Information Collection Domain: Pre-Transplant Information Collection

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data		no	no	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
Pre-Transplant Essential Data		no	no	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
Pre-Transplant Essential Data		no	no	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
Pre-Transplant Essential Data		no	no	EBMT Code (CIC):	Auto Filled Field		EBMT Code (CIC):	Auto Filled Field	
Pre-Transplant Essential Data		no	no	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
Pre-Transplant Essential Data		no	no	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Pre-Transplant Essential Data		no	no	Date of birth:	YYYY/MM/DD		Date of birth:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Sex	female,male		Sex	female,male	
Pre-Transplant Essential Data		no	no	Ethnicity	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown		Ethnicity	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown	
Pre-Transplant Essential Data		no	no	Race (check all that apply)	American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White		Race (check all that apply)	American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White	
Pre-Transplant Essential Data		no	no	Race detail (check all that apply)	African American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamanian,Hawaiian,Japanese,Korean,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American		Race detail (check all that apply)	African American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamanian,Hawaiian,Japanese,Korean,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American	

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Pre-Transplant Essential Data		no	no	Country of primary residence	at,Malta,Mauritius,Maldives,Malawi,Mexico,Malaysia,Mozambique,Namibia,New Caledonia,Niger,Norfolk Island,Nigeria,Nicaragua,Netherlands,Norway,Nepal,Nauru,Niue,New Zealand,Oman,Panama,Peru,French Polynesia,Papua New Guinea,Philippines,Pakistan,Poland,Saint Pierre and Miquelon,Pitcairn Islands,Puerto Rico,Palestine, State of,Portugal,Palau,Paraguay,Qatar,Reunion,Romania,Serbia,Russia,Rwanda,Saudi Arabia,Solomon Islands,Seychelles,Sudan,Sweden,Singapore,Saint Helena,Slovenia,Svalbard and Jan Mayen,Slovak Republic,Sierra Leone,San Marino,Senegal,Somalia,Suriname,South Sudan,Sao Tome and Principe,El Salvador,Sint Maarten, Dutch,Syria,Swaziland,Turks and Caicos Islands,Chad,French Southern Territories,Togo,Thailand,Tajikistan,Tokelau,Timor-Leste,Turkmenistan,Tunisia,Tonga,Turkey,Trinidad and Tobago,Tuvalu,Taiwan,Tanzania,Ukraine,Uganda,United States Minor Outlying Islands,United States,Uruguay,Uzbekistan,Holy See,Saint Vincent and the Grenadines,Venezuela,British Virgin Islands,United States Virgin Islands,Vietnam,Vanuatu,Wallis and Futuna Islands,Samoa,Yemen,Mayotte,South Africa,Zambia,Zimbabwe		Country of primary residence	Islands,Kazakhstan,Laos,Lebanon,Saint Lucia,Liechtenstein,Sri Lanka,Liberia,Lesotho,Lithuania,Luxembourg,Latvia,Libya,Morocco,Monaco,Moldova,Montenegro,Saint Martin, French,Madagascar,Marshall Islands,Macedonia,Mali,Myanmar,Mongolia,Macau,Northern Mariana Islands,Martinique,Mauritania,Montserrat,Malta,Mauritius,Maldives,Malawi,Mexico,Malaysia,Mozambique,Namibia,New Caledonia,Niger,Norfolk Island,Nigeria,Nicaragua,Netherlands,Norway,Nepal,Nauru,Niue,New Zealand,Oman,Panama,Peru,French Polynesia,Papua New Guinea,Philippines,Pakistan,Poland,Saint Pierre and Miquelon,Pitcairn Islands,Puerto Rico,Palestine, State of,Portugal,Palau,Paraguay,Qatar,Reunion,Romania,Serbia,Russia,Rwanda,Saudi Arabia,Solomon Islands,Seychelles,Sudan,Sweden,Singapore,Saint Helena,Slovenia,Svalbard and Jan Mayen,Slovak Republic,Sierra Leone,San Marino,Senegal,Somalia,Suriname,South Sudan,Sao Tome and Principe,El Salvador,Sint Maarten, Dutch,Syria,Swaziland,Turks and Caicos Islands,Chad,French Southern Territories,Togo,Thailand,Tajikistan,Tokelau,Timor-Leste,Turkmenistan,Tunisia,Tonga,Turkey,Trinidad and Tobago,Tuvalu,Taiwan,Tanzania,Ukraine,Uganda,United States Minor Outlying Islands,United States,Uruguay,Uzbekistan,Holy See,Saint Vincent and the Grenadines,Venezuela,British Virgin Islands,United States Virgin Islands,Vietnam,Vanuatu,Wallis and Futuna Islands,Samoa,Yemen,Mayotte,South Africa,Zambia,Zimbabwe	
Pre-Transplant Essential Data		no	no	State of residence of recipient	Acre,Alagoas,Amapa,Amazonas,Bahia,Ceara,Distrito Federal,Espirito Santo,Goias,Maranhao,Mato Grosso,Mato Grosso do Sul,Minas Gerais,Para,Paraiba,Parana,Pernambuco,Piaui,Rio Grande do Norte,Rio Grande do Sul,Rio de Janeiro,Rondonia,Roraima,Santa Catarina,Sao Paulo,Sergipe,Tocantins		State of residence of recipient	Acre,Alagoas,Amapa,Amazonas,Bahia,Ceara,Distrito Federal,Espirito Santo,Goias,Maranhao,Mato Grosso,Mato Grosso do Sul,Minas Gerais,Para,Paraiba,Parana,Pernambuco,Piaui,Rio Grande do Norte,Rio Grande do Sul,Rio de Janeiro,Rondonia,Roraima,Santa Catarina,Sao Paulo,Sergipe,Tocantins	
Pre-Transplant Essential Data		no	no	Province or territory of residence of recipient	Alberta,British Columbia,Manitoba,New Brunswick,Newfoundland and Labrador,Nova Scotia,Nunavut,Northwest Territories,Ontario,Prince Edward Island,Quebec,Saskatchewan,Yukon		Province or territory of residence of recipient	Alberta,British Columbia,Manitoba,New Brunswick,Newfoundland and Labrador,Nova Scotia,Nunavut,Northwest Territories,Ontario,Prince Edward Island,Quebec,Saskatchewan,Yukon	
Pre-Transplant Essential Data		no	no	State of residence of recipient	Alaska,Alabama,Arkansas,Arizona,California,Colorado,Connecticut,District of Columbia,Delaware,Florida,Georgia,Hawaii,Iowa,Idaho,Illinois,Indiana,Kansas,Kentucky,Louisiana,Massachusetts,Maryland,Maine,Michigan,Minnesota,Missouri,Mississippi,Montana,North Carolina,North Dakota,Nebraska,New Hampshire,New Jersey,New Mexico,Nevada,New York,Ohio,Oklahoma,Oregon,Pennsylvania,Rhode Island,South Carolina,South Dakota,Tennessee,Texas,Utah,Virginia,Vermont,Washington,Wisconsin,West Virginia,Wyoming		State of residence of recipient	Alaska,Alabama,Arkansas,Arizona,California,Colorado,Connecticut,District of Columbia,Delaware,Florida,Georgia,Hawaii,Iowa,Idaho,Illinois,Indiana,Kansas,Kentucky,Louisiana,Massachusetts,Maryland,Maine,Michigan,Minnesota,Missouri,Mississippi,Montana,North Carolina,North Dakota,Nebraska,New Hampshire,New Jersey,New Mexico,Nevada,New York,Ohio,Oklahoma,Oregon,Pennsylvania,Rhode Island,South Carolina,South Dakota,Tennessee,Texas,Utah,Virginia,Vermont,Washington,Wisconsin,West Virginia,Wyoming	
Pre-Transplant Essential Data		no	no	NMDP Recipient ID (RID):	open text		NMDP Recipient ID (RID):	open text	
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	

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Pre-Transplant Essential Data	Allogeneic Recipient	yes	no	Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneic HCTs only)?	No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)		Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR (For allogeneic HCTs only)?	No (recipient declined),Not applicable (center not participating), Not approached,Yes (recipient consented)	
Pre-Transplant Essential Data	Allogeneic Recipient	yes	no	Date form was signed:	YYYY/MM/DD		Date form was signed:	YYYY/MM/DD	
Pre-Transplant Essential Data	Related Donors	yes	no	Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	no,yes		Did the recipient submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	no,yes	
Pre-Transplant Essential Data	Related Donors	yes	no	Research sample recipient ID:	open text		Research sample recipient ID:	open text	
Pre-Transplant Essential Data				Is the recipient participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes data)	no,yes		Is the recipient participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes data)	no,yes	
Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET	Change/Clarification of Response Options	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET, PedAL	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Specify other sponsor:	open text		Specify other sponsor:	open text	
Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Study ID Number	Treatment,BMT CTN 0803 - Auto HCT in HIV + Patients,RCI BMT 09 - MRD,RCI BMT 09 - Plex,BMT CTN 0901 - Myeloablative vs. RIC,BMT CTN 0902 - Peri-TX Stress Mgmt,BMT CTN 0903 - Allo HCT in HIV + Patients,RCI BMT 10 - CBA,RCI BMT 10-CMSMDS-1,RCI BMT 11 - Treo,BMT CTN 1101 - Haplo vs. Double UCB with RIC,BMT CTN 1102 - MDS in older patients,RCI BMT 12 - Moxe,BMT CTN 1202 - Biomarker,BMT CTN 1203 - GVHD Prophylaxis,BMT CTN 1204 - HLH,BMT CTN 1205 - Easy-to-read Consent Form (ETRIC),RCI BMT 13 - TLEC,BMT CTN 1301 - CNI-Free,BMT CTN 1302 - Allo MM,BMT CTN 1401 - Myeloma Vaccine,RCI BMT 145-ADS-202,RCI BMT 15 - MMUD,BMT CTN 1501 - Standard Risk GVHD,BMT CTN 1502 - CHAMP Aplastic Anemia,BMT CTN 1503 - STRIDE2,BMT CTN 1506 - AML Maintenance Therapy,BMT CTN 1507 - Haplo Sickle Cell,RCI BMT 16-CMS-MF,RCI BMT 16 - NTCD,RCI BMT 17-CD33,RCI BMT 17-CMS-MM,RCI BMT 17-CMS-SCD,RCI BMT 17 - CSIDE,BMT CTN 1703 - PROGRESS III,BMT CTN 1704 - CHARM,BMT CTN 1803 - Haplo NK Cell,BMT CTN 1903 - HIV T Cell,BMT CTN 1904 - Treo BM Failure Syndromes,BMT CTN 1905 - BEAT-MS (ITN077AI),PIDTC 6901 - Disorders of the immune system (SCID),PIDTC 6903 - Disorders of the immune system (CGD),PIDTC 6904 - Disorders of the immune system (WAS),RCI BMT ACCESS,RCI BMT KIR - DS,RCI BMT SQOL		Study ID Number	is shown here. This list will change on a frequent basis to accommodate updates – changes in the response options do not affect burden of completing this question.BMT CTN 0301 - Aplastic Anemia,BMT CTN 0601 - Sickle Cell Anemia,BMT CTN 0701 - Follicular Lymphoma,BMT CTN 0702 - Myeloma,BMT CTN 0801 - Chronic GVHD Treatment,BMT CTN 0803 - Auto HCT in HIV + Patients,RCI BMT 09 - MRD,RCI BMT 09 - Plex,BMT CTN 0901 - Myeloablative vs. RIC,BMT CTN 0902 - Peri-TX Stress Mgmt,BMT CTN 0903 - Allo HCT in HIV + Patients,RCI BMT 10 - CBA,RCI BMT 10-CMSMDS-1,RCI BMT 11 - Treo,BMT CTN 1101 - Haplo vs. Double UCB with RIC,BMT CTN 1102 - MDS in older patients,RCI BMT 12 - Moxe,BMT CTN 1202 - Biomarker,BMT CTN 1203 - GVHD Prophylaxis,BMT CTN 1204 - HLH,BMT CTN 1205 - Easy-to-read Consent Form (ETRIC),RCI BMT 13 - TLEC,BMT CTN 1301 - CNI-Free,BMT CTN 1302 - Allo MM,BMT CTN 1401 - Myeloma Vaccine,RCI BMT 145-ADS-202,RCI BMT 15 - MMUD,BMT CTN 1501 - Standard Risk GVHD,BMT CTN 1502 - CHAMP Aplastic Anemia,BMT CTN 1503 - STRIDE2,BMT CTN 1506 - AML Maintenance Therapy,BMT CTN 1507 - Haplo Sickle Cell,RCI BMT 16-CMS-MF,RCI BMT 16 - NTCD,RCI BMT 17-CD33,RCI BMT 17-CMS-MM,RCI BMT 17-CMS-SCD,RCI BMT 17 - CSIDE,BMT CTN 1703 - PROGRESS III,BMT CTN 1704 - CHARM,BMT CTN 1803 - Haplo NK Cell,BMT CTN 1903 - HIV T Cell,BMT CTN 1904 - Treo BM Failure Syndromes,BMT CTN 1905 - BEAT-MS (ITN077AI),PIDTC 6901 - Disorders of the immune system (SCID),PIDTC 6903 - Disorders of the immune system (CGD),PIDTC 6904 - Disorders of the immune system (WAS),RCI BMT ACCESS,RCI BMT KIR - DS,RCI BMT SQOL	
Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Subject ID:	open text		Subject ID:	open text	
Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Specify the ClinicalTrials.gov identification number:	open text		Specify the ClinicalTrials.gov identification number:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	no	Is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)	no,yes		Is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)	no,yes	
Pre-Transplant Essential Data	Autologous Transplant	yes	no	Specify subsequent HCT planned	Allogeneic,Autologous		Specify subsequent HCT planned	Allogeneic,Autologous	
Pre-Transplant Essential Data				Has the recipient ever had a prior HCT?	No,Yes		Has the recipient ever had a prior HCT?	No,Yes	
Pre-Transplant Essential Data				Specify the number of prior HCTs:	open text		Specify the number of prior HCTs:	open text	
Pre-Transplant Essential Data				Were all prior HCTs reported to the CIBMTR?	No,Unknown,Yes		Were all prior HCTs reported to the CIBMTR?	No,Unknown,Yes	

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Pre-Transplant Essential Data	Prior Transplant	yes	yes	Date of the prior HCT:	YYYY/MM/DD		Date of the prior HCT:	YYYY/MM/DD	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Date estimated	checked		Date estimated	checked	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Was the prior HCT performed at a different institution?	No,Yes		Was the prior HCT performed at a different institution?	No,Yes	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Name:	open text		Name:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	City:	open text		City:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	State:	open text		State:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	Country:	open text		Country:	open text	
Pre-Transplant Essential Data	Prior Transplant	yes	yes	What was the HPC source for the prior HCT? (check all that apply)	Allogeneic - related, Allogeneic - unrelated, Autologous		What was the HPC source for the prior HCT? (check all that apply)	Allogeneic - related, Allogeneic -unrelated, Autologous	
Pre-Transplant Essential Data		no	no	Reason for current HCT	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease		Reason for current HCT	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease	
Pre-Transplant Essential Data		no	no	Date of graft failure / rejection:	YYYY/MM/DD		Date of graft failure / rejection:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Date of relapse:	YYYY/MM/DD		Date of relapse:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Date of secondary malignancy:	YYYY/MM/DD		Date of secondary malignancy:	YYYY/MM/DD	
Pre-Transplant Essential Data		no	no	Specify other reason:	open text		Specify other reason:	open text	
Pre-Transplant Essential Data		no	no	Has the recipient ever had a prior cellular therapy? (do not include DLIs)	No,Unknown,Yes		Has the recipient ever had a prior cellular therapy? (do not include DLIs)	No,Unknown,Yes	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Were all prior cellular therapies reported to the CIBMTR?	No,Unknown,Yes		Were all prior cellular therapies reported to the CIBMTR?	No,Unknown,Yes	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Date of the prior cellular therapy:	YYYY/MM/DD		Date of the prior cellular therapy:	YYYY/MM/DD	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Was the cellular therapy performed at a different institution?	No,Yes		Was the cellular therapy performed at a different institution?	No,Yes	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Name:	open text		Name:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	City:	open text		City:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	State:	open text		State:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Country:	open text		Country:	open text	
Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Specify the source(s) for the prior cellular therapy (check all that apply)	Allogeneic-related,Allogeneic-unrelated,Autologous		Specify the source(s) for the prior cellular therapy (check all that apply)	Allogeneic-related,Allogeneic-unrelated,Autologous	
Pre-Transplant Essential Data		no	no	Multiple donors?	no,yes		Multiple donors?	no,yes	
Pre-Transplant Essential Data		no	no	Specify number of donors:	open text		Specify number of donors:	open text	
Pre-Transplant Essential Data		no	yes	Specify donor	Allogeneic-related donor,Allogeneic-unrelated donor,Autologous		Specify donor	Allogeneic-related donor,Allogeneic-unrelated donor,Autologous	
Pre-Transplant Essential Data		no	yes	Specify product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit		Specify product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit	
Pre-Transplant Essential Data		no	yes	Specify other product:	open text		Specify other product:	open text	
Pre-Transplant Essential Data		yes	yes	Is the product genetically modified?	No,Yes		Is the product genetically modified?	No,Yes	

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Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify the related donor type	HLA-matched other relative,HLA-mismatched relative,HLA-identical sibling (may include non-monozygotic twin),Syngeneic (monozygotic twin)		Specify the related donor type	HLA-matched other relative,HLA-mismatched relative,HLA-identical sibling (may include non-monozygotic twin),Syngeneic (monozygotic twin)	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify the biological relationship of the donor to the recipient	Fraternal twin,Father,Grandchild,Grandparent,Mother,Maternal aunt,Maternal cousin,Maternal uncle,Other biological relative,Paternal aunt,Paternal cousin,Paternal uncle,Recipient's child,Sibling		Specify the biological relationship of the donor to the recipient	Fraternal twin,Father,Grandchild,Grandparent,Mother,Maternal aunt,Maternal cousin,Maternal uncle,Other biological relative,Paternal aunt,Paternal cousin,Paternal uncle,Recipient's child,Sibling	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify other biological relative:	open text		Specify other biological relative:	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Degree of mismatch (related donors only)	1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)		Degree of mismatch (related donors only)	1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated		Specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product?	No,Yes		Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product?	No,Yes	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Was this donor used for any prior HCTs? (for this recipient)	no,yes		Was this donor used for any prior HCTs? (for this recipient)	no,yes	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Non-NMDP unrelated donor ID:	open text	Change/Clarification of Information Requested	~~Non-NMDP unrelated donor ID:~~Registry donor ID:	open text	Capture data accurately
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Is the CBU ID also the ISBT DIN number?	No,Unknown,Yes		Is the CBU ID also the ISBT DIN number?	No,Unknown,Yes	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify the ISBT DIN number:	open text		Specify the ISBT DIN number:	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Registry or UCB Bank ID	Ursula Jaworska Foundation - Bone Marrow Donor Registry,(PL5) Polish Central Bone Marrow Donor Registry - Adult Donors,(PMCB) Elie Katz Umbilical Cord Blood Program,(R) Russian Bone Marrow Donor Registry,(R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells,(S) Tobias Registry of Swedish Bone Marrow Donors,(SG) Singapore Bone Marrow Donor Programme (BMDP),(SK) Slovak National Bone Marrow Donor Registry,(SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry,(SLCBB) St Louis Cord Blood Bank,(SLO) Slovenia Donor,(SM) San Marino Bone Marrow Donor Registry,(T1CB) TRAN - Cord Blood,(TACB) StemCyte, Inc. Taiwan,(TECB) Healthbanks Biotech, Co., Ltd,(TH) Thai Stem Cell Donor Registry (TSCDR),(TOCB) Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors,(TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors,(USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry		Registry or UCB Bank ID	Marrow Donor Registry,(NL) Europdonor Foundation- Adult Donors,(NLCB) Europdonor Foundation - Cord Blood,(NYCB) National Cord Blood Program, New York Blood Center,(OTH) Other Registry,(P) Portuguese Bone Marrow Donors Registry,(PL) National Polish Bone Marrow Registry,(PL2) Unrelated Bone Marrow Donor Registry -Adult Donors,(PL3) Against Leukemia Foundation Marrow Donor Registry,(PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry,(PL5) Polish Central Bone Marrow Donor Registry - Adult Donors,(PMCB) Elie Katz Umbilical Cord Blood Program,(R) Russian Bone Marrow Donor Registry,(R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells,(S) Tobias Registry of Swedish Bone Marrow Donors,(SG) Singapore Bone Marrow Donor Programme (BMDP),(SK) Slovak National Bone Marrow Donor Registry,(SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry,(SLCBB) St Louis Cord Blood Bank,(SLO) Slovenia Donor,(SM) San Marino Bone Marrow Donor Registry,(T1CB) TRAN - Cord Blood,(TACB) StemCyte, Inc. Taiwan,(TECB) Healthbanks Biotech, Co., Ltd,(TH) Thai Stem Cell Donor Registry (TSCDR),(TOCB) Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors,(TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors,(USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify other Registry or UCB Bank:	open text		Specify other Registry or UCB Bank:	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor date of birth	Known,Unknown		Donor date of birth	Known,Unknown	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor date of birth:	YYYY/MM/DD		Donor date of birth:	YYYY/MM/DD	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor age	Known,Unknown		Donor age	Known,Unknown	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor age: Months (use only if less than 1 years old), Years	open text		Donor age: Months (use only if less than 1 years old), Years	open text	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor sex	female,male		Donor sex	female,male	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify blood type (donor) (non-NMDP allogeneic donors only)	A,AB,B,O		Specify blood type (donor) (non-NMDP allogeneic donors only)	A,AB,B,O	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative,Positive		Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative,Positive	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Donor CMV-antibodies (IgG or Total) (Allogeneic HCTs only)	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive		Donor CMV-antibodies (IgG or Total) (Allogeneic HCTs only)	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (Related donors only)	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)		Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (Related donors only)	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Date form was signed:	YYYY/MM/DD		Date form was signed:	YYYY/MM/DD	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Did the donor submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	no,yes		Did the donor submit a research sample to the NMDP/CIBMTR repository? (related donors only)	no,yes	
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Research sample donor ID:	open text		Research sample donor ID:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify number of products infused from this donor:	open text		Specify number of products infused from this donor:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify the number of these products intended to achieve hematopoietic engraftment:	open text		Specify the number of these products intended to achieve hematopoietic engraftment:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (filgrastim, Neupogen), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Change/Clarification of Response Options	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (TBO-filgrastim, filgrastim, Granix, Neupogen) ,GM-CSF (sargramostim, Leukine), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify other agent:	open text		Specify other agent:	open text	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Name of product (gene therapy recipients)	Other name		Name of product (gene therapy recipients)	Other name	
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Specify other name:	open text		Specify other name:	open text	
Pre-Transplant Essential Data		no	no	What scale was used to determine the recipient's functional status?	Karnofsky,Lansky		What scale was used to determine the recipient's functional status?	Karnofsky,Lansky	
Pre-Transplant Essential Data		no	no	Karnofsky Scale (recipient age ≥ 16 years)	100 Normal; no complaints; no evidence of disease,10 Moribund; fatal process progressing rapidly,20 Very sick; hospitalization necessary,30 Severely disabled; hospitalization indicated, although death not imminent,40 Disabled; requires special care and assistance,50 Requires considerable assistance and frequent medical care,60 Requires occasional assistance but is able to care for most needs,70 Cares for self; unable to carry on normal activity or to do active work,80 Normal activity with effort,90 Able to carry on normal activity		Karnofsky Scale (recipient age ≥ 16 years)	100 Normal; no complaints; no evidence of disease,10 Moribund; fatal process progressing rapidly,20 Very sick; hospitalization necessary,30 Severely disabled; hospitalization indicated, although death not imminent,40 Disabled; requires special care and assistance,50 Requires considerable assistance and frequent medical care,60 Requires occasional assistance but is able to care for most needs,70 Cares for self; unable to carry on normal activity or to do active work,80 Normal activity with effort,90 Able to carry on normal activity	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data		no	no	Lansky Scale (recipient age ≥ 1 year and < 16 years)	100 Fully active,10 Completely disabled, not even passive play,20 Limited to very passive activity initiated by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play; fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance / supervision,70 Both greater restrictions of, and less time spent in, active play,80 Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play		Lansky Scale (recipient age ≥ 1 year and < 16 years)	100 Fully active,10 Completely disabled, not even passive play,20 Limited to very passive activity initiated by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play; fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance / supervision,70 Both greater restrictions of, and less time spent in, active play,80 Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play	
Pre-Transplant Essential Data	Allogeneic Recipient	yes	no	Specify blood type (of recipient) (For allogeneic HCTs only)	A,AB,B,O		Specify blood type (of recipient) (For allogeneic HCTs only)	A,AB,B,O	
Pre-Transplant Essential Data	Allogeneic Recipient	yes	no	Specify Rh factor (of recipient) (For allogeneic HCTs only)	Negative,Positive		Specify Rh factor (of recipient) (For allogeneic HCTs only)	Negative,Positive	
Pre-Transplant Essential Data		no	no	Recipient CMV-antibodies (IgG or Total)	Indeterminate,Non-reactive,Not done,Reactive		Recipient CMV-antibodies (IgG or Total)	Indeterminate,Non-reactive,Not done,Reactive	
Pre-Transplant Essential Data				Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion?	No,Yes		Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion?	No,Yes	
Pre-Transplant Essential Data				Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes		Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes	
Pre-Transplant Essential Data				Was mechanical ventilation used for COVID-19 (SARS-CoV-2) infection?	No,Yes	Change/Clarification of Information Requested	Was mechanical ventilation ~~used~~ given for COVID-19 (SARS-CoV-2) infection?	No,Yes	Examples added or typographical errors corrected for clarification
Pre-Transplant Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes		Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	
Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca,Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pfizer-BioNTech		Specify vaccine brand	AstraZeneca,Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pfizer-BioNTech	
Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Specify other type:	open text		Specify other type:	open text	
Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Select dose(s) received	Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose	
Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	
Pre-Transplant Essential Data		no	no	Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?	no,yes		Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?	no,yes	
Pre-Transplant Essential Data		no	no	Is there a history of invasive fungal infection?	No,Yes		Is there a history of invasive fungal infection?	No,Yes	
Pre-Transplant Essential Data		no	no	Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)	Known,Unknown		Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)	Known,Unknown	
Pre-Transplant Essential Data		no	no	Glomerular filtration rate (GFR):	__ __ __ mL/min/1.732		Glomerular filtration rate (GFR):	__ __ __ mL/min/1.732	
Pre-Transplant Essential Data		no	no	Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)	No,Yes		Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)	No,Yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data		no	no	Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863.)	No,Yes		Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863.)	No,Yes	
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Specify co-existing diseases or organ impairment (check all that apply)	endoscopy or radiologic diagnosis requiring treatment Psychiatric disturbance -Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g. bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 weeks Pulmonary, moderate -Corrected diffusion capacity of carbon monoxide and/or FEV1 of 66-80% or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe -Corrected diffusion capacity of carbon monoxide and/or FEV1 of ≤ 65% or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant Renal, moderate / severe -Serum creatinine > 2 mg/dL or > 177 µmol/L; on dialysis during the 4 weeks prior to transplant; OR prior renal transplantation -go to question 102 Rheumatologic -Any history of a rheumatologic disease (e.g., systemic lupus erythematosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica, etc.) requiring treatment. (Do NOT include degenerative joint disease, osteoarthritis) Prior malignancy-Treated at any time point in the patient's past history, other than the primary disease for which this infusion is being performed -go to question 103		Specify co-existing diseases or organ impairment (check all that apply)	Inflammatory bowel disease -Any history of Crohn's disease or ulcerative colitis requiring treatment Obesity -Patients older than 18 years with a body mass index (BMI) > 35 kg/m2 prior to the start of conditioning or a BMI of the 95th percentile of higher for patients aged 18 years or younger Peptic ulcer -Any history of peptic (gastric or duodenal) ulcer confirmed by endoscopy or radiologic diagnosis requiring treatment Psychiatric disturbance -Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g. bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 weeks Pulmonary, moderate -Corrected diffusion capacity of carbon monoxide and/or FEV1 of 66-80% or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe -Corrected diffusion capacity of carbon monoxide and/or FEV1 of ≤ 65% or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant Renal, moderate / severe -Serum creatinine > 2 mg/dL or > 177 µmol/L; on dialysis during the 4 weeks prior to transplant; OR prior renal transplantation -go to question 102 Rheumatologic -Any history of a rheumatologic disease (e.g., systemic lupus erythematosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica, etc.) requiring treatment. (Do NOT include degenerative joint disease, osteoarthritis) Prior malignancy-Treated at any time point in the patient's past history, other than the primary disease for which this infusion is being performed -go to question 103	
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Was the recipient on dialysis immediately prior to start of preparative regimen?	No,Unknown,Yes		Was the recipient on dialysis immediately prior to start of preparative regimen?	No,Unknown,Yes	
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Specify prior malignancy (check all that apply)	Breast cancer Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor	Change/Clarification of Response Options	Specify prior malignancy (check all that apply)	Breast cancer Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) ~~Leukemia~~ Acute myeloid leukemia Chronic myeloid leukemia Acute lymphoblastic leukemia Chronic lymphoblastic leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Specify other skin malignancy: (prior)	open text	Deletion of Information Requested	~~Specify other skin malignancy: (prior)~~	~~open text~~	Reduce redundancy in data capture

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

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Pre-HCT Preparative Regimen		no	no	Date started:	YYYY/MM/DD		Date started:	YYYY/MM/DD	
Pre-HCT Preparative Regimen		no	no	Was the radiation fractionated?	no,yes		Was the radiation fractionated?	no,yes	
Pre-HCT Preparative Regimen		no	no	Total number of fractions:	open text		Total number of fractions:	open text	
Pre-HCT Preparative Regimen		no	no	Drug (drop down list)	Bendamustine,Busulfan,Carboplatin,Carmustine,Clofarabine,Cyclophosphamide,Cytarabine,Etoposide,Fludarabine,Gemcitabine,Ibritumomab tiuxetan,Ifosfamide,Lomustine,Melphalan,Methylprednisolone,Other,Pentostatin,Propylene glycol-free melphalan,Rituximab,Thiotepa,Tositumomab,Treosulfan	Change/Clarification of Response Options	Drug (drop down list)	Bendamustine,Busulfan,Carboplatin,Carmustine,Clofarabine,Cyclophosphamide,Cytarabine,Etoposide,Fludarabine,Gemcitabine,Ibritumomab tiuxetan,Ifosfamide,Lomustine,Melphalan,Methylprednisolone,Other,Pentostatin,Propylene glycol-free melphalan,Rituximab,Thiotepa,Tositumomab,Treosulfan, Azathioprine, Bortezomib, Cisplatin, Hydroxyurea, and Vincristine.	Be consistent with current clinical landscape, improve transplant outcome data
Pre-HCT Preparative Regimen		no	yes	Specify other drug:	open text		Specify other drug:	open text	
Pre-HCT Preparative Regimen		no	yes	Total prescribed dose:	__ __ __ __ __. __ mg/m2 __ __ __ __ __. __mg/kg __ __ __ __ __. __AUC (mg x h/L) __ __ __ __ __. __AUC (µmol x min/L) __ __ __ __ __. __CSS (ng/mL)		Total prescribed dose:	__ __ __ __ __. __ mg/m2 __ __ __ __ __. __mg/kg __ __ __ __ __. __AUC (mg x h/L) __ __ __ __ __. __AUC (µmol x min/L) __ __ __ __ __. __CSS (ng/mL)	
Pre-HCT Preparative Regimen		no	yes	Date started:	YYYY/MM/DD		Date started:	YYYY/MM/DD	
Pre-HCT Preparative Regimen		no	yes	Specify administration (busulfan only)	Both,IV,Oral		Specify administration (busulfan only)	Both,IV,Oral	
Additional Drugs Given In the Peri-Transplant Period		no	no	ALG, ALS, ATG, ATS	no,yes	Change/Clarification of Information Requested and Response Option	ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol	~~no,yes~~ (check all that apply)	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	Total prescribed dose:	__ __ __ __ __ __ mg/kg		Total prescribed dose:	__ __ __ __ __ __ mg/kg	
Additional Drugs Given In the Peri-Transplant Period		no	no	Specify source	ATGAM (horse),ATG - Fresenius (rabbit),Other,Thymoglobulin (rabbit)		Specify source	ATGAM (horse),ATG - Fresenius (rabbit),Other,Thymoglobulin (rabbit)	
Additional Drugs Given In the Peri-Transplant Period		no	no	Specify other source:	open text		Specify other source:	open text	
Additional Drugs Given In the Peri-Transplant Period		no	no	Alemtuzumab (Campath)	no,yes	Deletion of Information: Merged to Check all that Apply	~~Alemtuzumab (Campath)~~	~~no,yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	Total prescribed dose:	__ __ __ __ . _ mg/m2 __ __ __ __ __ . __mg/kg __ __ __ __ __ . __mg/kg		Total prescribed dose:	__ __ __ __ . _ mg/m2 __ __ __ __ __ . __mg/kg __ __ __ __ __ . __mg/kg	
Additional Drugs Given In the Peri-Transplant Period		no	no	Defibrotide	No,Yes	Deletion of Information: Merged to Check all that Apply	~~Defibrotide~~	~~No,Yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	KGF	No,Yes	Deletion of Information: Merged to Check all that Apply	~~KGF~~	~~No,Yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	Ursodiol	No,Yes	Deletion of Information: Merged to Check all that Apply	~~Ursodiol~~	~~No,Yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
GVHD Prophylaxis	Allogeneic Recipient	yes	no	Was GVHD prophylaxis planned?	No,Yes		Was GVHD prophylaxis planned?	No,Yes	

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

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

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify the AML classification	RUNX1T1 (281), AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282), APL with PML-RARA (283), AML with BCR-ABL1 (provisional entity) (3), AML with mutated NPM1 (4), AML with biallelic mutations of CEBPA (297), AML with mutated RUNX1 (provisional entity) (298), AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284), AML with myelodysplasia – related changes (285), Therapy related AML (t-AML) (9), **AML, not otherwise specified:** AML, not otherwise specified (280), AML, minimally differentiated (286), AML without maturation (287) , AML with maturation (288) , Acute myelomonocytic leukemia (289), Acute monoblastic / acute monocytic leukemia (290), Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291), Acute megakaryoblastic leukemia (292), Acute basophilic leukemia (293), Acute panmyelosis with myelofibrosis (294), Myeloid sarcoma (295), Myeloid leukemia associated with Down syndrome (299),		Specify the AML classification	AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5), AML with t(6;9) (p23;q34.1); DEK-NUP214 (6), AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7), AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8), AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281), AML with inv(16) (p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282), APL with PML-RARA (283), AML with BCR-ABL1 (provisional entity) (3), AML with mutated NPM1 (4), AML with biallelic mutations of CEBPA (297), AML with mutated RUNX1 (provisional entity) (298), AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284), AML with myelodysplasia – related changes (285), Therapy related AML (t-AML) (9), **AML, not otherwise specified:** AML, not otherwise specified (280), AML, minimally differentiated (286), AML without maturation (287) , AML with maturation (288) , Acute myelomonocytic leukemia (289), Acute monoblastic / acute monocytic leukemia (290), Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291), Acute megakaryoblastic leukemia (292), Acute basophilic leukemia (293), Acute panmyelosis with myelofibrosis (294), Myeloid sarcoma (295), Myeloid leukemia associated with Down syndrome (299),	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Did AML transform from MDS or MPN?	no,yes-Also complete MDS or MPN Disease Classification questions		Did AML transform from MDS or MPN?	no,yes-Also complete MDS or MPN Disease Classification questions	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Is the disease (AML) therapy related?	no,Unknown,yes		Is the disease (AML) therapy related?	no,Unknown,yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify condition	Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition		Specify condition	Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	CEBPA	Negative,Not Done,Positive		CEBPA	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive		FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 – ITD mutation	Negative,Not Done,Positive		FLT3 – ITD mutation	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:	__ __ . __ __		Specify FLT3 - ITD allelic ratio:	__ __ . __ __	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH1	Negative,Not Done,Positive		IDH1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	

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

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive		FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 – ITD mutation	Negative,Not Done,Positive		FLT3 – ITD mutation	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:	— — . — —		Specify FLT3 - ITD allelic ratio:	— — . — —	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH1	Negative,Not Done,Positive		IDH1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,del(11q) / 11q-,del(16q) / 16q-,del(17q) / 17q-,del(20q) / 20q-,del(21q) / 21q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(3;3),t(6;9),t(8;21),t(9;11),t(9;22),+11,+13,+14,+21,+22,+4,+8	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed?(e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes		Were tests for molecular markers performed?(e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	CEBPA	Negative,Not Done,Positive		CEBPA	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive		FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 – ITD mutation	Negative,Not Done,Positive		FLT3 – ITD mutation	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:	__ __ . __ __		Specify FLT3 - ITD allelic ratio:	__ __ . __ __	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH1	Negative,Not Done,Positive		IDH1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes		Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	What was the disease status?	1st complete remission,1st relapse,2nd complete remission,2nd relapse,≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure		What was the disease status?	1st complete remission,1st relapse,2nd complete remission,2nd relapse,≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)	1,2, ≥ 3		How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)	1,2, ≥ 3	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Deletion of Information Requested	~~Was the recipient in remission by flow cytometry?~~	~~Not applicable,No,Unknown,Yes~~	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Specify ALL classification	**B-lymphoblastic leukemia / lymphoma:** B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191), B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192), B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193), B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194), B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195), B-lymphoblastic leukemia / lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81), B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82), B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<46 chromosomes) (83), B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94), B-lymphoblastic leukemia / lymphoma, with iAMP21 (95), **T-cell lymphoblastic leukemia / lymphoma:** T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196), Early T-cell precursor lymphoblastic leukemia (96),**NK cell lymphoblastic leukemia / lymphoma:** Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (97)		Specify ALL classification	**B-lymphoblastic leukemia / lymphoma:** B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191), B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192), B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193), B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194), B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195), B-lymphoblastic leukemia / lymphoma with t(5;14)(q31.1;q32.3); IL3-IGH (81), B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82), B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<46 chromosomes) (83), B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94), B-lymphoblastic leukemia / lymphoma, with iAMP21 (95), **T-cell lymphoblastic leukemia / lymphoma:** T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196), Early T-cell precursor lymphoblastic leukemia (96),**NK cell lymphoblastic leukemia / lymphoma:** Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (97)	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Specify condition	Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition		Specify condition	Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)	no,yes		Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)	no,yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8	

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

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

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via karyotyping? (at last evaluation)	No,Yes		Were cytogenetics tested via karyotyping? (at last evaluation)	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8		Specify abnormalities (check all that apply)	(11q23) any abnormality,12p any abnormality,9p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),iAMP21,-7,Other abnormality,t(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;14),t(8;14),t(8;22),t(9;22),+17,+21,+4,+8	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes		Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	TEL-AML / AML1	Negative,Not Done,Positive		TEL-AML / AML1	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes		Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	What was the disease status?	1st complete remission (include CRi),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure		What was the disease status?	1st complete remission (include CRi),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥3rd relapse,No treatment,Primary induction failure	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	How many cycles of induction therapy were required to achieve 1st complete remission?	1,2, ≥ 3		How many cycles of induction therapy were required to achieve 1st complete remission?	1,2, ≥ 3	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Deletion of Information Requested	~~Was the recipient in remission by flow cytometry?~~	~~Not applicable,No,Unknown,Yes~~	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification	Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm ,Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1,Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm		Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification	Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm ,Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1,Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm	
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text		Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text	
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	What was the disease status? (based on hematological test results)	1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥ 3rd relapse,No treatment,Primary induction failure		What was the disease status? (based on hematological test results)	1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥ 3rd relapse,No treatment,Primary induction failure	
Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Was therapy given prior to this HCT?	no,yes		Was therapy given prior to this HCT?	no,yes	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Combination chemotherapy	no,yes		Combination chemotherapy	no,yes	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Hydroxyurea (Droxia, Hydrea)	no,yes		Hydroxyurea (Droxia, Hydrea)	no,yes	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no,yes		Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no,yes	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Interferon-α (Intron, Roferon) (includes PEG)	no,yes		Interferon-α (Intron, Roferon) (includes PEG)	no,yes	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Other therapy	no,yes		Other therapy	no,yes	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify other therapy:	open text		Specify other therapy:	open text	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	What was the disease status?	Accelerated phase,Blast phase,Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase,Complete hematologic response (CHR) preceded only by chronic phase,Chronic phase		What was the disease status?	Accelerated phase,Blast phase,Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase,Complete hematologic response (CHR) preceded only by chronic phase,Chronic phase	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify level of response	Complete cytogenetic response (CCyR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CyR),Partial cytogenetic response (PCyR)		Specify level of response	Complete cytogenetic response (CCyR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CyR),Partial cytogenetic response (PCyR)	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Number	1st,2nd,3rd or higher		Number	1st,2nd,3rd or higher	
Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	What was the MDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions	Atypical chronic myeloid leukemia (aCML), BCR-ABL1-,Chronic myelomonocytic leukemia (CMMoL),Juvenile myelomonocytic leukemia (JMML/JCML),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. **Myelodysplatic Syndrome with excess blasts (MDS-EB):** MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). **Myelodysplatic Syndrome with ring sideroblasts:** MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD),Myelodysplastic		What was the MDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions	Atypical chronic myeloid leukemia (aCML), BCR-ABL1-,Chronic myelomonocytic leukemia (CMMoL),Juvenile myelomonocytic leukemia (JMML/JCML),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. **Myelodysplatic Syndrome with excess blasts (MDS-EB):** MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). **Myelodysplatic Syndrome with ring sideroblasts:** MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD),Myelodysplastic	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia		Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Was the disease MDS therapy related?	no,Unknown,yes		Was the disease MDS therapy related?	no,Unknown,yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify condition	Aplastic anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) ,Li-Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX1 deficiency (previously "familial platelet disorder with propensity to myeloid malignancies") ,SAMD9- or SAMD9L-associated familial MDS,Shwachman-Diamond Syndrome,Telomere biology disorder (including dyskeratosis congenita)		Specify condition	Aplastic anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) ,Li-Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX1 deficiency (previously "familial platelet disorder with propensity to myeloid malignancies") ,SAMD9- or SAMD9L-associated familial MDS,Shwachman-Diamond Syndrome,Telomere biology disorder (including dyskeratosis congenita)	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	WBC	___ ___ ___ ___ ___ ___ ● ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ● ___ x 10^6/L		WBC	___ ___ ___ ___ ___ ___ ● ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ● ___ x 10^6/L	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	___ ___%		Neutrophils	___ ___%	

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

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion?	No,Yes		Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify the MDS subtype or AML after transformation	Transformed to AML,Chronic myelomonocytic leukemia (CMMoL),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable,Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. **Myelodysplatic Syndrome with excess blasts (MDS-EB)**: MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). **Myelodysplatic syndrome with ring sideroblasts**: MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD).		Specify the MDS subtype or AML after transformation	Transformed to AML,Chronic myelomonocytic leukemia (CMMoL),Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD),MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable,Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS), unclassifiable,Refractory cytopenia of childhood. **Myelodysplatic Syndrome with excess blasts (MDS-EB)**: MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2). **Myelodysplatic syndrome with ring sideroblasts**: MDS-RS with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD).	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia		Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify the date of the most recent transformation:	YYYY/MM/DD		Specify the date of the most recent transformation:	YYYY/MM/DD	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Date of MDS diagnosis:	YYYY/MM/DD		Date of MDS diagnosis:	YYYY/MM/DD	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	___ ___%		Neutrophils	___ ___%	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	___ ___%		Blasts in blood	___ ___%	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Prior to Infusion: Hemoglobin	___ ___ ___ ___ ● ___ ___ g/dL ___ ___ ___ ___ ● ___ ___ g/L ___ ___ ___ ___ ● ___ ___ mmol/L		Prior to Infusion: Hemoglobin	___ ___ ___ ___ ● ___ ___ g/dL ___ ___ ___ ___ ● ___ ___ g/L ___ ___ ___ ___ ● ___ ___ mmol/L	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	Known,Unknown		Platelets	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L		Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L		Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	__ ___ ___%		Blasts in bone marrow	__ ___ ___%	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8		Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8		Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(3q) / 3q-,del(5q) / 5q-,del(7q) / 7q-,del(9q) / 9q-,del(13q) / 13q-,i17q,inv(3),-13,-20,-5,-7,-Y,Other abnormality,t(1;3),t(11;16),t(2;11),t(3;21),t(3;3),t(6;9),+19,+8	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	What was the disease status?	Complete remission (CR),Hematologic improvement (HI),Not assessed,No response (NR) / stable disease (SD),Progression from hematologic improvement (Prog from HI),Relapse from complete remission (Rel from CR)		What was the disease status?	Complete remission (CR),Hematologic improvement (HI),Not assessed,No response (NR) / stable disease (SD),Progression from hematologic improvement (Prog from HI),Relapse from complete remission (Rel from CR)	
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify the cell line examined to determine HI status	HI-E,HI-N,HI-P	Change/Clarification of Information Requested	Specify the cell lines examined to determine HI status	HI-E,HI-N,HI-P	Examples added or typographical errors corrected for clarification
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify transfusion dependence	Low-transfusion burden (LTB),Non-transfused (NTD)		Specify transfusion dependence	Low-transfusion burden (LTB),Non-transfused (NTD)	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	What was the MPN subtype at diagnosis?	Chronic eosinophilic leukemia, not otherwise specified (NOS),Primary myelofibrosis (PMF),Chronic neutrophilic leukemia,,Essential thrombocythemia,Myeloproliferative neoplasm (MPN), unclassifiable,Myeloid / lymphoid neoplasms with FGFR1 rearrangement,Myeloid / lymphoid neoplasms with PCM1-JAK2,Myeloid / lymphoid neoplasms with PDGFRA rearrangement,Myeloid / lymphoid neoplasms with PDGFRB rearrangement,Polycythemia vera (PCV),**Mastocytosis:** Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS)		What was the MPN subtype at diagnosis?	Chronic eosinophilic leukemia, not otherwise specified (NOS),Primary myelofibrosis (PMF),Chronic neutrophilic leukemia,,Essential thrombocythemia,Myeloproliferative neoplasm (MPN), unclassifiable,Myeloid / lymphoid neoplasms with FGFR1 rearrangement,Myeloid / lymphoid neoplasms with PCM1-JAK2,Myeloid / lymphoid neoplasms with PDGFRA rearrangement,Myeloid / lymphoid neoplasms with PDGFRB rearrangement,Polycythemia vera (PCV),**Mastocytosis:** Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM),Indolent systemic mastocytosis (ISM),Mast cell leukemia (MCL),Systemic mastocytosis with an associated hematological neoplasm (SM-AHN),Smoldering systemic mastocytosis (SSM)		Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM),Indolent systemic mastocytosis (ISM),Mast cell leukemia (MCL),Systemic mastocytosis with an associated hematological neoplasm (SM-AHN),Smoldering systemic mastocytosis (SSM)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes		Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	___ ___ ___ ___ ___ ___ ● ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ● ___ x 10^6/L		WBC	___ ___ ___ ___ ___ ___ ● ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ● ___ x 10^6/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	___ ___%		Neutrophils	___ ___%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	___ ___%		Blasts in blood	___ ___%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	___ ___ ___ ___ ● ___ ___ g/dL ___ ___ ___ ___ ● ___ ___ g/L ___ ___ ___ ___ ● ___ ___ mmol/L		Hemoglobin	___ ___ ___ ___ ● ___ ___ g/dL ___ ___ ___ ___ ● ___ ___ g/L ___ ___ ___ ___ ● ___ ___ mmol/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known,Unknown		Platelets	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L		Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No,Yes		Were platelets transfused ≤ 7 days before date of test?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	__ __ __%		Blasts in bone marrow	__ __ __%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were tests for driver mutations performed?	No,Unknown,Yes		Were tests for driver mutations performed?	No,Unknown,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2	Negative,Not done,Positive		JAK2	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 V617F	Negative,Not done,Positive		JAK2 V617F	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 Exon 12	Negative,Not done,Positive		JAK2 Exon 12	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR	Negative,Not done,Positive		CALR	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 1	Negative,Not done,Positive		CALR type 1	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 2	Negative,Not done,Positive		CALR type 2	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Not defined	Negative,Not done,Positive		Not defined	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	MPL	Negative,Not done,Positive		MPL	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CSF3R	Negative,Not done,Positive		CSF3R	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9		Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9		Specify abnormalities (check all that apply)	del(11q) / 11q-,del(12p) / 12p-,del(20q) / 20q-,del(5q) / 5q-,del(7q) / 7q-,del(13q) / 13q-,dup(1),i17q,inv(3),-5,-7,-Y,Other abnormality,t(1;any),t(11q23;any),t(12p11.2;any),t(3q21;any),t(6;9),+8,+9	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?	No,Yes		Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the MPN subtype or AML after transformation	Transformed to AML,Post-essential thrombocythemic myelofibrosis,Post-polycythemic myelofibrosis		Specify the MPN subtype or AML after transformation	Transformed to AML,Post-essential thrombocythemic myelofibrosis,Post-polycythemic myelofibrosis	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the date of the most recent transformation:	YYYY/MM/DD		Specify the date of the most recent transformation:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Date of MPN diagnosis:	YYYY/MM/DD		Date of MPN diagnosis:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (HTB)- (≥ 8 RBCs in 16weeks; ≥ 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Non-transfused (NTD) –(0 RBCs in 16 weeks)		Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (HTB)- (≥ 8 RBCs in 16weeks: ≥ 4 in 8 weeks),Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Non-transfused (NTD) –(0 RBCs in 16 weeks)	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes		Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No,Unknown,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No,Not applicable(splenectomy) ,Unknown,Yes		Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No,Not applicable(splenectomy) ,Unknown,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the method used to measure spleen size	CT/MRI scan,Physical exam,Ultrasound		Specify the method used to measure spleen size	CT/MRI scan,Physical exam,Ultrasound	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the spleen size:	: ___ ___ centimeters below left costal margin		Specify the spleen size:	: ___ ___ centimeters below left costal margin	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the spleen size:	:___ ___ centimeters		Specify the spleen size:	:___ ___ centimeters	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?	no,Unknown,yes		Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?	no,Unknown,yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the method used to measure liver size	CT/MRI scan,Physical exam,Ultrasound		Specify the method used to measure liver size	CT/MRI scan,Physical exam,Ultrasound	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the liver size:	: ___ ___ centimeters below right costal margin		Specify the liver size:	: ___ ___ centimeters below right costal margin	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the liver size:	: ___ ___ centimeters		Specify the liver size:	: ___ ___ centimeters	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known,Unknown		WBC	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	___ ___ ___ ___ ___ ___ ● ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ● ___ x 10^6/L		WBC	___ ___ ___ ___ ___ ___ ● ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ● ___ x 10^6/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown		Neutrophils	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	___ ___%		Neutrophils	___ ___%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	___ ___%		Blasts in blood	___ ___%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	___ ___ ___ ___ ● ___ ___ g/dL ___ ___ ___ ___ ● ___ ___ g/L ___ ___ ___ ___ ● ___ ___ mmol/L		Hemoglobin	___ ___ ___ ___ ● ___ ___ g/dL ___ ___ ___ ___ ● ___ ___ g/L ___ ___ ___ ___ ● ___ ___ mmol/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No,Yes		Were RBCs transfused ≤ 30 days before date of test?	No,Yes	

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Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known,Unknown		Platelets	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L		Platelets	___ ___ ___ ___ ___ ___ ___ x 10^9/L (x 10^3/mm^3) ___ ___ ___ ___ ___ ___ ___ ___ x 10^6/L	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No,Yes		Were platelets transfused ≤ 7 days before date of test?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	__ __ __%		Blasts in bone marrow	__ __ __%	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were tests for driver mutations performed?	No,Unknown,Yes		Were tests for driver mutations performed?	No,Unknown,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2	Negative,Not done,Positive		JAK2	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 V617F	Negative,Not done,Positive		JAK2 V617F	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 Exon 12	Negative,Not done,Positive		JAK2 Exon 12	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR	Negative,Not done,Positive		CALR	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 1	Negative,Not done,Positive		CALR type 1	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 2	Negative,Not done,Positive		CALR type 2	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Not defined	Negative,Not done,Positive		Not defined	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	MPL	Negative,Not done,Positive		MPL	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CSF3R	Negative,Not done,Positive		CSF3R	Negative,Not done,Positive	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	

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

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the molecular response	Complete response (CR): Eradication of pre-existing abnormality ,Not assessed,Not applicable,None of the above: Does not meet the CR or PR criteria ,Partial response (PR): ≥50% decrease in allele burden ,Re-emergence of a pre-existing molecular abnormality		Specify the molecular response	Complete response (CR): Eradication of pre-existing abnormality ,Not assessed,Not applicable,None of the above: Does not meet the CR or PR criteria ,Partial response (PR): ≥50% decrease in allele burden ,Re-emergence of a pre-existing molecular abnormality	
Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Other Leukemia (OL)	yes	no	Specify the other leukemia classification	Chronic lymphocytic leukemia (CLL), NOS,Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL),Hairy cell leukemia,Hairy cell leukemia variant,Monoclonal B-cell lymphocytosis,Other leukemia,Other leukemia, NOS,PLL, B-cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell		Specify the other leukemia classification	Chronic lymphocytic leukemia (CLL), NOS,Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL),Hairy cell leukemia,Hairy cell leukemia variant,Monoclonal B-cell lymphocytosis,Other leukemia,Other leukemia, NOS,PLL, B-cell,Prolymphocytic leukemia (PLL), NOS,PLL, T-cell	
Disease Classification	Other Leukemia (OL)	yes	no	Specify other leukemia:	open text		Specify other leukemia:	open text	
Disease Classification	Other Leukemia (OL)	yes	no	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no,yes	
Disease Classification	Other Leukemia (OL)	yes	no	Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?	no,yes		Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?	no,yes	
Disease Classification	Other Leukemia (OL)	yes	no	What was the disease status? (Atypical CML)	1st complete remission (no previous bone marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse,≥3rd complete remission,≥3rd relapse,No treatment,Primary induction failure		What was the disease status? (Atypical CML)	1st complete remission (no previous bone marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse,≥3rd complete remission,≥3rd relapse,No treatment,Primary induction failure	
Disease Classification	Other Leukemia (OL)	yes	no	What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)	Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)		What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)	Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)	
Disease Classification	Other Leukemia (OL)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Specify the lymphoma histology	Nodal peripheral T-cell lymphoma with TFH phenotype (1860) Peripheral T-cell lymphoma (PTCL), NOS (130) Primary cutaneous acral CD8+ T-cell lymphoma (1853) Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854) Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852) Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147) Primary cutaneous γδ T-cell lymphoma (1851) Sezary syndrome (142) Subcutaneous panniculitis-like T-cell lymphoma (146) Systemic EBV+ T-cell lymphoma of childhood (1855) T-cell large granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139) **Posttransplant lymphoproliferative disorders (PTLD)** Classical Hodgkin lymphoma PTLD (1876) Florid follicular hyperplasia PTLD (1873) Infectious mononucleosis PTLD (1872) Monomorphic PTLD (B- and T-/NK-cell types) (1875) Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)	Change/Clarification of Response Options	Specify the lymphoma histology	Hepatosplenic T-cell lymphoma (145) Indolent T-cell lymphoproliferative disorder of the GI tract (1858) Monomorphic epitheliotropic intestinal T-cell lymphoma (1857) Mycosis fungoides (141) Nodal peripheral T-cell lymphoma with TFH phenotype (1860) Peripheral T-cell lymphoma (PTCL), NOS (130) Primary cutaneous acral CD8+ T-cell lymphoma (1853) Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854) Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852) Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147) Primary cutaneous γδ T-cell lymphoma (1851) Sezary syndrome (142) Subcutaneous panniculitis-like T-cell lymphoma (146) Systemic EBV+ T-cell lymphoma of childhood (1855) T-cell large granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139) **Posttransplant lymphoproliferative disorders (PTLD)** Classical Hodgkin lymphoma PTLD (1876) Florid follicular hyperplasia PTLD (1873) Infectious mononucleosis PTLD (1872) Monomorphic PTLD (B- and T-/NK-cell types) (1875) Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on	Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown		Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on	Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes	Change/Clarification of Response Options	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes (Also complete Chronic Lymphocytic Leukemia (CLL))	Capture additional relevent disease information
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no,yes	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)	No,Yes		Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)	No,Yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Specify the original lymphoma histology (prior to transformation)	phenotype,Nodular sclerosis,Other T-cell / NK-cell lymphoma,Other B-cell lymphoma,Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma,Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis],Primary cutaneous acral CD8+ T-cell lymphoma,Primary cutaneous CD4+ small / medium T-cell lymphoproliferative disorder,Primary cutaneous follicle center lymphoma,Primary cutaneous gamma-delta T-cell lymphoma,Primary diffuse, large B-cell lymphoma of the CNS,Primary cutaneous DLBCL, leg type,Pediatric nodal marginal zone lymphoma,Plasmacytic hyperplasia PTLD,Plasmablastic lymphoma,Primary effusion lymphoma,Peripheral T-cell lymphoma (PTCL), NOS,Florid follicular hyperplasia PTLD,Classical Hodgkin lymphoma PTLD,Monomorphic PTLD (B- and T-/NK-cell types),Polymorphic PTLD,Splenic B-cell lymphoma / leukemia, unclassifiable,Splenic diffuse red pulp small B-cell lymphoma,Splenic marginal zone B-cell lymphoma,Burkitt lymphoma,Subcutaneous panniculitis-like T-cell lymphoma,Systemic EBV+ T-cell lymphoma of childhood,Sezary syndrome,T-cell / histiocytic rich large B-cell lymphoma,T-cell large granular lymphocytic leukemia,Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma		Specify the original lymphoma histology (prior to transformation)	type (MALT),Mixed cellularity,Primary mediastinal (thymic) large B-cell lymphoma,Monomorphic epitheliotropic intestinal T-cell lymphoma,Mycosis fungoides,Mantle cell lymphoma,Nodular lymphocyte predominant Hodgkin lymphoma,Nodal marginal zone B-cell lymphoma (± monocytoid B-cells),Nodal peripheral T-cell lymphoma with TFH phenotype,Nodular sclerosis,Other T-cell / NK-cell lymphoma,Other B-cell lymphoma,Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma,Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis],Primary cutaneous acral CD8+ T-cell lymphoma,Primary cutaneous CD4+ small / medium T-cell lymphoproliferative disorder,Primary cutaneous follicle center lymphoma,Primary cutaneous gamma-delta T-cell lymphoma,Primary diffuse, large B-cell lymphoma of the CNS,Primary cutaneous DLBCL, leg type,Pediatric nodal marginal zone lymphoma,Plasmacytic hyperplasia PTLD,Plasmablastic lymphoma,Primary effusion lymphoma,Peripheral T-cell lymphoma (PTCL), NOS,Florid follicular hyperplasia PTLD,Classical Hodgkin lymphoma PTLD,Monomorphic PTLD (B- and T-/NK-cell types),Polymorphic PTLD,Splenic B-cell lymphoma / leukemia, unclassifiable,Splenic diffuse red pulp small B-cell lymphoma,Splenic marginal zone B-cell lymphoma,Burkitt lymphoma,Subcutaneous panniculitis-like T-cell lymphoma,Systemic EBV+ T-cell lymphoma of childhood,Sezary syndrome,T-cell / histiocytic rich large B-cell lymphoma,T-cell large granular lymphocytic leukemia,Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)	YYYY/MM/DD		Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)	YYYY/MM/DD	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)	no,yes		Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)	no,yes	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?	no,yes		Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?	no,yes	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Date of PET scan	Known,Unknown		Date of PET scan	Known,Unknown	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Date of PET (or PET/CT) scan:	YYYY/MM/DD		Date of PET (or PET/CT) scan:	YYYY/MM/DD	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Deauville (five-point) score of the PET (or PET/CT) scan	Known,Unknown		Deauville (five-point) score of the PET (or PET/CT) scan	Known,Unknown	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Scale	1- no uptake or no residual uptake 2- slight uptake, but below blood pool (mediastinum) 3- uptake above mediastinal, but below or equal to uptake in the liver 4- uptake slightly to moderately higher than liver 5- markedly increased uptake or any new lesion		Scale	1- no uptake or no residual uptake 2- slight uptake, but below blood pool (mediastinum) 3- uptake above mediastinal, but below or equal to uptake in the liver 4- uptake slightly to moderately higher than liver 5- markedly increased uptake or any new lesion	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	What was the disease status?	complete remission,PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.,PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.,PIF unk - Primary induction failure – sensitivity unknown,REL1 res - 1st relapse – resistant: stable or progressive disease with treatment,REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2),REL1 unk - 1st relapse – sensitivity unknown,REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse,REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment,REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL2 unk - 2nd relapse – sensitivity unknown,REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse,REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment,REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL3+ unk - 3rd relapse or greater – sensitivity unknown,REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse,Disease untreated		What was the disease status?	CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant,CR2 - 2nd complete remission,CR3+ - 3rd or subsequent complete remission,PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.,PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.,PIF unk - Primary induction failure – sensitivity unknown,REL1 res - 1st relapse – resistant: stable or progressive disease with treatment,REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2),REL1 unk - 1st relapse – sensitivity unknown,REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse,REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment,REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL2 unk - 2nd relapse – sensitivity unknown,REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse,REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment,REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+),REL3+ unk - 3rd relapse or greater – sensitivity unknown,REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse,Disease untreated	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Total number of lines of therapy received (between diagnosis and HCT / infusion)	1 line,2 lines,3+ lines		Total number of lines of therapy received (between diagnosis and HCT / infusion)	1 line,2 lines,3+ lines	
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify the multiple myeloma/plasma cell disorder (PCD) classification	Amyloidosis,Monoclonal gammopathy of renal significance (MGRS),Multiple myeloma,Multiple myeloma-light chain only,Multiple myeloma-non-secretory,Osteosclerotic myeloma / POEMS syndrome,Other plasma cell disorder (PCD),Plasma cell leukemia (PCL),Smoldering myeloma,Solitary plasmacytoma		Specify the multiple myeloma/plasma cell disorder (PCD) classification	Amyloidosis,Monoclonal gammopathy of renal significance (MGRS),Multiple myeloma,Multiple myeloma-light chain only,Multiple myeloma-non-secretory,Osteosclerotic myeloma / POEMS syndrome,Other plasma cell disorder (PCD),Plasma cell leukemia (PCL),Smoldering myeloma,Solitary plasmacytoma	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify other plasma cell disorder:	open text		Specify other plasma cell disorder:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify heavy and/or light chain type (check all that apply)	IgA (heavy chain only),IgA kappa,IgA lambda,IgD (heavy chain only),IgD kappa,IgD lambda,IgE (heavy chain only),IgE kappa,IgE lambda,IgG (heavy chain only),IgG kappa,IgG lambda,IgM (heavy chain only),IgM kappa,IgM lambda,Kappa (light chain only),Lambda (light chain only)		Specify heavy and/or light chain type (check all that apply)	IgA (heavy chain only),IgA kappa,IgA lambda,IgD (heavy chain only),IgD kappa,IgD lambda,IgE (heavy chain only),IgE kappa,IgE lambda,IgG (heavy chain only),IgG kappa,IgG lambda,IgM (heavy chain only),IgM kappa,IgM lambda,Kappa (light chain only),Lambda (light chain only)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify Amyloidosis classification	AH amyloidosis,AHL amyloidosis,AL amyloidosis		Specify Amyloidosis classification	AH amyloidosis,AHL amyloidosis,AL amyloidosis	

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

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Disease Classification	Preceding or Concurrent Plasma Cell Disorder	yes	yes	Specify other preceding/concurrent disorder:	open text		Specify other preceding/concurrent disorder:	open text	
Disease Classification	Preceding or Concurrent Plasma Cell Disorder	yes	yes	Date of diagnosis of preceding / concurrent disorder:	YYYY/MM/DD		Date of diagnosis of preceding / concurrent disorder:	YYYY/MM/DD	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum beta2 - microglobulin	Known,Unknown		Serum beta2 - microglobulin	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum beta2-microglobulin:	: ___ ___ ___ ● ___ ___ ___ µg/dL : ___ ___ ___ ● ___ ___ ___ mg/L : ___ ___ ___ ● ___ ___ ___ nmol/L		Serum beta2-microglobulin:	: ___ ___ ___ ● ___ ___ ___ µg/dL : ___ ___ ___ ● ___ ___ ___ mg/L : ___ ___ ___ ● ___ ___ ___ nmol/L	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum albumin	Known,Unknown		Serum albumin	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum albumin:	: ___ ___ ● ___ g/dL : ___ ___ ● ___ g/L		Serum albumin:	: ___ ___ ● ___ g/dL : ___ ___ ● ___ g/L	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	I.S.S Stage	Known,Unknown		I.S.S Stage	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	I.S.S Stage	1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL), 2(Not fitting stage 1 or 3) ,3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)		I.S.S Stage	1 (Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL), 2(Not fitting stage 1 or 3) ,3 (Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	R-I.S.S Stage	Known,Unknown		R-I.S.S Stage	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	R-I.S.S Stage	1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] and normal LDH levels),2(Not R-ISS stage I or III),3(ISS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)		R-I.S.S Stage	1 (ISS stage I and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] and normal LDH levels),2(Not R-ISS stage I or III),3(ISS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by flow cytometry	Known,Unknown	Capture data accurately
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	___ ___● ___ ___ %		Plasma cells in blood by flow cytometry	___ ___● ___ ___ %	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by morphologic assessment	Known,Unknown	Capture data accurately
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	___ ___● ___ ___ %		Plasma cells in blood by morphologic assessment	___ ___● ___ ___ %	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	___ ___ ___ ___ ● ___ ___ □ x 109/L (x 10³/mm³) ___ ___ ___ ___ ● ___ ___ □ x 10⁶/L		Plasma cells in blood by morphologic assessment	___ ___ ___ ___ ● ___ ___ □ x 109/L (x 10³/mm³) ___ ___ ___ ___ ● ___ ___ □ x 10⁶/L	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	LDH	Known,Unknown		LDH	Known,Unknown	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	LDH	___ ___ ___ ___ ___ ● ___ ___ o U/L ___ ___ ___ ___ ___ ● ___ ___ o µkat/L		LDH	___ ___ ___ ___ ___ ● ___ ___ o U/L ___ ___ ___ ___ ___ ● ___ ___ o µkat/L	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Upper limit of normal for LDH:	___ ___ ___ ___ ___ • ___ ___		Upper limit of normal for LDH:	___ ___ ___ ___ ___ • ___ ___	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Results of tests	Abnormalities identified,No abnormalities		Results of tests	Abnormalities identified,No abnormalities	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q-,del(17p) / 17p-,Hyperdiploid (> 50),Hypodiploid (< 46),-13,-17,MYC rearrangement,Other abnormality,t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,+5,+7,+9		Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q-,del(17p) / 17p-,Hyperdiploid (> 50),Hypodiploid (< 46),-13,-17,MYC rearrangement,Other abnormality,t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,+5,+7,+9	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q-,del(17p) / 17p-,Hyperdiploid (> 50),Hypodiploid (< 46),-13,-17,MYC rearrangement,Other abnormality,t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,+5,+7,+9		Specify abnormalities (check all that apply)	Any abnormality at 1p,Any abnormality at 1q,del(13q) / 13q-,del(17p) / 17p-,Hyperdiploid (> 50),Hypodiploid (< 46),-13,-17,MYC rearrangement,Other abnormality,t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,+5,+7,+9	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	What is the hematologic disease status?	Complete remission (CR),Progressive disease (PD),Partial remission (PR),Relapse from CR (Rel) (untreated),Stringent complete remission (sCR),Stable disease (SD),Unknown,Very good partial remission (VGPR)		What is the hematologic disease status?	Complete remission (CR),Progressive disease (PD),Partial remission (PR),Relapse from CR (Rel) (untreated),Stringent complete remission (sCR),Stable disease (SD),Unknown,Very good partial remission (VGPR)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Rel) (untreated),Unknown,Very good partial response (VGPR)		Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Rel) (untreated),Unknown,Very good partial response (VGPR)	
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Solid Tumors	yes	no	Specify the solid tumor classification	Breast cancer,Bone sarcoma (excluding Ewing family tumors),Cervical,Central nervous system tumor, including CNS PNET,Colorectal,Ovarian (epithelial),Ewing family tumors, extraosseous (including PNET),Ewing family tumors of bone (including PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell tumor, extragonadal,Hepatobiliary,Head / neck,Hemangiosarcoma,Lung, not otherwise specified,Leiomyosarcoma,Lymphangio sarcoma,Liposarcoma,Medulloblastoma,Mediastinal neoplasm,Melanoma,Neuroblastoma,Neurogenic sarcoma,Lung, non-small cell,Other solid tumor,Prostate,Renal cell,Retinoblastoma,Rhabdomyosarcoma,Lung, small cell,Synovial sarcoma,Solid tumor, not otherwise specified,Pancreatic,Soft tissue sarcoma (excluding Ewing family tumors),Testicular,Thymoma,Uterine,Vaginal,Wilm Tumor		Specify the solid tumor classification	Breast cancer,Bone sarcoma (excluding Ewing family tumors),Cervical,Central nervous system tumor, including CNS PNET,Colorectal,Ovarian (epithelial),Ewing family tumors, extraosseous (including PNET),Ewing family tumors of bone (including PNET),External genitalia,Fibrosarcoma,Gastric,Germ cell tumor, extragonadal,Hepatobiliary,Head / neck,Hemangiosarcoma,Lung, not otherwise specified,Leiomyosarcoma,Lymphangio sarcoma,Liposarcoma,Medulloblastoma,Mediastinal neoplasm,Melanoma,Neuroblastoma,Neurogenic sarcoma,Lung, non-small cell,Other solid tumor,Prostate,Renal cell,Retinoblastoma,Rhabdomyosarcoma,Lung, small cell,Synovial sarcoma,Solid tumor, not otherwise specified,Pancreatic,Soft tissue sarcoma (excluding Ewing family tumors),Testicular,Thymoma,Uterine,Vaginal,Wilm Tumor	
Disease Classification	Solid Tumors	yes	no	Specify other solid tumor:	open text		Specify other solid tumor:	open text	
Disease Classification	Aplastic Anemia	yes	no	Specify the aplastic anemia classification – If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired amegakaryocytosis (not congenital),Acquired pure red cell aplasia (not congenital),Acquired AA, not otherwise specified,Other acquired cytopenic syndrome,Acquried AA secondary to chemotherapy,Acquired AA, secondary to hepatitis,Acquired AA secondary to immunotherapy or immune effector cell therapy,Acquired AA, secondary to toxin / other drug		Specify the aplastic anemia classification – If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired amegakaryocytosis (not congenital),Acquired pure red cell aplasia (not congenital),Acquired AA, not otherwise specified,Other acquired cytopenic syndrome,Acquried AA secondary to chemotherapy,Acquired AA, secondary to hepatitis,Acquired AA secondary to immunotherapy or immune effector cell therapy,Acquired AA, secondary to toxin / other drug	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Aplastic Anemia	yes	no	Specify severity	Not severe,Severe / very severe		Specify severity	Not severe,Severe / very severe	
Disease Classification	Aplastic Anemia	yes	no	Specify other acquired cytopenic syndrome:	open text		Specify other acquired cytopenic syndrome:	open text	
Disease Classification	Inherited Bone Marrow Failure Syndromes	yes	no	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond	Change/Clarification of Response Options	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond, Other inherited bone failure syndromes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Inherited Bone Marrow Failure Syndromes	yes	no	Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?	No,Yes	Deletion of Information Requested	~~Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?~~	~~No,Yes~~	Reduce redundancy in data capture
Disease Classification	Hemoglobinopathies	yes	no	Specify the hemoglobinopathy classification	Other hemoglobinopathy,Sickle cell disease,Transfusion dependent thalassemia		Specify the hemoglobinopathy classification	Other hemoglobinopathy,Sickle cell disease,Transfusion dependent thalassemia	
Disease Classification	Hemoglobinopathies	yes	no	Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia		Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia	
Disease Classification	Hemoglobinopathies	yes	no	Specify other hemoglobinopathy:	open text		Specify other hemoglobinopathy:	open text	
Disease Classification	Hemoglobinopathies	yes	no	Did the recipient receive gene therapy to treat the hemoglobinopathy?	No,Yes	Deletion of Information Requested	~~Did the recipient receive gene therapy to treat the hemoglobinopathy?~~	~~No,Yes~~	Reduce redundancy in data capture
Disease Classification	Hemoglobinopathies	yes	no	Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?	No,Unknown,Yes		Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathies	yes	no	TRJV measurement	Known,Unknown		TRJV measurement	Known,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	TRJV measurement:	__ __● ___ ***m/sec***		TRJV measurement:	__ __● ___ ***m/sec***	
Disease Classification	Hemoglobinopathies	yes	no	Was liver iron content (LIC) tested within 6 months prior to infusion?	No,Yes		Was liver iron content (LIC) tested within 6 months prior to infusion?	No,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Liver iron content:	___ ___ ___ ● ___mg Fe/g liver dry weight ___ ___ ___ ● ___g Fe/kg liver dry weight ___ ___ ___ ● ___µmol Fe / g liver dry weight		Liver iron content:	___ ___ ___ ● ___mg Fe/g liver dry weight ___ ___ ___ ● ___g Fe/kg liver dry weight ___ ___ ___ ● ___µmol Fe / g liver dry weight	
Disease Classification	Hemoglobinopathies	yes	no	Method used to estimate LIC?	FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI		Method used to estimate LIC?	FerriScan,Liver Biopsy,Other,SQUID MRI,T2 MRI	
Disease Classification	Hemoglobinopathies	yes	no	Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)	No,Yes		Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB 9-10 g/dL)	No,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Year of first transfusion: (since diagnosis):	YYYY		Year of first transfusion: (since diagnosis):	YYYY	
Disease Classification	Hemoglobinopathies	yes	no	Was iron chelation therapy given at any time since diagnosis?	No,Unknown,Yes		Was iron chelation therapy given at any time since diagnosis?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?	No, iron chelation therapy given, but not meeting criteria,Iron chelation therapy given, but details of administration unknown,Yes, iron chelation therapy given as specified		Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?	No, iron chelation therapy given, but not meeting criteria,Iron chelation therapy given, but details of administration unknown,Yes, iron chelation therapy given as specified	
Disease Classification	Hemoglobinopathies	yes	no	Specify reason criteria not met	Non-adherence,Other,Toxicity due to iron chelation therapy		Specify reason criteria not met	Non-adherence,Other,Toxicity due to iron chelation therapy	
Disease Classification	Hemoglobinopathies	yes	no	Specify other reason criteria not met:	open text		Specify other reason criteria not met:	open text	
Disease Classification	Hemoglobinopathies	yes	no	Year iron chelation therapy started	Known,Unknown		Year iron chelation therapy started	Known,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	Year started:	YYYY		Year started:	YYYY	
Disease Classification	Hemoglobinopathies	yes	no	Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)	no,Unknown,yes		Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)	no,Unknown,yes	

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Disease Classification	Hemoglobinopathies	yes	no	Liver size as measured below the costal margin at most recent evaluation:	__ __ cm		Liver size as measured below the costal margin at most recent evaluation:	__ __ cm	
Disease Classification	Hemoglobinopathies	yes	no	Was a liver biopsy performed at any time since diagnosis?	no,yes		Was a liver biopsy performed at any time since diagnosis?	no,yes	
Disease Classification	Hemoglobinopathies	yes	no	Date functional status assessed	Known,Unknown		Date functional status assessed	Known,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Classification	Hemoglobinopathies	yes	no	Date estimated	checked		Date estimated	checked	
Disease Classification	Hemoglobinopathies	yes	no	Was there evidence of liver cirrhosis?	No,Unknown,Yes		Was there evidence of liver cirrhosis?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Was there evidence of liver fibrosis?	No,Unknown,Yes		Was there evidence of liver fibrosis?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Type of fibrosis	Bridging,Other,Periportal,Unknown		Type of fibrosis	Bridging,Other,Periportal,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	Was there evidence of chronic hepatitis?	No,Unknown,Yes		Was there evidence of chronic hepatitis?	No,Unknown,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Was documentation submitted to the CIBMTR? (e.g. liver biopsy)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. liver biopsy)	No,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?	No,Yes		Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?	No,Yes	
Disease Classification	Hemoglobinopathies	yes	no	Did the recipient have a splenectomy?	no,Unknown,yes		Did the recipient have a splenectomy?	no,Unknown,yes	
Disease Classification	Hemoglobinopathies	yes	no	Serum iron	Known,Unknown		Serum iron	Known,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	Serum iron:	: ___ ___ ___● ___ ___ µg / dL : ___ ___ ___● ___ ___ µmol / L		Serum iron:	: ___ ___ ___● ___ ___ µg / dL : ___ ___ ___● ___ ___ µmol / L	
Disease Classification	Hemoglobinopathies	yes	no	Total iron binding capacity (TIBC)	Known,Unknown		Total iron binding capacity (TIBC)	Known,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	TIBC:	: ___ ___ ___● ___ ___ µg / dL : ___ ___ ___● ___ ___ µmol / L		TIBC:	: ___ ___ ___● ___ ___ µg / dL : ___ ___ ___● ___ ___ µmol / L	
Disease Classification	Hemoglobinopathies	yes	no	Total serum bilirubin	Known,Unknown		Total serum bilirubin	Known,Unknown	
Disease Classification	Hemoglobinopathies	yes	no	Total serum bilirubin:	: ___ ___ ___● ___ ___ mg/dL : ___ ___ ___● ___ ___ µmol / L		Total serum bilirubin:	: ___ ___ ___● ___ ___ mg/dL : ___ ___ ___● ___ ___ µmol / L	
Disease Classification	Hemoglobinopathies	yes	no	Upper limit of normal for total serum bilirubin:	__ __ __ ● __		Upper limit of normal for total serum bilirubin:	__ __ __ ● __	
Disease Classification	Disorders of the Immune System	yes	no	Specify disorder of immune system classification	Ataxia telangiectasia,Bare lymphocyte syndrome,Cartilage hair hypoplasia,CD40 ligand deficiency,Chronic granulomatous disease,DiGeorge anomaly,Griscelli syndrome type 2,HIV infection,Hermansky-Pudlak syndrome type 2,Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies,Neutrophil actin deficiency,Chediak-Higashi syndrome,Other immunodeficiencies,Omenn syndrome,Other pigmentary dilution disorder,Other SCID,Reticular dysgenesis,Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID),SCID, not otherwise specified,Absence of T and B cells SCID,Absence of T, normal B cell SCID,Immune deficiency, not otherwise specified,Common variable immunodeficiency,Wiskott-Aldrich syndrome,X-linked lymphoproliferative syndrome		Specify disorder of immune system classification	Ataxia telangiectasia,Bare lymphocyte syndrome,Cartilage hair hypoplasia,CD40 ligand deficiency,Chronic granulomatous disease,DiGeorge anomaly,Griscelli syndrome type 2,HIV infection,Hermansky-Pudlak syndrome type 2,Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies,Neutrophil actin deficiency,Chediak-Higashi syndrome,Other immunodeficiencies,Omenn syndrome,Other pigmentary dilution disorder,Other SCID,Reticular dysgenesis,Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID),SCID, not otherwise specified,Absence of T and B cells SCID,Absence of T, normal B cell SCID,Immune deficiency, not otherwise specified,Common variable immunodeficiency,Wiskott-Aldrich syndrome,X-linked lymphoproliferative syndrome	

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Disease Classification	Disorders of the Immune System	yes	no	Specify other SCID:	open text		Specify other SCID:	open text	
Disease Classification	Disorders of the Immune System	yes	no	Specify other immunodeficiency:	open text		Specify other immunodeficiency:	open text	
Disease Classification	Disorders of the Immune System	yes	no	Specify other pigmentary dilution disorder:	open text		Specify other pigmentary dilution disorder:	open text	
Disease Classification	Disorders of the Immune System	yes	no	Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?	No,Yes		Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?	No,Yes	
Disease Classification	Disorders of the Immune System	yes	no	Specify viral pathogen (check all that apply)	Adenovirus,BK Virus,Chikaugunya Virus,Cytomegalovirus (CMV),Coronavirus,Dengue Virus,Epstein-Barr Virus (EBV),Enterovirus D68 (EV-D68),Enterovirus (ECHO, Coxsackie),Enterovirus, NOS,Enterovirus (polio),Hepatitis A Virus,Hepatitis B Virus,Hepatitis C Virus,Hepatitis E,Human herpesvirus 6 (HHV-6),Human Immunodeficiency Virus 1 or 2,Human metapneumovirus,Human Papillomavirus (HPV),Herpes Simplex Virus (HSV),Human T-lymphotropic Virus 1 or 2,Influenza A Virus,Influenza B Virus,Influenza, NOS,JC Virus (Progressive Multifocal Leukoencephalopathy (PML)),Measles Virus (Rubeola),Mumps Virus,Norovirus,Human Parainfluenza Virus (all species),Rhinovirus (all species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)		Specify viral pathogen (check all that apply)	Adenovirus,BK Virus,Chikaugunya Virus,Cytomegalovirus (CMV),Coronavirus,Dengue Virus,Epstein-Barr Virus (EBV),Enterovirus D68 (EV-D68),Enterovirus (ECHO, Coxsackie),Enterovirus, NOS,Enterovirus (polio),Hepatitis A Virus,Hepatitis B Virus,Hepatitis C Virus,Hepatitis E,Human herpesvirus 6 (HHV-6),Human Immunodeficiency Virus 1 or 2,Human metapneumovirus,Human Papillomavirus (HPV),Herpes Simplex Virus (HSV),Human T-lymphotropic Virus 1 or 2,Influenza A Virus,Influenza B Virus,Influenza, NOS,JC Virus (Progressive Multifocal Leukoencephalopathy (PML)),Measles Virus (Rubeola),Mumps Virus,Norovirus,Human Parainfluenza Virus (all species),Rhinovirus (all species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)	
Disease Classification	Disorders of the Immune System	yes	no	Has the recipient ever been infected with PCP / PJP?	No,Yes		Has the recipient ever been infected with PCP / PJP?	No,Yes	
Disease Classification	Disorders of the Immune System	yes	no	Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	No,Yes		Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	No,Yes	
Disease Classification	Inherited Abnormalities of Platelets	yes	no	Specify inherited abnormalities of platelets classification	Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)		Specify inherited abnormalities of platelets classification	Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)	
Disease Classification	Inherited Abnormalities of Platelets	yes	no	Specify other inherited platelet abnormality:	open text		Specify other inherited platelet abnormality:	open text	

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

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Disease Classification	Histiocytic Disorders	yes	no	Specify viral pathogen (check all that apply)	Adenovirus,BK Virus,Chikaugunya Virus,Cytomegalovirus (CMV),Coronavirus,Dengue Virus,Epstein-Barr Virus (EBV),Enterovirus D68 (EV-D68),Enterovirus (ECHO, Coxsackie),Enterovirus, NOS,Enterovirus (polio),Hepatitis A Virus,Hepatitis B Virus,Hepatitis C Virus,Hepatitis E,Human herpesvirus 6 (HHV-6),Human Immunodeficiency Virus 1 or 2,Human metapneumovirus,Human Papillomavirus (HPV),Herpes Simplex Virus (HSV),Human T-lymphotropic Virus 1 or 2,Influenza A Virus,Influenza B Virus,Influenza, NOS,JC Virus (Progressive Multifocal Leukoencephalopathy (PML)),Measles Virus (Rubeola),Mumps Virus,Norovirus,Human Parainfluenza Virus (all species),Rhinovirus (all species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)		Specify viral pathogen (check all that apply)	Adenovirus,BK Virus,Chikaugunya Virus,Cytomegalovirus (CMV),Coronavirus,Dengue Virus,Epstein-Barr Virus (EBV),Enterovirus D68 (EV-D68),Enterovirus (ECHO, Coxsackie),Enterovirus, NOS,Enterovirus (polio),Hepatitis A Virus,Hepatitis B Virus,Hepatitis C Virus,Hepatitis E,Human herpesvirus 6 (HHV-6),Human Immunodeficiency Virus 1 or 2,Human metapneumovirus,Human Papillomavirus (HPV),Herpes Simplex Virus (HSV),Human T-lymphotropic Virus 1 or 2,Influenza A Virus,Influenza B Virus,Influenza, NOS,JC Virus (Progressive Multifocal Leukoencephalopathy (PML)),Measles Virus (Rubeola),Mumps Virus,Norovirus,Human Parainfluenza Virus (all species),Rhinovirus (all species),Rotavirus (all species),Respiratory Syncytial Virus (RSV),Rubella Virus,Varicella Virus,West Nile Virus (WNV)	
Disease Classification	Histiocytic Disorders	yes	no	Has the recipient ever been infected with PCP / PJP?	No,Yes		Has the recipient ever been infected with PCP / PJP?	No,Yes	
Disease Classification	Autoimmune Diseases	yes	no	Specify autoimmune disease classification	Antiphospholipid syndrome,Behcet syndrome,Churg-Strauss,Classical polyarteritis nodosa,Crohn's disease,Diabetes mellitus type I,Evan syndrome,Giant cell arteritis,Hemolytic anemia,Idiopathic thrombocytopenic purpura (ITP),Juvenile idiopathic arthritis (JIA): oligoarticular,Juvenile idiopathic arthritis (JIA): other,Juvenile idiopathic arthritis (JIA): polyarticular,Juvenile idiopathic arthritis (JIA): systemic (Stills disease),Microscopic polyarteritis nodosa,Multiple sclerosis,Myasthenia gravis,Other autoimmune disorder,Overlap necrotizing arteritis,Other arthritis,Other autoimmune bowel disorder,Other autoimmune cytopenia,Other autoimmune neurological disorder,Other connective tissue disease,Other vasculitis,Psoriatic arthritis / psoriasis,Polymyositis / dermatomyositis,Rheumatoid arthritis,Sjogren syndrome,Systemic lupus erythematosis (SLE),Systemic sclerosis,Takayasu,Ulcerative colitis,Wegener granulomatosis		Specify autoimmune disease classification	Antiphospholipid syndrome,Behcet syndrome,Churg-Strauss,Classical polyarteritis nodosa,Crohn's disease,Diabetes mellitus type I,Evan syndrome,Giant cell arteritis,Hemolytic anemia,Idiopathic thrombocytopenic purpura (ITP),Juvenile idiopathic arthritis (JIA): oligoarticular,Juvenile idiopathic arthritis (JIA): other,Juvenile idiopathic arthritis (JIA): polyarticular,Juvenile idiopathic arthritis (JIA): systemic (Stills disease),Microscopic polyarteritis nodosa,Multiple sclerosis,Myasthenia gravis,Other autoimmune disorder,Overlap necrotizing arteritis,Other arthritis,Other autoimmune bowel disorder,Other autoimmune cytopenia,Other autoimmune neurological disorder,Other connective tissue disease,Other vasculitis,Psoriatic arthritis / psoriasis,Polymyositis / dermatomyositis,Rheumatoid arthritis,Sjogren syndrome,Systemic lupus erythematosis (SLE),Systemic sclerosis,Takayasu,Ulcerative colitis,Wegener granulomatosis	
Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune cytopenia:	open text		Specify other autoimmune cytopenia:	open text	
Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune bowel disorder:	open text		Specify other autoimmune bowel disorder:	open text	
Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune disease:	open text		Specify other autoimmune disease:	open text	
Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify solid organ transplanted (check all that apply)	Kidney,Liver,Other organ,Pancreas		Specify solid organ transplanted (check all that apply)	Kidney,Liver,Other organ,Pancreas	

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Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other organ:	open text		Specify other organ:	open text	
Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other disease:	open text		Specify other disease:	open text	
Pre-Transplant Essential Data			yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
Pre-Transplant Essential Data			yes	Last Name:	open text		Last Name:	open text	
Pre-Transplant Essential Data			yes	E-mail address:	open text		E-mail address:	open text	
Pre-Transplant Essential Data			yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	

Information Collection Domain: Transplant Procedure and Product Information

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Infectious Disease Markers			yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
Infectious Disease Markers			yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
Infectious Disease Markers			yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
Infectious Disease Markers			yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
Infectious Disease Markers				Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Infectious Disease Markers		no	no	HCT type (check all that apply)	Allogeneic, related,Allogeneic, unrelated		HCT type (check all that apply)	Allogeneic, related,Allogeneic, unrelated	
Infectious Disease Markers		no	no	Product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit		Product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit	
Infectious Disease Markers		no	no	Other product. Specify:	open text		Other product. Specify:	open text	
Infectious Disease Markers		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
Infectious Disease Markers		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Infectious Disease Markers		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Infectious Disease Markers		no	no	ISBT DIN:	open text		ISBT DIN:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers		no	no	Registry or UCB Bank ID	Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors, (USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry		Registry or UCB Bank ID	Bone Marrow Donor Registry,(LVCB) Leuven Cord Blood Bank,(MACB) Victoria Angel Registry of Hope,(MX) Mexican Bone Marrow Donor Registry,(N) The Norwegian Bone Marrow Donor Registry,(NL) Europdonor Foundation- Adult Donors,(NLCB) Europdonor Foundation - Cord Blood,(NYCB) National Cord Blood Program, New York Blood Center,(OTH) Other Registry,(P) Portuguese Bone Marrow Donors Registry,(PL) National Polish Bone Marrow Registry,(PL2) Unrelated Bone Marrow Donor Registry -Adult Donors, (PL3) Against Leukemia Foundation Marrow Donor Registry,(PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry,(PL5) Polish Central Bone Marrow Donor Registry - Adult Donors,(PMCB) Elie Katz Umbilical Cord Blood Program,(R) Russian Bone Marrow Donor Registry,(R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells,(S) Tobias Registry of Swedish Bone Marrow Donors,(SG) Singapore Bone Marrow Donor Programme (BMDP),(SK) Slovak National Bone Marrow Donor Registry,(SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry,(SLCBB) St Louis Cord Blood Bank,(SLO) Slovenia Donor,(SM) San Marino Bone Marrow Donor Registry,(T1CB) TRAN - Cord Blood, (TACB) StemCyte, Inc. Taiwan,(TECB) Healthbanks Biotech, Co., Ltd,(TH) Thai Stem Cell Donor Registry (TSCDR),(TOCB) Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors,(TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors,(USA2) America Bone Marrow Donor Registry,(UY) SINDOME, (VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry	
Infectious Disease Markers		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
Infectious Disease Markers		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
Infectious Disease Markers		no	no	Donor sex	female,male		Donor sex	female,male	
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)	
Infectious Disease Markers	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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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	
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	
Infectious Disease Markers	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	
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	
Infectious Disease Markers	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	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers	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	
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	
Infectious Disease Markers	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	
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	
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	
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	
Infectious Disease Markers	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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
Infectious Disease Markers	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	
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	
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	
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	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-EBV (Epstein-Barr virus antibody)	Inconclusive,Negative,Not done,Positive		Anti-EBV (Epstein-Barr virus antibody)	Inconclusive,Negative,Not done,Positive	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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	
Infectious Disease Markers	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	
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	
Infectious Disease Markers	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	
Infectious Disease Markers	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	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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)	open text		Global Registration Identifier for Donors (GRID)	open text	
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	
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	Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors, (USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry		Registry or UCB Bank ID	Bone Marrow Donor Registry,(LVCB) Leuven Cord Blood Bank,(MACB) Victoria Angel Registry of Hope,(MX) Mexican Bone Marrow Donor Registry,(N) The Norwegian Bone Marrow Donor Registry,(NL) Europdonor Foundation- Adult Donors,(NLCB) Europdonor Foundation - Cord Blood,(NYCB) National Cord Blood Program, New York Blood Center,(OTH) Other Registry,(P) Portuguese Bone Marrow Donors Registry,(PL) National Polish Bone Marrow Registry,(PL2) Unrelated Bone Marrow Donor Registry -Adult Donors, (PL3) Against Leukemia Foundation Marrow Donor Registry,(PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry,(PL5) Polish Central Bone Marrow Donor Registry - Adult Donors,(PMCB) Elie Katz Umbilical Cord Blood Program,(R) Russian Bone Marrow Donor Registry,(R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells,(S) Tobias Registry of Swedish Bone Marrow Donors,(SG) Singapore Bone Marrow Donor Programme (BMDP),(SK) Slovak National Bone Marrow Donor Registry,(SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry,(SLCBB) St Louis Cord Blood Bank,(SLO) Slovenia Donor,(SM) San Marino Bone Marrow Donor Registry,(T1CB) TRAN - Cord Blood, (TACB) StemCyte, Inc. Taiwan,(TECB) Healthbanks Biotech, Co., Ltd,(TH) Thai Stem Cell Donor Registry (TSCDR),(TOCB) Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors,(TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors,(USA2) America Bone Marrow Donor Registry,(UY) SINDOME, (VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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"	
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	
Confirmation of HLA Typing	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	
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	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus A	Known,Unknown		Locus A	Known,Unknown	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	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	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus B	Known,Unknown		Locus B	Known,Unknown	
Confirmation of HLA Typing	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	
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	
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	
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	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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	
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	
Confirmation of HLA Typing		no	no	Locus DRB3	Known,Unknown		Locus DRB3	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB3* allele designations:	open text		First DRB3* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB3* allele designations:	open text		Second DRB3* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB4	Known,Unknown		Locus DRB4	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB4* allele designations:	open text		First DRB4* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB4* allele designations:	open text		Second DRB4* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB5	Known,Unknown		Locus DRB5	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB5* allele designations:	open text		First DRB5* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB5* allele designations:	open text		Second DRB5* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DQB1	Known,Unknown		Locus DQB1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DQB1* allele designations:	open text		First DQB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DQB1* allele designations:	open text		Second DQB1* allele designations:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing		no	no	Locus DPB1	Known,Unknown		Locus DPB1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DPB1* allele designations:	open text		First DPB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DPB1* allele designations:	open text		Second DPB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DQA1	Known,Unknown		Locus DQA1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DQA1* allele designations:	open text		First DQA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DQA1* allele designations:	open text		Second DQA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DPA1	Known,Unknown		Locus DPA1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DPA1* allele designations:	open text		First DPA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DPA1* allele designations:	open text		Second DPA1* allele designations:	open text	
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	
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,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		Specificity – 1st antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A25(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	
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,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		Specificity – 2nd antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A25(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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,B44(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),B58(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		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,B44(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),B58(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	
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,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,B44(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),B58(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		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,B44(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),B58(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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX		Specificity – 1st antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
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),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX		Specificity – 2nd antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
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	
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	
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	
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,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX		Specificity – 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX		Specificity – 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
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	
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	
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	
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	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
Hematopoietic Cellular Transplant (HCT) Infusion		no	no	HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologous		HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologous	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Product type (check only one)	Bone marrow,Other product,PBSC,Single cord blood unit		Product type	Bone marrow,Other product,PBSC,Single cord blood unit	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify:	open text		Specify:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP Product	No,Yes		NMDP Product	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP donor ID:	open text		NMDP donor ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry donor ID:	open text		Registry donor ID:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	ISBT DIN:	open text		ISBT DIN:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry or UCB Bank ID	Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors, (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors, (USA2) America Bone Marrow Donor Registry,(UY) SINDOME,(VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry		Registry or UCB Bank ID	Bone Marrow Donor Registry,(LVCB) Leuven Cord Blood Bank,(MACB) Victoria Angel Registry of Hope,(MX) Mexican Bone Marrow Donor Registry,(N) The Norwegian Bone Marrow Donor Registry,(NL) Europdonor Foundation- Adult Donors,(NLCB) Europdonor Foundation - Cord Blood,(NYCB) National Cord Blood Program, New York Blood Center,(OTH) Other Registry,(P) Portuguese Bone Marrow Donors Registry,(PL) National Polish Bone Marrow Registry,(PL2) Unrelated Bone Marrow Donor Registry -Adult Donors, (PL3) Against Leukemia Foundation Marrow Donor Registry,(PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry,(PL5) Polish Central Bone Marrow Donor Registry - Adult Donors,(PMCB) Elie Katz Umbilical Cord Blood Program,(R) Russian Bone Marrow Donor Registry,(R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells,(S) Tobias Registry of Swedish Bone Marrow Donors,(SG) Singapore Bone Marrow Donor Programme (BMDP),(SK) Slovak National Bone Marrow Donor Registry,(SKCB) Eurocord Slovakia / Slovak Pacental Stem Cell Registry,(SLCBB) St Louis Cord Blood Bank,(SLO) Slovenia Donor,(SM) San Marino Bone Marrow Donor Registry,(T1CB) TRAN - Cord Blood, (TACB) StemCyte, Inc. Taiwan,(TECB) Healthbanks Biotech, Co., Ltd,(TH) Thai Stem Cell Donor Registry (TSCDR),(TOCB) Tokyo Cord Blood Bank,(TPCB) BIONET / BabyBanks,(TRAN) TRAN - Adult Donors,(TRIS) Bone Marrow Bank of Istanbul Medical Faculty,(TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors,(TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood,(U1CB) National Marrow Donor Program - Cord Blood,(USA1) National Marrow Donor Program - Adult Donors,(USA2) America Bone Marrow Donor Registry,(UY) SINDOME, (VIAC) Viacord,(W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood,(WACB) Unrelated Bone Marrow Donor Registry - Cord Blood,(ZA) South African Bone Marrow Registry	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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"	
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"	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	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)		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)	
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	
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	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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), Ethylenediaminetetraacetic 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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other agent:	open text		Specify other agent:	open text	
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	
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	
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		Time of receipt of product (24-hour clock):	Hour:Minute Check standard time or check daylight savings	
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	Change/Clarification of Response Options	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other shipping environment:	open text		Specify other shipping environment:	open text	

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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	
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	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase		Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date storage started:	YYYY/MM/DD		Date storage started:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total nucleated cells: (Includes nucleated red and nucleated white cells)	_ _ _ _ . _ _ _ _ *x 10* _ _ _ _ *(Includes nucleated red and nucleated white cells) (Cord blood units only)*		Total nucleated cells: (Includes nucleated red and nucleated white cells)	_ _ _ _ . _ _ _ _ *x 10* _ _ _ _ *(Includes nucleated red and nucleated white cells) (Cord blood units only)*	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	

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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 _ _ _ _	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the entire product thawed?	no,yes		Was the entire product thawed?	no,yes	
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)	20%,80%,Other percent		Specify the percent of the product that was thawed? (Cord Blood units only)	20%,80%,Other percent	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify other percent:	_ _%		Specify other percent:	_ _%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date thawing process initiated:	YYYY/MM/DD		Date thawing process initiated:	YYYY/MM/DD	
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"	
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"	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	

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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes		Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product processed prior to infusion?	No,Yes		Was the product processed prior to infusion?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed		Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed	
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	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody		Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other antibody:	open text		Specify other antibody:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method		Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other cell manipulation:	open text		Specify other cell manipulation:	open text	
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)	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Date of product analysis:	YYYY/MM/DD		Date of product analysis:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total volume of product plus additives:	_ _ _ _ _ . _ ml		Total volume of product plus additives:	_ _ _ _ _ . _ ml	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells (TNC)	Done,Not done		Total nucleated cells (TNC)	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells:	_ _ _ _ . _ _ _ *x 10* _ _ _ _		Total nucleated cells:	_ _ _ _ . _ _ _ *x 10* _ _ _ _	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC	Done,Not done,Unknown		Viability of TNC	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC:	_ _ _ %		Viability of TNC:	_ _ _ %	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing TNC viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing TNC viability	Flow cytometry based (7AAD, AOPI, AOEB),Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	

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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated white blood cells	Done,Not done		Nucleated white blood cells	Done,Not done	
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 _ _ _ _	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Mononuclear cells	Done,Not done		Mononuclear cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of mononuclear cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _		Total number of mononuclear cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated red blood cells	Done,Not done		Nucleated red blood cells	Done,Not done	
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 _ _ _ _	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD34+ cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _		Total number of CD34+ cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD34+ cells	Done,Not done,Unknown		Viability of CD34+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD34+ cells:	_ _ _%		Viability of CD34+ cells:	_ _ _%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD34+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD34+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+ cells	Done,Not done		CD3+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells	Done,Not done,Unknown		Viability of CD3+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+ cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _		Total number of CD3+ cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells:	_ _ _%		Viability of CD3+ cells:	_ _ _%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD4+ cells	Done,Not done		CD3+CD4+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD4+ cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _		Total number of CD3+CD4+ cells:	_ _ _ _ . _ _ _ _ x 10 _ _ _ _	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD4+ cells:	_ _ _%		Viability of CD3+CD4+ cells:	_ _ _%	

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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD8+ cells	Done,Not done		CD3+CD8+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD8+ cells:	_ _ _ _ *_ _ x 10 _ _		Total number of CD3+CD8+ cells:	_ _ _ _ *_ _ x 10 _ _	
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	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells:	_ _ _%		Viability of CD3+CD8+ cells:	_ _ _%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Was there growth?	no,yes		Was there growth?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM	Done,Not done	Merged to Check all that Apply	Indicate which Assessments were Carried out (Check all that apply)	Total CFU-GM, Total CFU-GEMM, Total BFU-E	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

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Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM:	_ _ _ _ _.__x10__ __		Total CFU-GM:	_ _ _ _ _.__x10__ __	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM	Done,Not done	Merged to Check all that Apply	~~Total CFU-GEMM~~	~~Done,Not done~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM:	_ _ _ _ _.__x10__ __		Total CFU-GEMM:	_ _ _ _ _.__x10__ __	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E	Done,Not done	Merged to Check all that Apply	~~Total BFU-E~~	~~Done,Not done~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E:	_ _ _ _ _.__x10__ __		Total BFU-E:	_ _ _ _ _.__x10__ __	
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)	No,Pending,Unknown,Yes		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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	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 cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 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), 180 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	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 cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 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), 180 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification

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Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	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 cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 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), 180 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	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 cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 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), 180 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify organism:	open text		Specify organism:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date of this product infusion:	YYYY/MM/DD		Date of this product infusion:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Was the entire volume of received product infused?	no,yes		Was the entire volume of received product infused?	no,yes	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other fate:	open text		Specify other fate:	open text	
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"	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date infusion stopped:	YYYY/MM/DD		Date infusion stopped:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Time product infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"		Time product infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify the route of product infusion (24-hour clock);	Intramedullary,Intravenous,Other route of infusion		Specify the route of product infusion (24-hour clock);	Intramedullary,Intravenous,Other route of infusion	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other route of infusion:	open text		Specify other route of infusion:	open text	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Brachycardia	no,yes		Brachycardia	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chest tightness / pain	no,yes		Chest tightness / pain	no,yes	

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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	
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	
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	
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	
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	
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	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Gross hemoglobinuria	no,yes		Gross hemoglobinuria	no,yes	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Headache	no,yes		Headache	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hives	no,yes		Hives	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypertension	no,yes		Hypertension	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypotension	no,yes		Hypotension	no,yes	
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	
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	

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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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Nausea	no,yes		Nausea	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, mild	no,yes		Rigors, mild	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, severe	no,yes		Rigors, severe	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Shortness of breath (SOB)	no,yes		Shortness of breath (SOB)	no,yes	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Tachycardia	no,yes		Tachycardia	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Vomiting	no,yes		Vomiting	no,yes	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other expected AE	no,yes		Other expected AE	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other expected AE:	open text		Specify other expected AE:	open text	
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	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other unexpected AE	no,yes		Other unexpected AE	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other unexpected AE:	open text		Specify other unexpected AE:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown, Yes		Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Number of pregnancies	Known,Unknown		Number of pregnancies	Known,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify number of pregnancies:	open text		Specify number of pregnancies:	open text	
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	
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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race detail (donor) (check all that apply)	American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamanian,Hawaiian,Japanese,Korean,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American		Race detail (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,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American	
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	
Hematopoietic Cellular Transplant (HCT) Infusion	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,Thalassemia		Specify potentially transferable genetic disease (check all that apply)	Other hemoglobinopathy,Other disease,Sickle cell anemia,Thalassemia	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other disease:	open text		Specify other disease:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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	
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	
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	
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	
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	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did this donor have a central line placed?	no,yes		Did this donor have a central line placed?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	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	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	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	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify:	open text		Specify:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	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	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Date of collection:	YYYY/MM/DD		Date of collection:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Number of units:	open text		Number of units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autologous transfusions,No		Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autologous transfusions,No	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify number of autologous units:	open text		Specify number of autologous units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify number of allogeneic units:	open text		Specify number of allogeneic units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	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	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify cause of death:	open text		Specify cause of death:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Last Name:	open text		Last Name:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	E-mail address:	open text		E-mail address:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	

Information Collection Domain: Post-Transplant Periodic Information Collection

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data		no	yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
Post-Transplant Essential Data		no	yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
Post-Transplant Essential Data		no	yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
Post-Transplant Essential Data		no	yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
Post-Transplant Essential Data		no	yes	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Post-Transplant Essential Data		no	yes	Visit	100 day,1 year,2 years,> 2 years,6 months		Visit	100 day,1 year,2 years,> 2 years,6 months	
Post-Transplant Essential Data		no	yes	Specify:	open text		Specify:	open text	
Post-Transplant Essential Data		no	yes	Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD		Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD	
Post-Transplant Essential Data		no	yes	Specify the recipient's survival status at the date of last contact	Alive,Dead	Change/Clarification of Response Options	Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	Capture additional relevent disease information
Post-Transplant Essential Data		no	yes	Did the recipient receive a subsequent HCT since the date of last report?	no,yes		Did the recipient receive a subsequent HCT since the date of last report?	no,yes	
Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Date of subsequent HCT:	YYYY/MM/DD		Date of subsequent HCT:	YYYY/MM/DD	
Post-Transplant Essential Data	Subsequent Transplant	yes	yes	What was the indication for subsequent HCT?	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease		What was the indication for subsequent HCT?	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease	
Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Specify other indication:	open text		Specify other indication:	open text	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous		Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous	
Post-Transplant Essential Data		no	yes	Has the recipient received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)	no,yes		Has the recipient received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)	no,yes	
Post-Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Was this infusion a donor lymphocyte infusion (DLI)?	no,yes	Capture additional relevent disease information
Post-Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Number of DLIs in this reporting period	__ __	Capture additional relevent disease information
Post-Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	Capture additional relevent disease information
Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Date of cellular therapy:	YYYY/MM/DD		Date of cellular therapy:	YYYY/MM/DD	
Post-Transplant Essential Data		no	yes	Was there evidence of initial hematopoietic recovery?	No(ANC ≥ 500/mm3 was not achieved) ,Not applicable(ANC never dropped below 500/mm3 at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report) ,Yes(ANC ≥ 500/mm3 achieved and sustained for 3 lab values)		Was there evidence of initial hematopoietic recovery?	No(ANC ≥ 500/mm3 was not achieved) ,Not applicable(ANC never dropped below 500/mm3 at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report) ,Yes(ANC ≥ 500/mm3 achieved and sustained for 3 lab values)	
Post-Transplant Essential Data		no	yes	Date ANC ≥ 500/mm^3 (first of 3 lab values):	YYYY/MM/DD		Date ANC ≥ 500/mm^3 (first of 3 lab values):	YYYY/MM/DD	
Post-Transplant Essential Data		no	yes	Did late graft failure occur?	No,Yes		Did late graft failure occur?	No,Yes	
Post-Transplant Essential Data		no	yes	Was an initial platelet count ≥ 20 x 10^9/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L) ,Previously reported(≥ 20 x 109/L was achieved and reported previously),Yes		Was an initial platelet count ≥ 20 x 10^9/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L) ,Previously reported(≥ 20 x 109/L was achieved and reported previously),Yes	
Post-Transplant Essential Data		no	yes	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD		Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	
Post-Transplant Essential Data		no	yes	Did acute GVHD develop since the date of last report?	No,Unknown,Yes		Did acute GVHD develop since the date of last report?	No,Unknown,Yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of acute GVHD diagnosis:	YYYY/MM/DD		Date of acute GVHD diagnosis:	YYYY/MM/DD	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Did acute GVHD persist since the date of last report?	No,Unknown,Yes		Did acute GVHD persist since the date of last report?	No,Unknown,Yes	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 – 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)		Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 – 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Skin	Stage 0 – No rash, no rash attributable to acute GVHD Stage 1 – Maculopapular rash, < 25% of body surface Stage 2 – Maculopapular rash, 25–50% of body surface Stage 3 – Generalized erythroderma, > 50% of body surface Stage 4 – Generalized erythroderma with bullae formation and/or desquamation		Skin	Stage 0 – No rash, no rash attributable to acute GVHD Stage 1 – Maculopapular rash, < 25% of body surface Stage 2 – Maculopapular rash, 25–50% of body surface Stage 3 – Generalized erythroderma, > 50% of body surface Stage 4 – Generalized erythroderma with bullae formation and/or desquamation	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 – No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 – Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 – No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 – Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting		Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 µmol/L) Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L) Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 µmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 µmol/L)		Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 µmol/L) Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L) Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 µmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 µmol/L)	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Maximum overall grade of acute GVHD	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 – 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)		Maximum overall grade of acute GVHD	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 – 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date maximum overall grade of acute GVHD:	YYYY/MM/DD	Change/Clarification of Information Requested	First date maximum overall grade of acute GVHD:	YYYY/MM/DD	Capture data accurately
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Skin	Stage 0 – No rash, no rash attributable to acute GVHD Stage 1 – Maculopapular rash, < 25% of body surface Stage 2 – Maculopapular rash, 25–50% of body surface Stage 3 – Generalized erythroderma, > 50% of body surface Stage 4 – Generalized erythroderma with bullae formation and/or desquamation		Skin	Stage 0 – No rash, no rash attributable to acute GVHD Stage 1 – Maculopapular rash, < 25% of body surface Stage 2 – Maculopapular rash, 25–50% of body surface Stage 3 – Generalized erythroderma, > 50% of body surface Stage 4 – Generalized erythroderma with bullae formation and/or desquamation	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 – No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 – Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 – No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 – Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting		Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 µmol/L) Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L) Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 µmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 µmol/L)		Liver	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L) Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 µmol/L) Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L) Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 µmol/L) Stage 4 – Bilirubin > 15.0 mg/dL (> 256 µmol/L)	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Did chronic GVHD develop since the date of last report?	No,Unknown,Yes		Did chronic GVHD develop since the date of last report?	No,Unknown,Yes	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of chronic GVHD diagnosis:	YYYY/MM/DD		Date of chronic GVHD diagnosis:	YYYY/MM/DD	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date estimated	checked	Deletion of Information: Merged to Check all that Apply	~~Date estimated~~	~~checked~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Did chronic GVHD persist since the date of last report?	No,Unknown,Yes		Did chronic GVHD persist since the date of last report?	No,Unknown,Yes	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Maximum grade of chronic GVHD (according to best clinical judgment)	Mild,Moderate,Severe,Unknown		Maximum grade of chronic GVHD (according to best clinical judgment)	Mild,Moderate,Severe,Unknown	

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Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of maximum grade of chronic GVHD:	YYYY/MM/DD		Date of maximum grade of chronic GVHD:	YYYY/MM/DD	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify if chronic GVHD was limited or extensive	Extensive – One or more of the following: – Generalized skin involvement; or, – Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or, – Involvement of eye: Schirmer's test with < 5 mm wetting; or – Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or – Involvement of any other target organ, Limited - Localized skin involvement and/or liver dysfunction		Specify if chronic GVHD was limited or extensive	Extensive – One or more of the following: – Generalized skin involvement; or, – Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or, – Involvement of eye: Schirmer's test with < 5 mm wetting; or – Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or – Involvement of any other target organ, Limited - Localized skin involvement and/or liver dysfunction	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 mg/day for adults, <0.1 mg/kg/day for children)	No,Not Applicable,Unknown,Yes		Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 mg/day for adults, <0.1 mg/kg/day for children)	No,Not Applicable,Unknown,Yes	
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?	No,Not Applicable,Unknown,Yes		Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?	No,Not Applicable,Unknown,Yes	
Post-Transplant Essential Data		no	yes	Was specific therapy used to prevent liver toxicity?	No,Yes		Was specific therapy used to prevent liver toxicity?	No,Yes	
Post-Transplant Essential Data		no	yes	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol	Change/Clarification of Response Options	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol, Enoxaparin (Lovenox), Heparin	Be consistent with current clinical landscape, improve transplant outcome data
Post-Transplant Essential Data		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
Post-Transplant Essential Data		no	yes	Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?	No,Yes		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?	No,Yes	
Post-Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
Post-Transplant Essential Data		no	yes	Did the recipient develop COVID-19 (SARS-CoV-2) since the date of last report?	No,Yes		Did the recipient develop COVID-19 (SARS-CoV-2) since the date of last report?	No,Yes	
Post-Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	

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Post-Transplant Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes		Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	
Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca,Johnson & Johnson,Moderna,Novavax,Other (specify),Pfizer-BioNTech		Specify vaccine brand	AstraZeneca,Johnson & Johnson,Moderna,Novavax,Other (specify),Pfizer-BioNTech	
Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify other type:	open text		Specify other type:	open text	
Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose	
Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	
Post-Transplant Essential Data		no	yes	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes	Change/Clarification of Response Options	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previously reported	Capture additional relevent disease information
Post-Transplant Essential Data	Allogenic Recipients of Cord Blood units, Beta Thalassemia, and/or Sickle Cell Disease	yes	yes	Were chimerism studies performed since the date of last report?	no,yes		Were chimerism studies performed since the date of last report?	no,yes	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)	No,Yes	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Were chimerism studies assessed for more than one donor / multiple donors?	No,Yes		Were chimerism studies assessed for more than one donor / multiple donors?	No,Yes	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Registry donor ID:	open text		Registry donor ID:	open text	

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Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Date of birth:	YYYY/MM/DD	Change/Clarification of Information Requested	Donor Date of birth:	YYYY/MM/DD	Capture data accurately
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Age:	MM __ __ (if less than 1 year); YY __ __ __		Age:	MM __ __ (if less than 1 year); YY __ __ __	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Sex	female,male	Change/Clarification of Information Requested	Donor Sex	female,male	Capture data accurately
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Method	Fluorescent in situ hybridization (FISH) for XX/XY,Karyotyping for XX/XY,Other,Restriction fragment-length polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Change/Clarification of Response Options	Method	PCR(includes quantitative, real time, and fluorescent multiplex), Fluorescent in situ hybridization (FISH) for XX/XY,Karyotyping for XX/XY,Other,Restriction fragment-length polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Examples added or typographical errors corrected for clarification
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Specify:	open text		Specify:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Cell source	Bone marrow,Peripheral blood		Cell source	Bone marrow,Peripheral blood	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Cell type	B-cells,Granulocytes,Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole		Cell type	B-cells,Granulocytes,Hematopoietic progenitor cells,NK cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Specify:	open text		Specify:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Total cells examined:	open text		Total cells examined:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Number of donor cells:	open text		Number of donor cells:	open text	
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Were donor cells detected?	No,Yes	Deletion of Information Requested	~~Were donor cells detected?~~	~~No,Yes~~	Reduce redundancy in data capture
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Percent donor cells:	__ __ __ %		Percent donor cells:	__ __ __ %	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Assessment at the Time of Best Response to HCT		no	yes	Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report?	Continued complete remission (CCR),Complete remission (CR),Not in complete remission,Not evaluated		Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report?	Continued complete remission (CCR),Complete remission (CR),Not in complete remission,Not evaluated	
Disease Assessment at the Time of Best Response to HCT		no	yes	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR		Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the date of best response previously reported?	no,yes		Was the date of best response previously reported?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by molecular testing?	No,Not Applicable,Yes		Was the disease status assessed by molecular testing?	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via flow cytometry?	No,Not Applicable,Yes		Was the disease status assessed via flow cytometry?	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	

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Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes		Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via FISH?	No,Not Applicable,Yes		Was the disease status assessed via FISH?	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed via karyotyping?	No,Not Applicable,Yes		Was the disease status assessed via karyotyping?	No,Not Applicable,Yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes		Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by clinical / hematologic assessment?	no,yes		Was the disease status assessed by clinical / hematologic assessment?	no,yes	
Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Post-HCT Therapy		no	yes	Was therapy given since the date of the last report for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes		Was therapy given since the date of the last report for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes	
Post-HCT Therapy		no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy	
Post-HCT Therapy		no	yes	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,Chemotherapy,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,~~Chemotherapy~~,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib,Thalidomide, Brentuximab vendotin, Daratumumab (Darzalex)	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
Post-HCT Therapy		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
Post-HCT Therapy		no	yes			Addition of Information Requested	Did a fecal microbiota transplant (FMT) occur since the date of last report?	No, Yes	Be consistent with current clinical landscape, improve transplant outcome data

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Post-HCT Therapy		no	yes			Addition of Information Requested	Date of FMT	DD/MM/YY	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify the indication for the FMT	Graft versus host disease (GVHD), Clostridium difficile, Other	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify other indication:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Relapse or Progression Post-HCT		no	yes	Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes		Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes	
Relapse or Progression Post-HCT		no	yes	Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)		Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)	
Relapse or Progression Post-HCT		no	yes	Date first seen:	YYYY/MM/DD		Date first seen:	YYYY/MM/DD	
Relapse or Progression Post-HCT		no	yes	Was intervention given for relapsed, persistent or progressive disease since the date of last report?	No,Yes		Was intervention given for relapsed, persistent or progressive disease since the date of last report?	No,Yes	
Relapse or Progression Post-HCT		no	yes	Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease		Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease	
Relapse or Progression Post-HCT		no	yes	Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological		Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological	
Relapse or Progression Post-HCT		no	yes	Date intervention started:	YYYY/MM/DD		Date intervention started:	YYYY/MM/DD	
Relapse or Progression Post-HCT		no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy	
Relapse or Progression Post-HCT		no	yes	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,Chemotherapy,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,Chemotherapy,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib,Thalidomide, Daratumumb (Darzalex), Venetoclax	Be consistent with current clinical landscape, improve transplant outcome data
Relapse or Progression Post-HCT		no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
Relapse or Progression Post-HCT		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
Current Disease Status		no	yes	What is the current disease status?	Complete remission (CR),Not in complete remission,Not evaluated		What is the current disease status?	Complete remission (CR),Not in complete remission,Not evaluated	
Current Disease Status		no	yes	Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR		Specify disease status if not in complete remission	Disease detected,No disease detected but incomplete evaluation to establish CR	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Current Disease Status		no	yes	Date of most recent disease assessment	Known,Unknown	Deletion of Information Requested	~~Date of most recent disease assessment~~	~~Known,Unknown~~	Reduce redundancy in data capture
Current Disease Status		no	yes	Date of most recent disease assessment:	YYYY/MM/DD	Change/Clarification of Information Requested	~~Date of most recent disease assessment~~ Date of -assesment of current disease status	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date of death:	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date estimated	checked	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was cause of death confirmed by autopsy?	Autopsy pending,No,Unknown,Yes	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was documentation submitted to the CIBMTR?	No,Yes	Reduce redundancy in data capture
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-CoV-2),Cytokine release syndrome,Diffuse alveolar damage (without hemorrhage), Disseminated intravascular coagulation (DIC),Fungal infection, Gastrointestinal (GI) failure (not liver),Graft rejection or failure, Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS), Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause, Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection, Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thromboembolic, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Change/Clarification of Response Options	Primary cause of death	Accidental death,Acute GVHD,Adult respiratory distress syndrome (ARDS) (other than IPS),Bacterial infection,Cardiac failure,Chronic GVHD,Central nervous system (CNS) failure,COVID-19 (SARS-CoV-2),Cytokine release syndrome,Diffuse alveolar damage (without hemorrhage),Diffuse alveolar hemorrhage (DAH),Disseminated intravascular coagulation (DIC),Fungal infection,Gastrointestinal hemorrhage,Gastrointestinal (GI) failure (not liver),Graft rejection or failure,Hemorrhagic cystitis,Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS),Intracranial hemorrhage,Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause,Other hemorrhage neurotoxicity (ICANS), Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection,Pulmonary hemorrhage,Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thromboembolic, Tumor lysis syndrome, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Be consistent with current clinical landscape, improve transplant outcome data
Recipient Death Data	Recipient Death	yes	no	Specify:	open text		Specify:	open text	

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

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify type of PTLD	Monomorphic,Polymorphic,Unknown	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify gastrointestinal malignancy	Anus,Colon,Esophagus,Liver ,Pancreas,Rectum,Small intestine (DUODENUM, JEJUNUM, ILEUM),Stomach, Other gastrointestinall cancer	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify genitourinary malignancy	Bladder,Cervix,Kidney,Ovary,Prostate,Testicle,Uterus, Other genitourary malignancy	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify CNS malignancy	Glioma,Meningioma,Other CNS malignancy	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Specify other new malignancy:	open text		Specify other new malignancy:	open text	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was the new malignancy donor / cell product derived?	No,Not Done,Yes		Was the new malignancy donor / cell product derived?	No,Not Done,Yes	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was documentation submitted to the CIBMTR?	no,yes		Was documentation submitted to the CIBMTR?	no,yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was PTLD confirmed by biopsy?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was the pathology of the tumor EBV positive?	no,yes		Was the pathology of the tumor EBV positive?	no,yes	
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was there EBV reactivation in the blood?	No,Not Done,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	How was EBV reactivation diagnosed?	Other method,Qualitative PCR of blood,Quantitative PCR of blood	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify other method:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Quantitative EBV viral load of blood: At diagnosis	_____ copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Highest EBV viral load of blood:	_____copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was there lymphomatous involvement?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify sites of PTLD involvement (check all that apply)	Bone marrow,Central nervous system (brain or cerebrospinal fluid),Liver,Lung,Lymph node(s),Other,Spleen	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify other site:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms		no	yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
Subsequent Neoplasms		no	yes	Last Name:	open text		Last Name:	open text	
Subsequent Neoplasms		no	yes	E-mail address:	open text		E-mail address:	open text	
Subsequent Neoplasms		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	

Information Collection Domains

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 defintions 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.
Information Collection Domain Additional Sub Domain	Additional Sub Domain set recipeint, donor, infusion type or product criteria that must be met for an information collection element to be required
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 multple timepoints, chimerism analyses on multple 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
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:

Column Header Title	Column Header Title Definitions
	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

Change Summary of all Information Collection Data Element and Response Changes

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET	Change/Clarification of Response Options	Study Sponsor	BMT CTN,COG,Other,PIDTC,RCI BMT,USIDNET, PedAL	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Non-NMDP unrelated donor ID:	open text	Change/Clarification of Information Requested	~~Non-NMDP unrelated donor ID:~~Registry donor ID:	open text	Capture data accurately
Pre-Transplant Essential Data	Autologous Transplant	yes	yes	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (filgrastim, Neupogen), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Change/Clarification of Response Options	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (TBO-filgrastim, filgrastim, Granix, Neupogen) ,GM-CSF (sargramostim, Leukine), Pegylated G-CSF (pegfilgrastim, Neulasta), Plerixafor (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data				Was mechanical ventilation used for COVID-19 (SARS-CoV-2) infection?	No,Yes	Change/Clarification of Information Requested	Was mechanical ventilation ~~used~~ given for COVID-19 (SARS-CoV-2) infection?	No,Yes	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Specify prior malignancy (check all that apply)	Breast cancer Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy	Change/Clarification of Response Options	Specify prior malignancy (check all that apply)	Breast cancer Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) ~~Leukemia~~ Acute myeloid leukemia Chronic myeloid leukemia Acute lymphoblastic leukemia Chronic lymphoblastic leukemia Lung cancer Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) MDS / MPN Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor	Be consistent with current clinical landscape, improve transplant outcome data
Pre-Transplant Essential Data	Comorbid Conditions	Yes	no	Specify other skin malignancy: (prior)	open text	Deletion of Information Requested	~~Specify other skin malignancy: (prior)~~	~~open text~~	Reduce redundancy in data capture
Pre-Transplant Essential Data		no	no	Height at initiation of pre-HCT preparative regimen:	___ ___ ___ inches ___ ___ ___ cms	Change/Clarification of Response Options	Height at initiation of pre-HCT preparative regimen:	___ ___ ___ inches ___ ___ ___ cms	Capture data accurately

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Pre-HCT Preparative Regimen		no	no	Drug (drop down list)	Bendamustine,Busulfan,Carboplatin,Carmustine,Clofarabine,Cyclophosphamide,Cytarabine,Etoposide,Fludarabine,Gemcitabine,Ibritumomab tiuxetan,Ifosfamide,Lomustine,Melphalan,Methylprednisolone,Other,Pentostatin,Propylene glycol-free melphalan,Rituximab,Thiotepa,Tositumomab,Treosulfan	Change/Clarification of Response Options	Drug (drop down list)	Bendamustine,Busulfan,Carboplatin,Carmustine,Clofarabine,Cyclophosphamide,Cytarabine,Etoposide,Fludarabine,Gemcitabine,Ibritumomab tiuxetan,Ifosfamide,Lomustine,Melphalan,Methylprednisolone,Other,Pentostatin,Propylene glycol-free melphalan,Rituximab,Thiotepa,Tositumomab,Treosulfan, Azathioprine, Bortezomib, Cisplatin, Hydroxyurea, and Vincristine.	Be consistent with current clinical landscape, improve transplant outcome data
Additional Drugs Given In the Peri-Transplant Period		no	no	ALG, ALS, ATG, ATS	no,yes	Change/Clarification of Information Requested and Response Option	ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol	~~no,yes~~ (check all that apply)	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	Alemtuzumab (Campath)	no,yes	Deletion of Information: Merged to Check all that Apply	~~Alemtuzumab (Campath)~~	~~no,yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	Defibrotide	No,Yes	Deletion of Information: Merged to Check all that Apply	~~Defibrotide~~	~~No,Yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Additional Drugs Given In the Peri-Transplant Period		no	no	KGF	No,Yes	Deletion of Information: Merged to Check all that Apply	~~KGF~~	~~No,Yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Additional Drugs Given In the Peri-Transplant Period		no	no	Ursodiol	No,Yes	Deletion of Information: Merged to Check all that Apply	~~Ursodiol~~	~~No,Yes~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Covid-19 Impact		no	no			Addition of Information Requested	Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-2) pandemic?	no,yes	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Is the HCT date different than the originally intended HCT date?	no,yes	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Original Date of HCT	YYYY/MM/DD	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Date estimated	checked	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Is the donor different than the originally intended donor?	no,yes	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Specify the originally intended donor	unrelated donor, syngeneic (monozygotic twin) , HLA-idential sibling (may include non-monozygotic twin) , HLA-matched other relative (does NOT include a haplo-identical donor), HLA-mismatched relative	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Is the product type (bone marrow, PBSC, cord blood unit) different than the originally intended product type?	no,yes	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Specify the originally intended product type	bone marrow,Other product,PBSC, cord blood unit	Covid-19 Impact

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Covid-19 Impact		no	no			Addition of Information Requested	Specify other product type	open text	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Was the current product thawed from a cryopreserved state prior to infusion?	no,yes	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Did the preparative regimen change from the original plan?	no, yes	Covid-19 Impact
Covid-19 Impact		no	no			Addition of Information Requested	Did the GVHD prophylaxis change from the original plan?	no,yes	Covid-19 Impact

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification		no	no	What was the primary disease for which the HCT / cellular therapy was performed?	indicate AML as the primary disease.),Myeloproliferative neoplasms (MPN)(If recipient has transformed to AML, indicate AML as the primary disease.),Non-Hodgkin lymphoma,Acute leukemia of ambiguous lineage and other myeloid neoplasms,Other disease,Other leukemia (includes CLL),Multiple myeloma / plasma cell disorder (PCD),Paroxysmal nocturnal hemoglobinuria (PNH),Recessive dystrophic epidermolysis bullosa,Aplastic Anemia(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) ,Solid tumors,Tolerance induction associated with solid organ transplant	Change/Clarification of Response Options	What was the primary disease for which the HCT / cellular therapy was performed?	developed MDS or AML, indicate MDS or AML as the primary disease.)– ,Disorders of the immune system,Inherited disorders of metabolism,Inherited abnormalities of platelets,Myelodysplastic syndrome (MDS) (If recipient has transformed to AML, indicate AML as the primary disease.),Myeloproliferative neoplasms (MPN)(If recipient has transformed to AML, indicate AML as the primary disease.),Non-Hodgkin lymphoma,Acute leukemia of ambiguous lineage and other myeloid neoplasms,Other disease,Other leukemia (includes CLL),Multiple myeloma / plasma cell disorder (PCD),Paroxysmal nocturnal hemoglobinuria (PNH),Recessive dystrophic epidermolysis bullosa,Aplastic Anemia(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) ,Solid tumors,Tolerance induction associated with solid organ transplant	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown	Change/Clarification of Response Options	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	Capture data accurately
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Deletion of Information Requested	~~Was the recipient in remission by flow cytometry?~~	~~Not applicable,No,Unknown,Yes~~	Reduce redundancy in data capture
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were cytogenetics tested (karyotyping or FISH)? (between diagnosis or at relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no,Unknown,yes	Change/Clarification of Information Requested	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	no,Unknown,yes	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was the recipient in remission by flow cytometry?	Not applicable,No,Unknown,Yes	Deletion of Information Requested	~~Was the recipient in remission by flow cytometry?~~	~~Not applicable,No,Unknown,Yes~~	Reduce redundancy in data capture
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by FISH?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by karyotyping assay?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the original leukemia immunophenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	What is the lower limit of detection (for the aberrant phenotype)	open text	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by flow cytometry?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by PCR?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no			Addition of Information Requested	Was measurable residual disease detected by NGS?	no,yes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify the cell line examined to determine HI status	HI-E,HI-N,HI-P	Change/Clarification of Information Requested	Specify the cell lines examined to determine HI status	HI-E,HI-N,HI-P	Examples added or typographical errors corrected for clarification
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Specify the lymphoma histology	Primary cutaneous γδ T-cell lymphoma (1851) Sezary syndrome (142) Subcutaneous panniculitis-like T-cell lymphoma (146) Systemic EBV+ T-cell lymphoma of childhood (1855) T-cell large granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139) **Posttransplant lymphoproliferative disorders (PTLD)** Classical Hodgkin lymphoma PTLD (1876) Florid follicular hyperplasia PTLD (1873) Infectious mononucleosis PTLD (1872) Monomorphic PTLD (B- and T-/NK-cell types) (1875) Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)	Change/Clarification of Response Options	Specify the lymphoma histology	Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852) Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147) Primary cutaneous γδ T-cell lymphoma (1851) Sezary syndrome (142) Subcutaneous panniculitis-like T-cell lymphoma (146) Systemic EBV+ T-cell lymphoma of childhood (1855) T-cell large granular lymphocytic leukemia (126) Other T-cell / NK-cell lymphoma (139) **Posttransplant lymphoproliferative disorders (PTLD)** Classical Hodgkin lymphoma PTLD (1876) Florid follicular hyperplasia PTLD (1873) Infectious mononucleosis PTLD (1872) Monomorphic PTLD (B- and T-/NK-cell types) (1875) Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes	Change/Clarification of Response Options	Is the lymphoma histology reported at transplant a transformation from CLL?	no,yes (Also complete Chronic Lymphocytic Leukemia (CLL))	Capture additional relevent disease information
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by flow cytometry	Known,Unknown	Capture data accurately
Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	Known,Unknown	Change/Clarification of Information Requested	Plasma cells in peripheral blood by morphologic assessment	Known,Unknown	Capture data accurately
Disease Classification	Inherited Bone Marrow Failure Syndromes	yes	no	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond	Change/Clarification of Response Options	Specify the inherited bone marrow failure syndrome classification	Dyskeratosis congenita,Fanconi anemia,Severe congenital neutropenia,Diamond-Blackfan anemia,Shwachman-Diamond, Other inherited bone failure syndromes	Be consistent with current clinical landscape, improve transplant outcome data
Disease Classification	Inherited Bone Marrow Failure Syndromes	yes	no	Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?	No,Yes	Deletion of Information Requested	~~Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?~~	~~No,Yes~~	Reduce redundancy in data capture
Disease Classification	Hemoglobinopathies	yes	no	Did the recipient receive gene therapy to treat the hemoglobinopathy?	No,Yes	Deletion of Information Requested	~~Did the recipient receive gene therapy to treat the hemoglobinopathy?~~	~~No,Yes~~	Reduce redundancy in data capture

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Disease Classification	Inherited Disorders of Metabolism	yes	no	Specify inherited disorders of metabolism classification	(522),Mannosidosis (563),Maroteaux-Lamy (VI) (536),Metachromatic leukodystrophy (MLD) (542),Mucolipidoses, not otherwise specified (540),Morquio (IV) (535),Mucopolysaccharidosis (V) (538),Mucopolysaccharidosis, not otherwise specified (530),Niemann-Pick disease (545),Neuronal ceroid lipofuscinosis (Batten disease) (523),Other inherited metabolic disorder (529),Osteopetrosis (malignant infantile osteopetrosis) (521),Polysaccharide hydrolase abnormality, not otherwise specified (560),Sanfilippo (III) (534),Scheie syndrome (IS) (532),Inherited metabolic disorder, not otherwise specified (520),Wolman disease (547)	Change/Clarification of Response Options	Specify inherited disorders of metabolism classification	disease (548),Hunter syndrome (II) (533),Hurler syndrome (IH) (531),I-cell disease (546),Krabbe disease (globoid leukodystrophy) (544),Lesch-Nyhan (HGPRT deficiency) (522),Mannosidosis (563),Maroteaux-Lamy (VI) (536),Metachromatic leukodystrophy (MLD) (542),Mucolipidoses, not otherwise specified (540),Morquio (IV) (535),Mucopolysaccharidosis (V) (538),Mucopolysaccharidosis, not otherwise specified (530),Niemann-Pick disease (545),Neuronal ceroid lipofuscinosis (Batten disease) (523),Other inherited metabolic disorder (529),Osteopetrosis (malignant infantile osteopetrosis) (521),Polysaccharide hydrolase abnormality, not otherwise specified (560),Sanfilippo (III) (534),Scheie syndrome (IS) (532),Inherited metabolic disorder, not otherwise specified (520),Wolman disease (547)	Be consistent with current clinical landscape, improve transplant outcome data
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	Change/Clarification of Response Options	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing TNC viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing TNC viability	Flow cytometry based (7AAD, AOPI, AOEB),Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD34+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD34+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM	Done,Not done	Merged to Check all that Apply	Indicate which Assessments were Carried out (Check all that apply)	Total CFU-GM, Total CFU-GEMM, Total BFU-E	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

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Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM	Done,Not done	Merged to Check all that Apply	~~Total CFU-GEMM~~	~~Done,Not done~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E	Done,Not done	Merged to Check all that Apply	~~Total BFU-E~~	~~Done,Not done~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	(Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	(Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	(Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Change/Clarification of Response Options	Specify Organism Code(s):	(Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal Infections: 210 Aspergillus, NOS, 211 Aspergillus flavus, 212 Aspergillus fumigatus, 213 Aspergillus niger, 215 Aspergillus terreus, 214 Aspergillus ustus, 270 Blastomyces (dermatitidis), 201 Candida albicans, 208 Candida non-albicans, 271 Coccidioides (all species), 222 Cryptococcus gattii, 221 Cryptococcus neoformans, 230 Fusarium (all species), 261 Histoplasma (capsulatum), 241 Mucorales (all species), 260 Pneumocystis (PCP / PJP), 242 Rhizopus (all species), 272 Scedosporium (all species), 240 Zygomycetes, NOS, 503 Suspected fungal infection, 777 Other organism	Examples added or typographical errors corrected for clarification
Post-Transplant Essential Data		no	yes	Specify the recipient's survival status at the date of last contact	Alive,Dead	Change/Clarification of Response Options	Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	Capture additional relevent disease information
Post-Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Was this infusion a donor lymphocyte infusion (DLI)?	no,yes	Capture additional relevent disease information

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Number of DLIs in this reporting period	__ __	Capture additional relevent disease information
Post-Transplant Essential Data	Subsequent Transplant	yes	yes			Addition of Information Requested	Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	Capture additional relevent disease information
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date maximum overall grade of acute GVHD:	YYYY/MM/DD	Change/Clarification of Information Requested	First date maximum overall grade of acute GVHD:	YYYY/MM/DD	Capture data accurately
Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date estimated	checked	Deletion of Information: Merged to Check all that Apply	~~Date estimated~~	~~checked~~	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Post-Transplant Essential Data		no	yes	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol	Change/Clarification of Response Options	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol, Enoxaparin (Lovenox), Heparin	Be consistent with current clinical landscape, improve transplant outcome data
Post-Transplant Essential Data		no	yes	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes	Change/Clarification of Response Options	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previosly reported	Capture additional relevent disease information

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Date of birth:	YYYY/MM/DD	Change/Clarification of Information Requested	Donor Date of birth:	YYYY/MM/DD	Capture data accurately
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Sex	female,male	Change/Clarification of Information Requested	Donor Sex	female,male	Capture data accurately
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Method	Fluorescent in situ hybridization (FISH) for XX/XY,Karyotyping for XX/XY,Other,Restriction fragment-length polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Change/Clarification of Response Options	Method	PCR(includes quantitative, real time, and fluorescent multiplex), Fluorescent in situ hybridization (FISH) for XX/XY,Karyotyping for XX/XY,Other,Restriction fragment-length polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Examples added or typographical errors corrected for clarification
Post-Transplant Essential Data	Chimerism Study Performed	yes	yes	Were donor cells detected?	No,Yes	Deletion of Information Requested	~~Were donor cells detected?~~	~~No,Yes~~	Reduce redundancy in data capture

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Post-HCT Therapy		no	yes	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,Chemotherapy,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,~~Chemotherapy~~,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib, Thalidomide, Brentuximab vendotin, Daratumumab (Darzalex)	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Did a fecal microbiota transplant (FMT) occur since the date of last report?	No, Yes	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Date of FMT	DD/MM/YY	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify the indication for the FMT	Graft versus host disease (GVHD), Clostridium difficile, Other	Be consistent with current clinical landscape, improve transplant outcome data
Post-HCT Therapy		no	yes			Addition of Information Requested	Specify other indication:	open text	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Relapse or Progression Post-HCT		no	yes	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,Chemotherapy,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib,Thalidomide	Change/Clarification of Response Options	Specify systemic therapy (check all that apply)	Alemtuzumab,Azacytidine,Blinatumomab,Bortezomib,Bosutinib,Carfilzomib,Chemotherapy,Dasatinib,Decitabine,Gemtuzumab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaurtinib,Midostaurin,Nilotinib,Nivolumab,Other systemic therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituximab,Sorafenib,Sunitinib, Thalidomide, Daratumumb (Darzalex), Venetoclax	Be consistent with current clinical landscape, improve transplant outcome data
Current Disease Status		no	yes	Date of most recent disease assessment	Known,Unknown	Deletion of Information Requested	~~Date of most recent disease assessment~~	~~Known,Unknown~~	Reduce redundancy in data capture
Current Disease Status		no	yes	Date of most recent disease assessment:	YYYY/MM/DD	Change/Clarification of Information Requested	~~Date of most recent disease assessment~~ Date of -assesment of current disease status	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date of death:	YYYY/MM/DD	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Date estimated	checked	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was cause of death confirmed by autopsy?	Autopsy pending,No,Unknown,Yes	Reduce redundancy in data capture

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Recipient Death Data	Recipient Death	yes	no			Addition of Information Requested	Was documentation submitted to the CIBMTR?	No,Yes	Reduce redundancy in data capture
Recipient Death Data	Recipient Death	yes	no	Primary cause of death	(TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS), Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause, Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection, Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thromboembolic, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Change/Clarification of Response Options	Primary cause of death	microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS),Intracranial hemorrhage,Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause,Other hemorrhage neurotoxicity (ICANS), Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection,Pulmonary hemorrhage,Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thromboembolic, Tumor lysis syndrome, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Recipient Death Data	Recipient Death	yes	no	Contributing cause of death	(TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS), Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause, Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection, Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thrombo embolic, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Change/Clarification of Response Options	Contributing cause of death	microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)),Idiopathic pneumonia syndrome (IPS),Intracranial hemorrhage,Liver failure (not VOD),Multiple organ failure,New malignancy,Infection, organism not identified,Other cause,Other hemorrhage neurotoxicity (ICANS), Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other vascular,Prior malignancy,Protozoal infection,Pulmonary hemorrhage,Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Suicide,Thromboembolic, Tumor lysis syndrome, Pneumonitis due to Cytomegalovirus (CMV),Viral infection,Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Specify the new malignancy	neoplasm (MPN), Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation **Solid Tumors:** Oropharyngeal cancer (e.g. tongue, mouth, throat), Gastrointestinal malignancy (e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas), Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin malignancy, Breast cancer, Genitourinary malignancy (e.g. kidney, bladder, ~~cervix, uterus,~~	Change/Clarification of Response Options	Specify the new malignancy	~~(ALL), Other leukemia,~~ Myelodysplastic syndrome (MDS), Myeloproliferative neoplasm (MPN), Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma, Multiple myeloma / plasma cell neoplasms, Clonal cytogenetic abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells without malignant transformation. **Solid Tumors:** Bone sarcoma (regardless of site), Soft tissue sarcoma (regardless of site), Oropharyngeal cancer (e.g. tongue, mouth, throat), Gastrointestinal malignancy (e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas), Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin malignancy, Breast cancer, Genitourinary malignancy (e.g. kidney, bladder, cervix, uterus, ovary, prostate, testis),	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify type of PTLD	Monomorphic,Polymorphic, Unknown	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify gastrointestinal malignancy	Anus,Colon,Esophagus,Liver ,Pancreas,Rectum,Small intestine (DUODENUM, JEJUNUM, ILEUM),Stomach, Other gastrointestinall cancer	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify genitourinary malignancy	Bladder,Cervix,Kidney,Ovary,Prostate,Testicle,Uterus, Other genitourary malignancy	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify CNS malignancy	Glioma,Meningioma,Other CNS malignancy	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was PTLD confirmed by biopsy?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was there EBV reactivation in the blood?	No,Not Done,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	How was EBV reactivation diagnosed?	Other method,Qualitative PCR of blood,Quantitative PCR of blood	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify other method:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Quantitative EBV viral load of blood: At diagnosis	_____ copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Highest EBV viral load of blood:	_____copies/ml	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Was there lymphomatous involvement?	No,Yes	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify sites of PTLD involvement (check all that apply)	Bone marrow,Central nervous system (brain or cerebrospinal fluid),Liver,Lung,Lymph node(s),Other,Spleen	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes			Addition of Information Requested	Specify other site:	open text	Be consistent with current clinical landscape, improve transplant outcome data

Below are pull down options for Column U: 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

Below are pull down options for Column O: 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