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

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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	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.,	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

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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"

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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

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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

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Disease Classification		no	no	What was the primary disease for which the HCT / cellular therapy was performed?	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,	Change/Clarification of Response Options	What was the primary disease for which the HCT / cellular therapy was performed?	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	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

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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

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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

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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

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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	Hodgkin lymphoma, not otherwise specified (150) Lymphocyte depleted (154) Lymphocyte-rich (151) Mixed cellularity (153) Nodular lymphocyte predominant Hodgkin lymphoma (155) Nodular sclerosis (152) **Non-Hodgkin Lymphoma** **B-cell Neoplasms** ALK+ large B-cell lymphoma (1833) B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149) Burkitt lymphoma (111) Burkitt-like lymphoma with 11q aberration	Change/Clarification of Response Options	Specify the lymphoma histology	**Lymphoma** Lymphocyte depleted (154) Lymphocyte-rich (151) Mixed cellularity (153) Nodular sclerosis (152) **Other Classical Hodgkin Lymphoma** Hodgkin lymphoma, not otherwise specified (150) Nodular lymphocyte predominant Hodgkin lymphoma **Non-Hodgkin Lymphoma** **B-cell Neoplasms** ALK+ large B-cell lymphoma (1833) B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149) Burkitt lymphoma (111) Burkitt-like lymphoma with 11q aberration (1834) Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) Diffuse, large B-cell	Be consistent with current clinical landscape, improve transplant outcome data

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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	y (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)	Change/Clarification of Response Options	Specify inherited disorders of metabolism classification	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	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

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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):	121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187	Change/Clarification of Response Options	Specify Organism Code(s):	inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190	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):	121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187	Change/Clarification of Response Options	Specify Organism Code(s):	inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190	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

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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

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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

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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 difficle, 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

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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

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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	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	Change/Clarification of Response Options	Primary cause of death	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	Be consistent with current clinical landscape, improve transplant outcome data

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Recipient Death Data	Recipient Death	yes	no	Contributing cause of death	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	Change/Clarification of Response Options	Contributing cause of death	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	Be consistent with current clinical landscape, improve transplant outcome data

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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),	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.	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

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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

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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

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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