

Information Collection Domains

Indicates the category of information collection by time period that corresponds to the burden table. For each of the following Domains, there is a corresponding Tab.

- 1- Pre-Transplant Information Collection
 - 2- Transplant Procedure and Product Information
 - 3- Post-Transplant Periodic Information Collection
- Below are the definitions for each column heading.

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

Item ID	Time Point	Information Collection Domain Sub-Type	Information Collection Domain Additional Sub-Domain	Information Collection Domain: Pre-Transplant Information Collection				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
				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)						
PRE588	Pre-Transplant Essential Data	Pre-Transplant Essential Data	Minors Trial Participants	yes	no	Study Sponsor	BMT CTN, RIC-BMT, PIDTC, USDNET, COG, PedAL, Other sponsor	Change/Clarification of Response Options	Study Sponsor	BMT CTN, NeuSAR CIBMTR, CCR Services, PIDTC, USDNET, COG, PedAL, Other sponsor	Capture data accurately		
PRE590	Pre-Transplant Essential Data	Pre-Transplant Essential Data	Clinical Trial Participants	yes	no	Study ID Number	A Representative list of current response options is shown here. This list will change on a frequent basis to accommodate updates - changes in the response options do not affect burden of completing this question. BMT CTN 0903 - Acute Myeloid Leukemia (AML) BMT CTN 0901 - Severe Cell Anemia BMT CTN 0701 - Follicular Lymphoma BMT CTN 0702 - Myeloma BMT CTN 0801 - Chronic GVHD Treatment BMT CTN 0803 - Auto-HCT in HIV + Pediatric RIC BMT 09 - HSCT BMT 0901 - Myeloblastic vs. RIC BMT CTN 0902 - Post-Tx Bone Marrow BMT CTN 0903 - Auto-HCT in HIV + Pediatric RIC BMT 10 - CBAC RIC BMT 10-CHAMPUS-1 RIC BMT 11 - Treo BMT CTN 1101 - Treo vs. Double UIC with RIC BMT CTN 1102 - MDS in older patients RIC BMT 12 - MDS BMT CTN 1202 - Biomarker BMT CTN 1203 - GVHD Prophylaxis BMT CTN 1204 - HSCT BMT CTN 1205 - Easy-to-read Consent Form (ETRC) RIC BMT 13 - TREC BMT CTN 1301 - CN Free BMT CTN 1302 - Allo MM BMT CTN 1401 - Myeloma Vaccine RIC BMT 145-405-202 RIC BMT 15 - MMUG BMT CTN 1501 - Standard Risk CMV BMT CTN 1502 - CHAMP Agave Anemia BMT CTN 1503 - STRIBD BMT CTN 1504 - AML Maintenance Therapy BMT CTN 1507 - Hago Side Cell RIC BMT 16-CHAMP RIC BMT 16 - NYCTO RIC BMT 17 - CD34 RIC BMT 17-CAS RIC BMT 17-CAS2 RIC BMT 17 - CSDE BMT CTN 1703 - PROGRESS II BMT CTN 1704 - CHAMP BMT CTN 1803 - Hago NK Cell BMT CTN 1903 - NY17 Cell BMT CTN 1904 - Treo BM Failure Syndrome BMT CTN 1905 - BEAT-M5 (IND7A) PIDTC 4901 Disorders of the immune system (ICD) PIDTC 4903 Disorders of the immune system (ICD) PIDTC 4904 Disorders of the immune system (WAS) RIC BMT ACCESS RIC BMT 88 - IS-IC BMT 90A, COG AP424205C (Phase), COG ASCT1031, COG ALL1732, COG AAM1101	Change/Clarification of Response Options	Study ID Number	A Representative list of current response options is shown here. This list will change on a frequent basis to accommodate updates - changes in the response options do not affect burden of completing this question. BMT CTN 0903 - Acute Myeloid Leukemia (AML) BMT CTN 0901 - Severe Cell Anemia BMT CTN 0701 - Follicular Lymphoma BMT CTN 0702 - Myeloma BMT CTN 0801 - Chronic GVHD Treatment BMT CTN 0803 - Auto-HCT in HIV + Pediatric RIC BMT 09 - HSCT BMT 0901 - Myeloblastic vs. RIC BMT CTN 0902 - Post-Tx Bone Marrow BMT CTN 0903 - Auto-HCT in HIV + Pediatric RIC BMT 10 - CBAC RIC BMT 10-CHAMPUS-1 RIC BMT 11 - Treo BMT CTN 1101 - Treo vs. Double UIC with RIC BMT CTN 1102 - MDS in older patients RIC BMT 12 - MDS BMT CTN 1202 - Biomarker BMT CTN 1203 - GVHD Prophylaxis BMT CTN 1204 - HSCT BMT CTN 1205 - Easy-to-read Consent Form (ETRC) RIC BMT 13 - TREC BMT CTN 1301 - CN Free BMT CTN 1302 - Allo MM BMT CTN 1401 - Myeloma Vaccine RIC BMT 145-405-202 RIC BMT 15 - MMUG BMT CTN 1501 - Standard Risk CMV BMT CTN 1502 - CHAMP Agave Anemia BMT CTN 1503 - STRIBD BMT CTN 1504 - AML Maintenance Therapy BMT CTN 1507 - Hago Side Cell RIC BMT 16-CHAMP RIC BMT 16 - NYCTO RIC BMT 17 - CD34 RIC BMT 17-CAS RIC BMT 17-CAS2 RIC BMT 17 - CSDE BMT CTN 1703 - PROGRESS II BMT CTN 1704 - CHAMP BMT CTN 1803 - Hago NK Cell BMT CTN 1903 - NY17 Cell BMT CTN 1904 - Treo BM Failure Syndrome BMT CTN 1905 - BEAT-M5 (IND7A) PIDTC 4901 Disorders of the immune system (ICD) PIDTC 4903 Disorders of the immune system (ICD) PIDTC 4904 Disorders of the immune system (WAS) RIC BMT ACCESS RIC BMT 88 - IS-IC BMT 90A, COG AP424205C (Phase), COG ASCT1031, COG ALL1732, COG AAM1101	Capture data accurately		
PRE257	Pre-Transplant Essential Data	Pre-Transplant Essential Data	Autologous Transplant	yes	yes	Name of product (gene therapy recipient)	Other name	Change/Clarification of Response Options	Name of product (gene therapy recipient)	Retribegogene autotemcel (Amigo) 1, Eluxagigogene autotemcel (Sivono) 1, Eluxagigogene autotemcel, Other name	Capture data accurately		
PRE494	Pre-Transplant Essential Data	Pre-Transplant Essential Data		no	no	Stemcellar filtration rate (SFR)	----- mL/min/L/2	Change/Clarification of Response Options	Stemcellar filtration rate (SFR)	----- mL/min/L/2	Capture data accurately		
PRE001	Pre-Transplant Additional Drug Given in the Post-Transplant Period	Pre-Transplant Additional Drug Given in the Post-Transplant Period		no	no	ALG, ALS, ATC, ATS, Alemtuzumab, Deferibrotide, KGF, Ursodiol, None	(check all that apply)			ALG, ALS, ATC, ATS, Alemtuzumab, Deferibrotide, KGF, Ursodiol, None (check all that apply)	Capture data accurately		
PRE002	Pre-Transplant Additional Drug Given in the Post-Transplant Period	Pre-Transplant Additional Drug Given in the Post-Transplant Period		no	no	Total prescribed dose:	----- mg/kg			Total prescribed dose: ----- mg/kg			
PRE003	Pre-Transplant Additional Drug Given in the Post-Transplant Period	Pre-Transplant Additional Drug Given in the Post-Transplant Period		no	no	Specify source	ATGAM (horse),ATG - Fresenius (rabbit),Other,Thymoglobulin (rabbit)			Specify source ATGAM (horse),ATG - Fresenius (rabbit),Other,Thymoglobulin (rabbit)			
PRE004	Pre-Transplant Additional Drug Given in the Post-Transplant Period	Pre-Transplant Additional Drug Given in the Post-Transplant Period		no	no	Specify other source:	open text			Specify other source: open text			
PRE005	Pre-Transplant Additional Drug Given in the Post-Transplant Period	Pre-Transplant Additional Drug Given in the Post-Transplant Period		no	no	Total prescribed dose:	----- mg/m2 ----- mg/kg ----- mg/kg			Total prescribed dose: ----- mg/m2 ----- mg/kg ----- mg/kg			
PRE006	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-2) pandemic? no,yes (check all that apply)			
PRE007	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Is the HCT date different than the originally intended HCT date? no,yes (check all that apply)			
PRE008	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Original date of HCT YYYY/MM/DD			
PRE009	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Date estimated checked			
PRE010	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Is the donor different than the originally intended donor? no,yes (check all that apply)			
PRE011	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Specify the originally intended donor unrelated donor, syngeneic (monozygotic twin) , HLA-identical sibling (may include non-monozygotic twin) , HLA-matched other relative (does NOT include a haplo-identical donor), HLA-mismatched relative			
PRE012	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Is the product type (bone marrow, PBSC, cord blood) and different than the originally intended product type? no,yes (check all that apply)			
PRE013	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Specify the originally intended product type bone marrow,Other product,PBSC, cord blood unit			
PRE014	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Specify other product type open text			
PRE015	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Was the current product thawed from a cryopreserved state prior to infusion? no,yes (check all that apply)			
PRE016	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Did the preparative regimen change from the original plan? no,yes (check all that apply)			
PRE017	Pre-Transplant Covid-19 Impact	Pre-Transplant Covid-19 Impact		no	no					Did the GVHD prophylaxis change from the original plan? no,yes (check all that apply)			
PRE018	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed			Specify method(s) that was used to assess measurable residual disease status (check all that apply) FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed			
PRE019	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was measurable residual disease detected by FISH?	no,yes			Was measurable residual disease detected by FISH? no,yes (check all that apply)			
PRE020	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was measurable residual disease detected by karyotyping assay?	no,yes			Was measurable residual disease detected by karyotyping assay? no,yes (check all that apply)			
PRE021	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype			Which leukemia phenotype was used for detection (check all the apply) original leukemia immunophenotype, aberrant phenotype			
PRE022	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	What is the lower limit of detection (for the original leukemia immunophenotype)	open text			What is the lower limit of detection (for the original leukemia immunophenotype) open text			
PRE023	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	What is the lower limit of detection (for the aberrant phenotype)	open text			What is the lower limit of detection (for the aberrant phenotype) open text			
PRE024	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was measurable residual disease detected by flow cytometry?	no,yes			Was measurable residual disease detected by flow cytometry? no,yes (check all that apply)			
PRE025	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was measurable residual disease detected by PCR?	no,yes			Was measurable residual disease detected by PCR? no,yes (check all that apply)			
PRE026	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Was measurable residual disease detected by NGS?	no,yes			Was measurable residual disease detected by NGS? no,yes (check all that apply)			
PRE027	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed			Specify method(s) that was used to assess measurable residual disease status (check all that apply) FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed			
PRE028	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was measurable residual disease detected by FISH?	no,yes			Was measurable residual disease detected by FISH? no,yes (check all that apply)			
PRE029	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was measurable residual disease detected by karyotyping assay?	no,yes			Was measurable residual disease detected by karyotyping assay? no,yes (check all that apply)			
PRE030	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Which leukemia phenotype was used for detection (check all the apply)	original leukemia immunophenotype, aberrant phenotype			Which leukemia phenotype was used for detection (check all the apply) original leukemia immunophenotype, aberrant phenotype			
PRE031	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	What is the lower limit of detection (for the original leukemia immunophenotype)	open text			What is the lower limit of detection (for the original leukemia immunophenotype) open text			
PRE032	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	What is the lower limit of detection (for the aberrant phenotype)	open text			What is the lower limit of detection (for the aberrant phenotype) open text			
PRE033	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was measurable residual disease detected by flow cytometry?	no,yes			Was measurable residual disease detected by flow cytometry? no,yes (check all that apply)			
PRE034	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was measurable residual disease detected by PCR?	no,yes			Was measurable residual disease detected by PCR? no,yes (check all that apply)			
PRE035	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Was measurable residual disease detected by NGS?	no,yes			Was measurable residual disease detected by NGS? no,yes (check all that apply)			
PRE036	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the liver size:	----- centimeters			Specify the liver size: ----- centimeters			
PRE037	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 Exon 12	Negative,Not done,Positive			JAK2 Exon 12 Negative,Not done,Positive			
PRE038	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q,del(12p) / 12p,del(20q) / 20q,del(5q) / 5q,del(7q) / 7q,del(13q) / 13q,dup(11)(q13),5-7,Y,Other abnormality,(11,any),(11q23,any),(11p11.2,any),(12q12,any),(6,9,-),8,-9			Specify abnormalities (check all that apply) del(11q) / 11q,del(12p) / 12p,del(20q) / 20q,del(5q) / 5q,del(7q) / 7q,del(13q) / 13q,dup(11)(q13),5-7,Y,Other abnormality,(11,any),(11q23,any),(11p11.2,any),(12q12,any),(6,9,-),8,-9			
PRE039	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Yes			Was documentation submitted to the CIBMTR? (e.g. FISH report) No,Yes (check all that apply)			
PRE040	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification	Hodgkin and Non-Hodgkin Lymphoma	yes	no	Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on	Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown			Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on Gene expression profile,Immunohistochemistry (e.g. Han's algorithm),Unknown			
PRE041	Pre-Transplant Disease Classification	Pre-Transplant Disease Classification		no	yes	Date of diagnosis of primary disease for HCT / cellular therapy:	YYYY/MM/DD			Date of diagnosis of primary disease for HCT / cellular therapy: YYYY/MM/DD			

Item ID	Time Point	Information Collection Domain Sub-Type	Information Collection Domain Additional Sub-Domain	Response required if supplies	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	
PRE042	Pre-Transplant	Disease Classification		no	no	What was the primary disease for which the HCT / cellular therapy was performed?	Autoimmune diseases,Acute lymphoblastic leukemia (ALL),Acute myeloid leukemia (AML) or ANLL,Chronic myeloid 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 disorders of diabetes,Myeloproliferative syndrome (MPS) (If recipient has transformed to AML, indicate AML as the primary disease.),Myelodysplastic syndromes (MDS)(If recipient has transformed to AML, indicate AML as the primary disease.),Non-Hodgkin Lymphoma,Acute leukemia of ambiguous lineage and other myeloid neoplasms,Other disease,Other leukemias (includes CLL),Multiple myeloma / plasma cell disorder (PCD),Paroxysmal nocturnal hemoglobinuria (PNH),Recessive dystrophic epidermolysis bullosa,Aplastic Anemia(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) Solid tumor,Tolerance induction associated with solid organ transplant		What was the primary disease for which the HCT / cellular therapy was performed?	Autoimmune diseases,Acute lymphoblastic leukemia (ALL),Acute myeloid leukemia (AML) or ANLL,Chronic myeloid 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 disorders of diabetes,Myeloproliferative syndrome (MPS) (If recipient has transformed to AML, indicate AML as the primary disease.),Myelodysplastic syndromes (MDS)(If recipient has transformed to AML, indicate AML as the primary disease.),Non-Hodgkin Lymphoma,Acute leukemia of ambiguous lineage and other myeloid neoplasms,Other disease,Other leukemias (includes CLL),Multiple myeloma / plasma cell disorder (PCD),Paroxysmal nocturnal hemoglobinuria (PNH),Recessive dystrophic epidermolysis bullosa,Aplastic Anemia(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.) Solid tumor,Tolerance induction associated with solid organ transplant		
PRE043	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify the AML classification	AML with recurrent genetic abnormalities: AML with t(9;11) (p22;p11.3); MLL1/9/PT23 (5). AML with t(6;9) (p23;p34.1); DEK-NUP214 (6). AML with t(8;21) (p23;p21) or t(15;17) (q24;q22); FMS1/MLL (8). AML (leukaryoblastic) with t(11;22) (p13;q13.3); BLM1/MLL1 (8). AML with t(8;21) (p23;p21); RUNX1/MLL1 (281). AML with t(16;16) (p13.1;q22) or t(16;16)(p13.1, q22); CBFB-MYH11 (282). APL with t(9;22) (q34;q11). AML with t(9;22) (q34;q11) (provisional entry) (5). AML with mutated NPM1 (6). AML with t(16;16) (p13.1;q22) (provisional entry) (297). AML with mutated RUNX3 (provisional entry) (298). AML with t(12;21) (p12;q13) abnormalities (i.e., t(12;11), t(9;11), t(11;11), t(11;19) (284)). AML with myelodysplasia - related changes (285). Therapy related AML (9-AML) (8). AML, not otherwise specified (280). AML, minimally differentiated (286). AML without maturation (287). AML with maturation (288). Acute myelomonocytic leukemia (289). Acute monocytic/ acute monocytic leukemia (290). Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291). Acute megakaryoblastic leukemia (292). Acute basophilic leukemia (293). Acute promyelosis with myelofibrosis (294). Myeloid sarcoma (295). Myeloid leukemia associated with Down syndrome (299).	AML, not otherwise specified.		Specify the AML classification	AML with recurrent genetic abnormalities: AML with t(9;11) (p22;p11.3); MLL1/9/PT23 (5). AML with t(6;9) (p23;p34.1); DEK-NUP214 (6). AML with t(8;21) (p23;p21) or t(15;17) (q24;q22); GATA2, MECOM (7). AML (leukaryoblastic) with t(11;22) (p13;q13.3); BLM1/MLL1 (8). AML with t(8;21) (p23;p21); RUNX1/MLL1 (281). AML with t(16;16) (p13.1;q22) or t(16;16)(p13.1, q22); CBFB-MYH11 (282). APL with t(9;22) (q34;q11). AML with t(9;22) (q34;q11) (provisional entry) (5). AML with mutated NPM1 (6). AML with t(16;16) (p13.1;q22) (provisional entry) (297). AML with mutated RUNX3 (provisional entry) (298). AML with t(12;21) (p12;q13) abnormalities (i.e., t(12;11), t(9;11), t(11;11), t(11;19) (284)). AML with myelodysplasia - related changes (285). Therapy related AML (9-AML) (8). AML, not otherwise specified (280). AML, minimally differentiated (286). AML without maturation (287). AML with maturation (288). Acute myelomonocytic leukemia (289). Acute monocytic/ acute monocytic leukemia (290). Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291). Acute megakaryoblastic leukemia (292). Acute basophilic leukemia (293). Acute promyelosis with myelofibrosis (294). Myeloid sarcoma (295). Myeloid leukemia associated with Down syndrome (299).	AML, not otherwise specified.
PRE044	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Did AML transform from MDS or MPN?	no,yes-Also complete MDS or MPN Disease Classification questions		Did AML transform from MDS or MPN?	no,yes-Also complete MDS or MPN Disease Classification questions		
PRE045	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Is the disease (AML) therapy related?	no,Unknown,yes		Is the disease (AML) therapy related?	no,Unknown,yes		
PRE046	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	no,Unknown,yes		
PRE047	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify condition	Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition		Specify condition	Bloom syndrome,Dyskeratosis congenita,Down Syndrome,Fanconi anemia,Other condition		
PRE048	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify other condition:	open text		Specify other condition:	open text		
PRE049	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH) (at diagnosis)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH) (at diagnosis or relapse)	no,Unknown,yes		
PRE050	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes		
PRE051	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities		
PRE052	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		
PRE053	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities:	Four or more (4 or more),One (1),Three (3),Two (2)		
PRE054	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	t(15;17) any abnormality,t(8;21) any abnormality,del(11q) / 11q-deletion / 11q-deletion / 11q-deletion / 17q-deletion / 17q-deletion / 20q-deletion / 21q-deletion / 21q-deletion / 3q-deletion / 3q-deletion / 7q-deletion / 7q-deletion / 9q-deletion / 9q-deletion / inv(16) / inv(3), 17-18-5-7,X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(8;21),t(9;11),t(9;22),+11,+13,+14,+15,+21,+22,+4,-8		Specify abnormalities (check all that apply)	t(15;17) any abnormality,t(8;21) any abnormality,del(11q) / 11q-deletion / 11q-deletion / 11q-deletion / 17q-deletion / 17q-deletion / 20q-deletion / 21q-deletion / 21q-deletion / 3q-deletion / 3q-deletion / 7q-deletion / 7q-deletion / 9q-deletion / 9q-deletion / inv(16) / inv(3), 17-18-5-7,X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(8;21),t(9;11),t(9;22),+11,+13,+14,+15,+21,+22,+4,-8		
PRE055	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text		
PRE056	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes		
PRE057	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		
PRE058	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		
PRE059	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities:	Four or more (4 or more),One (1),Three (3),Two (2)		
PRE060	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify abnormalities (check all that apply)	t(15;17) any abnormality,t(8;21) any abnormality,del(11q) / 11q-deletion / 11q-deletion / 11q-deletion / 17q-deletion / 17q-deletion / 20q-deletion / 21q-deletion / 21q-deletion / 3q-deletion / 3q-deletion / 7q-deletion / 7q-deletion / 9q-deletion / 9q-deletion / inv(16) / inv(3), 17-18-5-7,X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(8;21),t(9;11),t(9;22),+11,+13,+14,+15,+21,+22,+4,-8		Specify abnormalities (check all that apply)	t(15;17) any abnormality,t(8;21) any abnormality,del(11q) / 11q-deletion / 11q-deletion / 11q-deletion / 17q-deletion / 17q-deletion / 20q-deletion / 21q-deletion / 21q-deletion / 3q-deletion / 3q-deletion / 7q-deletion / 7q-deletion / 9q-deletion / 9q-deletion / inv(16) / inv(3), 17-18-5-7,X,-Y,Other abnormality,t(15;17) and variants,t(16;16),t(8;21),t(9;11),t(9;22),+11,+13,+14,+15,+21,+22,+4,-8		
PRE061	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text		
PRE062	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Was documentation submitted to the CBMT® (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CBMT® (e.g. cytogenetic or FISH report)	No,Yes		
PRE063	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes		Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes		
PRE064	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	CEBPA	Negative,Not Done,Positive		CEBPA	Negative,Not Done,Positive		
PRE065	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown		Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown		
PRE066	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - TTD (point mutations in DB35 or deletions of codon 836)	Negative,Not Done,Positive		FLT3 - TTD (point mutations in DB35 or deletions of codon 836)	Negative,Not Done,Positive		
PRE067	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD mutation	Negative,Not Done,Positive		FLT3 - ITD mutation	Negative,Not Done,Positive		
PRE068	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown		
PRE069	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:	---		Specify FLT3 - ITD allelic ratio:	---		
PRE070	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH1	Negative,Not Done,Positive		IDH1	Negative,Not Done,Positive		
PRE071	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative,Not Done,Positive		IDH2	Negative,Not Done,Positive		
PRE072	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	KIT	Negative,Not Done,Positive		KIT	Negative,Not Done,Positive		
PRE073	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive		
PRE074	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive		
PRE075	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text		
PRE076	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Were cytogenetics tested (karyotyping or FISH) (between diagnosis or relapse and last evaluation)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH) (between diagnosis or relapse and last evaluation)	no,Unknown,yes		

Item ID	Time Point	Information Collection Domain	Information Collection Sub-Domain	Response required if supplies	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
PRE077	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRE078	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE079	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE080	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE081	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8		Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8	
PRE082	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE083	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE084	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE085	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE086	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE087	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8		Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8	
PRE088	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE089	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE090	Pre-Transplant	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		Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	No,Unknown,Yes	
PRE091	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	CEBPA	Negative,Not Done,Positive		CEBPA	Negative,Not Done,Positive	
PRE092	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown		Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	
PRE093	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	FLT3 - TRD (point mutations in D835 or deletions of codon B36)	Negative,Not done,Positive		FLT3 - TRD (point mutations in D835 or deletions of codon B36)	Negative,Not done,Positive	
PRE094	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	FLT3 - ITD mutation	Negative,Not Done,Positive		FLT3 - ITD mutation	Negative,Not Done,Positive	
PRE095	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	FLT3 - ITD allelic ratio	Known,Unknown		FLT3 - ITD allelic ratio	Known,Unknown	
PRE096	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify FLT3 - ITD allelic ratio:	--- / --- / ---		Specify FLT3 - ITD allelic ratio:	--- / --- / ---	
PRE097	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	DNH1	Negative,Not Done,Positive		DNH1	Negative,Not Done,Positive	
PRE098	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	DNH2	Negative,Not Done,Positive		DNH2	Negative,Not Done,Positive	
PRE099	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	DN1	Negative,Not Done,Positive		DN1	Negative,Not Done,Positive	
PRE100	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	NPM1	Negative,Not Done,Positive		NPM1	Negative,Not Done,Positive	
PRE101	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
PRE102	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
PRE103	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	No,Unknown,Yes		Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	No,Unknown,Yes	
PRE104	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRE105	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE106	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE107	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE108	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8		Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8	
PRE109	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE110	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE111	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE112	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE113	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE114	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8		Specify abnormalities (check all that apply)	1,t(2;2) any abnormality,1;2p any abnormality,del(11q) / 11q-del(11q) / 16q-del(16q) / 17q-del(17q) / 20q-del(20q) / 21q-del(21q) / 3q-del(3q) / 3q-del(3q) / 5q-del(5q) / 7q-del(7q) / 7q-inv(16),inv(3),-17,-18,-5,-7,-X,-Y,Other abnormality,(15;17) and variants,(16;16),(3;3),(6;9),(8;21),(9;11),(9;22),+1,+3,+4,+21,+22,+4,+8	
PRE115	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE116	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE117	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)	No,Unknown,Yes		Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)	No,Unknown,Yes	
PRE118	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	CEBPA	Negative,Not Done,Positive		CEBPA	Negative,Not Done,Positive	
PRE119	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	Specify CEBPA mutation	Biallelic (homozygous),Monoallelic (heterozygous),Unknown		Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	
PRE120	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	Yes	Yes	FLT3 - TRD (point mutations in D835 or deletions of codon B36)	Negative,Not done,Positive		FLT3 - TRD (point mutations in D835 or deletions of codon B36)	Negative,Not done,Positive	

Item ID	Time Point	Information Collection Domain Sub-Type	Information Collection Domain Additional Sub-Domain	Response required if 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
PRE11	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD mutation	Negative/Not Done/Positive		FLT3 - ITD mutation	Negative/Not Done/Positive	
PRE12	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	FLT3 - ITD allelic ratio	Known/Unknown		FLT3 - ITD allelic ratio	Known/Unknown	
PRE13	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify FLT3 - ITD allelic ratio:	----		Specify FLT3 - ITD allelic ratio:	----	
PRE14	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH1	Negative/Not Done/Positive		IDH1	Negative/Not Done/Positive	
PRE15	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	IDH2	Negative/Not Done/Positive		IDH2	Negative/Not Done/Positive	
PRE16	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	KIT	Negative/Not Done/Positive		KIT	Negative/Not Done/Positive	
PRE17	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	NPM1	Negative/Not Done/Positive		NPM1	Negative/Not Done/Positive	
PRE18	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Other molecular marker	Negative/Not Done/Positive		Other molecular marker	Negative/Not Done/Positive	
PRE19	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
PRE20	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no/Unknown/yes		Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no/Unknown/yes	
PRE21	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	What was the disease status?	1st complete remission,1st relapse,2nd complete remission,2nd relapse, 3rd complete remission, 3rd relapse.No treatment,Primary induction failure		What was the disease status?	1st complete remission, 1st relapse,2nd complete remission, 2nd relapse, 3rd complete remission, 3rd relapse.No treatment,Primary induction failure	
PRE22	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	How many cycles of induction therapy were required to achieve 1st complete remission? (includes CR)	1,2, 3		How many cycles of induction therapy were required to achieve 1st complete remission? (includes CR)	1,2, 3	
PRE23	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Date of most recent relapse:	YYYY/MM/DD		Date of most recent relapse:	YYYY/MM/DD	
PRE24	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
PRE25	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes	no	Specify ALL classification	B lymphoblastic leukemia / lymphoma: B lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (19). B lymphoblastic leukemia / lymphoma with t(9;22)(q34;q11.2), BCR-ABL1 (19). B lymphoblastic leukemia / lymphoma with t(11q23;q13), ETV6 rearranged (19). B lymphoblastic leukemia / lymphoma with t(12;21)(p13.2;q21.1), ETV6-RUNX1 (19). B lymphoblastic leukemia / lymphoma with t(12;14)(q31;q32.3), IGH-BCL1 (19). B lymphoblastic leukemia / lymphoma with Hyperdiploidy (5-65 chromosomes) (B2). B lymphoblastic leukemia / lymphoma with Hypodiploidy (4-64 chromosomes) (B3). B lymphoblastic leukemia / lymphoma, BCR-ABL1 like (provisional entry) (94). T-cell lymphoblastic leukemia / lymphoma: T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (194). Early T-cell precursor lymphoblastic leukemia (M0),NK cell lymphoblastic leukemia / lymphoma: Natural killer (NK)-cell lymphoblastic leukemia / lymphoma (97)		Specify ALL classification	B lymphoblastic leukemia / lymphoma: B lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (19). B lymphoblastic leukemia / lymphoma with t(9;22)(q34;q11.2), BCR-ABL1 (19). B lymphoblastic leukemia / lymphoma with t(11q23;q13), ETV6 rearranged (19). B lymphoblastic leukemia / lymphoma with t(12;21)(p13.2;q21.1), ETV6-RUNX1 (19). B lymphoblastic leukemia / lymphoma with t(12;14)(q31;q32.3), IGH-BCL1 (19). B lymphoblastic leukemia / lymphoma with Hyperdiploidy (5-65 chromosomes) (B2). B lymphoblastic leukemia / lymphoma with Hypodiploidy (4-64 chromosomes) (B3). B lymphoblastic leukemia / lymphoma, BCR-ABL1 like (provisional entry) (94). T-cell lymphoblastic leukemia / lymphoma: T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (194). Early T-cell precursor lymphoblastic leukemia (M0),NK cell lymphoblastic leukemia / lymphoma: Natural killer (NK)-cell lymphoblastic leukemia / lymphoma (97)	
PRE26	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Did the recipient have a predisposing condition?	no/Unknown/yes		Did the recipient have a predisposing condition?	no/Unknown/yes	
PRE27	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Specify condition	Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition		Specify condition	Aplastic anemia,Bloom syndrome,Down Syndrome,Fanconi anemia,Other condition	
PRE28	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
PRE29	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	no	Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)	no/yes		Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)	no/yes	
PRE30	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH) (at diagnosis)	no/Unknown/yes		Were cytogenetics tested (karyotyping or FISH) (at diagnosis or relapse)	no/Unknown/yes	
PRE31	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via FISH?	No/Yes		Were cytogenetics tested via FISH?	No/Yes	
PRE32	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE33	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE34	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE35	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	t(12q23) any abnormality,t(9) any abnormality,t(9) any abnormality,t(4q,6q)(12p) / 12p-/del(6q) / 6q-del(9p) / 9p-/Hyperdiploid (≥ 50),Hypodiploid (≤ 46),JAK2P1-7,Other abnormality [t(1;9)(p10;p11),t(1;4)(11;22),t(2;8)(4;11)(5;14)(8;14)(8;22)(17;22),+17,+21,+4,-8		Specify abnormalities (check all that apply)	t(12q23) any abnormality,t(9) any abnormality,t(9) any abnormality,t(4q,6q)(12p) / 12p-/del(6q) / 6q-del(9p) / 9p-/Hyperdiploid (≥ 50),Hypodiploid (≤ 46),JAK2P1-7,Other abnormality [t(1;9)(p10;p11),t(1;4)(11;22),t(2;8)(4;11)(5;14)(8;14)(8;22)(17;22),+17,+21,+4,-8	
PRE36	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE37	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via karyotyping?	No/Yes		Were cytogenetics tested via karyotyping?	No/Yes	
PRE38	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE39	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE40	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE41	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	t(12q23) any abnormality,t(9) any abnormality,t(9) any abnormality,t(4q,6q)(12p) / 12p-/del(6q) / 6q-del(9p) / 9p-/Hyperdiploid (≥ 50),Hypodiploid (≤ 46),JAK2P1-7,Other abnormality [t(1;9)(p10;p11),t(1;4)(11;22),t(2;8)(4;11)(5;14)(8;14)(8;22)(17;22),+17,+21,+4,-8		Specify abnormalities (check all that apply)	t(12q23) any abnormality,t(9) any abnormality,t(9) any abnormality,t(4q,6q)(12p) / 12p-/del(6q) / 6q-del(9p) / 9p-/Hyperdiploid (≥ 50),Hypodiploid (≤ 46),JAK2P1-7,Other abnormality [t(1;9)(p10;p11),t(1;4)(11;22),t(2;8)(4;11)(5;14)(8;14)(8;22)(17;22),+17,+21,+4,-8	
PRE42	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE43	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No/Yes		Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No/Yes	
PRE44	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were tests for molecular markers performed? (at diagnosis)	no/Unknown/yes		Were tests for molecular markers performed? (at diagnosis or relapse)	no/Unknown/yes	
PRE45	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	BCR / ABL	Negative/Not Done/Positive		BCR / ABL	Negative/Not Done/Positive	
PRE46	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	TEL-AML1 / AML1	Negative/Not Done/Positive		TEL-AML1 / AML1	Negative/Not Done/Positive	
PRE47	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Other molecular marker	Negative/Not Done/Positive		Other molecular marker	Negative/Not Done/Positive	
PRE48	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
PRE49	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH) (between diagnosis and last evaluation)	no/Unknown/yes		Were cytogenetics tested (karyotyping or FISH) (between diagnosis or at relapse and last evaluation)	no/Unknown/yes	
PRE50	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via FISH?	No/Yes		Were cytogenetics tested via FISH?	No/Yes	

Item ID	Time Point	Information Domain Sub-Type	Information Collection Additional Sub-Domain	Response required if applicable	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
PRE151	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE152	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE153	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE154	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8		Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8	
PRE155	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE156	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE157	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE158	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE159	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE170	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8		Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8	
PRE171	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE172	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Was documentation submitted to the CIMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE173	Pre-Transplant	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		Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	No,Unknown,Yes	
PRE174	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive	
PRE175	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	TET,AML / AML1	Negative,Not Done,Positive		TET,AML / AML1	Negative,Not Done,Positive	
PRE176	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
PRE177	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
PRE178	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Were cytogenetics tested (karyotyping or FISH) (at last evaluation)	No,Unknown,Yes		Were cytogenetics tested (karyotyping or FISH) (at last evaluation)	No,Unknown,Yes	
PRE179	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRE180	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE181	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE182	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE183	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8		Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8	
PRE184	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE185	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Were cytogenetics tested via karyotyping? (at last evaluation)	No,Yes		Were cytogenetics tested via karyotyping? (at last evaluation)	No,Yes	
PRE186	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE187	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE188	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE189	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8		Specify abnormalities (check all that apply)	11q23) any abnormality,12p any abnormality,5p any abnormality,add(14q),del(12p) / 12p-,del(6q) / 6q-,del(9p) / 9p-,Hyperdiploid (> 50),Hypodiploid (< 46),JAMP21-,7,Other abnormality,(1;19),t(10;14),t(11;14),t(12;21),t(2;8),t(4;11),t(5;4),t(8;14),t(8;22),t(9;22),+17,+21,+4,-8	
PRE190	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE191	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Was documentation submitted to the CIMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CIMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE192	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)	No,Unknown,Yes		Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)	No,Unknown,Yes	
PRE193	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive	
PRE194	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	TET,AML / AML1	Negative,Not Done,Positive		TET,AML / AML1	Negative,Not Done,Positive	
PRE195	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Other molecular marker	Negative,Not Done,Positive		Other molecular marker	Negative,Not Done,Positive	
PRE196	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	Yes	Specify other molecular marker:	open text		Specify other molecular marker:	open text	
PRE197	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	No	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	No,Unknown,Yes		Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	No,Unknown,Yes	
PRE198	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	No	What was the disease status?	1st complete remission (include CR),1st relapse,2nd complete remission,2nd relapse, > 3rd complete remission, < 3rd relapse,No treatment,Primary induction failure		What was the disease status?	1st complete remission (include CR),1st relapse,2nd complete remission,2nd relapse, > 3rd complete remission, < 3rd relapse,No treatment,Primary induction failure	
PRE199	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	No	How many cycles of induction therapy were required to achieve 1st complete remission?	1,2, > 3		How many cycles of induction therapy were required to achieve 1st complete remission?	1,2, > 3	
PRE200	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	No	Date of most recent relapse:	YYYYMMDD		Date of most recent relapse:	YYYYMMDD	
PRE201	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	Yes	No	Date assessed:	YYYYMMDD		Date assessed:	YYYYMMDD	
PRE202	Pre-Transplant	Disease Classification	Acute Leukemia of Ambiguous Lineage and Other Myeloid Neoplasms	Yes	No	Specify acute leukemia of ambiguous lineage and other myeloid neoplasm classification	Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm ,Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2), BCR-ABL1,Mixed phenotype acute leukemia with t(9;23)(3), t(8;21)A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm		Specify acute leukemia of ambiguous lineage and other myeloid neoplasm classification	Acute undifferentiated leukemia,Blastic plasmacytoid dendritic cell neoplasm ,Mixed phenotype acute leukemia, B/myeloid, NOS,Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2), BCR-ABL1,Mixed phenotype acute leukemia with t(9;23)(3), t(8;21)A rearranged,Mixed phenotype acute leukemia, T/myeloid, NOS,Other acute leukemia of ambiguous lineage or myeloid neoplasm	

Item ID	Time Point	Information Collection Domain	Information Collection Sub-Domain	Response required if 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
PRE203	Pre-Transplant	Disease Classification	Acute Leukemia of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text		Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text	
PRE204	Pre-Transplant	Disease Classification	Acute Leukemia of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	What was the disease status? (based on hematological test results)	1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥ 3rd relapse.No treatment/Primary induction failure		What was the disease status? (based on hematological test results)	1st complete remission (no previous marrow or extramedullary relapse),1st relapse,2nd complete remission,2nd relapse, ≥ 3rd complete remission, ≥ 3rd relapse.No treatment/Primary induction failure	
PRE205	Pre-Transplant	Disease Classification	Acute Leukemia of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
PRE206	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Was therapy given prior to this HCT?	no,yes		Was therapy given prior to this HCT?	no,yes	
PRE207	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Combination chemotherapy	no,yes		Combination chemotherapy	no,yes	
PRE208	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Hydroxyurea (Droxia, Hydrox)	no,yes		Hydroxyurea (Droxia, Hydrox)	no,yes	
PRE209	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no,yes		Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no,yes	
PRE210	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Interferon-α/alpha (Intron, Roteron) (includes PEG)	no,yes		Interferon-α/alpha (Intron, Roteron) (includes PEG)	no,yes	
PRE211	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Other therapy	no,yes		Other therapy	no,yes	
PRE212	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify other therapy:	open text		Specify other therapy:	open text	
PRE213	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	What was the disease status?	Accelerated phase,Blast phase.Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase.Complete hematologic response (CHR) preceded only by chronic phase.Chronic phase		What was the disease status?	Accelerated phase,Blast phase.Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase.Complete hematologic response (CHR) preceded only by chronic phase.Chronic phase	
PRE214	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify level of response	Complete cytogenetic response (CCR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CCR),Partial cytogenetic response (PCR)		Specify level of response	Complete cytogenetic response (CCR),Complete molecular remission (CMR),Minimal cytogenetic response,Minor cytogenetic response,Major molecular remission (MMR),No cytogenetic response (No CCR),Partial cytogenetic response (PCR)	
PRE215	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Number	1st,2nd,3rd or higher		Number	1st,2nd,3rd or higher	
PRE216	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
PRE217	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	What was the MDS subtype at diagnosis? If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions	Atypical chronic myeloid leukemia (ACM-L),BCR/ABL1-Chronic myelomonocytic leukemia (CMML),Juvenile myelomonocytic leukemia (JMML)/CMML,Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-ME),MDS /MPN with ring sideroblasts and thrombocytosis (MDS /MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm,unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS),unclassifiable,Refractory cytopenia of childhood, Myelodysplastic Syndrome with excess blasts (MDS-EB) , MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2), Myelodysplastic Syndrome with ring sideroblasts : MDS-RS with multilineage dysplasia (MDS-RS-M),MDS-RS with single lineage dysplasia (MDS-RS-SLD),Myelodysplastic		What was the MDS subtype at diagnosis? If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions	Atypical chronic myeloid leukemia (ACM-L),BCR/ABL1-Chronic myelomonocytic leukemia (CMML),Juvenile myelomonocytic leukemia (JMML)/CMML,Myelodysplastic syndrome with isolated del(5q),Myelodysplastic syndrome with multilineage dysplasia (MDS-ME),MDS /MPN with ring sideroblasts and thrombocytosis (MDS /MPN-RS-T),Myelodysplastic syndrome / myeloproliferative neoplasm,unclassifiable, syndrome with single lineage dysplasia (MDS-SLD),Myelodysplastic syndrome (MDS),unclassifiable,Refractory cytopenia of childhood, Myelodysplastic Syndrome with excess blasts (MDS-EB) , MDS with excess blasts-1 (MDS-EB-1),MDS with excess blasts-2 (MDS-EB-2), Myelodysplastic Syndrome with ring sideroblasts : MDS-RS with multilineage dysplasia (MDS-RS-M),MDS-RS with single lineage dysplasia (MDS-RS-SLD),Myelodysplastic	
PRE218	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia		Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia	
PRE219	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Was documentation submitted to the CBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE220	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Was the disease MDS therapy related?	No,Unknown,yes		Was the disease MDS therapy related?	No,Unknown,yes	
PRE221	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Did the recipient have a predisposing condition?	No,Unknown,yes		Did the recipient have a predisposing condition?	No,Unknown,yes	
PRE222	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify condition	Myeloid anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency),J1,Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX1 deficiency (previously Tarnoff platelet disorder with propensity to myeloid malignancies), SAMMP- or SAMDR-associated familial MDS,Breivikman-Diamond syndrome, telomere biology disorder (including dyskeratosis congenita)		Specify condition	Myeloid anemia,DDX41-associated familial MDS,Fanconi anemia,GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency),J1,Fraumeni Syndrome,Other condition,Paroxysmal nocturnal hemoglobinuria,Diamond-Blackfan Anemia,RUNX1 deficiency (previously Tarnoff platelet disorder with propensity to myeloid malignancies), SAMMP- or SAMDR-associated familial MDS,Breivikman-Diamond syndrome, telomere biology disorder (including dyskeratosis congenita)	
PRE223	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify other condition:	open text		Specify other condition:	open text	
PRE224	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
PRE225	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	Known,Unknown		Blasts in bone marrow	Known,Unknown	
PRE226	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in bone marrow	— — — — %		Blasts in bone marrow	— — — — %	
PRE227	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	No,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)?	No,Unknown,yes	
PRE228	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRE229	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
PRE230	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE231	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE232	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE233	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-deletion / 12p-deletion / 20q-deletion / 3q-deletion / 5q-deletion / 7q-deletion / 9q-deletion / 13q-117q-inversion / 13-20-5-7-7-Other abnormalities:01:01;11:16;12:11;13:21;13:31;16:9;+15-8		Specify abnormalities (check all that apply)	del(11q) / 11q-deletion / 12p-deletion / 20q-deletion / 3q-deletion / 5q-deletion / 7q-deletion / 9q-deletion / 13q-117q-inversion / 13-20-5-7-7-Other abnormalities:01:01;11:16;12:11;13:21;13:31;16:9;+15-8	
PRE234	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE235	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Was documentation submitted to the CBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CBMTR? (e.g. cytogenetic or FISH report)	No,Yes	
PRE236	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE237	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Sample source	Peripheral blood,Bone marrow		Sample source	Peripheral blood,Bone marrow	
PRE238	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE239	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE240	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE241	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-deletion / 12p-deletion / 20q-deletion / 3q-deletion / 5q-deletion / 7q-deletion / 9q-deletion / 13q-117q-inversion / 13-20-5-7-7-Other abnormalities:01:01;11:16;12:11;13:21;13:31;16:9;+15-8		Specify abnormalities (check all that apply)	del(11q) / 11q-deletion / 12p-deletion / 20q-deletion / 3q-deletion / 5q-deletion / 7q-deletion / 9q-deletion / 13q-117q-inversion / 13-20-5-7-7-Other abnormalities:01:01;11:16;12:11;13:21;13:31;16:9;+15-8	
PRE242	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE243	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Was documentation submitted to the CBMTR? (e.g. cytogenetic or FISH report)	No,Yes		Was documentation submitted to the CBMTR? (e.g. cytogenetic or FISH report)	No,Yes	

Item ID	Time Point	Information Collection Domain	Information Collection Sub-Domain	Response required if 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
PRE244	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/infusion?	No/Yes		Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/infusion?	No/Yes	
PRE245	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify the MDS subtype or AML after transformation	Transformed to AML, Chronic myelomonocytic leukemia (CMML), Myelodysplastic syndrome with isolated del(5q), Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD), MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T), Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable Myelodysplastic syndrome with single lineage dysplasia (MDS-E), Myelodysplastic syndrome (MDS), unclassifiable/refractory cytopenia of childhood, Myelodysplastic Syndrome with excess blasts (MDS-EB), MDS with excess blasts-1 (MDS-EB-1), MDS with excess blasts-2 (MDS-EB-2), Myelodysplastic syndrome with ring sideroblasts, MDS-RS with multilineage dysplasia (MDS-RS-MLD), MDS-RS with single lineage dysplasia (MDS-RS-SD)		Specify the MDS subtype or AML after transformation	Transformed to AML, Chronic myelomonocytic leukemia (CMML), Myelodysplastic syndrome with isolated del(5q), Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD), MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN-RS-T), Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable Myelodysplastic syndrome with single lineage dysplasia (MDS-E), Myelodysplastic syndrome (MDS), unclassifiable/refractory cytopenia of childhood, Myelodysplastic Syndrome with excess blasts (MDS-EB), MDS with excess blasts-1 (MDS-EB-1), MDS with excess blasts-2 (MDS-EB-2), Myelodysplastic syndrome with ring sideroblasts, MDS-RS with multilineage dysplasia (MDS-RS-MLD), MDS-RS with single lineage dysplasia (MDS-RS-SD)	
PRE246	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts, MDS-U based on defining cytogenetic abnormality, MDS-U with single lineage dysplasia and pancytopenia		Specify Myelodysplastic syndrome, unclassifiable (MDS-U)	MDS-U with 1% blood blasts, MDS-U based on defining cytogenetic abnormality, MDS-U with single lineage dysplasia and pancytopenia	
PRE247	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify the date of the most recent transformation.	YYYY/MM/DD		Specify the date of the most recent transformation.	YYYY/MM/DD	
PRE248	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Date of MDS diagnosis.	YYYY/MM/DD		Date of MDS diagnosis.	YYYY/MM/DD	
PRE249	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Date CBC drawn.	YYYY/MM/DD		Date CBC drawn.	YYYY/MM/DD	
PRE250	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Blasts in bone marrow	Known, Unknown		Blasts in bone marrow	Known, Unknown	
PRE251	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Blasts in bone marrow	_____%		Blasts in bone marrow	_____%	
PRE252	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Were cytogenetics tested (karyotyping or FISH)?	No, Unknown, Yes		Were cytogenetics tested (karyotyping or FISH)?	No, Unknown, Yes	
PRE253	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Were cytogenetics tested via FISH?	No, Yes		Were cytogenetics tested via FISH?	No, Yes	
PRE254	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Sample source	Peripheral blood, Bone marrow		Sample source	Peripheral blood, Bone marrow	
PRE255	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Results of tests	Abnormalities identified, No abnormalities		Results of tests	Abnormalities identified, No abnormalities	
PRE256	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string.	Open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string.	Open text	
PRE257	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more), One (1), Three (3), Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more), One (1), Three (3), Two (2)	
PRE258	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify abnormalities (check all that apply)	del(11q) / 11q-del(11q) / 13p-del(13q) / 9p-del(9p) / 8p-del(8p) / 5q-del(5q) / 7q-del(7q) / 7q-del(7q) / 9q-del(9q) / 13q-11qmw(13-11-20;5-7-Y) Other abnormality (1;3)(11;16)(12;11)(3;21)(3;21)(16;9)+19,-8		Specify abnormalities (check all that apply)	del(11q) / 11q-del(11q) / 13p-del(13q) / 9p-del(9p) / 8p-del(8p) / 5q-del(5q) / 7q-del(7q) / 7q-del(7q) / 9q-del(9q) / 13q-11qmw(13-11-20;5-7-Y) Other abnormality (1;3)(11;16)(12;11)(3;21)(3;21)(16;9)+19,-8	
PRE259	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify other abnormality.	Open text		Specify other abnormality.	Open text	
PRE260	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Was documentation submitted to the CIBMTR (e.g. cytogenetic or FISH report)	No, Yes		Was documentation submitted to the CIBMTR (e.g. cytogenetic or FISH report)	No, Yes	
PRE261	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Were cytogenetics tested via karyotyping?	No, Yes		Were cytogenetics tested via karyotyping?	No, Yes	
PRE262	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Sample source	Peripheral blood, Bone marrow		Sample source	Peripheral blood, Bone marrow	
PRE263	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Results of tests	Abnormalities identified, No abnormalities, No evaluable metaphases		Results of tests	Abnormalities identified, No abnormalities, No evaluable metaphases	
PRE264	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string.	Open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string.	Open text	
PRE265	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more), One (1), Three (3), Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more), One (1), Three (3), Two (2)	
PRE266	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify abnormalities (check all that apply)	del(11q) / 11q-del(11q) / 13p-del(13q) / 9p-del(9p) / 8p-del(8p) / 5q-del(5q) / 7q-del(7q) / 7q-del(7q) / 9q-del(9q) / 13q-11qmw(13-11-20;5-7-Y) Other abnormality (1;3)(11;16)(12;11)(3;21)(3;21)(16;9)+19,-8		Specify abnormalities (check all that apply)	del(11q) / 11q-del(11q) / 13p-del(13q) / 9p-del(9p) / 8p-del(8p) / 5q-del(5q) / 7q-del(7q) / 7q-del(7q) / 9q-del(9q) / 13q-11qmw(13-11-20;5-7-Y) Other abnormality (1;3)(11;16)(12;11)(3;21)(3;21)(16;9)+19,-8	
PRE267	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Specify other abnormality.	Open text		Specify other abnormality.	Open text	
PRE268	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	Yes	Was documentation submitted to the CIBMTR (e.g. cytogenetic or FISH report)	No, Yes		Was documentation submitted to the CIBMTR (e.g. cytogenetic or FISH report)	No, Yes	
PRE269	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	No	What was the disease status?	Complete remission (CR), Hematologic improvement (HI), Not assessed, No response (NR) / stable disease (SD), Progression from hematologic improvement (Prog from HI), Relapse from complete remission (Rel from CR)		What was the disease status?	Complete remission (CR), Hematologic improvement (HI), Not assessed, No response (NR) / stable disease (SD), Progression from hematologic improvement (Prog from HI), Relapse from complete remission (Rel from CR)	
PRE270	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	No	Specify the cell line examined to determine H status	HE, E, N, H, P		Specify the cell lines examined to determine H status	HE, E, N, H, P	
PRE271	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	No	Specify transfusion dependence	Low transfusion burden (LTB), Non-transfused (NTD)		Specify transfusion dependence	Low transfusion burden (LTB), Non-transfused (NTD)	
PRE272	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	Yes	No	Date assessed.	YYYY/MM/DD		Date assessed.	YYYY/MM/DD	
PRE273	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	No	What was the MPN subtype at diagnosis?	Chronic eosinophilic leukemia, not otherwise specified (NOS), Primary myelofibrosis (PMF), Chronic neutrophilic leukemia, Essential thrombocythemia, Myeloproliferative neoplasm (MPN), unclassifiable Myeloid / lymphoid neoplasm with FISH rearrangement Myeloid / lymphoid neoplasm with FISH rearrangement Myeloid / lymphoid neoplasm with FISH rearrangement Myeloid / lymphoid neoplasm with FISH rearrangement Polycythemia vera (PCV), Mastocytosis, Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS)		What was the MPN subtype at diagnosis?	Chronic eosinophilic leukemia, not otherwise specified (NOS), Primary myelofibrosis (PMF), Chronic neutrophilic leukemia, Essential thrombocythemia, Myeloproliferative neoplasm (MPN), unclassifiable Myeloid / lymphoid neoplasm with FISH rearrangement Myeloid / lymphoid neoplasm with FISH rearrangement Myeloid / lymphoid neoplasm with FISH rearrangement Myeloid / lymphoid neoplasm with FISH rearrangement Polycythemia vera (PCV), Mastocytosis, Cutaneous mastocytosis (CM), Systemic mastocytosis, Mast cell sarcoma (MCS)	
PRE274	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	No	Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM), Indolent systemic mastocytosis (ISM), Mast cell leukemia (MCL), Systemic mastocytosis with an associated hematological neoplasm (SM-ANH), Smoldering systemic mastocytosis (SSM)		Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM), Indolent systemic mastocytosis (ISM), Mast cell leukemia (MCL), Systemic mastocytosis with an associated hematological neoplasm (SM-ANH), Smoldering systemic mastocytosis (SSM)	
PRE275	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	No	Was documentation submitted to the CIBMTR (e.g. pathology report used for diagnosis)	No, Yes		Was documentation submitted to the CIBMTR (e.g. pathology report used for diagnosis)	No, Yes	
PRE276	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	Did the recipient have constitutional symptoms in six months before diagnosis? (Symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No, Unknown, Yes		Did the recipient have constitutional symptoms in six months before diagnosis? (Symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No, Unknown, Yes	
PRE277	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	Date CBC drawn.	YYYY/MM/DD		Date CBC drawn.	YYYY/MM/DD	
PRE278	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	Blasts in bone marrow	Known, Unknown		Blasts in bone marrow	Known, Unknown	
PRE279	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	Blasts in bone marrow	_____%		Blasts in bone marrow	_____%	
PRE280	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	Were tests for driver mutations performed?	No, Unknown, Yes		Were tests for driver mutations performed?	No, Unknown, Yes	
PRE281	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	JAK2	Negative, Not done, Positive		JAK2	Negative, Not done, Positive	
PRE282	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	JAK2 V617F	Negative, Not done, Positive		JAK2 V617F	Negative, Not done, Positive	
PRE283	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	JAK2 Exon 12	Negative, Not done, Positive		JAK2 Exon 12	Negative, Not done, Positive	
PRE284	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	CALR	Negative, Not done, Positive		CALR	Negative, Not done, Positive	
PRE285	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	Yes	Yes	CALR type 1	Negative, Not done, Positive		CALR type 1	Negative, Not done, Positive	

Item ID	Time Point	Information Collection Domain	Information Collection 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
PRE286	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CAI# type 2	Negative/Not done/Positive		CAI# type 2	Negative/Not done/Positive	
PRE287	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Not defined	Negative/Not done/Positive		Not defined	Negative/Not done/Positive	
PRE288	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	MPL	Negative/Not done/Positive		MPL	Negative/Not done/Positive	
PRE289	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CSF3R	Negative/Not done/Positive		CSF3R	Negative/Not done/Positive	
PRE290	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CBMTR?	No/Yes		Was documentation submitted to the CBMTR?	No/Yes	
PRE291	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested (karyotyping or FISH)?	No/Unknown/yes		Were cytogenetics tested (karyotyping or FISH)?	No/Unknown/yes	
PRE292	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested via FISH?	No/Yes		Were cytogenetics tested via FISH?	No/Yes	
PRE293	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood/Bone marrow		Sample source	Peripheral blood/Bone marrow	
PRE294	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified/No abnormalities		Results of tests	Abnormalities identified/No abnormalities	
PRE295	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string	open text	
PRE296	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (1),Three (3),Two (2)	
PRE297	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(5q) / 5q-del(7q) / 7q-del(13q) / 13q-dup(11)(13)(q)(3)-5-7-Y/Other abnormality.(11.amy).(11q23.amy).(11p11.2.amy).(13q12.amy).(6.9).-8,+9		Specify abnormalities (check all that apply)	del(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(5q) / 5q-del(7q) / 7q-del(13q) / 13q-dup(11)(13)(q)(3)-5-7-Y/Other abnormality.(11.amy).(11q23.amy).(11p11.2.amy).(13q12.amy).(6.9).-8,+9	
PRE298	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality.	open text		Specify other abnormality.	open text	
PRE299	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CBMTR? (e.g. FISH report)	No/Yes		Was documentation submitted to the CBMTR? (e.g. FISH report)	No/Yes	
PRE300	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were cytogenetics tested via karyotyping?	No/Yes		Were cytogenetics tested via karyotyping?	No/Yes	
PRE301	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Sample source	Peripheral blood/Bone marrow		Sample source	Peripheral blood/Bone marrow	
PRE302	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Results of tests	Abnormalities identified/No abnormalities/No evaluable metaphases		Results of tests	Abnormalities identified/No abnormalities/No evaluable metaphases	
PRE303	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string	open text	
PRE304	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (1),Three (3),Two (2)		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more).One (1),Three (3),Two (2)	
PRE305	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify abnormalities (check all that apply)	del(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(5q) / 5q-del(7q) / 7q-del(13q) / 13q-dup(11)(13)(q)(3)-5-7-Y/Other abnormality.(11.amy).(11q23.amy).(11p11.2.amy).(13q12.amy).(6.9).-8,+9		Specify abnormalities (check all that apply)	del(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(5q) / 5q-del(7q) / 7q-del(13q) / 13q-dup(11)(13)(q)(3)-5-7-Y/Other abnormality.(11.amy).(11q23.amy).(11p11.2.amy).(13q12.amy).(6.9).-8,+9	
PRE306	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Specify other abnormality.	open text		Specify other abnormality.	open text	
PRE307	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Was documentation submitted to the CBMTR? (e.g. karyotyping report)	No/Yes		Was documentation submitted to the CBMTR? (e.g. karyotyping report)	No/Yes	
PRE308	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?	No/Yes		Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?	No/Yes	
PRE309	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the MPN subtype or AML after transformation	Transformed to AML/Post-essential thrombocythemic myelofibrosis/Post-polycythemic myelofibrosis		Specify the MPN subtype or AML after transformation	Transformed to AML/Post-essential thrombocythemic myelofibrosis/Post-polycythemic myelofibrosis	
PRE310	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the date of the most recent transformation:	YYYY/MM/DD		Specify the date of the most recent transformation:	YYYY/MM/DD	
PRE311	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Date of MPN diagnosis:	YYYY/MM/DD		Date of MPN diagnosis:	YYYY/MM/DD	
PRE312	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (H) [B ⁺ 8 BBCs in 16 weeks; ≥ 4 in 8 weeks]/Low-transfusion burden (L) [B ⁺ 7 BBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks]/Non-transfused (NT) (-) BBCs in 16 weeks		Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (H) [B ⁺ 8 BBCs in 16 weeks; ≥ 4 in 8 weeks]/Low-transfusion burden (L) [B ⁺ 7 BBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks]/Non-transfused (NT) (-) BBCs in 16 weeks	
PRE313	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are $\geq 10\%$ weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No/Unknown/Yes		Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are $\geq 10\%$ weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	No/Unknown/Yes	
PRE314	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No/Not applicable(splenectomy)/Unknown/Yes		Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No/Not applicable(splenectomy)/Unknown/Yes	
PRE315	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the method used to measure spleen size	CT/MRI scan/Physical exam/Ultrasound		Specify the method used to measure spleen size	CT/MRI scan/Physical exam/Ultrasound	
PRE316	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the spleen size:	____ centimeters below left costal margin		Specify the spleen size:	____ centimeters below left costal margin	
PRE317	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the spleen size:	____ centimeters		Specify the spleen size:	____ centimeters	
PRE318	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No/Unknown/yes		Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?	No/Unknown/yes	
PRE319	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the method used to measure liver size	CT/MRI scan/Physical exam/Ultrasound		Specify the method used to measure liver size	CT/MRI scan/Physical exam/Ultrasound	
PRE320	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify the liver size:	____ centimeters below right costal margin		Specify the liver size:	____ centimeters below right costal margin	
PRE321	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Date CBC drawn:	YYYY/MM/DD		Date CBC drawn:	YYYY/MM/DD	
PRE322	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	Known/Unknown		Blasts in bone marrow	Known/Unknown	
PRE323	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in bone marrow	____ %		Blasts in bone marrow	____ %	
PRE324	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were tests for driver mutations performed?	No/Unknown/Yes		Were tests for driver mutations performed?	No/Unknown/Yes	
PRE325	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2	Negative/Not done/Positive		JAK2	Negative/Not done/Positive	
PRE326	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	JAK2 V617F	Negative/Not done/Positive		JAK2 V617F	Negative/Not done/Positive	
PRE327	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CAI#	Negative/Not done/Positive		CAI#	Negative/Not done/Positive	
PRE328	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CAI# type 1	Negative/Not done/Positive		CAI# type 1	Negative/Not done/Positive	

Item ID	Time Point	Information Collection Domain	Information Collection Sub-Domain	Response required if applicable	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
PRE397	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum beta2-microglobulin:	----- ● ----- ug/dL :----- ● ----- mg/L :----- ● ----- mmol/L		Serum beta2-microglobulin:	----- ● ----- ug/dL :----- ● ----- mg/L :----- ● ----- mmol/L	
PRE398	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	I.S.S Stage	Known,Unknown		I.S.S Stage	Known,Unknown	
PRE399	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	I.S.S Stage	1 [Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL], 2[Not fitting stage 1 or 3] 3 [Serum β2-microglobulin < 3.5 mg/L, Serum albumin < 3.5 g/dL]		I.S.S Stage	1 [Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL], 2[Not fitting stage 1 or 3] 3 [Serum β2-microglobulin < 3.5 mg/L, Serum albumin < 3.5 g/dL]	
PRE400	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	R.I.S.S Stage	Known,Unknown		R.I.S.S Stage	Known,Unknown	
PRE401	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	R.I.S.S Stage	I.ISS stage I and no high-risk cytogenetic abnormalities by FISH (deletion 17p / 17p-, t(4;14), t(14;16)) and normal LDH level; 2)Not R.ISS stage I or III; 3)ISS stage II and either high-risk cytogenetic abnormalities by FISH (deletion 17p / 17p-, t(4;14), t(14;16)) or High LDH levels		R.I.S.S Stage	I.ISS stage I and no high-risk cytogenetic abnormalities by FISH (deletion 17p / 17p-, t(4;14), t(14;16)) and normal LDH level; 2)Not R.ISS stage I or III; 3)ISS stage II and either high-risk cytogenetic abnormalities by FISH (deletion 17p / 17p-, t(4;14), t(14;16)) or High LDH levels	
PRE402	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	Known,Unknown		Plasma cells in peripheral blood by flow cytometry	Known,Unknown	
PRE403	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by flow cytometry	----- ● ----- %		Plasma cells in blood by flow cytometry	----- ● ----- %	
PRE404	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	Known,Unknown		Plasma cells in peripheral blood by morphologic assessment	Known,Unknown	
PRE405	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	----- ● ----- %		Plasma cells in blood by morphologic assessment	----- ● ----- %	
PRE406	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Plasma cells in blood by morphologic assessment	----- ● ----- ± x 10 ⁹ /L (x 10 ³ /mm ³) ----- ● ----- ± x 10 ⁶ /L		Plasma cells in blood by morphologic assessment	----- ● ----- ± x 10 ⁹ /L (x 10 ³ /mm ³) ----- ● ----- ± x 10 ⁶ /L	
PRE407	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested (karyotyping or FISH) (at diagnosis)	No,Unknown,yes		Were cytogenetics tested (karyotyping or FISH) (at diagnosis)	No,Unknown,yes	
PRE408	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes	
PRE409	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Results of tests	Abnormalities identified.No abnormalities		Results of tests	Abnormalities identified.No abnormalities	
PRE410	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE411	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify abnormalities (check all that apply)	Any abnormality at 1p: Any abnormality at 1q: del(13q) / 13q: del(17p) / 17p: Hyperdiploid (< 50), Hypodiploid (< 46), 13;17,MYC rearrangement,Other abnormality: t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,-5,-7,+9		Specify abnormalities (check all that apply)	Any abnormality at 1p: Any abnormality at 1q: del(13q) / 13q: del(17p) / 17p: Hyperdiploid (< 50), Hypodiploid (< 46), 13;17,MYC rearrangement,Other abnormality: t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,-5,-7,+9	
PRE412	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE413	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Was documentation submitted to the CIMTR? (e.g. FISH report)	No,Yes		Was documentation submitted to the CIMTR? (e.g. FISH report)	No,Yes	
PRE414	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No,Yes	
PRE415	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases		Results of tests	Abnormalities identified.No abnormalities.No evaluable metaphases	
PRE416	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
PRE417	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify abnormalities (check all that apply)	Any abnormality at 1p: Any abnormality at 1q: del(13q) / 13q: del(17p) / 17p: Hyperdiploid (< 50), Hypodiploid (< 46), 13;17,MYC rearrangement,Other abnormality: t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,-5,-7,+9		Specify abnormalities (check all that apply)	Any abnormality at 1p: Any abnormality at 1q: del(13q) / 13q: del(17p) / 17p: Hyperdiploid (< 50), Hypodiploid (< 46), 13;17,MYC rearrangement,Other abnormality: t(11;14),t(14;16),t(14;20),t(4;14),t(6;14),+11,+15,+19,+3,-5,-7,+9	
PRE418	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE419	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Was documentation submitted to the CIMTR? (e.g. karyotyping report)	No,Yes		Was documentation submitted to the CIMTR? (e.g. karyotyping report)	No,Yes	
PRE420	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	What is the hematologic disease status?	Complete remission (CR),Progressive disease (PD),Partial remission (PR),Relapse from CR (Re) (untreated),Stringent complete remission (SCR),Stable disease (SD),Unknown,Very good partial remission (VGPR)		What is the hematologic disease status?	Complete remission (CR),Progressive disease (PD),Partial remission (PR),Relapse from CR (Re) (untreated),Stringent complete remission (SCR),Stable disease (SD),Unknown,Very good partial remission (VGPR)	
PRE421	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
PRE422	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Re) (untreated),Unknown,Very good partial response (VGPR)		Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR),No response (NR) / stable disease (SD),Progressive disease (PD),Partial response (PR),Relapse from CR (Re) (untreated),Unknown,Very good partial response (VGPR)	
PRE423	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
PRE424	Pre-Transplant	Disease Classification	Solid Tumors	yes	no	Specify the solid tumor classification	Breast cancer: In situ carcinoma (excluding Ewing family tumors), Cervical, Central nervous system tumor, including CNS PNET, Colorectal, Ovarian (epithelial), Ewing family tumors, Extracranial (including PNET), Ewing family tumors of bone (including PNET), External genitalia, Fibrosarcoma, Gastric, Germ cell tumor, Extragonadal, Hepatobiliary, Head / neck, Hemangioma, Lung, not otherwise specified, Leiomyosarcoma, Lymphoma, sarcoma, Liposarcoma, Medulloblastoma, Medullary neoplasm, Melanoma, Neuroblastoma, Neurogenic sarcoma, Lung, non-small cell, Other solid tumor, Prostate, Renal cell, Rhabdomyosarcoma, Rhabdomyosarcoma, Lung, small cell, Synovial sarcoma, Solid tumor, not otherwise specified, Pancreatic, Soft tissue sarcoma (excluding Ewing family tumors), Testicular, Thymoma, Uterine, Vaginal, Wilms' Tumor		Specify the solid tumor classification	Breast cancer: In situ carcinoma (excluding Ewing family tumors), Cervical, Central nervous system tumor, including CNS PNET, Colorectal, Ovarian (epithelial), Ewing family tumors, Extracranial (including PNET), Ewing family tumors of bone (including PNET), External genitalia, Fibrosarcoma, Gastric, Germ cell tumor, Extragonadal, Hepatobiliary, Head / neck, Hemangioma, Lung, not otherwise specified, Leiomyosarcoma, Lymphoma, sarcoma, Liposarcoma, Medulloblastoma, Medullary neoplasm, Melanoma, Neuroblastoma, Neurogenic sarcoma, Lung, non-small cell, Other solid tumor, Prostate, Renal cell, Rhabdomyosarcoma, Rhabdomyosarcoma, Lung, small cell, Synovial sarcoma, Solid tumor, not otherwise specified, Pancreatic, Soft tissue sarcoma (excluding Ewing family tumors), Testicular, Thymoma, Uterine, Vaginal, Wilms' Tumor	
PRE425	Pre-Transplant	Disease Classification	Solid Tumors	yes	no	Specify other solid tumor:	open text		Specify other solid tumor:	open text	
PRE426	Pre-Transplant	Disease Classification	Adipatic Anemia	yes	no	Specify the adipatic anemia classification - If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired aneuploidy (not congenital), Acquired pure red cell aplasia (not congenital), Acquired AA, not otherwise specified, Other acquired cytopenic syndrome, Acquired AA secondary to chemotherapy, Acquired AA, secondary to hepatitis, Acquired AA, secondary to immunotherapy or immune effector cell therapy, Acquired AA, secondary to toxin / other drug		Specify the adipatic anemia classification - If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired aneuploidy (not congenital), Acquired pure red cell aplasia (not congenital), Acquired AA, not otherwise specified, Other acquired cytopenic syndrome, Acquired AA secondary to chemotherapy, Acquired AA, secondary to hepatitis, Acquired AA, secondary to immunotherapy or immune effector cell therapy, Acquired AA, secondary to toxin / other drug	
PRE427	Pre-Transplant	Disease Classification	Adipatic Anemia	yes	no	Specify severity	Not severe, Severe / very severe		Specify severity	Not severe, Severe / very severe	
PRE428	Pre-Transplant	Disease Classification	Adipatic Anemia	yes	no	Specify other acquired cytopenic syndrome:	open text		Specify other acquired cytopenic syndrome:	open text	
PRE429	Pre-Transplant	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		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	
PRE430	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Specify the hemoglobinopathy classification	Other hemoglobinopathy, Sickle cell disease, Transfusion dependent thalassemia		Specify the hemoglobinopathy classification	Other hemoglobinopathy, Sickle cell disease, Transfusion dependent thalassemia	
PRE431	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia, Other transfusion dependent thalassemia		Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia, Other transfusion dependent thalassemia	
PRE432	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Specify other hemoglobinopathy:	open text		Specify other hemoglobinopathy:	open text	
PRE433	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Was tricuspid regurgitant jet velocity (TRV) measured by echocardiography?	No, Unknown, Yes		Was tricuspid regurgitant jet velocity (TRV) measured by echocardiography?	No, Unknown, Yes	

Item ID	Time Point	Information Domain Sub-Type	Information Domain Additional Sub-Domain	Response required if additional Sub-Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for information Collection Update
PRE484	Pre-Transplant	Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune bowel disorder:	open text		Specify other autoimmune bowel disorder:	open text	
PRE485	Pre-Transplant	Disease Classification	Autoimmune Diseases	yes	no	Specify other autoimmune disease:	open text		Specify other autoimmune disease:	open text	
PRE486	Pre-Transplant	Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify solid organ transplanted (check all that apply)	Kidney/Liver/Other organ/Pancreas		Specify solid organ transplanted (check all that apply)	Kidney/Liver/Other organ/Pancreas	
PRE487	Pre-Transplant	Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other organ:	open text		Specify other organ:	open text	
PRE488	Pre-Transplant	Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other disease:	open text		Specify other disease:	open text	
PRE489	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	WBC	Known/Unknown		WBC	Known/Unknown	
PRE490	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	WBC	----- • x 10 ⁹ /L (x 10 ⁹ /mm ³) • x 10 ⁹ /L		WBC	----- • x 10 ⁹ /L (x 10 ⁹ /mm ³) • x 10 ⁹ /L	
PRE491	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	Known/Unknown		Neutrophils	Known/Unknown	
PRE492	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	-----%		Neutrophils	-----%	
PRE493	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	Known/Unknown		Blasts in blood	Known/Unknown	
PRE494	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	-----%		Blasts in blood	-----%	
PRE495	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Hemoglobin	Known/Unknown		Hemoglobin	Known/Unknown	
PRE496	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	At Diagnostic: Hemoglobin	----- • g/dL • g/L • mmol/L		At Diagnostic: Hemoglobin	----- • g/dL • g/L • mmol/L	
PRE497	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No/Yes		Were RBCs transfused ≤ 30 days before date of test?	No/Yes	
PRE498	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	Known/Unknown		Platelets	Known/Unknown	
PRE499	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) x 10 ⁹ /L		Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) x 10 ⁹ /L	
PRE500	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No/Yes		Were platelets transfused ≤ 7 days before date of test?	No/Yes	
PRE501	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	WBC	Known/Unknown		WBC	Known/Unknown	
PRE502	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	Known/Unknown		Neutrophils	Known/Unknown	
PRE503	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Neutrophils	-----%		Neutrophils	-----%	
PRE504	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	Known/Unknown		Blasts in blood	Known/Unknown	
PRE505	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Blasts in blood	-----%		Blasts in blood	-----%	
PRE506	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Hemoglobin	Known/Unknown		Hemoglobin	Known/Unknown	
PRE507	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Prior to infusion: Hemoglobin	----- • g/dL • g/L • mmol/L		Prior to infusion: Hemoglobin	----- • g/dL • g/L • mmol/L	
PRE508	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No/Yes		Were RBCs transfused ≤ 30 days before date of test?	No/Yes	
PRE509	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	Known/Unknown		Platelets	Known/Unknown	
PRE510	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) x 10 ⁹ /L		Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) x 10 ⁹ /L	
PRE511	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No/Yes		Were platelets transfused ≤ 7 days before date of test?	No/Yes	
PRE512	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known/Unknown		WBC	Known/Unknown	
PRE513	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	----- • x 10 ⁹ /L (x 10 ⁹ /mm ³) • x 10 ⁹ /L		WBC	----- • x 10 ⁹ /L (x 10 ⁹ /mm ³) • x 10 ⁹ /L	
PRE514	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known/Unknown		Neutrophils	Known/Unknown	
PRE515	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	-----%		Neutrophils	-----%	
PRE516	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	Known/Unknown		Blasts in blood	Known/Unknown	
PRE517	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	-----%		Blasts in blood	-----%	
PRE518	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known/Unknown		Hemoglobin	Known/Unknown	
PRE519	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	----- • g/dL • g/L • mmol/L		Hemoglobin	----- • g/dL • g/L • mmol/L	
PRE520	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No/Yes		Were RBCs transfused ≤ 30 days before date of test?	No/Yes	
PRE521	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known/Unknown		Platelets	Known/Unknown	
PRE522	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) x 10 ⁹ /L		Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) x 10 ⁹ /L	
PRE523	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No/Yes		Were platelets transfused ≤ 7 days before date of test?	No/Yes	
PRE524	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known/Unknown		WBC	Known/Unknown	
PRE525	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	----- • x 10 ⁹ /L (x 10 ⁹ /mm ³) • x 10 ⁹ /L		WBC	----- • x 10 ⁹ /L (x 10 ⁹ /mm ³) • x 10 ⁹ /L	
PRE526	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known/Unknown		Neutrophils	Known/Unknown	

Item ID	Time Point	Information Collection Domain	Information Collection Additional Sub-Domain	Response required if applicable	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
PRE27	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	----- %		Neutrophils	----- %	
PRE28	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	Known/Unknown		Blasts in blood	Known/Unknown	
PRE29	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	----- %		Blasts in blood	----- %	
PRE30	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known/Unknown		Hemoglobin	Known/Unknown	
PRE31	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	----- g/dL ----- g/L ----- mmol/L		Hemoglobin	----- g/dL ----- g/L ----- mmol/L	
PRE32	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused ≤ 30 days before date of test?	No/Yes		Were RBCs transfused ≤ 30 days before date of test?	No/Yes	
PRE33	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known/Unknown		Platelets	Known/Unknown	
PRE34	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³)		Platelets	----- x 10 ⁹ /L (x 10 ⁹ /mm ³)	
PRE35	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Were platelets transfused ≤ 7 days before date of test?	No/Yes		Were platelets transfused ≤ 7 days before date of test?	No/Yes	
PRE36	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum albumin	Known/Unknown		Serum albumin	Known/Unknown	
PRE37	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Serum albumin	----- g/dL ----- g/L		Serum albumin	----- g/dL ----- g/L	
PRE38	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	LDH	Known/Unknown		LDH	Known/Unknown	
PRE39	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	LDH	----- U/L ----- µkat/L		LDH	----- U/L ----- µkat/L	
PRE40	Pre-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Upper limit of normal for LDH:	----- U/L		Upper limit of normal for LDH:	----- U/L	
PRE41	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Serum iron	Known/Unknown		Serum iron	Known/Unknown	
PRE42	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Serum iron	----- µg/dL ----- µmol/L		Serum iron	----- µg/dL ----- µmol/L	
PRE43	Pre-Transplant	Disease Classification	Hemoglobinopathies	yes	no	Total iron binding capacity (TIBC)	Known/Unknown		Total iron binding capacity (TIBC)	Known/Unknown	
PRE44	Pre-Transplant	Allogeneic Regimen	Allogeneic Recipient	yes	no	Was GVHD prophylaxis planned?	No/Yes		Was GVHD prophylaxis planned?	No/Yes	
PRE45	Pre-Transplant	Allogeneic Regimen	Allogeneic Recipient	yes	no	Specify drug / intervention (check all that apply)	Abatacept, Anti-CD 252, Enzastar, Dactinib, Apremilast, randomized trial, Bortezomib, CD34 enhanced/CD34 selection, Corticosteroids (systemic), Cyclophosphamide (i-venous), cyclosporine (CSA), Neoral, Sandimmune, Extra-capsular photopheresis (ECP), Ex vivo T-cell depletion, Filgrastim, Maraviroc, Mycophenolate mofetil (MMF) (Cellcept), Methotrexate (MTX) (Aveltheprenin) Other agent, Busulfan, Sirolimus (Rapamycin, Rapamune), Tacrolimus (FK 506), Tocilizumab		Specify drug / intervention (check all that apply)	Abatacept, Anti-CD 252, Enzastar, Dactinib, Apremilast, randomized trial, Bortezomib, CD34 enhanced/CD34 selection, Corticosteroids (systemic), Cyclophosphamide (i-venous), cyclosporine (CSA), Neoral, Sandimmune, Extra-capsular photopheresis (ECP), Ex vivo T-cell depletion, Filgrastim, Maraviroc, Mycophenolate mofetil (MMF) (Cellcept), Methotrexate (MTX) (Aveltheprenin) Other agent, Busulfan, Sirolimus (Rapamycin, Rapamune), Tacrolimus (FK 506), Tocilizumab	
PRE46	Pre-Transplant	Allogeneic Regimen	Allogeneic Recipient	yes	no	Specify other agent:	open text (do not report ATG, campath)		Specify other agent:	open text (do not report ATG, campath)	
PRE47	Pre-Transplant	Post-HCT Disease Therapy Planned as of Day 0	Allogeneic Recipient	no	no	Is additional post-HCT therapy planned?	no/yes		Is additional post-HCT therapy planned?	no/yes	
PRE48	Pre-Transplant	Post-HCT Disease Therapy Planned as of Day 0	Allogeneic Recipient	no	no	Specify post-HCT therapy planned	Acadine (Vidaza), Blinatumomab, Bortezomib (Velcade), Bosutinib, Brentuximab, Carfilzomib, Cellular therapy (e.g. DC), PL1, Cereprovir, Caracatumab, Dacarbazine, Decitabine, Etoposide, Gilteritinib, Inotuzumab, Interferon, Ibrutinib, Imatinib, mesorift, (Gleevec, Glivec), Intrathecal chemotherapy (isolated) busulfan, Lisdexamfetamine (Vyvanse), Lestaurtinib, Local radiotherapy, Midostaurin, Nilotinib, Obinutuzumab, Other, Pazopanib, Ponatinib, Quizartinib, Rituximab (Rituxan, Mabthera), Sorafenib, Sunitinib, Thalissonide (Thalomid), Unknown		Specify post-HCT therapy planned	Acadine (Vidaza), Blinatumomab, Bortezomib (Velcade), Bosutinib, Brentuximab, Carfilzomib, Cellular therapy (e.g. DC), PL1, Cereprovir, Caracatumab, Dacarbazine, Decitabine, Etoposide, Gilteritinib, Inotuzumab, Interferon, Ibrutinib, Imatinib, mesorift, (Gleevec, Glivec), Intrathecal chemotherapy (isolated) busulfan, Lisdexamfetamine (Vyvanse), Lestaurtinib, Local radiotherapy, Midostaurin, Nilotinib, Obinutuzumab, Other, Pazopanib, Ponatinib, Quizartinib, Rituximab (Rituxan, Mabthera), Sorafenib, Sunitinib, Thalissonide (Thalomid), Unknown	
PRE49	Pre-Transplant	Post-HCT Disease Therapy Planned as of Day 0	Allogeneic Recipient	no	no	Specify other therapy:	open text		Specify other therapy:	open text	
PRE50	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Drug (drop down list)	Benidamine, Busulfan, Carboplatin, Carmustine, Cytarabine, Cyclophosphamide, Cytarabine, Etoposide, Fludarabine, Gemtazarine, Irinotecan, Busulfan, Fludarabine, Lisdexamfetamine, Methoprednisolone, Other, Protonix, Protonix, Propylene glycol free melphalan, Rituximab, Therapy, Tositumomab, Treosulfan		Drug (drop down list)	Benidamine, Busulfan, Carboplatin, Carmustine, Cytarabine, Cyclophosphamide, Cytarabine, Etoposide, Fludarabine, Gemtazarine, Irinotecan, Busulfan, Fludarabine, Lisdexamfetamine, Methoprednisolone, Other, Protonix, Protonix, Propylene glycol free melphalan, Rituximab, Therapy, Tositumomab, Treosulfan, Azathioprine, Bortezomib, Cisplatin, Hydroxyurea, and Vinorelbine.	
PRE51	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Actual weight at initiation of pre-HCT preparative regimen:	----- pounds ----- kilograms		Actual weight at initiation of pre-HCT preparative regimen:	----- pounds ----- kilograms	
PRE52	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Was a pre-HCT preparative regimen prescribed?	no/yes		Was a pre-HCT preparative regimen prescribed?	no/yes	
PRE53	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	yes	no	Clarify the recipient's prescribed preparative regimen (Allogeneic HCTs only)	Myeloablative, Non-myeloablative (NST), Reduced intensity (RIK)		Clarify the recipient's prescribed preparative regimen (Allogeneic HCTs only)	Myeloablative, Non-myeloablative (NST), Reduced intensity (RIK)	
PRE54	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Was irradiation planned as part of the pre-HCT preparative regimen?	no/yes		Was irradiation planned as part of the pre-HCT preparative regimen?	no/yes	
PRE55	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	What was the prescribed radiation field?	Total body by intensify-modulated radiation therapy (IMRT), Thoracoabdominal region, Total body, Total lymphoid or nodal regions		What was the prescribed radiation field?	Total body by intensify-modulated radiation therapy (IMRT), Thoracoabdominal region, Total body, Total lymphoid or nodal regions	
PRE56	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Total prescribed dose: (dose per fraction x total number of fractions)	----- Gy ----- cGy		Total prescribed dose: (dose per fraction x total number of fractions)	----- Gy ----- cGy	
PRE57	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Date started:	YYYYMMDD		Date started:	YYYYMMDD	
PRE58	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Was the radiation fractionated?	no/yes		Was the radiation fractionated?	no/yes	
PRE59	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	no	Total number of fractions:	open text		Total number of fractions:	open text	
PRE60	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	yes	Specify other drug:	open text		Specify other drug:	open text	
PRE61	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	yes	Total prescribed dose:	----- mg/m ² ----- mg/m ² ----- AUC (mg x h/L) ----- AUC (µmol x min/L) ----- CSS (ng/mL)		Total prescribed dose:	----- mg/m ² ----- mg/m ² ----- AUC (mg x h/L) ----- AUC (µmol x min/L) ----- CSS (ng/mL)	
PRE62	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	yes	Date started:	YYYYMMDD		Date started:	YYYYMMDD	
PRE63	Pre-Transplant	Pre-HCT Preparative regimen	Allogeneic Recipient	no	yes	Specify administration (busulfan only)	Both, IV, Oral		Specify administration (busulfan only)	Both, IV, Oral	
PRE64	Pre-Transplant	Pre-Transplant Essential Data		no	no	Is the recipient participating in a clinical trial?	no/yes		Is the recipient participating in a clinical trial?	no/yes	
PRE65	Pre-Transplant	Pre-Transplant Essential Data		no	no	Height at initiation of pre-HCT preparative regimen:	----- inches ----- cms		Height at initiation of pre-HCT preparative regimen:	----- inches ----- cms	
PRE66	Pre-Transplant	Pre-Transplant Essential Data		yes	no	Date:	YYYYMMDD		Date:	YYYYMMDD	
PRE67	Pre-Transplant	Pre-Transplant Essential Data		no	no	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
PRE68	Pre-Transplant	Pre-Transplant Essential Data		no	no	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
PRE69	Pre-Transplant	Pre-Transplant Essential Data		no	no	CBMTR Center Number:	Auto Filled Field		CBMTR Center Number:	Auto Filled Field	
PRE70	Pre-Transplant	Pre-Transplant Essential Data		no	no	EBMT Code (CK):	Auto Filled Field		EBMT Code (CK):	Auto Filled Field	
PRE71	Pre-Transplant	Pre-Transplant Essential Data		no	no	EBMTR Research ID:	Auto Filled Field		EBMTR Research ID:	Auto Filled Field	
PRE72	Pre-Transplant	Pre-Transplant Essential Data		no	no	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
PRE73	Pre-Transplant	Pre-Transplant Essential Data		no	no	Date of birth:	YYYYMMDD		Date of birth:	YYYYMMDD	

Item ID	Time Point	Information Collection 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
PRE29	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Degree of mismatch (related donors only)	HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)		Degree of mismatch (related donors only)	HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)	
PRE30	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated		specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated	
PRE31	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Did NMDP Be the Match facilitate the procurement, collection, or transportation of the product?	No/Yes		Did NMDP Be the Match facilitate the procurement, collection, or transportation of the product?	No/Yes	
PRE32	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Was this donor used for any prior HCT? (for this recipient)	No/Yes		Was this donor used for any prior HCT? (for this recipient)	No/Yes	
PRE33	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
PRE34	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	NMDP cord blood unit ID	open text		NMDP cord blood unit ID	open text	
PRE35	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Registry donor ID	open text		Registry donor ID	open text	
PRE36	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Non-NMDP cord blood unit ID	open text		Non-NMDP cord blood unit ID	open text	
PRE37	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Is the CRU ID also the IBET DIN number?	No/Unknown/Yes		Is the CRU ID also the IBET DIN number?	No/Unknown/Yes	
PRE38	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Specify the IBET DIN number:	open text		Specify the IBET DIN number:	open text	
PRE39	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Registry or UCB Bank ID	open text		Registry or UCB Bank ID	open text	
PRE40	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Specify other Registry or UCB Bank:	open text		Specify other Registry or UCB Bank:	open text	
PRE41	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Donor date of birth	Known,Unknown		Donor date of birth	Known,Unknown	
PRE42	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Donor date of birth:	YYYYMMDD		Donor date of birth:	YYYYMMDD	
PRE43	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Donor age	Known,Unknown		Donor age	Known,Unknown	
PRE44	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Donor age: Months (use only if less than 1 years old). Years	open text		Donor age: Months (use only if less than 1 years old). Years	open text	
PRE45	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Donor sex	Female,male		Donor sex	Female,male	
PRE46	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Specify blood type (donor) (non-NMDP allogeneic donors only)	A,B,B,O		Specify blood type (donor) (non-NMDP allogeneic donors only)	A,B,B,O	
PRE47	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Specify RH factor (donor) (non-NMDP allogeneic donors only)	Negative/Positive		Specify RH factor (donor) (non-NMDP allogeneic donors only)	Negative/Positive	
PRE48	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Donor CMV-antibodies (Igt or Total) (Allogeneic HCTs only)	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive		Donor CMV-antibodies (Igt or Total) (Allogeneic HCTs only)	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive	
PRE49	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CBMTR? (Related donors only)	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)		Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CBMTR? (Related donors only)	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)	
PRE50	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Date form was signed:	YYYYMMDD		Date form was signed:	YYYYMMDD	
PRE51	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Did the donor submit a research sample to the NMDP/CBMTR repository? (related donors only)	No/Yes		Did the donor submit a research sample to the NMDP/CBMTR repository? (related donors only)	No/Yes	
PRE52	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	Yes	yes	yes	Research sample donor ID	open text		Research sample donor ID	open text	
PRE53	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	Yes	yes	yes	Specify number of products infused from this donor:	open text		Specify number of products infused from this donor:	open text	
PRE54	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	Yes	yes	yes	Specify the number of these products intended to achieve hematopoietic engraftment:	open text		Specify the number of these products intended to achieve hematopoietic engraftment:	open text	
PRE55	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	Yes	yes	yes	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (TBO Higametin, Nupogen, Granix, Neupogen) /GM-CSF (sargramostim, Leukine), Pegfilgrastim (Neulasta), Plerixafer (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent		What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	G-CSF (TBO Higametin, Nupogen, Granix, Neupogen) /GM-CSF (sargramostim, Leukine), Pegfilgrastim (Neulasta), Plerixafer (Mozobil), Combined with chemotherapy, Anti-CD20 (rituximab, Rituxan), Other agent	
PRE56	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	Yes	yes	yes	Specify other agent:	open text		Specify other agent:	open text	
PRE58	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	Yes	yes	yes	Specify other name:	open text		Specify other name:	open text	
PRE59	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	No	no	no	What scale was used to determine the recipient's functional status?	Karnofsky,Lansky		What scale was used to determine the recipient's functional status?	Karnofsky,Lansky	
PRE60	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	No	no	no	Karnofsky Scale (recipient age < 14 years)	100 Normal; no complaints; no evidence of disease,10 Moribund; fatal process progressing rapidly,20 Very sick; hospitalization necessary,30 Severely disabled; hospitalization indicated, although death not imminent,40 Disabled; requires special care and assistance,50 Requires considerable assistance and frequent medical care,60 Requires occasional assistance but is able to care for most needs,70 Cares for self; unable to carry on normal activity or to do active work,80 Normal activity with effort,90 Able to carry on normal activity		Karnofsky Scale (recipient age < 14 years)	100 Normal; no complaints; no evidence of disease,10 Moribund; fatal process progressing rapidly,20 Very sick; hospitalization necessary,30 Severely disabled; hospitalization indicated, although death not imminent,40 Disabled; requires special care and assistance,50 Requires considerable assistance and frequent medical care,60 Requires occasional assistance but is able to care for most needs,70 Cares for self; unable to carry on normal activity or to do active work,80 Normal activity with effort,90 Able to carry on normal activity	
PRE61	Pre-Transplant	Pre-Transplant Essential Data	Autologous Transplant	No	no	no	Lansky Scale (recipient age > 1 year and < 14 years)	100 Fully active,20 Completely disabled, not even passive play,30 Limited to very passive activity related by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play, fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance,70 Less than 50% of time, limited active play with assistance,80 Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play		Lansky Scale (recipient age > 1 year and < 14 years)	100 Fully active,20 Completely disabled, not even passive play,30 Limited to very passive activity related by others (e.g., TV),30 Needs considerable assistance for quiet activity,40 Able to initiate quiet activities,50 Considerable assistance required for any active play, fully able to engage in quiet play,60 Ambulatory up to 50% of time, limited active play with assistance,70 Less than 50% of time, limited active play with assistance,80 Restricted in strenuous play, tires more easily, otherwise active,90 Minor restriction in physically strenuous play	
PRE62	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	no	no	Specify blood type (of recipient) (For allogeneic HCTs only)	A,B,B,O		Specify blood type (of recipient) (For allogeneic HCTs only)	A,B,B,O	
PRE63	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	no	no	Specify RH factor (of recipient) (For allogeneic HCTs only)	Negative/Positive		Specify RH factor (of recipient) (For allogeneic HCTs only)	Negative/Positive	
PRE64	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	No	no	no	Recipient CMV-antibodies (Igt or Total)	Indeterminate,Non-reactive,Not done,Reactive		Recipient CMV-antibodies (Igt or Total)	Indeterminate,Non-reactive,Not done,Reactive	
PRE65	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	no	no	Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion?	No/Yes		Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion?	No/Yes	
PRE66	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	no	no	Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No/Yes		Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No/Yes	
PRE67	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	no	no	Was mechanical ventilation given for COVID-19 (SARS-CoV-2) infection?	No/Yes		Was mechanical ventilation given for COVID-19 (SARS-CoV-2) infection?	No/Yes	
PRE68	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	No	yes	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No/Unknown/Yes		Was a vaccine for COVID-19 (SARS-CoV-2) received?	No/Unknown/Yes	
PRE69	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	yes	yes	Specify vaccine brand	AstraZeneca,Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pfizer/BioNTech		Specify vaccine brand	AstraZeneca,Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pfizer/BioNTech	
PRE70	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	yes	yes	Specify other type:	open text		Specify other type:	open text	
PRE71	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	yes	yes	Select dose(s) received	Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose,First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose	
PRE72	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	yes	yes	Date received:	YYYYMM/DD		Date received:	YYYYMM/DD	
PRE73	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	Yes	yes	yes	Date estimated	checked		Date estimated	checked	
PRE74	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	No	no	no	Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))	No/Yes		Is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))	No/Yes	
PRE75	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	No	no	no	Is there a history of invasive fungal infection?	No/Yes		Is there a history of invasive fungal infection?	No/Yes	
PRE76	Pre-Transplant	Pre-Transplant Essential Data	Allogeneic Recipient	No	no	no	Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)	No/Yes		Does the recipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple ASD, VSD, or PDA repair) (pediatric only)	No/Yes	

Item ID	Time Point	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
PRE277	Pre-Transplant	Pre-Transplant Essential Data		no	no	Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. 2013). How: Assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863.)	No/Yes		Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? (Source: Sorror, M. L. 2013). How: Assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863.)	No/Yes	
PRE278	Pre-Transplant	Pre-Transplant Essential Data	Comorbid Conditions	yes	no	Specify co-existing diseases or organ impairment (check all that apply) Arrhythmia - Any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment Cardiac - Any history of coronary artery disease (one or more vessel coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction $\leq 50\%$ on the most recent test Central nervous system - Any history of transient ischemic attack, subarachnoid hemorrhage or cerebral thrombosis, embolism, or hemorrhage Diabetes - Requiring treatment with insulin or oral hypoglycemic drugs in the last 4 weeks but not diet alone Heart valve disease - At least a moderate to severe degree of valve stenosis or insufficiency as determined by echo, prosthetic mitral or aortic valve, or symptomatic mitral valve prolapse Hepatic, mild - Bilirubin > upper limit of normal to 1.5 x upper limit of normal, or AST/ALT > upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection Hepatic, moderate/severe - Liver synthetic, bilirubin > 1.5 x upper limit of normal, or AST/ALT > 2.5 x upper limit of normal Infection - Includes a documented infection, fever of unknown origin, or pulmonary nodules suspicious for fungal pneumonia or a positive PPD test requiring prophylaxis against tuberculosis. Patients must have started antimicrobial treatment before Day 0 with continuation of antimicrobial treatment after Day 0 Inflammatory bowel disease - Any history of Crohn's disease or ulcerative colitis requiring treatment Obesity - Patients older than 18 years with a body mass index (BMI) ≥ 35 kg/m ² prior to the start of conditioning or a BMI of the 95th percentile or higher for patients aged 18 years or younger Psychiatric disturbance - Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g. bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 weeks Pulmonary, moderate - Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq 60\%$ or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe - Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq 65\%$ or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant Renal, moderate / severe - Serum creatinine > 2 mg/dL or > 177 μ mol/L, on dialysis during the 4 weeks prior to transplant. OR prior renal transplantation - go to question 102 Rheumatologic - Any history of a rheumatologic disease (e.g., systemic lupus erythematosus, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyositis rheumatica, etc.) requiring treatment. (Do NOT include degenerative joint disease, osteoarthritis) Prior malignancy - Treated at any time points in the patient's past history, other than the primary disease for which this infusion is being performed - go to question 103	Arrhythmia - Any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment Cardiac - Any history of coronary artery disease (one or more vessel coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction $\leq 50\%$ on the most recent test Central nervous system - Any history of transient ischemic attack, subarachnoid hemorrhage or cerebral thrombosis, embolism, or hemorrhage Diabetes - Requiring treatment with insulin or oral hypoglycemic drugs in the last 4 weeks but not diet alone Heart valve disease - At least a moderate to severe degree of valve stenosis or insufficiency as determined by echo, prosthetic mitral or aortic valve, or symptomatic mitral valve prolapse Hepatic, mild - Bilirubin > upper limit of normal to 1.5 x upper limit of normal, or AST/ALT > upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection Hepatic, moderate/severe - Liver synthetic, bilirubin > 1.5 x upper limit of normal, or AST/ALT > 2.5 x upper limit of normal Infection - Includes a documented infection, fever of unknown origin, or pulmonary nodules suspicious for fungal pneumonia or a positive PPD test requiring prophylaxis against tuberculosis. Patients must have started antimicrobial treatment before Day 0 with continuation of antimicrobial treatment after Day 0 Inflammatory bowel disease - Any history of Crohn's disease or ulcerative colitis requiring treatment Obesity - Patients older than 18 years with a body mass index (BMI) ≥ 35 kg/m ² prior to the start of conditioning or a BMI of the 95th percentile or higher for patients aged 18 years or younger Psychiatric disturbance - Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g. bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 weeks Pulmonary, moderate - Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq 60\%$ or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe - Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq 65\%$ or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant Renal, moderate / severe - Serum creatinine > 2 mg/dL or > 177 μ mol/L, on dialysis during the 4 weeks prior to transplant. OR prior renal transplantation - go to question 102 Rheumatologic - Any history of a rheumatologic disease (e.g., systemic lupus erythematosus, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyositis rheumatica, etc.) requiring treatment. (Do NOT include degenerative joint disease, osteoarthritis) Prior malignancy - Treated at any time points in the patient's past history, other than the primary disease for which this infusion is being performed - go to question 103	Check all that apply)	Arrhythmia - Any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment Cardiac - Any history of coronary artery disease (one or more vessel coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction $\leq 50\%$ on the most recent test Central nervous system - Any history of transient ischemic attack, subarachnoid hemorrhage or cerebral thrombosis, embolism, or hemorrhage Diabetes - Requiring treatment with insulin or oral hypoglycemic drugs in the last 4 weeks but not diet alone Heart valve disease - At least a moderate to severe degree of valve stenosis or insufficiency as determined by echo, prosthetic mitral or aortic valve, or symptomatic mitral valve prolapse Hepatic, mild - Bilirubin > upper limit of normal to 1.5 x upper limit of normal, or AST/ALT > upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection Hepatic, moderate/severe - Liver synthetic, bilirubin > 1.5 x upper limit of normal, or AST/ALT > 2.5 x upper limit of normal Infection - Includes a documented infection, fever of unknown origin, or pulmonary nodules suspicious for fungal pneumonia or a positive PPD test requiring prophylaxis against tuberculosis. Patients must have started antimicrobial treatment before Day 0 with continuation of antimicrobial treatment after Day 0 Inflammatory bowel disease - Any history of Crohn's disease or ulcerative colitis requiring treatment Obesity - Patients older than 18 years with a body mass index (BMI) ≥ 35 kg/m ² prior to the start of conditioning or a BMI of the 95th percentile or higher for patients aged 18 years or younger Psychiatric disturbance - Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g. bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 weeks Pulmonary, moderate - Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq 60\%$ or dyspnea on slight activity attributed to pulmonary disease at transplant Pulmonary, severe - Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq 65\%$ or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant Renal, moderate / severe - Serum creatinine > 2 mg/dL or > 177 μ mol/L, on dialysis during the 4 weeks prior to transplant. OR prior renal transplantation - go to question 102 Rheumatologic - Any history of a rheumatologic disease (e.g., systemic lupus erythematosus, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyositis rheumatica, etc.) requiring treatment. (Do NOT include degenerative joint disease, osteoarthritis) Prior malignancy - Treated at any time points in the patient's past history, other than the primary disease for which this infusion is being performed - go to question 103		
PRE279	Pre-Transplant	Pre-Transplant Essential Data	Comorbid Conditions	yes	no	Was the recipient on dialysis immediately prior to start of preparative regimen?	No/Unknown/Yes		Was the recipient on dialysis immediately prior to start of preparative regimen?	No/Unknown/Yes	
PRE280	Pre-Transplant	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, esophagus) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Acute myeloid leukemia Chronic myeloid leukemia Chronic lymphocytic leukemia Leukemia Lung cancer Lymphoma (Includes Hodgkin & non-Hodgkin lymphoma) MDS / MPM Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor	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, esophagus) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Acute myeloid leukemia Chronic myeloid leukemia Chronic lymphocytic leukemia Leukemia Lung cancer Lymphoma (Includes Hodgkin & non-Hodgkin lymphoma) MDS / MPM Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor		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, esophagus) Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) Acute myeloid leukemia Chronic myeloid leukemia Chronic lymphocytic leukemia Leukemia Lung cancer Lymphoma (Includes Hodgkin & non-Hodgkin lymphoma) MDS / MPM Melanoma Multiple myeloma / plasma cell disorder (PCD) Oropharyngeal cancer (e.g., tongue, buccal mucosa) Sarcoma Thyroid cancer Other skin malignancy (basal cell, squamous cell) Other hematologic malignancy Other solid tumor		
PRE281	Pre-Transplant	Pre-Transplant Essential Data	Comorbid Conditions	yes	no	Specify other hematologic malignancy (prior)	open text		Specify other hematologic malignancy (prior)	open text	
PRE282	Pre-Transplant	Pre-Transplant Essential Data		no	no	Specify other solid tumor (prior)	open text		Specify other solid tumor (prior)	open text	
PRE283	Pre-Transplant	Pre-Transplant Essential Data		no	no	Date sample collected:	YYYYMMDD		Date sample collected:	YYYYMMDD	
PRE284	Pre-Transplant	Pre-Transplant Essential Data		no	no	Upper limit of normal for your institution:	open text		Upper limit of normal for your institution:	open text	
PRE285	Pre-Transplant	Pre-Transplant Essential Data		no	no	Date sample collected:	YYYYMMDD		Date sample collected:	YYYYMMDD	
PRE286	Pre-Transplant	Pre-Transplant Essential Data		no	no	Did the recipient have a prior solid organ transplant?	No/Yes		Did the recipient have a prior solid organ transplant?	No/Yes	
PRE287	Pre-Transplant	Pre-Transplant Essential Data	Prior Solid Organ Transplant	yes	yes	Specify organ	Bowel,Heart,Kidney(s),Liver,Lung,Other organ,Pancreas		Specify organ	Bowel,Heart,Kidney(s),Liver,Lung,Other organ,Pancreas	
PRE288	Pre-Transplant	Pre-Transplant Essential Data	Prior Solid Organ Transplant	yes	yes	Specify other organ:	open text		Specify other organ:	open text	
PRE289	Pre-Transplant	Pre-Transplant Essential Data	Prior Solid Organ Transplant	yes	yes	Year of prior solid organ transplant:	YYYY		Year of prior solid organ transplant:	YYYY	
PRE290	Pre-Transplant	Pre-Transplant Essential Data			yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
PRE291	Pre-Transplant	Pre-Transplant Essential Data			yes	Last Name:	open text		Last Name:	open text	
PRE292	Pre-Transplant	Pre-Transplant Essential Data		yes		E-mail address:	open text		E-mail address:	open text	
PRE293	Pre-Transplant	Pre-Transplant Essential Data		no	no	glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)	Known,Unknown		glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)	Known,Unknown	
PRE295	Pre-Transplant	Pre-Transplant Essential Data		no	no	Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown		Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
PRE296	Pre-Transplant	Pre-Transplant Essential Data		no	no	Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	----- ng/mL (µg/L)		Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	----- ng/mL (µg/L)	
PRE297	Pre-Transplant	Pre-Transplant Essential Data		no	no	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown		Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
PRE298	Pre-Transplant	Pre-Transplant Essential Data		no	no	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	----- g/dL ----- g/L		Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	----- g/dL ----- g/L	
PRE299	Pre-Transplant	Pre-Transplant Essential Data		no	no	Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown		Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Known,Unknown	
PRE300	Pre-Transplant	Pre-Transplant Essential Data		no	no	Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) ----- x 10 ⁹ /L		Platelets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	----- x 10 ⁹ /L (x 10 ⁹ /mm ³) ----- x 10 ⁹ /L	
PRE301	Pre-Transplant	Pre-Transplant Essential Data		no	no	Were platelets transfused ≥ 7 days before date of test?	No/Unknown/Yes		Were platelets transfused ≥ 7 days before date of test?	No/Unknown/Yes	
PRE302	Pre-Transplant	Prior Exposure: Potential Study Eligibility		no	no	Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)	Blinatumomab(Blinfynco),Gemtuzumab coagomycin (Mylotarg),Inotuzumab coagomycin (Besponsa), Mogamulizumab (Poteligeo) None,Thiotepa		Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)	Blinatumomab(Blinfynco),Gemtuzumab coagomycin (Mylotarg),Inotuzumab coagomycin (Besponsa), Mogamulizumab (Poteligeo) None,Thiotepa	





Information Collection Domain: Transplant Procedure and Product Information

Item ID	Time Point	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
PRO001	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Registry donor ID:	open text		Registry donor ID:	open text	
PRO002	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
PRO003	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
PRO004	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	ISBT DIN:	open text		ISBT DIN:	open text	

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO005	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc., (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) Argentine CPH Donors Registry, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (BG) Bulgarian Bone Marrow Donor Registry, (BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood, (CB) Cord Blood Registry, (CH) Swiss BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Program (CMDP), (CNCB) Shan Dong Cord Blood Bank, (CND) Canadian Blood Services Bone Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DK2) Bone Marrow Donors Copenhagen (BMDC), (DUCB) German Branch of the European Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Cord Blood Registry, (GB) The Anthony Nolan Trust, (GB3) Welsh Bone Marrow Donor Registry, (GB4) British Bone Marrow Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece, (GRCB) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HR) Croatian Bone Marrow Donor	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc., (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) Argentine CPH Donors Registry, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (BG) Bulgarian Bone Marrow Donor Registry, (BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood, (CB) Cord Blood Registry, (CH) Swiss BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Program (CMDP), (CNCB) Shan Dong Cord Blood Bank, (CND) Canadian Blood Services Bone Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DK2) Bone Marrow Donors Copenhagen (BMDC), (DUCB) German Branch of the European Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Cord Blood Registry, (GB) The Anthony Nolan Trust, (GB3) Welsh Bone Marrow Donor Registry, (GB4) British Bone Marrow Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece, (GRCB) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HR) Croatian Bone Marrow Donor		
PRO006	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
PRO007	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
PRO008	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor sex	female,male		Donor sex	female,male	

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO009	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specify the person for whom this typing is being done	Donor,Recipient-final typing		Specify the person for whom this typing is being done	Donor,Recipient-final typing	
PRO010	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes		Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes	
PRO011	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus A	Known,Unknown		Locus A	Known,Unknown	
PRO012	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First A* allele designations:	open text		First A* allele designations:	open text	
PRO013	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second A* allele designations:	open text		Second A* allele designations:	open text	
PRO014	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus B	Known,Unknown		Locus B	Known,Unknown	
PRO015	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First B* allele designations:	open text		First B* allele designations:	open text	


Item ID	Time Point	 Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO016	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second B* allele designations:	open text		Second B* allele designations:	open text	
PRO017	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus C	Known,Unknown		Locus C	Known,Unknown	
PRO018	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First C* allele designations:	open text		First C* allele designations:	open text	
PRO019	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second C* allele designations:	open text		Second C* allele designations:	open text	
PRO020	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus DRB1	Known,Unknown		Locus DRB1	Known,Unknown	
PRO021	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First DRB1* allele designations:	open text		First DRB1* allele designations:	open text	
PRO022	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second DRB1* allele designations:	open text		Second DRB1* allele designations:	open text	

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

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO035	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Locus DPB1	Known,Unknown		Locus DPB1	Known,Unknown	
PRO036	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	First DPB1* allele designations:	open text		First DPB1* allele designations:	open text	
PRO037	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Second DPB1* allele designations:	open text		Second DPB1* allele designations:	open text	
PRO038	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Locus DQA1	Known,Unknown		Locus DQA1	Known,Unknown	
PRO039	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	First DQA1* allele designations:	open text		First DQA1* allele designations:	open text	
PRO040	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Second DQA1* allele designations:	open text		Second DQA1* allele designations:	open text	
PRO041	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Locus DPA1	Known,Unknown		Locus DPA1	Known,Unknown	
PRO042	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	First DPA1* allele designations:	open text		First DPA1* allele designations:	open text	
PRO043	Transplant Procedure and Product Information	Confirmation of HLA Typing		no	no	Second DPA1* allele designations:	open text		Second DPA1* allele designations:	open text	
PRO044	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	A Antigens. Number of antigens provided	one,two		A Antigens. Number of antigens provided	one,two	

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

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

Item ID	Time Point	 Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO054	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw6 present?	no,yes		Specificity Bw6 present?	no,yes	
PRO055	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DR Antigens. Number of antigens provided	one,two		DR Antigens. Number of antigens provided	one,two	
PRO056	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX		Specificity - 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
PRO057	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX		Specificity - 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
PRO058	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR51 present?	no,yes		Specificity DR51 present?	no,yes	
PRO059	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR52 present?	no,yes		Specificity DR52 present?	no,yes	

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO060	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR53 present?	no,yes		Specificity DR53 present?	no,yes	
PRO061	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DQ Antigens. Number of antigens provided	one,two		DQ Antigens. Number of antigens provided	one,two	
PRO062	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 1st antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX		Specificity - 1st antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	
PRO063	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 2nd antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX		Specificity - 2nd antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	
PRO064	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DP Antigens. Number of antigens provided	one,two		DP Antigens. Number of antigens provided	one,two	
PRO065	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 1st antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX		Specificity - 1st antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	
PRO066	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity - 2nd antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX		Specificity - 2nd antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	

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

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


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

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

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO098	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	
PRO099	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Product type (check only one)	Bone marrow,Other product,PBSC,Single cord blood unit		Product type	Bone marrow,Other product,PBSC,Single cord blood unit	
PRO100	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify:	open text		Specify:	open text	
PRO101	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP Product	No,Yes		NMDP Product	No,Yes	
PRO102	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
PRO103	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP donor ID:	open text		NMDP donor ID:	open text	
PRO104	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
PRO105	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
PRO106	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
PRO107	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	ISBT DIN:	open text		ISBT DIN:	open text	

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO108	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc., (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) Argentine CPH Donors Registry, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (BG) Bulgarian Bone Marrow Donor Registry, (BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood, (CB) Cord Blood Registry, (CH) Swiss BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Program (CMDP), (CNCB) Shan Dong Cord Blood Bank, (CND) Canadian Blood Services Bone Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DK2) Bone Marrow Donors Copenhagen (BMDC), (DUCB) German Branch of the European Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Cord Blood Registry, (GB) The Anthony Nolan Trust, (GB3) Welsh Bone Marrow Donor Registry, (GB4) British Bone Marrow Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece, (GRCB) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HR) Croatian Bone Marrow Donor	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc., (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) Argentine CPH Donors Registry, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (BG) Bulgarian Bone Marrow Donor Registry, (BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood, (CB) Cord Blood Registry, (CH) Swiss BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Program (CMDP), (CNCB) Shan Dong Cord Blood Bank, (CND) Canadian Blood Services Bone Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DK2) Bone Marrow Donors Copenhagen (BMDC), (DUCB) German Branch of the European Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Cord Blood Registry, (GB) The Anthony Nolan Trust, (GB3) Welsh Bone Marrow Donor Registry, (GB4) British Bone Marrow Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece, (GRCB) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HR) Croatian Bone Marrow Donor		
PRO109	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
PRO110	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
PRO111	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor sex	open text, check "Months" or check "Years"		Donor sex	open text, check "Months" or check "Years"	

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

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

Item ID	Time Point	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
PRO125	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes		Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes	
PRO126	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Was the cord blood unit stored at your center prior to thawing?	no,yes		Was the cord blood unit stored at your center prior to thawing?	no,yes	
PRO127	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase		Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase	
PRO128	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Temperature during storage	< -150 0C , > -150 0C to < -135 0C , > -135 0C to < -80 0C, > -80 0C		Temperature during storage	< -150 0C , > -150 0C to < -135 0C , > -135 0C to < -80 0C, > -80 0C	
PRO129	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date storage started:	YYYY/MM/DD		Date storage started:	YYYY/MM/DD	
PRO130	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total nucleated cells: (Includes nucleated red and nucleated white cells)	----- . ---- x 10 ⁻⁻⁻⁻ (Includes nucleated red and nucleated white cells) (Cord blood units only)		Total nucleated cells: (Includes nucleated red and nucleated white cells)	----- . ---- x 10 ⁻⁻⁻⁻ (Includes nucleated red and nucleated white cells) (Cord blood units only)	
PRO131	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
PRO132	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total number of CD34+ cells:	----- . ---- x 10 ⁻⁻⁻⁻		Total number of CD34+ cells:	----- . ---- x 10 ⁻⁻⁻⁻	

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


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

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


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


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

Item ID	Time Point	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
PRO178	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
PRO179	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD4+ cells	Done,Not done		CD3+CD4+ cells	Done,Not done	
PRO180	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD4+ cells:	----- x 10 -----		Total number of CD3+CD4+ cells:	----- x 10 -----	
PRO181	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD4+ cells	Done,Not done,Unknown		Viability of CD3+CD4+ cells	Done,Not done,Unknown	
PRO182	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD4+ cells:	---%		Viability of CD3+CD4+ cells:	---%	
PRO183	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue		Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method, Trypan blue	
PRO184	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
PRO185	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD8+ cells	Done,Not done		CD3+CD8+ cells	Done,Not done	
PRO186	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD8+ cells:	----- * x 10 -----		Total number of CD3+CD8+ cells:	----- * x 10 -----	
PRO187	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells	Done,Not done,Unknown		Viability of CD3+CD8+ cells	Done,Not done,Unknown	

Item ID	Time Point	 Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO188	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells:	___%		Viability of CD3+CD8+ cells:	___%	
PRO189	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based, Other method, Trypan blue		Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method, Trypan blue	
PRO190	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
PRO191	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Were the colony-forming units (CFU) assessed after thawing? (cord blood units only)	no,yes		Were the colony-forming units (CFU) assessed after thawing? (cord blood units only)	no,yes	
PRO192	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Was there growth?	no,yes		Was there growth?	no,yes	
PRO193	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM	Done, Not done		Indicate which Assessments were Carried out (Check all that apply)	Total CFU-GM, Total CFU-GEMM, Total BFU-E	
PRO194	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM:	_____x10__ —		Total CFU-GM:	_____x10__	
PRO195	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM:	_____x10__ —		Total CFU-GEMM:	_____x10__	
PRO196	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E:	_____x10__ —		Total BFU-E:	_____x10__	

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO197	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)	No,Pending,Unknown,Yes		Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)	No,Pending,Unknown,Yes	
PRO198	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella 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		Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all	

Item ID	Time Point	 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
PRO199	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella 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		Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all	

Item ID	Time Point	 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
PRO200	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella 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		Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all	


Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO201	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inebacter (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		Specify Organism Code(s):	Bacterial Infections: 121 inebacter (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	
PRO202	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify organism:	open text		Specify organism:	open text	
PRO203	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date of this product infusion:	YYYY/MM/DD		Date of this product infusion:	YYYY/MM/DD	
PRO204	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Was the entire volume of received product infused?	no,yes		Was the entire volume of received product infused?	no,yes	
PRO205	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate		Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate	

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


Item ID	Time Point	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
PRO215	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chest tightness / pain	no,yes		Chest tightness / pain	no,yes	
PRO216	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO217	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chills at time of infusion	no,yes		Chills at time of infusion	no,yes	
PRO218	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO219	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever ≤ 103 °F within 24 hours of infusion	no,yes		Fever ≤ 103 °F within 24 hours of infusion	no,yes	
PRO220	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO221	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever > 103° F within 24 hours of infusion	no,yes		Fever > 103° F within 24 hours of infusion	no,yes	
PRO222	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

Item ID	Time Point	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
PRO223	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Gross hemoglobinuria	no,yes		Gross hemoglobinuria	no,yes	
PRO224	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO225	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Headache	no,yes		Headache	no,yes	
PRO226	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO227	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hives	no,yes		Hives	no,yes	
PRO228	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO229	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypertension	no,yes		Hypertension	no,yes	
PRO230	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO231	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypotension	no,yes		Hypotension	no,yes	
PRO232	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO233	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypoxia requiring oxygen (O ₂) support	no,yes		Hypoxia requiring oxygen (O ₂) support	no,yes	
PRO234	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO235	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Nausea	no,yes		Nausea	no,yes	
PRO236	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
PRO237	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, mild	no,yes		Rigors, mild	no,yes	
PRO238	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	

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

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


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

Item ID	Time Point	Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO265	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc., (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) Argentine CPH Donors Registry, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (BG) Bulgarian Bone Marrow Donor Registry, (BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood, (CB) Cord Blood Registry, (CH) Swiss BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Program (CMDP), (CNCB) Shan Dong Cord Blood Bank, (CND) Canadian Blood Services Bone Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DK2) Bone Marrow Donors Copenhagen (BMDC), (DUCB) German Branch of the European Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Cord Blood Registry, (GB) The Anthony Nolan Trust, (GB3) Welsh Bone Marrow Donor Registry, (GB4) British Bone Marrow Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece, (GRCB) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HR) Croatian Bone Marrow Donor	Registry or UCB Bank ID	(A) Austrian Bone Marrow Donors, (ACB) Austrian Cord Blood Registry, (ACCB) StemCyte, Inc., (AE) Emirates Bone Marrow Donor Registry, (AM) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) Argentine CPH Donors Registry, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (BG) Bulgarian Bone Marrow Donor Registry, (BR) INCA/REDOMO, (BSCB) British Bone Marrow Registry - Cord Blood, (CB) Cord Blood Registry, (CH) Swiss BloodStem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Program (CMDP), (CNCB) Shan Dong Cord Blood Bank, (CND) Canadian Blood Services Bone Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (DK2) Bone Marrow Donors Copenhagen (BMDC), (DUCB) German Branch of the European Cord Blood Bank, (E) REDMO, (ECB) Spanish Cord Blood Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (FICB) Finnish Cord Blood Registry, (GB) The Anthony Nolan Trust, (GB3) Welsh Bone Marrow Donor Registry, (GB4) British Bone Marrow Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece, (GRCB) Michigan Community Blood Centers Cord Blood Bank, (H) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HR) Croatian Bone Marrow Donor		
PRO266	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
PRO267	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
PRO268	Transplant Procedure and Product Information	Infectious Disease Markers		no	no	Donor sex	female,male		Donor sex	female,male	
PRO269	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)		Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)	

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

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

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

Item ID	Time Point	 Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO294	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Other infectious disease marker, specify	no,yes		Other infectious disease marker, specify	no,yes	
PRO295	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO296	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test and method:	open text		Specify test and method:	open text	
PRO297	Transplant Procedure and Product Information	Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test results:	open text		Specify test results:	open text	



Information Collection Domain: Post-Transplant Periodic Information Collection

Item ID	Time Point	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
POST001	Post-Transplant	Post-Transplant Essential Data		no	yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
POST002	Post-Transplant	Post-Transplant Essential Data		no	yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
POST003	Post-Transplant	Post-Transplant Essential Data		no	yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
POST004	Post-Transplant	Post-Transplant Essential Data		no	yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
POST005	Post-Transplant	Post-Transplant Essential Data		no	yes	Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
POST006	Post-Transplant	Post-Transplant Essential Data		no	yes	Visit	100 day,1 year,2 years,> 2 years,6 months		Visit	100 day,1 year,2 years,> 2 years,6 months	
POST007	Post-Transplant	Post-Transplant Essential Data		no	yes	Specify:	open text		Specify:	open text	
POST008	Post-Transplant	Post-Transplant Essential Data		no	yes	Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD		Date of actual contact with the recipient to determine medical status for this follow-up report:	YYYY/MM/DD	
POST009	Post-Transplant	Post-Transplant Essential Data		no	yes	Specify the recipient's survival status at the date of last contact	Alive,Dead		Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	
POST010	Post-Transplant	Post-Transplant Essential Data		no	yes	Did the recipient receive a subsequent HCT?	no,yes		Did the recipient receive a subsequent HCT?	no,yes	
POST011	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Date of subsequent HCT:	YYYY/MM/DD		Date of subsequent HCT:	YYYY/MM/DD	
POST012	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes	What was the indication for subsequent HCT?	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease		What was the indication for subsequent HCT?	Graft failure / insufficient hematopoietic recovery,Insufficient chimerism,New malignancy (including PTLD and EBV lymphoma),Other,Persistent primary disease,Planned subsequent HCT, per protocol,Recurrent primary disease	
POST013	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Specify other indication:	open text		Specify other indication:	open text	
POST014	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous		Source of HSCs (check all that apply)	Allogeneic, related,Allogeneic, unrelated,Autologous	

Item ID	Time Point	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
POST015	Post-Transplant	Post-Transplant Essential Data		no	yes	Has the recipient received a cellular therapy? (e.g. CAR-T, DCI)	no,yes		Has the recipient received a cellular therapy? (e.g. CAR-T, DCI)	no,yes	
POST016	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes				Was this infusion a donor lymphocyte infusion (DLI)?	no,yes	
POST017	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes				Number of DLIs in this reporting period	---	
POST018	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes				Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	
POST019	Post-Transplant	Post-Transplant Essential Data	Subsequent Transplant	yes	yes	Date of cellular therapy:	YYYY/MM/DD		Date of cellular therapy:	YYYY/MM/DD	
POST020	Post-Transplant	Post-Transplant Essential Data		no	yes	Was there evidence of initial hematopoietic recovery?	No(ANC \geq 500/mm ³ was not achieved) .Not applicable(ANC never dropped below 500/mm ³ at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report) ,Yes(ANC \geq 500/mm ³ achieved and sustained for 3 lab values)		Was there evidence of initial hematopoietic recovery?	No(ANC \geq 500/mm ³ was not achieved) .Not applicable(ANC never dropped below 500/mm ³ at any time after the start of the preparative regimen,Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report) ,Yes(ANC \geq 500/mm ³ achieved and sustained for 3 lab values)	
POST021	Post-Transplant	Post-Transplant Essential Data		no	yes	Date ANC \geq 500/mm ³ (first of 3 lab values):	YYYY/MM/DD		Date ANC \geq 500/mm ³ (first of 3 lab values):	YYYY/MM/DD	
POST022	Post-Transplant	Post-Transplant Essential Data		no	yes	Did late graft failure occur?	No,Yes		Did late graft failure occur?	No,Yes	
POST023	Post-Transplant	Post-Transplant Essential Data		no	yes	Was an initial platelet count \geq 20 x 10 ⁹ /L achieved?	No,Not applicable(Platelet count never dropped below 20 x 10 ⁹ /L) ,Previously reported(\geq 20 x 10 ⁹ /L was achieved and reported previously),Yes		Was an initial platelet count \geq 20 x 10 ⁹ /L achieved?	No,Not applicable(Platelet count never dropped below 20 x 10 ⁹ /L) ,Previously reported(\geq 20 x 10 ⁹ /L was achieved and reported previously),Yes	
POST024	Post-Transplant	Post-Transplant Essential Data		no	yes	Date platelets \geq 20 x 10 ⁹ /L:	YYYY/MM/DD		Date platelets \geq 20 x 10 ⁹ /L:	YYYY/MM/DD	
POST025	Post-Transplant	Post-Transplant Essential Data		no	yes	Did acute GVHD develop?	No,Unknown,Yes		Did acute GVHD develop?	No,Unknown,Yes	
POST026	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date of acute GVHD diagnosis:	YYYY/MM/DD		Date of acute GVHD diagnosis:	YYYY/MM/DD	
POST027	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Did acute GVHD persist?	No,Unknown,Yes		Did acute GVHD persist?	No,Unknown,Yes	

Item ID	Time Point	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
POST028	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)		Overall grade of acute GVHD at diagnosis	I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL Not applicable (acute GVHD present but cannot be graded)	
POST029	Post-Transplant	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	
POST030	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
POST031	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Upper intestinal tract	Stage 0 - No persistent nausea or vomiting Stage 1 - Persistent nausea or vomiting		Upper intestinal tract	Stage 0 - No persistent nausea or vomiting Stage 1 - Persistent nausea or vomiting	
POST032	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 μmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 μmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53-103 μmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104-256 μmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 μmol/L)		Liver	Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 μmol/L) Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 μmol/L) Stage 2 - Bilirubin 3.1-6.0 mg/dL (53-103 μmol/L) Stage 3 - Bilirubin 6.1-15.0 mg/dL (104-256 μmol/L) Stage 4 - Bilirubin > 15.0 mg/dL (> 256 μmol/L)	
POST033	Post-Transplant	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	

Item ID	Time Point	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
POST034	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Specify other site(s):	open text		Specify other site(s):	open text	
POST035	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	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)	
POST036	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Date maximum overall grade of acute GVHD:	YYYY/MM/DD		First date maximum overall grade of acute GVHD:	YYYY/MM/DD	
POST037	Post-Transplant	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	
POST038	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool		Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)	Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
POST039	Post-Transplant	Post-Transplant Essential Data	Graft vs. Host Disease	yes	yes	Upper intestinal tract	Stage 0 - No persistent nausea or vomiting Stage 1 - Persistent nausea or vomiting		Upper intestinal tract	Stage 0 - No persistent nausea or vomiting Stage 1 - Persistent nausea or vomiting	

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

Item ID	Time Point	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
POST050	Post-Transplant	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	
POST051	Post-Transplant	Post-Transplant Essential Data		no	yes	Was specific therapy used to prevent liver toxicity?	No,Yes		Was specific therapy used to prevent liver toxicity?	No,Yes	
POST052	Post-Transplant	Post-Transplant Essential Data		no	yes	Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol		Specify therapy (check all that apply)	Defibrotide,N-acetylcysteine,Other therapy,Tissue plasminogen activator (TPA),Ursodiol, Enoxaparin (Lovenox), Heparin	
POST053	Post-Transplant	Post-Transplant Essential Data		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
POST054	Post-Transplant	Post-Transplant Essential Data		no	yes	Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop?	No,Yes		Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop?	No,Yes	
POST055	Post-Transplant	Post-Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
POST056	Post-Transplant	Post-Transplant Essential Data		no	yes	Did the recipient develop COVID-19 (SARS-CoV-2)?	No,Yes		Did the recipient develop COVID-19 (SARS-CoV-2)?	No,Yes	
POST057	Post-Transplant	Post-Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
POST058	Post-Transplant	Post-Transplant Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes		Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	
POST059	Post-Transplant	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	
POST060	Post-Transplant	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify other type:	open text		Specify other type:	open text	
POST061	Post-Transplant	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose		Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose	
POST062	Post-Transplant	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD		Date received:	YYYY/MM/DD	
POST063	Post-Transplant	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	checked		Date estimated	checked	

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

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

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

Item ID	Time Point	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
POST099	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST100	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST101	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes		Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes	
POST102	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST103	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST104	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was the disease status assessed by clinical / hematologic assessment?	no,yes		Was the disease status assessed by clinical / hematologic assessment?	no,yes	
POST105	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
POST106	Post-Transplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes		Was disease detected?	no,yes	
POST107	Post-Transplant	Post-HCT Therapy		no	yes	Was therapy given for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes		Was therapy given for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)	no,yes	
POST108	Post-Transplant	Post-HCT Therapy		no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy	

Item ID	Time Point	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
POST109	Post-Transplant	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		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)	
POST110	Post-Transplant	Post-HCT Therapy		no	yes	Specify other systemic therapy:	open text		Specify other systemic therapy:	open text	
POST111	Post-Transplant	Post-HCT Therapy		no	yes	Specify other therapy:	open text		Specify other therapy:	open text	
POST112	Post-Transplant	Post-HCT Therapy		no	yes	Did a fecal microbiota transplant (FMT) occur?	No, Yes		Did a fecal microbiota transplant (FMT) occur?	No, Yes	
POST113	Post-Transplant	Post-HCT Therapy		no	yes				Date of FMT	DD/MM/YY	
POST114	Post-Transplant	Post-HCT Therapy		no	yes				Specify the indication for the FMT	Graft versus host disease (GVHD), Clostridium difficile, Other	
POST115	Post-Transplant	Post-HCT Therapy		no	yes				Specify other indication:	open text	
POST116	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes		Did the recipient experience a clinical/hematologic relapse or progression post-HCT?	No,Yes	
POST117	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)		Was the date of the first clinical / hematologic relapse or progression previously reported?	No,Yes (only valid >day 100)	
POST118	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Date first seen:	YYYY/MM/DD		Date first seen:	YYYY/MM/DD	
POST119	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Was intervention given for relapsed, persistent or progressive disease?	No,Yes		Was intervention given for relapsed, persistent or progressive disease?	No,Yes	
POST120	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease		Specify reason for which intervention was given	Persistent disease,Relapsed / progressive disease	
POST121	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological		Specify the method(s) of detection for which intervention was given (check all that apply)	Clinical and/or hematologic analysis,Cytogenetic Analysis,Disease specific molecular marker,Flow Cytometry,Radiological	
POST122	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Date intervention started:	YYYY/MM/DD		Date intervention started:	YYYY/MM/DD	
POST123	Post-Transplant	Relapse or Progression Post-HCT		no	yes	Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy		Specify therapy (check all that apply)	Blinded randomized trial,Cellular therapy,Other therapy,Radiation,Systemic therapy	
POST124	Post-Transplant	Relapse or Progression Post-HCT		no	yes	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		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, Daratumumab (Darzalex), Venetoclax	

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

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

Item ID	Time Point	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
POST140	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify type of PTLD	Monomorphic,Polymorphic,Unknown	
POST141	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	
POST142	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify gastrointestinal malignancy	Anus,Colon,Esophagus,Liver ,Pancreas,Rectum,Small intestine (DUODENUM, JEJUNUM, ILEUM),Stomach, Other gastrointestinal cancer	
POST143	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify genitourinary malignancy	Bladder,Cervix,Kidney,Ovary,Prostate,Testicle,Uterus, Other genitourinary malignancy	
POST144	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify CNS malignancy	Glioma,Meningioma,Other CNS malignancy	
POST145	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Specify other new malignancy:	open text		Specify other new malignancy:	open text	
POST146	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Date of diagnosis:	YYYY/MM/DD		Date of diagnosis:	YYYY/MM/DD	
POST147	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes	
POST148	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was the new malignancy donor / cell product derived?	No,Not Done,Yes		Was the new malignancy donor / cell product derived?	No,Not Done,Yes	
POST149	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was documentation submitted to the CIBMTR?	no,yes		Was documentation submitted to the CIBMTR?	no,yes	

Item ID	Time Point	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
POST150	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was PTLD confirmed by biopsy?	No,Yes	
POST151	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Was the pathology of the tumor EBV positive?	no,yes		Was the pathology of the tumor EBV positive?	no,yes	
POST152	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was documentation submitted to the CIBMTR? (e.g. pathology report)	No,Yes	
POST153	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was there EBV reactivation in the blood?	No,Not Done,Yes	
POST154	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				How was EBV reactivation diagnosed?	Other method,Qualitative PCR of blood,Quantitative PCR of blood	
POST155	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify other method:	open text	
POST156	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Quantitative EBV viral load of blood: At diagnosis	_____ copies/ml	
POST157	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	
POST158	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Highest EBV viral load of blood:	_____ copies/ml	
POST159	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was there lymphomatous involvement?	No,Yes	

Item ID	Time Point	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
POST160	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify sites of PTLD involvement (check all that apply)	Bone marrow, Central nervous system (brain or cerebrospinal fluid), Liver, Lung, Lymph node(s), Other, Spleen	
POST161	Post-Transplant	Subsequent Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify other site:	open text	
POST162	Post-Transplant	Subsequent Neoplasms		no	yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
POST163	Post-Transplant	Subsequent Neoplasms		no	yes	Last Name:	open text		Last Name:	open text	
POST164	Post-Transplant	Subsequent Neoplasms		no	yes	E-mail address:	open text		E-mail address:	open text	
POST165	Post-Transplant	Subsequent Neoplasms		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	

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

Addition of Information Requested

Deletion of Information Requested

Merged to Check all that Apply

Change/Clarification of Information Requested and Response Option

Change/Clarification of Information Requested

Change/Clarification of Response Options

Information Collection Domain Sub-Type will change to Lab

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

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

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

Examples added or typographical/grammatical errors corrected for clarification

Covid-19 Impact

Capture additional relevant disease information

Reduce redundancy in data capture

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

Instruction text change to remove navigation instructions