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CENTER	ECO INC.	MARTICA.	M BLO

## Information Collection Domain: Post-Transplant Periodic Information Collection

GENTER FOR INTERNATIONAL AMERICAN TEAMIFICANT E	ESEASCH			Domain: 1 OSC 11 anspianci en					
		Response							
Information	Information		Information						
Information		required if	Information						
			Collection may						
Domain Sub-	Additional Sub	Domain	be requested	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
Туре	Domain	applies	multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	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	
Essericiai Bata		110	yes	olbititi center italiben	riate i med i leid		old with deliter Hemiden	Tate time a rela	
Post-									
Transplant									
Essential Data		no	ves	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
LSSEIILIAI Data		110	yes	CIBIVITA RESEARCH ID.	Auto Filled Field		CIBIVITA RESEARCITID.	Auto Filled Field	
Dant									
Post-									
Transplant				5 data	A to Eilled Eight annual of the CDID		e	A to Eilled State over all title CDID	
Essential Data		no	yes	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Post-									
Transplant					100 day,1 year,2 years,> 2 years,6				
Essential Data		no	yes	Visit	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-				Date of actual contact with the recipient to			Date of actual contact with the		
Transplant				determine medical status for this follow-up			recipient to determine medical status		
Essential Data		no	yes	report:	YYYY/MM/DD		for this follow-up report:	YYYY/MM/DD	
Post-									
Transplant				Specify the recipient's survival status at the			Specify the recipient's survival status		
<b>Essential Data</b>		no	yes	date of last contact	Alive,Dead	Change/Clarification of Response Options	at the date of last contact	Alive,Dead (Complete recipient death data)	Capture additional relevent disease information
Post-							Did the recipient receive a		
Transplant				Did the recipient receive a subsequent HCT			subsequent HCT since the date of last		
Essential Data		no	yes	since the date of last report?	no,yes		report?	no,yes	
Post-									
Transplant	Subsequent								
Essential Data		yes	yes	Date of subsequent HCT:	YYYY/MM/DD		Date of subsequent HCT:	YYYY/MM/DD	
					Graft failure / insufficient hematopoietic				
					recovery,Insufficient chimerism,New			Graft failure / insufficient hematopoietic	
					malignancy (including PTLD and EBV			recovery,Insufficient chimerism,New malignancy	
Post-					lymphoma),Other,Persistent primary			(including PTLD and EBV lymphoma),Other,Persistent	
	Subsequent			What was the indication for subsequent	disease,Planned subsequent HCT, per		What was the indication for	primary disease, Planned subsequent HCT, per	
Essential Data		yes	yes	HCT?	protocol,Recurrent primary disease		subsequent HCT?	protocol,Recurrent primary disease	
-33Circiai Dala	anspiant	11-3	1.00	I	processing primary disease	I	January Merit	processine primary disease	

		Response							
Information	Information	required if	Information						
Collection	Collection Domain	Additional Sub	Collection may						
Domain Sub-	Additional Sub	Domain	be requested	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
Туре		applies		Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
,,			•	· · · · ·		·	` · · · ·	, , , ,	·
Post-									
	Subsequent								
<b>Essential Data</b>	Transplant	yes	yes	Specify other indication:	open text		Specify other indication:	open text	
Post-									
	Subsequent				Allogeneic, related, Allogeneic,				
Essential Data	Transplant	yes	yes	Source of HSCs (check all that apply)	unrelated, Autologous		Source of HSCs (check all that apply)	Allogeneic, related, Allogeneic, unrelated, Autologous	
D+							Hankla maining and annih and a nathrian		
Post- Transplant				Has the recipient received a cellular therapy since the date of last report? (e.g. CAR-T,			Has the recipient received a cellular therapy since the date of last report?		
Essential Data		no		DCI)	no,yes		(e.g. CAR-T, DCI)	no,yes	
L33EIItiai Data		110	yes	DCI	no,yes		(e.g. CAN-1, DCI)	no,yes	
Post-									
	Subsequent						Was this infusion a donor lymphocyte		
<b>Essential Data</b>		yes	yes			Addition of Information Requested	infusion (DLI)?	no,yes	Capture additional relevent disease information
		,	,			·			
Post-									
Transplant	Subsequent						Number of DLIs in this reporting		
Essential Data	Transplant	yes	yes			Addition of Information Requested	period		Capture additional relevent disease information
Post-							Are any of the products, associated		
	Subsequent						with this course of cellular therapy,		
Essential Data	Transplant	yes	yes			Addition of Information Requested	genetically modified?	no, yes	Capture additional relevent disease information
Doct									
Post- Transplant	Subsequent								
Essential Data	1 '	yes	yes	Date of cellular therapy:	YYYY/MM/DD		Date of cellular therapy:	YYYY/MM/DD	
Essential Data	Transplant	yes	yes	Date of cential therapy.	1111/101101/20		Bute of centural therapy.		
					No(ANC ≥ 500/mm3 was not achieved)				
					,Not applicable(ANC never dropped				
					below 500/mm3 at any time after the				
					start of the preparative			No(ANC ≥ 500/mm3 was not achieved) ,Not	
					regimen,Previously reported(recipient's			applicable(ANC never dropped below 500/mm3 at any	
					initial hematopoietic recovery was			time after the start of the preparative regimen, Previously	
Post-					recorded on a previous report) ,Yes(ANC			reported(recipient's initial hematopoietic recovery was	
Transplant				Was there evidence of initial hematopoietic			Was there evidence of initial	recorded on a previous report) ,Yes(ANC ≥ 500/mm3	
Essential Data		no	yes	recovery?	lab values)		hematopoietic recovery?	achieved and sustained for 3 lab values)	
Post									
Post- Transplant							Date ANC ≥ 500/mm³ (first of 3 lab		
Essential Data		no	yes	Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD		values):	YYYY/MM/DD	
235CIRIAI Data		1	, = 3	(mat of 3 lab values).	,			,	
Post-									
Transplant									
Essential Data		no	yes	Did late graft failure occur?	No,Yes		Did late graft failure occur?	No,Yes	
					No,Not applicable(Platelet count never				
Post-					dropped below 20 x 109/L) ,Previously			No, Not applicable (Platelet count never dropped below 20	
Transplant				Was an initial platelet count ≥ 20 x 10 <sup>9</sup> /L	reported(≥ 20 x 109/L was achieved and		Was an initial platelet count ≥ 20 x	x 109/L) ,Previously reported(≥ 20 x 109/L was achieved	
Essential Data		no	yes	achieved?	reported previously),Yes		10 <sup>9</sup> /L achieved?	and reported previously),Yes	
Post-									
Transplant		l		Data alatalata > 20 // 400 //	1000V /h 4h 4 /DD		D-t -t- -t- > 20	V0000/ A A A 4 / D D	
Essential Data		no	yes	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD		Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	

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		Response							
Information	Information	required if	Information						
	1								
Collection	Collection Domain		Collection may						
	- Additional Sub		•	Current Information Collection Data	Current Information Collection Data		'	Proposed Information Collection Data Element	
Туре	Domain	applies	multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
Post-									
Transplant				Did acute GVHD develop since the date of			Did acute GVHD develop since the		
Essential Data	1	no	yes	last report?	No,Unknown,Yes		date of last report?	No,Unknown,Yes	
Post-									
Transplant	Graft vs. Host								
Essential Data	Disease	yes	yes	Date of acute GVHD diagnosis:	YYYY/MM/DD		Date of acute GVHD diagnosis:	YYYY/MM/DD	
Post-	_								
Transplant	Graft vs. Host			Did acute GVHD persist since the date of			Did acute GVHD persist since the date		
Essential Data	Disease	yes	yes	last report?	No,Unknown,Yes		of last report?	No,Unknown,Yes	
1					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			I - Rash on ≤ 50% of skin, no liver or gut involvement	
					persistent nausea or vomiting			II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea	
					III - Bilirubin 3-15 mg/dL, or gut stage 2-4			500 – 1000 mL/day or persistent nausea or vomiting	
					diarrhea > 1000 mL/day or severe			III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000	
					abdominal pain with or without ileus			mL/day or severe abdominal pain with or without ileus	
					IV - Generalized erythroderma with			IV - Generalized erythroderma with bullous formation, or	
Post-					bullous formation, or bilirubin >15 mg/dL			bilirubin >15 mg/dL	
Transplant	Graft vs. Host				Not applicable (acute GVHD present but		Overall grade of acute GVHD at	Not applicable (acute GVHD present but cannot be	
Essential Data	Disease	yes	yes	Overall grade of acute GVHD at diagnosis	cannot be graded)		diagnosis	graded)	
								Stage 0 – No rash, no rash attributable to acute GVHD	
					Stage 0 – No rash, no rash attributable to			Stage 1 – Maculopapular rash, < 25% of body surface	
					acute GVHD			Stage 2 – Maculopapular rash, 25–50% of body surface	
					Stage 1 – Maculopapular rash, < 25% of			Stage 3 – Generalized erythroderma, > 50% of body	
					body surface			surface	
					Stage 2 - Maculopapular rash, 25-50% of			Stage 4 – Generalized erythroderma with bullae	
					body surface			formation and/or desquamation	
					Stage 3 – Generalized erythroderma, >				
Post-					50% of body surface				
Transplant	Graft vs. Host				Stage 4 – Generalized erythroderma with				
Essential Data	Disease	yes	yes	Skin	bullae formation and/or desquamation		Skin		
					Stage 0 – No diarrhea, no diarrhea				
					attributable to acute GVHD / diarrhea <			Stage 0 – No diarrhea, no diarrhea attributable to acute	
					500 mL/day (adult), or < 10 mL/kg/day			GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day	
					(pediatric)			(pediatric)	
					Stage 1 – Diarrhea 500 - 1000 mL/day			Stage 1 – Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9	
					(adult), or 10 - 19.9 mL/kg/day (pediatric)			mL/kg/day (pediatric)	
					Stage 2 – Diarrhea 1001 - 1500 mL/day			Stage 2 – Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30	
					(adult), or 20 - 30 mL/kg/day (pediatric)			mL/kg/day (pediatric)	
					Stage 3 – Diarrhea > 1500 mL/day (adult),			Stage 3 – Diarrhea > 1500 mL/day (adult), or > 30	
Post-				Lower intestinal tract (use mL/day for adult			Lower intestinal tract (use mL/day for	_ · · · · · · · · · · · · · · · · · · ·	
Transplant	Graft vs. Host			1	Stage 4 – Severe abdominal pain, with or			Stage 4 – Severe abdominal pain, with or without ileus,	
Essential Data		yes	yes	recipients)	without ileus, and/or grossly bloody stool			and/or grossly bloody stool	
Data	150000	100	103	1	stoody stood	1	[F	1, 0,000, 0,000, 0,000	

Information Collection Domain Sub- Type	Information Collection Domain - Additional Sub Domain	Response required if Additional Sub Domain applies		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	Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting Stage 0 – No liver acute GVHD / bilirubin		Upper intestinal tract	Stage 0 – No persistent nausea or vomiting Stage 1 – Persistent nausea or vomiting	
Post- Transplant Essential Data	Graft vs. Host a Disease	yes	yes	Liver	<ul> <li>&lt; 2.0 mg/dL (&lt; 34 μmol/L)</li> <li>Stage 1 – Bilirubin 2.0–3.0 mg/dL (34–52 μmol/L)</li> <li>Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 μmol/L)</li> <li>Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 μmol/L)</li> <li>Stage 4 – Bilirubin &gt; 15.0 mg/dL (&gt; 256 μmol/L)</li> </ul>		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 a 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	

Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					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),			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	
Post-	Graft vs. Host				or > 30 mL/kg/day (pediatric)		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for	mL/kg/day (pediatric)	
Transplant Essential Data		yes	yes	recipients and mL/kg/day for pediatric recipients)	Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool		pediatric recipients)	Stage 4 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
Post-	Graft vs. Host	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	
					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			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)	
Post-					(104–256 µmol/L)			Stage 2 – Bilirubin 3.1–6.0 mg/dL (53–103 µmol/L)	
Transplant	Graft vs. Host				Stage 4 – Bilirubin > 15.0 mg/dL (> 256			Stage 3 – Bilirubin 6.1–15.0 mg/dL (104–256 μmol/L)	
Essential Data	Disease	yes	yes	Liver	μmol/L)		Liver	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-									
	Graft vs. Host								
Essential Data	Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
Post- Transplant Essential Data	Graft vs. Host Disease	ves	ves	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-	Graft vs. Host	yes	yes	Date estimated	checked	Deletion of Information: Merged to Check all that Apply		checked	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Post-	Graft vs. Host	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	

Collection	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies		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	Maximum grade of chronic GVHD (according to best clinical judgment)	Mild,Moderate,Severe,Unknown		Maximum grade of chronic GVHD (according to best clinical judgment)	Mild,Moderate,Severe,Unknown	
Post- Transplant	Graft vs. Host						Date of maximum grade of chronic		
Essential Data	Disease	yes	yes	Date of maximum grade of chronic GVHD:	YYYY/MM/DD		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		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							Secret albert		
Post- Transplant Essential Data		no		Specify other therapy:  Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?	open text No,Yes		Specify other therapy: 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	

		1							
Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies		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				Did the recipient develop COVID-19 (SARS-			Did the recipient develop COVID-19 (SARS-CoV-2) since the date of last		
Essential Data		no	yes	CoV-2) since the date of last report?	No,Yes		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				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	
LSSEIItiai Data		no	yes	received:	NO,OTIKTIOWII, TES		COV-2) received:	INO,OTIKTIOWIT, TES	
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	
		,	7-5-	7 - 7 - 7				·	
Post- Transplant					Booster dose,First dose(with planned second dose) ,One dose(without planned			Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third	
	Covid-19 Vaccine	yes	yes	Select dose(s) received	second dose) ,Second dose,Third dose		Select dose(s) received	dose	
Post- Transplant									
Essential Data	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
Post- Transplant	Cavid 10 Vassina			Date estimated	checked		Date estimated	checked	
Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	спескей		Date estimated	Спескей	
				Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative			Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from		
Post-				disease / disorder occur that is different			the disease / disorder for which the		
Transplant Essential Data		no	ves	from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes	Change/Clarification of Response Options	HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previosly reported	Capture additional relevent disease information
Post-	Allogenic Recipients of Cord Blood units, Beta Thalassemia,		,,	, , , , , , ,	,				
	and/or Sickle Cell			Were chimerism studies performed since	no vos		Were chimerism studies performed	200	
Essential Data	Disease	yes	yes	the date of last report?	no,yes		since the date of last report?	no,yes	
Post- Transplant Essential Data	Chimerism Study	yes	ves	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	Chimerism Study			Were chimerism studies assessed for more			Were chimerism studies assessed for more than one donor / multiple		
Essential Data		yes	yes	than one donor / multiple donors?	No,Yes		donors?	No,Yes	
	•	•		•	•	•	·	•	

		D							
Information	Information	Response required if	Information						
Collection Domain Sub-	Additional Sub	Domain		Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
Туре	Domain	applies	multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
Post-									
Transplant Essential Data	Chimerism Study	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
	renormed	yes	yes	(Gille)	орен селе		bonors (GND)	орен секс	
Post- Transplant	Chimerism Study								
Essential Data		yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Post-									
Transplant	Chimerism Study								
Essential Data	Performed	yes	yes	Registry donor ID:	open text		Registry donor ID:	open text	
Post-									
Transplant Essential Data	Chimerism Study Performed	yes	yes	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
	renormed	yes	yes	Non Niver cord blood differen	open text		Non Wild Cold blood differen.	open cext	
Post- Transplant	Chimerism Study					Change/Clarification of Information			
Essential Data		yes	yes	Date of birth:	YYYY/MM/DD	Requested	Donor Date of birth:	YYYY/MM/DD	Capture data accurately
Post-									
Transplant	Chimerism Study				MM (if less than 1 year); YY				
Essential Data	Performed	yes	yes	Age:	_		Age:	MM (if less than 1 year); YY	
Post-									
Transplant Essential Data	Chimerism Study Performed	ves	ves	Sex	female,male	Change/Clarification of Information Requested	Donor Sex	female,male	Capture data accurately
		100	763						capture data documents
Post- Transplant	Chimerism Study								
Essential Data	· · ·	yes	yes	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
					Fluorescent in situ hybridization (FISH) for XX/XY, Karyotyping for			PCR(includes quantitative, real time, and fluorescent multiplex), Fluorescent in situ hybridization (FISH) for	
Post-					XX/XY,Other,Restriction fragment-length			XX/XY,Karyotyping for XX/XY,Other,Restriction fragment-	
Transplant Essential Data	Chimerism Study Performed	ves	ves	Method	polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Change/Clarification of Response Options	Method	length polymorphisms (RFLP),VNTR or STR, micro or mini satellite	Examples added or typographical errors corrected for clarification
		7-5	7-5		or man secure	Similar of Hesponse Options			
Post- Transplant	Chimerism Study								
Essential Data		yes	yes	Specify:	open text		Specify:	open text	
Post-									
Transplant	Chimerism Study								
Essential Data	Performed	yes	yes	Cell source	Bone marrow,Peripheral blood  B-cells,Granulocytes,Hematopoietic		Cell source	Bone marrow,Peripheral blood	
Post-					progenitor cells,NK cells,Other,Red blood			B-cells,Granulocytes,Hematopoietic progenitor cells,NK	
Transplant Essential Data	Chimerism Study	yes	yes	Cell type	cells,T-cells,Total mononuclear cells,Unsorted / whole		Cell type	cells,Other,Red blood cells,T-cells,Total mononuclear cells,Unsorted / whole	
L33CIIIIII Ddld	i chomieu	yes	yes	een type	cens,onsorted / whole		cen type	Construction of whole	
Post- Transplant	Chimerism Study								
Essential Data		yes	yes	Specify:	open text		Specify:	open text	
-						•	•	•	

		Response							
Information	Information	1 -	Information						
Collection	Collection Domain		Collection may						
Type	Additional Sub Domain				Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Турс	Domain	арриез	multiple times	пенен (п аррисаме)	Element Response Option(s)	inormation conection update.	Data Liement (ii applicable)	response option(s)	nationale for information conection opuate
Post-									
Transplant Essential Data	Chimerism Study		was	Total cells examined:	open text		Total cells examined:	open text	
ESSENTIAL DATA	Performed	yes	yes	Total tells examined.	opentext		Total cells examined.	open text	
Post-									
Transplant Essential Data	Chimerism Study			Number of degree calls			No service of decree cells		
Essential Data	Performed	yes	yes	Number of donor cells:	open text		Number of donor cells:	open text	
Post-									
	Chimerism Study			W	No. Vo.	Data in a fit for a size of a fit of a size o	Manager de la constantina del constantina de la	No. Vo.	
Essential Data	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	Chimerism Study								
Essential Data Disease	Performed	yes	yes	Percent donor cells:	%		Percent donor cells:	%	
Assessment									
at the Time of				Compared to the disease status prior to the			Compared to the disease status prior		
Best Response to					Continued complete remission (CCR),Complete remission (CR),Not in		to the preparative regimen, what was the best response to HCT since the	Continued complete remission (CCR),Complete remission	
HCT		no	yes		complete remission, Not evaluated		date of the last report?	(CR), Not in complete remission, Not evaluated	
Disease			7-5-		, , , , , , , , , , , , , , , , , , , ,				
Assessment									
at the Time of Best									
Response to				Specify disease status if not in complete	Disease detected, No disease detected		Specify disease status if not in	Disease detected,No disease detected but incomplete	
НСТ		no	yes	remission	but incomplete evaluation to establish CR		complete remission	evaluation to establish CR	
Disease Assessment									
at the Time of									
Best									
Response to				Was the date of best response previously			Was the date of best response		
HCT Disease		no	yes	reported?	no,yes		previously reported?	no,yes	
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				Was the disease status assessed by			Was the disease status assessed by		
HCT Disease		no	yes	molecular testing?	No,Not Applicable,Yes		molecular testing?	No,Not Applicable,Yes	
Assessment									
at the Time of									
Best									
Response to HCT		no	ves	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
inci		Ino	yes	Date assessed.		I .	Date assesseu.	[1117] VIIIVI, D.D.	

						1			
		Response							
Information			Information						
Collection			Collection may	,					
					Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
Туре				Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
Disease	Domain	иррисз	manapic times	Lienene (ii applicable)	Liement nesponse option(s)	information concetion apaate.	Data Element (ii applicable)	nesponse option(s)	nationale for information concertor opaute
Assessment									
at the Time of									
Best									
Response to									
HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease		110	yes	Trus disease detected.	1.0,700		Trus disease detected.		
Assessment									
at the Time of									
Best									
Response to				Was the disease status assessed via flow			Was the disease status assessed via		
НСТ		no	yes	cytometry?	No,Not Applicable,Yes		flow cytometry?	No,Not Applicable,Yes	
Disease			, ==	-,	-,		,,-	-, <del></del>	
Assessment									
at the Time of									
Best									
Response to									
нст		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease			700	Date assessed.	,,		Date assessed.		
Assessment									
at the Time of									
Best									
Response to									
нст		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease			,		"			7	
Assessment									
at the Time of									
Best							Was the disease status assessed by		
Response to				Was the disease status assessed by			cytogenetic testing? (karyotyping or		
нст		no	yes	cytogenetic testing? (karyotyping or FISH)	No,Not Applicable,Yes		FISH)	No,Not Applicable,Yes	
Disease									
Assessment									
at the Time of									
Best									
Response to							Was the disease status assessed via		
HCT		no	yes	Was the disease status assessed via FISH?	No,Not Applicable,Yes		FISH?	No,Not Applicable,Yes	
Disease									
Assessment									
at the Time of									
Best									
Response to									
НСТ		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				Was the disease status assessed via			Was the disease status assessed via		
HCT		no	yes	karyotyping?	No,Not Applicable,Yes		karyotyping?	No,Not Applicable,Yes	

		Response							
Information	Information		Information						
Collection	Collection Domain		Collection may						
					Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
Туре					Element Response Option(s)	Information Collection update:			Rationale for Information Collection Update
Disease	20	аррись	a.a.p.e aes			l l l l l l l l l l l l l l l l l l l	Data Element (ii applicable)		The state of the s
Assessment									
at the Time of									
Best									
Response to									
нст		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
Disease			,		, ,			, ,	
Assessment									
at the Time of									
Best									
Response to									
НСТ		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
Disease		1	1						
Assessment									
at the Time of									
Best							Was the disease status assessed by		
Response to				Was the disease status assessed by			radiological assessment? (e.g. PET,		
нст		no	yes	radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes			No,Not Applicable,Yes	
Disease			,	, , , , ,	, , ,		· ·		
Assessment									
at the Time of									
Best									
Response to									
нст		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				Was the disease status assessed by clinical /			Was the disease status assessed by		
НСТ		no	yes	hematologic assessment?	no,yes		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				W					
НСТ		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
1				Was therapy given since the date of the last			Was therapy given since the date of		
1				report for reasons other than relapse,			the last report for reasons other than		
Doct HCT				persistent, or progressive disease? (Include			relapse, persistent, or progressive		
Post-HCT				any maintenance and consolidation therapy.)	no vos		disease? (Include any maintenance and consolidation therapy.)	no vos	
Therapy	l	no	yes	therapy.j	no,yes		and consolidation therapy.)	no,yes	

		Response							
Information	Information	required if	Information						
Collection	Collection Domain	Additional Sub	Collection may						
Domain Sub-	Additional Sub	Domain	be requested	Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
Туре	Domain	applies	multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
			·		Blinded randomized trial,Cellular				·
Post-HCT					therapy,Other			Blinded randomized trial,Cellular therapy,Other	
Therapy		no	yes	Specify therapy (check all that apply)	therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	therapy,Radiation,Systemic therapy	
					Alemtuzumab, Azacytidine, Blinatumomab				
					,Bortezomib,Bosutinib,Carfilzomib,Chem				
					otherapy, Dasatinib, Decitabine, Gemtuzu			Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bo	
					mab, Gilteritinib, Ibrutinib, Imatinib			sutinib, Carfilzomib, Chemotherapy, Dasatinib, Decitabine, G	
					mesylate, Ixazomib, Lenalidomide, Lestaurt			emtuzumab, Gilteritinib, Ibrutinib, Imatinib	
					inib, Midostaurin, Nilotinib, Nivolumab, Oth			mesylate,lxazomib,Lenalidomide,Lestaurtinib,Midostauri	
					er systemic			n,Nilotinib,Nivolumab,Other systemic	
					therapy,Pembrolizumab,Pomalidomide,Q			therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituxi	
Post-HCT				Specify systemic therapy (check all that	uizartinib,Rituximab,Sorafenib,Sunitinib,T		Specify systemic therapy (check all	mab,Sorafenib,Sunitinib,Thalidomide, Brentuximab	Be consistent with current clinical landscape, improve transplant
Therapy		no	yes	apply)	halidomide	Change/Clarification of Response Options	that apply)	vendotin, Daratumumab (Darzalex)	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	
							Did a fecal microbiota transplant		
Post-HCT							(FMT) occur since the date of last		Be consistent with current clinical landscape, improve transplant
Therapy		no	yes			Addition of Information Requested	report?	No, Yes	outcome data
Post-HCT									Be consistent with current clinical landscape, improve transplant
Therapy		no	yes			Addition of Information Requested	Date of FMT	DD/MM/YY	outcome data
Post-HCT						Addition of the Constitution Boston and all	Court the tellerine fourth that	Graft versus host disease (GVHD), Clostridium difficle,	Be consistent with current clinical landscape, improve transplant
Therapy Post-HCT		no	yes			Addition of Information Requested	Specify the indication for the FMT	Other	outcome data
Therapy		no	was			Addition of Information Requested	Specify other indication:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Relapse or		110	yes	Did the recipient experience a		Addition of information Requested	Did the recipient experience a	open text	outcome data
Progression				clinical/hematologic relapse or progression			clinical/hematologic relapse or		
Post-HCT		no	ves	post-HCT?	No,Yes		progression post-HCT?	No,Yes	
Relapse or		110	yes	Was the date of the first clinical /			Was the date of the first clinical /	110)103	
Progression				hematologic relapse or progression			hematologic relapse or progression		
Post-HCT		no	yes	previously reported?	No,Yes (only valid >day 100)		previously reported?	No,Yes (only valid >day 100)	
Relapse or			,	, , , , , , , , , , , , , , , , , , , ,	.,,		, special	, , , , , , , , , , , , , , , , , , , ,	
Progression									
Post-HCT		no	yes	Date first seen:	YYYY/MM/DD		Date first seen:	YYYY/MM/DD	
Relapse or				Was intervention given for relapsed,			Was intervention given for relapsed,		
Progression				persistent or progressive disease since the			persistent or progressive disease		
Post-HCT		no	yes	date of last report?	No,Yes		since the date of last report?	No,Yes	
Relapse or									
Progression				Specify reason for which intervention was	Persistent disease,Relapsed / progressive		Specify reason for which intervention		
Post-HCT		no	yes	given	disease		was given	Persistent disease,Relapsed / progressive disease	
					Clinical and/or hematologic				
Relapse or				Specify the method(s) of detection for	analysis, Cytogenetic Analysis, Disease			Clinical and/or hematologic analysis,Cytogenetic	
Progression				which intervention was given (check all that	I *		which intervention was given (check	Analysis, Disease specific molecular marker, Flow	
Post-HCT		no	yes	apply)	Cytometry,Radiological		all that apply)	Cytometry,Radiological	
Relapse or									
Progression									
Post-HCT		no	yes	Date intervention started:	YYYY/MM/DD		Date intervention started:	YYYY/MM/DD	
Relapse or					Blinded randomized trial,Cellular				
Progression				L	therapy,Other			Blinded randomized trial,Cellular therapy,Other	
Post-HCT		no	yes	Specify therapy (check all that apply)	therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	therapy,Radiation,Systemic therapy	

	1			I		1		T	
Collection	Information Collection Domain Additional Sub	Additional Sub Domain		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
					Alemtuzumab, Azacytidine, Blinatumomab				
					,Bortezomib,Bosutinib,Carfilzomib,Chem				
					otherapy, Dasatinib, Decitabine, Gemtuzu			Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bo	
					mab, Gilteritinib, Ibrutinib, Imatinib			sutinib, Carfilzomib, Chemotherapy, Dasatinib, Decitabine, G	
					mesylate, Ixazomib, Lenalidomide, Lestaurt			emtuzumab,Gilteritinib,Ibrutinib,Imatinib	
					inib, Midostaurin, Nilotinib, Nivolumab, Oth			mesylate,lxazomib,Lenalidomide,Lestaurtinib,Midostauri	
					er systemic			n,Nilotinib,Nivolumab,Other systemic	
Relapse or					therapy,Pembrolizumab,Pomalidomide,Q			therapy,Pembrolizumab,Pomalidomide,Quizartinib,Rituxi	
Progression				Specify systemic therapy (check all that	uizartinib,Rituximab,Sorafenib,Sunitinib,T		Specify systemic therapy (check all	mab, Sorafenib, Sunitinib, Thalidomide, Daratumumb	Be consistent with current clinical landscape, improve transplant
Post-HCT		no	yes	apply)	halidomide	Change/Clarification of Response Options	that apply)	(Darzalex), Venetoclax	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					Complete remission (CR),Not in complete			Complete remission (CR),Not in complete remission,Not	
Status		no	yes	What is the current disease status?	remission,Not evaluated		What is the current disease status?	evaluated	
Current									
Disease				Specify disease status if not in complete	Disease detected, No disease detected		Specify disease status if not in	Disease detected, No disease detected but incomplete	
Status		no	yes	remission	but incomplete evaluation to establish CR		complete remission	evaluation to establish CR	
Current									
Disease							Date of most recent disease		
Status		no	yes	Date of most recent disease assessment	Known,Unknown	Deletion of Information Requested	assessment	Known, Unknown	Reduce redundancy in data capture
							Date of most recent disease		
Current							<del>assessment</del> Date		
Disease						Change/Clarification of Information	of -assesment of current disease		
Status		no	yes	Date of most recent disease assessment:	YYYY/MM/DD	Requested	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							Was cause of death confirmed by		
Death Data	Recipient Death	yes	no			Addition of Information Requested	autopsy?	Autopsy pending, No, Unknown, Yes	Reduce redundancy in data capture
Recipient							Was documentation submitted to the		
Death Data	Recipient Death	yes	no			Addition of Information Requested	CIBMTR?	No,Yes	Reduce redundancy in data capture

	1								
		Response							
Information	Information		Information						
Collection	Collection Domain		Collection may	,					
	- Additional Sub			Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
	1			Element (if applicable)		Information Collection update:	Data Element (if applicable)		Rationale for Information Collection Update
Туре	Domain	applies	multiple times	Element (ii applicable)	Element Response Option(s)	information Collection update:	Data Element (II applicable)	Response Option(s)	Rationale for information Collection Opdate
					respiratory distress syndrome (ARDS)				
					(other than IPS),Bacterial				
					infection,Cardiac failure,Chronic			Accidental death, Acute GVHD, Adult respiratory distress	
					GVHD,Central nervous system (CNS)			syndrome (ARDS) (other than IPS),Bacterial	
					failure,COVID-19 (SARS-CoV-2),Cytokine			infection, Cardiac failure, Chronic GVHD, Central nervous	
					release syndrome, Diffuse alveolar			system (CNS) failure,COVID-19 (SARS-CoV-2),Cytokine	
					damage (without hemorrhage),			release syndrome, Diffuse alveolar damage (without	
					Disseminated intravascular coagulation			hemorrhage),Diffuse alveolar hemorrhage	
					(DIC),Fungal infection, Gastrointestinal			(DAH), Disseminated intravascular coagulation	
					(GI) failure (not liver), Graft rejection or			(DIC),Fungal infection,Gastrointestinal	
					failure, Thrombotic microangiopathy			hemorrhage, Gastrointestinal (GI) failure (not liver), Graft	
					(TMA) (Thrombotic thrombocytopenic			rejection or failure, Hemorrhagic cystitis, Thrombotic	
					purpura (TTP)/Hemolytic Uremic			microangiopathy (TMA) (Thrombotic thrombocytopenic	
					Syndrome (HUS)),Idiopathic pneumonia			purpura (TTP)/Hemolytic Uremic Syndrome	
					syndrome (IPS), Liver failure (not			(HUS)),Idiopathic pneumonia syndrome (IPS),Intracranial	
					VOD),Multiple organ failure,New			hemorrhage,Liver failure (not VOD),Multiple organ	
					malignancy,Infection, organism not			failure, New malignancy, Infection, organism not	
					identified,Other cause, Other			identified,Other cause,Other hemorrhage neurotoxicity	
					infection,Other organ failure,Other			(ICANS), Other infection, Other organ failure, Other	
					pulmonary syndrome (excluding			pulmonary syndrome (excluding pulmonary	
					pulmonary hemorrhage),Other			hemorrhage),Other vascular,Prior malignancy,Protozoal	
					vascular, Prior malignancy, Protozoal			infection,Pulmonary hemorrhage,Pulmonary	
					infection, Pulmonary failure,Recurrence /			failure,Recurrence / persistence / progression of	
					persistence / progression of			disease,Renal failure,Suicide,Thromboembolic, Tumor	
					disease,Renal			lysis syndrome, Pneumonitis due to Cytomegalovirus	
					failure,Suicide,Thromboembolic,			(CMV), Viral infection, Pneumonitis due to other	
Recipient					Pneumonitis due to Cytomegalovirus			virus,Veno-occlusive disease (VOD) / sinusoidal	Be consistent with current clinical landscape, improve transplant
Death Data	Recipient Death	yes	no	Primary cause of death	(CMV), Viral infection, Pneumonitis due to	Change/Clarification of Response Options	Primary cause of death	obstruction syndrome (SOS)	outcome data
Recipient	L								
Death Data	Recipient Death	yes	no	Specify:	open text		Specify:	open text	

		Response							
Information	Information		Information						
Collection			Collection may	,					
	- Additional Sub			Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
						Information Callestina and date.	1 .		Dationals for Information Collegeise Hodes
Туре	Domain	applies	multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update
					respiratory distress syndrome (ARDS)				
					(other than IPS),Bacterial				
					infection,Cardiac failure,Chronic			Accidental death, Acute GVHD, Adult respiratory distress	
					GVHD,Central nervous system (CNS)			syndrome (ARDS) (other than IPS),Bacterial	
					failure,COVID-19 (SARS-CoV-2),Cytokine			infection, Cardiac failure, Chronic GVHD, Central nervous	
					release syndrome, Diffuse alveolar			system (CNS) failure,COVID-19 (SARS-CoV-2),Cytokine	
					damage (without hemorrhage),			release syndrome, Diffuse alveolar damage (without	
					Disseminated intravascular coagulation			hemorrhage),Diffuse alveolar hemorrhage	
					(DIC),Fungal infection, Gastrointestinal			(DAH), Disseminated intravascular coagulation	
					(GI) failure (not liver), Graft rejection or			(DIC), Fungal infection, Gastrointestinal	
					failure, Thrombotic microangiopathy			hemorrhage, Gastrointestinal (GI) failure (not liver), Graft	
					(TMA) (Thrombotic thrombocytopenic			rejection or failure, Hemorrhagic cystitis, Thrombotic	
					purpura (TTP)/Hemolytic Uremic			microangiopathy (TMA) (Thrombotic thrombocytopenic	
					Syndrome (HUS)),Idiopathic pneumonia			purpura (TTP)/Hemolytic Uremic Syndrome	
					syndrome (IPS), Liver failure (not			(HUS)),Idiopathic pneumonia syndrome (IPS),Intracranial	
					VOD),Multiple organ failure,New			hemorrhage,Liver failure (not VOD),Multiple organ	
					malignancy,Infection, organism not			failure,New malignancy,Infection, organism not	
					identified,Other cause, Other			identified,Other cause,Other hemorrhage neurotoxicity	
					infection,Other organ failure,Other			(ICANS), Other infection, Other organ failure, Other	
					pulmonary syndrome (excluding			pulmonary syndrome (excluding pulmonary	
					pulmonary hemorrhage),Other			hemorrhage),Other vascular,Prior malignancy,Protozoal	
					vascular, Prior malignancy, Protozoal			infection,Pulmonary hemorrhage,Pulmonary	
					infection, Pulmonary failure, Recurrence /			failure,Recurrence / persistence / progression of	
					persistence / progression of			disease,Renal failure,Suicide,Thromboembolic, Tumor	
					disease,Renal			lysis syndrome, Pneumonitis due to Cytomegalovirus	
					failure,Suicide,Thromboembolic,			(CMV), Viral infection, Pneumonitis due to other	
Recipient					Pneumonitis due to Cytomegalovirus			virus, Veno-occlusive disease (VOD) / sinusoidal	Be consistent with current clinical landscape, improve transplant
Death Data	Recipient Death	yes	no	Contributing cause of death	(CMV), Viral infection, Pneumonitis due to	Change/Clarification of Response Options	Contributing cause of death	obstruction syndrome (SOS)	outcome data
Recipient									
Death Data	Recipient Death	yes	no	Specify:	open text		Specify:	open text	

		Response							
Domain Sub-	Collection Domain Additional Sub	required if Additional Sub Domain applies		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
. 110		пррсс					- ши попоска при попоска	посретием (с)	
					Hematologic Malignancy: Acute myeloid leukemia (AML / ANLL), Other leukemia,			Hematologic Malignancy: Acute myeloid leukemia (AML)	
					Myelodysplastic syndrome (MDS), Myeloproliferative neoplasm (MPN),			ANLL), Acute lymphoblastic leukemia (ALL), Other	
					Overlapping myelodysplasia /			leukemia, Myelodysplastic syndrome (MDS),	
					myeloproliferative neoplasm (MDS /			Myeloproliferative neoplasm (MPN), Overlapping	
					MPN), Hodgkin lymphoma, Non-Hodgkin			myelodysplasia / myeloproliferative neoplasm (MDS / MPN), Hodgkin lymphoma, Non-Hodgkin lymphoma,	
					lymphoma, Clonal cytogenetic			Multiple myeloma / plasma cell neoplasms, Clonal	
					abnormality without leukemia or MDS, Uncontrolled proliferation of donor cells			cytogenetic abnormality without leukemia or MDS,	
					without malignant transformation			Uncontrolled proliferation of donor cells without	
					Solid Tumors: Oropharyngeal cancer			malignant transformation.	
					(e.g. tongue, mouth, throat),			<b>Solid Tumors:</b> Bone sarcoma (regardless of site), Soft tissue sarcoma (regardless of site), <b>Oropharyngeal</b>	
					Gastrointestinal malignancy (e.g.			cancer (e.g. tongue, mouth, throat), Gastrointestinal	
					esophagus, stomach, small intestine,			malignancy (e.g. esophagus, stomach, small	
					colon, rectum, anus, liver, pancreas),			intestine, colon, rectum, anus, liver, pancreas), Lung	
					Lung cancer, Melanoma, Squamous cell skin malignancy, Basal cell skin			cancer, Melanoma, Squamous cell skin malignancy,	
					malignancy, Breast cancer,			Basal cell skin malignancy, Breast cancer,	
					Genitourinary malignancy (e.g.			Genitourinary malignancy (e.g. kidney, bladder,	
					kidney, bladder, cervix, uterus, ovary,			cervix, uterus, ovary, prostate, testis), Central	
	New Malignancy,				prostate, testis), Central nervous			nervous system (CNS) malignancy (e.g. meningioma, glioma), Thyroid cancer	
	Lymphoproliferative				system (CNS) malignancy (e.g.			glionia), myroid cancer	
Subsequent	or Myeloproliferative				meningioma, glioma), Thyroid cancer				Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes	Specify the new malignancy		Change/Clarification of Response Options	Specify the new malignancy		outcome data
	New Malignancy,								
	Lymphoproliferative						Was post-transplant		
	or Myeloproliferative						lymphoproliferative disorder (PTLD)		Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	diagnosed?	No,Yes	outcome data
	New Malignancy,								
	Lymphoproliferative								
Subsequent	or Myeloproliferative								Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	Specify type of PTLD	Monomorphic,Polymorphic,Unknown	outcome data
	New Malignancy,								
	Lymphoproliferative								
	or Myeloproliferative								Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	outcome data
	New Malignancy,								
	Lymphoproliferative							Anus,Colon,Esophagus,Liver,Pancreas,Rectum,Small	
Subsequent	or Myeloproliferative							intestine (DUODENUM, JEJUNUM, ILEUM),Stomach,	Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	Specify gastrointestinal malignancy	Other gastrointestinall cancer	outcome data
	Now Maliggan								
	New Malignancy, Lymphoproliferative								
Subsequent	or Myeloproliferative							Bladder, Cervix, Kidney, Ovary, Prostate, Testicle, Uterus,	Be consistent with current clinical landscape, improve transplant
	Disease / Disorder	yes	yes			Addition of Information Requested	Specify genitourinary malignancy	Other genitourary malignancy	outcome data

Collection	Information Collection Domain Additional Sub	Additional Sub Domain		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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			Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative	yes	,	Was the new malignancy donor / cell			Was the new malignancy donor / cell		
Neoplasms  Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative	yes	,	product derived?  Was documentation submitted to the	No,Not Done,Yes		product derived?  Was documentation submitted to the	No,Not Done,Yes	
Neoplasms  Subsequent	New Malignancy, Lymphoproliferative or Myeloproliferative	yes	yes	CIBMTR?	no,yes		CIBMTR?	no,yes	Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder  New Malignancy, Lymphoproliferative	yes	yes			Addition of Information Requested	Was PTLD confirmed by biopsy?	No,Yes	outcome data
Subsequent Neoplasms	or Myeloproliferative Disease / Disorder New Malignancy, Lymphoproliferative	yes		Was the pathology of the tumor EBV positive?	no,yes		Was the pathology of the tumor EBV positive?	no,yes	
Subsequent Neoplasms	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	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

		Response							
Information	Information	required if	Information						
Collection		Additional Sub							
		Domain		Current Information Collection Data	Current Information Collection Data		Proposed Information Collection	Proposed Information Collection Data Element	
		applies		Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	•	Rationale for Information Collection Update
1,400	Domain	иррисэ	marcipic times	Lienche (ii applicable)	Liement Response Option(s)	mornation conceilon apaate.	Data Element (ii applicable)	response option(s)	rationale for information concentration operate
	New Malignancy,								
	Lymphoproliferative								
Subsequent	or Myeloproliferative							Other method Qualitative PCR of blood Quantitative PCR	Be consistent with current clinical landscape, improve transplant
	Disease / Disorder	VAS	yes			Addition of Information Requested	How was EBV reactivation diagnosed?		outcome data
Посристи		700	703						
	New Malignancy,								
	Lymphoproliferative								
Subsequent	or Myeloproliferative								Be consistent with current clinical landscape, improve transplant
	Disease / Disorder	ves	yes			Addition of Information Requested	Specify other method:	open text	outcome data
			,						
	New Malignancy,								
	Lymphoproliferative							copies/ml	
Subsequent	or Myeloproliferative						Quantitative EBV viral load of blood:		Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	At diagnosis		outcome data
	New Malignancy,								
	Lymphoproliferative								
Subsequent	or Myeloproliferative						Was a quantitative PCR of blood		Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	performed again after diagnosis?	No,Yes	outcome data
	New Malignancy,								
	Lymphoproliferative							copies/ml	
	or Myeloproliferative								Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	Highest EBV viral load of blood:		outcome data
	New Malignancy,								
	Lymphoproliferative								
	or Myeloproliferative						Was there lymphomatous		Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	involvement?	No,Yes	outcome data
	New Malignancy,								
	Lymphoproliferative							Bone marrow, Central nervous system (brain or	
	or Myeloproliferative						Specify sites of PTLD involvement	cerebrospinal fluid),Liver,Lung,Lymph	Be consistent with current clinical landscape, improve transplant
Neoplasms	Disease / Disorder	yes	yes			Addition of Information Requested	(check all that apply)	node(s),Other,Spleen	outcome data
	Name Madiana								
	New Malignancy,								
Subsequent	Lymphoproliferative								Po consistent with surrent clinical landscape, improve trace-last
Subsequent Neoplasms	or Myeloproliferative Disease / Disorder	VOS	MOS			Addition of Information Requested	Specify other site:	open text	Be consistent with current clinical landscape, improve transplant outcome data
Subsequent	Disease / District	yes	yes			Addition of information requested	specify other site.	open text	outcome data
Neoplasms		no	yes	First Name (person completing form):	open text		First Name (person completing form):	onen text	
Subsequent		1	703	se name (person completing form).	open tent		st Name (person completing form).	open cont	
Neoplasms		no	yes	Last Name:	open text		Last Name:	open text	
Subsequent			,					1-b	
Neoplasms		no	ves	E-mail address:	open text		E-mail address:	open text	
Subsequent		1			,				
Neoplasms		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	
		<u> </u>							
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	Information Collection Domain Additional Sub	Additional Sub Domain	be requested	Current Information Collection Data	Current Information Collection Data		1 .	Proposed Information Collection Data Element	
Туре	Domain	applies	multiple times	Element (if applicable)	Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Response Option(s)	Rationale for Information Collection Update