pediatric) Stage 3 – Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
POST031	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes ye	es	Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting		Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting	
POST032	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes ye	es	Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 µmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53- 103 µmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104- 256 µmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 µmol/L)		Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 μmol/L) Stage 1 – Bilirubin 2.0-3.0 mg/dL (34-52 μmol/L) Stage 2 – Bilirubin 3.1-6.0 mg/dL (53-103 μmol/L) Stage 3 – Bilirubin 5.1-5.0 mg/dL (N4-256 μmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 μmol/L)	
OST033	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes ye	es	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	

ltem ID		Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST034	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
POST035	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes	yes	Maximum overall grade of acute GVHD	I - Rash on s 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without lieus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)		Maximum overall grade of acute GVHD	 I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded) 	
POST036	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Date maximum overall grade of acute GVHD:	YYYY/MM/DD		First date maximum overall grade of acute GVHD:	YYYY/MM/DD	
OST037	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes	yes	Skin	Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 2 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, > 50% of body surface Stage 4 - Generalized erythroderma with bullae formation and/or desquamation		Skin	Stage 0 - No rash, no rash attributable to acute GVHD Stage 1 - Maculopapular rash, < 25% of body surface Stage 2 - Maculopapular rash, 25-50% of body surface Stage 3 - Generalized erythroderma, > 50% of body surface Stage 4 - Generalized erythroderma with bullae formation and/or desquamation	
POST038	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	e yes	yes	Lower intestinal tract (use mL/day for adu recipients and mL/kg/day for pediatric recipients)	t Stage 0 – No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 – Diarrhea + 1500 mL/day (adult), or 30 mL/kg/day (pediatric) Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	rStage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 3 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
OST039	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Upper intestinal tract	Stage 0 - No persistent nausea or vomiting Stage 1 - Persistent nausea or vomiting		Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting	

Item ID		Collection Domain Sub	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST040	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 µmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53- 103 µmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104- 256 µmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 µmol/L)		Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 μmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 μmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53-103 μmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104-256 μmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 μmol/L)	
POST041	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	
POST042	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
POST043	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Did chronic GVHD develop?	No,Unknown,Yes		Did chronic GVHD develop?	No,Unknown,Yes	
POST044	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of chronic GVHD diagnosis:	YYYY/MM/DD		Date of chronic GVHD diagnosis:	YYYY/MM/DD	
POST045	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Did chronic GVHD persist?	No,Unknown,Yes		Did chronic GVHD persist?	No,Unknown,Yes	
POST046	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Maximum grade of chronic GVHD (according to best clinical judgment)	Mild, Moderate, Severe, Unknown		Maximum grade of chronic GVHD (according to best clinical judgment)	Mild,Moderate,Severe,Unknown	
POST047	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Date of maximum grade of chronic GVHD:	YYYY/MM/DD		Date of maximum grade of chronic GVHD:	YYYY/MM/DD	
POST048	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify if chronic GVHD was limited or extensive	Extensive – One or more of the following: – Generalized skin involvement; or, – Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or, – Involvement of eye: Schirmer's test with < 5 mm wetting; or – Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy: or – Involvement of any other target organ, Limited - Localized skin involvement and/or liver dysfunction		Specify if chronic GVHD was limited or extensive	Extensive - One or more of the following: - Generalized skin involvement; or, - Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or, - Involvement of eye: Schirmer's test with < 5 mm wetting; or - Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or - Involvement of any other target organ, Limited - Localized skin involvement and/or liver dysfunction	
POST049	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	yes	yes	Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 mg/day for adults, <0.1 mg/kg/day for children)	No,Not Applicable,Unknown,Yes		Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 mg/day for adults, <0.1 mg/kg/day for children)		

tem ID		Information Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
OST050	Post- Transplant	Post- Transplant Essential Data	Graft vs. Host Disease	eyes	yes	Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?	No,Not Applicable,Unknown,Yes		Is the recipient still taking (non- steroid) immunosuppressive agents (including PUVA) for GVHD?	No,Not Applicable,Unknown,Yes	
OST051	Post- Transplant	Post- Transplant Essential Data		no	yes	Was specific therapy used to prevent liver toxicity?	No,Yes		Was specific therapy used to prevent liver toxicity?	No,Yes	
OST052	Post- Transplant	Post- Transplant Essential Data		no	yes	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol		Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol, Enoxaparin (Lovenox), Heparin	
OST053	Post- Transplant	Post- Transplant Essential Data		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
DST054	Post- Transplant	Post- Transplant Essential Data		no		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop?	No,Yes		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop?	No,Yes	
OSTO55	Post- Transplant	Post- Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
ST056	Post- Transplant	Post- Transplant Essential Data		no	yes	Did the recipient develop COVID-19 (SARS- CoV-2)?	No,Yes		Did the recipient develop COVID-19 (SARS-CoV-2)?	No,Yes	
DST057	Post- Transplant	Post- Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
ST058	Post- Transplant	Post- Transplant Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes		Was a vaccine for COVID-19 (SARS- CoV-2) received?	No,Unknown,Yes	
ST059	Post- Transplant	Post- Transplant Essential Data		yes	yes	Specify vaccine brand	AstraZeneca, Johnson & Johnson, Moderna, Novavax, Other (specify), Pfizer-BioNTech		Specify vaccine brand	AstraZeneca, Johnson & Johnson, Moderna, Novavax, Other (specify), Pfizer- BioNTech	
ST060	Post- Transplant	Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify other type:	open text		Specify other type:	open text	
ST061	Post- Transplant	Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose,First dose(with planned second dose) ,On dose(without planned second dose) ,Second dose,Third dose	
ST062	Post- Transplant	Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
ST063	Post- Transplant	Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	

ltem ID		Collection Domain Sub	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST064	Post- Transplant	Post- Transplant Essential Data	•	no	yes	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes		Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previosly reported	
POST065	Post- Transplant	Post- Transplant Essential Data	Allogenic Recipients of Cord Blood units, Beta Thalassemia, and/or Sickle Cell Disease	yes	yes	Were chimerism studies performed?	no,yes		Were chimerism studies performed?	no, yes	
POST066	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)	No,Yes	
POST067	Post- Transplant	Post- Transplant Essential Data	Performed	yes	yes	Were chimerism studies assessed for more than one donor / multiple donors?	No,Yes		Were chimerism studies assessed for more than one donor / multiple donors?	No,Yes	
POST068	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
POST069	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
POST070	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Registry donor ID:	open text		Registry donor ID:	open text	
POST071	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
POST072	Post- Transplant	Post- Transplant Essential Data	Performed	yes	yes	Date of birth:	YYYY/MM/DD		Donor Date of birth:	YYYY/MM/DD	
POST073	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Age:	MM (if less than 1 year); YY —		Age:	MM (if less than 1 year); YY	
POST074	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Sex	female,male		Donor Sex	female,male	
POST075	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
POST076	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Method	Single nucleotide polymorphisms (SNPS) (includes quantitative PCR, real time PCR, sequencing, other), Fluorescent in situ hybridization (FISH) for XX/XY, Karyotyping for XX/XY, volther, Restriction fragment-length polymorphisms (RFLP), VNTR or STR, micro or mini satellite		Method	Single nucleotide polymorphisms (SNPS) (includes quantitative PCR, real time PCR, sequencing, other), Fluorescent in situ hybridization (FISH) for XX/XY, Karyotyping for XX/XY,vOther, Restriction fragment- length polymorphisms (RFLP), VNTR or STR, micro or mini satellite	

ltem ID		Domain Sub-	Collection Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data Information Collection update: Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST077	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Specify:	open text	Specify:	open text	
POST078	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Cell source	Bone marrow,Peripheral blood	Celi source	Bone marrow,Peripheral blood	
POST079	Post- Transplant		Chimerism Study Performed	yes	yes	Cell type	B-cells, Granulocytes, Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole	Cell type	B-cells, Granulocytes, Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole	
POST080	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Specify:	open text	Specify:	open text	
POST081	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Total cells examined:	open text	Total cells examined:	open text	
POST082	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Number of donor cells:	open text	Number of donor cells:	open text	
POST083	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Percent donor cells:	%	Percent donor cells:	%	
POST084	Transplant	Disease Assessment at the Time of Best Response to HCT		no		Compared to the disease status prior to the preparative regimen, what was the best response to HCT?	Continued complete remission (CCR),Complete remission (CR),Not in complete remission,Not evaluated		Continued complete remission (CCR),Complete remission (CR),Not in complete remission,Not evaluatec	1
POST085	Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	
POST086	Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the date of best response previously reported?	no,yes	Was the date of best response previously reported?	no,yes	
POST087	Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD	
POST088	Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by molecular testing?	No,Not Applicable,Yes	Was the disease status assessed by molecular testing?	No,Not Applicable,Yes	

Item ID		Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Additional Sub	Collection may	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
POST089	Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST090		Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST091		Disease Assessment at the Time of Best Response to HCT		no		Was the disease status assessed via flow cytometry?	No,Not Applicable,Yes		Was the disease status assessed via flow cytometry?	No,Not Applicable,Yes	
POST092		Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST093		Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST094	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes		Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes	
POST095		Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via FISH?	No,Not Applicable,Yes		Was the disease status assessed via FISH?	No,Not Applicable,Yes	
POST096		Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST097	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST098		Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via karyotyping?	No,Not Applicable,Yes		Was the disease status assessed via karyotyping?	No,Not Applicable,Yes	

Item ID	Time Poin	Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST099	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST100	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no, yes	
POST101	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes		Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes	
POST102	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST103	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST104	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by clinical / hematologic assessment?	no,yes		Was the disease status assessed by clinical / hematologic assessment?	no,yes	
POST105	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST106	Post- Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST107	Post- Transplant	Post-HCT Therapy		no	yes	Was therapy given for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes		Was therapy given for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes	
POST108	Post- Transplant	Post-HCT Therapy		no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy	

Item ID	Time Point	Domain Sub-	Response required if Additional Sub Domain applies	Collection may be requested	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
POST109	Post- Transplant	Post-HCT Therapy	no	yes	Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumoma b, Bortezomib, Bosutinib, Carfilzomib, Che motherapy, Dasatinib, Decitabine, Gemtuz umab, Giltertinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaur tinib, Midostaurin, Nilotinib, Nivolumab, Ot her systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Rituximab, Sorafenib, Sunitini b, Thalidomide		Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bo sutinib, Carfilzomib, Dasatinib, Decitabine, Gemtuzumab, Gi Iteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaurtinib, Midostauri n, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Ritux imab, Sorafenib, Sunitinib, Thalidomide, Brentuximab vendotin, Daratumumab (Darzalex)	
POST110	Post- Transplant	Post-HCT Therapy	no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
POST111	Post- Transplant	Post-HCT	no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
POST112	Post- Transplant	Therapy Post-HCT Therapy	no	yes	Did a fecal microbiota transplant (FMT) occur?	No, Yes		Did a fecal microbiota transplant (FMT) occur?	No, Yes	
POST113	Post- Transplant	Post-HCT Therapy	no	yes				Date of FMT	DD/MM/YY	
POST114	Post- Transplant	Post-HCT	no	yes				Specify the indication for the FMT	Graft versus host disease (GVHD), Clostridium difficle, Other	
POST115	Post-	Post-HCT	no	yes				Specify other indication:	open text	
POST116	Transplant Post- Transplant	Therapy Relapse or Progression Post-HCT	no	yes	Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes		Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes	
POST117	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)		Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)	
POST118	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Date first seen:	YYYY/MM/DD		Date first seen:	YYYY/MM/DD	
POST119	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Was intervention given for relapsed, persistent or progressive disease?	No,Yes		Was intervention given for relapsed, persistent or progressive disease?	No,Yes	
POST120	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease		Specify reason for which interventior was given	Persistent disease,Relapsed / progressive disease	
POST121	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological		Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological	
POST122	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Date intervention started:	YYYY/MM/DD		Date intervention started:	YYYY/MM/DD	
POST123	Post- Transplant	Relapse or Progression Post-HCT	no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy	
POST124	Post- Transplant	Relapse or Progression Post-HCT	no	yes		Alemtuzumab, Azacytidine, Blinatumoma b, Bortezomib, Bosutinib, Carfilzomib, Che motherapy, Dasatinib, Decitabine, Gemtuz umab, Gilteritinib, Jibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaur tinib, Midostaurin, Nilotinib, Nivolumab, Ot her systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Rituximab, Sorafenib, Sunitini b, Thalidomide		Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bo sutinib, Carfilzomib, Chemotherapy, Dasatinib, Decitabine, Gemtuzumab, Gilteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaurtinib, Midostauri n, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Ritux imab, Sorafenib, Sunitinib, Thalidomide, Daratumumb (Darzalex), Venetoclax	

tem ID	Time Point	Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST125	Post- Transplant	Relapse or Progression Post-HCT		no	yes	Specify other systemic therapy:	open text	Specify other systemic therapy:	open text	
POST126	Post- Transplant	Relapse or Progression Post-HCT		no	yes	Specify other therapy:	open text	Specify other therapy:	open text	
POST127	Post- Transplant	Current Disease Status	5	no	yes	What is the current disease status?	Complete remission (CR),Not in complete remission,Not evaluated	What is the current disease status?	Complete remission (CR),Not in complete remission,Not evaluated	
POST128	Post- Transplant	Current Disease Status	5	no	yes	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	
POST129	Post- Transplant	Current Disease Status	5	no	yes	Date of most recent disease assessment:	YYYY/MM/DD	Date of -assesment of current disease status	YYYY/MM/DD	
POST130	Post- Transplant	Recipient Death Data	Recipient Death	yes	no			Date of death:	YYYY/MM/DD	
POST131 POST132	Post- Transplant Post-	Recipient Death Data Recipient	Recipient Death Recipient Death	yes yes	no			Date estimated Was cause of death confirmed by	checked Autopsy pending,No,Unknown,Yes	
POST133	Transplant Post-	Death Data Recipient	Recipient Death	yes	no			autopsy? Was documentation submitted to the CIBMTR?		
POST134	Transplant Post- Transplant	Death Data Recipient Death Data	Recipient Death	yes	no	Primary cause of death	Accidental death, Acute GVHD, Adult respiratory distress syndrome (ARDS) (other than IPS), Bacterial infection, Cardiac failure, Chronic GVHD, Central nervous system (CNS) failure, COVID-19 (SARS-GOV-2), Cytokine release syndrome.Diffuse alveolar damage (without hemorrhage), Disseminated intravascular coagulation (DIC), Fungal infection, Gastrointestinal (G) failure, not hiver), Graft rejection or failure, Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HS), Liver failure, New Mailgnancy.Infection, organism not identified, Other cause, Other pulmonary syndrome (excluding pulmonary hemorrhage), Other vascular, Prior malignancy, Protozoal infection, Other organ failure, Vetw ragiura, Recurrence / persistence / progression of disease, Renal failure, Recurrence / persistence / progression of disease, Renal failure, Sucied, Thromboembolic, Pneumonits due to Cytomegalovirus (CMV), Vira infection, neumonits due to other virus, Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Primary cause of death	Accidental death, Acute GVHD, Adult respiratory distress syndrome (ARDS) (other than IPS), Bacterial infection, Cardiac falure, Chronic GVHD, Central nervous system (CNS) failure, COVID-19 (SARS-CoV-2), Cytokine release syndrome, Diffuse alveolar damage (without hemorrhage), Diffuse alveolar hemorrhage (DAH), Disseminated intravascular coagulation (DIC), Fungal infection, Gastrointestinal hemorrhage, Gastrointestinal (DIC), Fungal infection, Gastrointestinal hemorrhage, Gastrointestinal (GI) failure (not liver), Graft rejection or failure, Hemorrhagic cystitis, Thrombotic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)), Idiopathic pneumonia syndrome (IPS), Intracrania hemorrhage, Liver failure (not VOD), Multiple organ failure, New malignancy, Infection, organism not identified, Other cause, Other hemorrhage neurotoxicity (ICANS), Other infection, Other organ failure, Other pulmonary syndrome (excluding pulmonary hemorrhage), Other vascular, Prior malignancy, Protozoal infection, Pulmonary hemorrhage, Pulmonary failure, Recurrence / persistence / progression of disease, Renal failure, Suicide, Thromboembolic, Tumor lysis syndrome, Pneumonitis due to cytomegalovirus (CMV), Viral infection, Pneumonitis due to other virus, Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	
POST135	Post- Transplant	Recipient Death Data	Recipient Death	yes	no	Specify:	open text	Specify:	open text	

ltem ID		Collection	Information Collection Domain - Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST136	Post- Transplant	Recipient Death Data	Recipient Death	yes	no	Contributing cause of death	Accidental death, Acute GVHD, Adult respiratory distress syndrome (ARDS) (other than IPS), Bacterial infection, Cardiac failure, Chronic GVHD, Central nervous system (CNS) failure, COVID-19 (SARS-CoV-2), Cytokine release syndrome, Diffuse alveolar damage (without hemorrhage), Disseminated intravascular coagulation (GL), Funga linfection, Gastrointestinal (GL) failure (not liver), Graft rejection or failure, Thrombotic thrombocytopenic purpura (TPJ)/Hemolytic Uremic Syndrome (HDS), Idiopathic pneumonia syndrome (HDS), Idiopathic pneumonia syndrome (HDS), Idiopathic pneumonia identified, Other cause, Other infection, Other organ failure, New malignancy, Infection, organism not identified, Other cause, Other pulmonary hemorrhage), Other yascular, Prior malignancy, Protozoal infection, Pulmonary failure, Recurrence / persistence / progression of disease, Renal failure, Suicide, Thromboembolic, Pneumonitis due to Cytomegalovirus (CMV), Viral infection, Pneumonitis due to ther virus, Veno-occlusive disease (VOD / sinusoidal obstruction syndrome (SOS)		Contributing cause of death	Accidental death, Acute GVHD, Adult respiratory distress syndrome (ARDS) (other than IPS), Bacterial infection, Cardia failure, Chronic GVHD, Central nervous system (CNS) failure, COVID-19 (SARS-CoV-2), Cytokine release syndrome, Diffuse alveolar damage (without hemorrhage), Diffuse alveolar damage (without hemorrhage), Diffuse alveolar damage (without hemorrhage, Gastrointestinal (DIC), Fungal infection, Gastrointestinal hemorrhage, Gastrointestinal (GI) failure (not liver), Graft rejection or failure, Hemorrhagic cystitis, Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TP)/Hemolytic Uremic Syndrome (HUS)), Jdiopathic pneumonia syndrome (IPS), Intracranial hemorrhage, Liver failure (not VOD), Multiple organ failure, New malignancy. Infection, organism not identified, Other cause, Other hemorrhage neurotoxicity (ICANS), Other infection, Other organ failure, Other pulmonary syndrome (excluding pulmonary hemorrhage), Other vascular, Prior malignancy, Protozoal infection, Pulmonary hemorrhage, Pulmonary failure, Recurrence / persistence / progression of disease, Renal failure, Suicide, Thromboembolic, Tumor (CMV), Viral infection, Pneumonitis due to other virus, Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	
POST137	Post-	Recipient	Recipient Death	yes	no	Specify:	open text		Specify:	open text	
POST138	Post-	Death Data Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Specify the new malignancy	Hematologic Malignancy: Acute myeloid leukemia (AML / ANLL), Other leukemia, Myelogroliferative neoplasm (MPN), Overlapping myelodysplasia / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation Solid Tumors: Oropharyngeal cancer (e.g. tongue, mouth, throat), Gastrointestinal malignancy (e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas), Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin malignancy, Brast cancer, Genitourinary malignancy (e.g. kidney, bladder, cervix, uterus, ovary, prostate, testis), Central nervous system (CNS) malignancy (e.g. meningioma, glioma), Thyroid cancer		Specify the new malignancy	Hematologic Malignancy: Acute myeloid leukemia (AML / NILL), Acute lymphoblastic leukemia (ALL), Other leukemia, Myelodysplastic syndrome (MDS), Myeloproliferative neoplasm (MPN), Voverlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Multiple myeloma / plasma cell neoplasms, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation. Solid Tumors: Bone sarcoma (regardless of site), Soft tissue sarcoma (regardless of site), Oropharyngeal cancer (e.g. tongue, mouth, throat), Gastrointestinal malignancy (e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas), Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin malignancy, Breast cancer, Genitourinary malignancy (e.g. kidney, bladder, cervix, uterus, oavar, prostate, testis), Central nervous system (CNS) malignancy (e.g. meningioma, glioma), Thyroid cancer	
POST139	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?	No,Yes	

Item ID		Domain Sub-	Information Collection Domain Additional Sub Domain		Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST140	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes				Specify type of PTLD	Monomorphic,Polymorphic,Unknown	
POST141	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes				Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	
POST142	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes					Anus,Colon,Esophagus,Liver ,Pancreas,Rectum,Small intestine (DUODENUM, JEJUNUM, ILEUM),Stomach, Other gastrointestinall cancer	
POST143	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes				Specify genitourinary malignancy	Bladder,Cervix,Kidney,Ovary,Prostate,Testicle,Uterus, Other genitourary malignancy	
POST144	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes				Specify CNS malignancy	Glioma,Meningioma,Other CNS malignancy	
POST145	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes	Specify other new malignancy:	open text		Specify other new malignancy:	open text	
POST146	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
POST147	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
POST148	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes e		Was the new malignancy donor / cell product derived?	No,Not Done,Yes		Was the new malignancy donor / cell product derived?	No,Not Done,Yes	
POST149	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes	Was documentation submitted to the CIBMTR?	no,yes		Was documentation submitted to the CIBMTR?	no,yes	

ltem ID		Domain Sub-	Collection Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST150	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was PTLD confirmed by biopsy?	No,Yes	
POST151	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was the pathology of the tumor EBV positive?	no,yes		Was the pathology of the tumor EBV positive?	no,yes	
POST152	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	
POST153	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was there EBV reactivation in the blood?	No,Not Done,Yes	
POST154	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				How was EBV reactivation diagnosed?	Other method,Qualitative PCR of blood,Quantitative PC of blood	R
POST155	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				Specify other method:	open text	
POST156	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Quantitative EBV viral load of blood: At diagnosis	copies/ml	
POST157	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	
POST158	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				Highest EBV viral load of blood:	copies/ml	
POST159	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				Was there lymphomatous involvement?	No,Yes	

Item ID		Collection Domain Sub-	Collection Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST160	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify sites of PTLD involvement (check all that apply)	Bone marrow,Central nervous system (brain or cerebrospinal fluid),Liver,Lung,Lymph node(s),Other,Spleen	
POST161	Post- Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify other site:	open text	
POST162	Post- Transplant	Subsequent Neoplasms		no	yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
POST163	Post- Transplant	Subsequent Neoplasms		no	yes	Last Name:	open text		Last Name:	open text	
POST164	Post- Transplant	Subsequent Neoplasms		no	yes	E-mail address:	open text		E-mail address:	open text	
POST165	Post- Transplant	Subsequent Neoplasms		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	

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

Addition of Information Requested

Deletion of Information Requested Merged to Check all that Apply

Change/Clarification of Information Requested and Response Option Change/Clarification of Information Requested Change/Clarification of Response Options Information Collection Domain Sub-Type will change to Lab

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

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

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

Examples added or typographical/grammatical errors corrected for clarification Covid-19 Impact Capture additional relevent disease information Reduce redundancy in data capture

Instruction text (since date of last report) for the individual question is extraneous as it is applied in the overall instructions for questions at this time point of data collection

Instruction text change to remove navigation instructions