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

1- Pre-Transplant Information Collection

2- Transplant Procedure and Product Information

3- Post-Transplant Periodic Information Collection

Below are the definitions for each column heading.

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

1 of 87 **Header Definitions** 

				-							
Item ID	Time Point	Information Collection Domain Sub-Type	Collection	Response required if	Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(c)	Information Collection update:	Proposed Information Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Sub-Type	Domain Additional	Additional Sub Domain	requested n multiple times	applicable)			applicable)		
			Sub Domain	applies							
PRE665	Pre- Transplant	Pre-Transplant Essential Data				Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion?	No. Yes	Question will be disabled	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	Reduce burden: data no longo relevant
						based on a positive test result at any time prior to the start of			based on a positive test result at any time prior to the start of		
						the preparative regimen /			the preparative regimen /		
PRE666	Pre-	Pre-Transplant Essential Data				Did the patient require hospitalization for management of COVID-19 (SARS-COV-2) infection?	No.Yes	Question will be disabled	Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes	Reduce burden: data no longe
	II all options	Cascinnai Data				management of COVID-19			management of COVID-19		- Chivain
PRE667	Pre-	Pre-Transplant Essential Data				Was mechanical ventilation given for COVID-19 (SARS-CoV- 2) infection?	No,Yes	Question will be disabled	Was mechanical ventilation given for COVID-19 (SARS-CoV- 2) infection?	No,Yes	Reduce burden: data no longe relevant
	ITAIISPIAIIC	Essential Data				2) infection?			2) Infection?		COCVAIN
PRE668	Pre-	Pre-Transplant	_	no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No.Unknown,Yes	Question will be disabled	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	Reduce burden: data no longe
	Transplant	Pre-Transplant Essential Data				(SARS-CoV-2) received?			(SARS-CoV-2) received?		relevant
PRE669	Pre- Transplant	Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca_Johnson & Johnson/Janssen,Moderna,Novavax,Other (specify),Pflzer-BloNTech	Question will be disabled	Specify vaccine brand	AstraZeneca_Johnson & Johnson/Janssen_Moderna_Novavax_Other (specify),Pflzer-BioNTech	Reduce burden: data no longe relevant
PRE670	Pre-	Pre-Transplant Essential Data	COVID-19	ves	ves	Specify other type:	ocen text	Question will be disabled	Specify other type:	loon text	Reduce burden: data no longe relevant
	Transplant	Essential Data	Vaccine								relevant
PRE671	Pre- Transplant	Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Select dose(s) received	Booster dose, First dose (with planned second dose), One dose (without planned second dose), Second dose, Third dose	Question will be disabled	Select dose(s) received	Booster dose First dose (with planned second dose) ,One dose (without planned second dose) ,Second dose,Third dose	Reduce burden: data no longe relevant
PRF672	Pre-	Pre-Transplant Essential Data	COVID-19	wes	wes	Date received:	TYY/MM/ID	Question will be disabled	Date received:	MYY/MM/ID	Reduce burden: data no longe
			Vaccine		ľ			ľ			relevant
PRE673	Pre- Transplant	Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Date estimated	checked	Question will be disabled		checked	Reduce burden: data no longe relevant
PRE674				no	no	Is there a history of mechanical	police:	Change/Clarification of	Is there a history of mechanical	no,yes	Instruction text change to remove instructions
	Transplant	Pre-Transplant Essential Data				is there a history of mechanical ventilation? (excluding COVID- 19 (SARS-CoV-2))?		Change/Clarification of Information Requested and Response Option	ventilation? (excluding COVID- 19 (SARS-CoV-2))?		remove instructions
POSTOS6	Post-	Post-Transplant		no	ves	Did the recipient develop	No Yes	Question will be disabled	Did the recipient develop	No.Yes	Reduce burden: data no longe relevant
	Transplant	Post-Transplant Essential Data				COVID-19 (SARS-CoV-2)?		Question will be disabled	COVID-19 (SARS-CoV-2)?		relevant
POST057	Post- Transplace	Post-Transplant Essential Data		no	yes	Date of diagnosis:	YYY/MM/DD	Question will be disabled	Date of diagnosis:	YYY/MM/DD	Reduce burden: data no longe relevant
POSTOS8	Post-	Post-Transplant Essential Data		no	ves	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No Unknown Yes	Question will be disabled	Was a vaccine for COVID-19	No Unknown Yes	Reduce burden: data no longe relevant
	Transplant	Essential Data		-		(SARS-CoV-2) received?			Was a vaccine for COVID-19 (SARS-CoV-2) received? Specify vaccine brand		relevant
POST059	Post-	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca_lohnson & Johnson_Moderna_Novavax_Other (specify),Pitzer-BloNTech	Question will be disabled	Specify vaccine brand	AstraZeneca_Johnson & Johnson_Moderna_Novavax_Other (specify)_Pfizer-BioNTech	Reduce burden: data no longe relevant
POSTO60				wes	wes.	Specify other type:	open text	Question will be disabled	Specify other type:	open test	Reduce burden: data no longe relevant
03,000	Transplant	Post-Transplant Essential Data	Covid-19 Vaccine	,	1						relevant
POSTO61	Post-	Post-Transplant Essential Data	Covid-19	yes	yes	Select dose(s) received	Booster dose, First dose(with planned second dose), One dose(without planned second dose). Second dose, Third dose	Question will be disabled	Select dose(s) received	Booster dose, First dose(with planned second dose), One dose(without planned second dose). Second dose, Third dose	Reduce burden: data no longe relevant
POST062		Port-Transplant	Covid-19	-	-	Date received:	YYY/MM/DD	Question will be disabled	Data associate	YYY/MM/DD	Peduce hurden; data no longe
	Post- Transplant	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes		TTT/MM/DD		Date received:	RTTY/MM/DD	Reduce burden: data no longe relevant
POST063	Post-	Post-Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	checked	question will be disabled	Date estimated	checked	reduce burden: data no longer relevant
PREO42	Transplant	Disease Classification	vaccine					Channe (Clastification of			Capture data accurately
PREU4Z	Transplant	Disease Classification		110	100	What was the primary disease for which the HCT / cellular therapy was performed?	Addiminune discuss Acute I prophobiatis Evakemia (ALL) Acute myeloid leukemia (AML or ANLL). Chronic myeloid I nakemia (CML) Hemoglobinopathies Heldooptic disorders Hedgin Implanoma label ted disorders of a label per lamp disorders. The acute of the immune gyalant hiftented disorders of prophoma label ted and the per lamp disorders. The immune gyalant hiftented disorders of acceptance of the immune gyalant hiftented disorders of the immune gyalant hiftential gyalant hiftented disorders of the immune gyalant hiftential gyalan	Information Requested	What was the primary disease for which the HCT / cellular therapy was performed?	Autoimmune diseases Anate Inmphoblastic Indusmia (ALL) Acute myeloid Inakemia (AML en-Heis), Chronic myeloid Inakemia (AML), Horizon (AML), H	Capture data accurately
						therapy was performed?	imetabolism/inherited abnormalities of platelets, Myelodysplastic syndrome (MDS) (if recipient has transformed to AML, indicate AML as the primary disease.). Myeloproliterative neoplasms (MPN)(if recipient has transformed to AML, indicate AML as the primary disease.) More Hoddwin hymnhoma Acute leukemia of ambieuous linease and other meloid neoplasms. Other disease. Other leukemia of ambieuous linease and other meloid neoplasms. Other disease. Other leukemia of ambieuous linease and other meloid neoplasms. Other disease. Other leukemia		therapy was performed?	Inetabolism Inherited abnormalities of platelets, Myelodysplastic syndrome (MDS) (if recipient has transformed to AML, indicate AML as the primary disease, J.Myelodysplastic syndrome (MDS) (if recipient has transformed to AML, indicate AML as the primary disease, J.Myelodysin lymphoma Acute leukemia of ambiguous lineage and other myeloid neolosisms, Other disease, Other leukemia and primary disease, and the recipient and ambiguous lineage and other myeloid neolosisms, Other disease, Other leukemia and the primary disease, and the recipient and the support of the primary disease of the recipient and the primary disease.	
							Includes CLLI, Multiple myeloma / plasma cell disorder (PCD).Paroxysmal nocturnal hemoglosusumia (PNH).Recessive dystrophic epidermolysis bullosa, Aplastic Anemia (if the recipient developed MDS lock AMI Include MMS care bullongar disease). Solid tumors Checanon leader this accordant			Includes CLII, Multiple myeloma / plasma cell disorder (PCD).Paroxysmal nocturnal hemoglobilmuria (PNHI).Recessive dystrophis epidermolysis bullosa, Aplastic Anemia (If the recipient developed MDS for AMI. Indicate MDS or AMI as the originary disease). Solid transport Chierance Induction associated with solid press a transpolant.	
										•	
									Specify the AML classification		
PRE043											
	Transplant	Disease Classification	Myelogenous	s		Specify the AML classification	AML with recurrent genetic abnormalities: AML with (ryl 1) (p22.3q23.3) MLT340VT2A (5), AML with (ryl 1) (p22.3q23.3) MLT340VT2A (5),	Information Requested and	Specify the Rive dazantation	AML with recurrent genetic abnormalities: AML with defining genetic abnormalities AML with 16/0414 (p.22-0-02-03); MALTO-RATEA (s), Acute myeloid leukemia with MILT3::KMTZA fusion (5)	Capture data accurately
	Transplant	Disease Classification	Myelogenous Leukemia (AMI)	s		Specify the AML classification	AAAL with recurrent genetic shoremallries:   AAAL with 1911	Information Requested and Response Option	Specify the Airie Cassilication	About the Control of	Capture data accurately
	Transplant	Disease Classification	Myelogenous Leukemia (AML)	s ľ		Specify the AML classification	Add with the courset generic abnormalities: [All control of the country of the co	Information Requested and Response Option	specify the Arte distancement	Name was in the first than 12 and 12	Capture data accurately
	Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)			Specify the AML classification	Add with recovering sprotter denormalities and the control of the	Linange/Liamication of Information Requested and Response Option	Specify the Arte Gazantanion	Make memorials in publicación de la casa del la cas	Capture data accurately
	Transplant	Disease Classification	Myelogenous Leukemia (AML)	s r		Specify the AML classification	Add. with recurrent generic advorasition (IEEE).  Add. with recurrent generic advorasition (IEEE).  Add. with right (2) 22-26-2, 100-24-20-2, CARAL MECOM (7).  Add. with right (2) 22-26-2, 100-24-20-2, CARAL MECOM (7).  Add. with right (2) 22-26-2, 100-2	Change/Clamcation or Information Requested and Response Option	apelly the Rive Casalination	Make membrish kendi alam bestar sakesila da Acci ermyöde fakerin avith MLT:a MYTA kisin ISI  Aksambik den järging in den piken piken piken järging in piken piken järging in pik	Capture data accurately
	Transplant	Disease Classification	Myelogenous Leukemia (AML)	s i		Specify the AML dassification	Add with recovering sprotter denormality and the control of the co	Change/Clanication of Information Requested and Response Option	Secretary one serve consumeration	Make memorials in gold angle in the fact and angle in the fact and in the fact angle i	Capture data accurately
	Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	s i		Specify the AML classification	Add with recurrent genetic advocatibilities (TEAS) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Change/Clamication of Information Requested and Response Option	apecing one area consumeration	Make membrishi penik magali min satar sakusula sin Accid myödi disuberisi sati hit MLT sa AVTA sixin (5)  Make milmethri pilapining designa minintari sakusula sin Accid myödi disuberisi sati hit MLT sa AVTA sixin (5)  Accid myödi disuberisi sati hit MLT sakusula sakusula sixin Accid myödi disuberisi sati hit MCHA (ACTA) transangement (7)  Accid myödi disuberisi sati hit Olev MCOM transangement  Make membrishi sakusula sati hit Olev MCOM transangement  Make sati minintari sakusula saku	Capture data accurately
	Transplant	Disease Classification	A Acute Myelogenous Leukemia (AML)	s i		Specify the AML classification	Add with recovering sprotter denormality and the control of the co	Linange Clarincation of Information Requested and Response Option	apecing the Artic Casalination	Make memorials should also also also associated and active memory of the common of the	Capture data accurately
	Transplant	Disease Classification	n Acute Myelogenous Leukemla (AML)	s í		Specify the AME classification	Add with recurrent generic abnormalisms (s). Add with recurrent generic abnormalisms (s). Add with recip [20,204, 100, 840, 974, 840, 840, 840, 840, 840, 840, 840, 84	Change Claims and of Information Requested and Response Option		Also Automatical in planning for detail analysis de la Color myclod feaderna with DECK-MP218 (and in 0)  Also Automatical feaderna (and in the color of the color	Capture data accurately
	Transplant	Disease Classification	n Acute Myelogenous Leukemla (AML)	s í		Specify the AME classification	AMA with recurrent generic abnormalities  AMA with recurrent generic abnormalities  AMA with risk (p 20234-11 DER AMP214B).  AMA with risk (p 20234-11 DER AMP21	Change Claims and of Information Requested and Response Option		Also Automatical in planning for detail analysis de la Color myclod feaderna with DECK-MP218 (and in 0)  Also Automatical feaderna (and in the color of the color	Capture data accurately
	Transplant	Disease Classification	n Acute Myelogenous Leukemla (AML)	s (		Specify the AML classification	Add with recurrenting genetic abnormalistics (1).  Add with recurrenting genetic abnormalistics (1).  Add with recurrent	Linguistic Luminoson or inflormation protected and Response Option		Also Automatical in planning for detail analysis de la Color myclod feaderna with DECK-MP218 (and in 0)  Also Automatical feaderna (and in the color of the color	Capture data accurately
	Transplant	Disease Classification	n Acute Myelogenous Leukemla (AML)	s		Specify the AMI classification	Add with recovering searches characteristics (1997)  Add with the (1) [2,2,2,1], IREN AUDITAL (1997)  AND AUDITAL (1997)  AUDITAL (1997)  AND AUDITAL (1997)  AUDITAL (199	Information Registered and Response Option		Also Automatical in planning for detail analysis de la Color myclod feaderna with DECK-MP218 (and in 0)  Also Automatical feaderna (and in the color of the color	Capture data accurately
	Transplant	Disease Classification	n Acute Myelogenous Leukemla (AML)	s f		Specify the AMI classification	Add with recurrent generic shorous files (1997).  Add with recurrent generic shorous files (1997).  Add with the give give give give give give give giv	Inflamenta Response of Inflamenta Response Option		Also Automatical in planning for detail analysis de la Color myclod feaderna with DECK-MP218 (and in 0)  Also Automatical feaderna (and in the color of the color	Capture data accurately
	Transplant	Disease Classification	n Acute Myelogenous Leukemla (AML)	s		Specify the AMI classification	Add with recovering senset abnormalistic Tract (S. 1)  Add with the (1) [2,2,12,1,12,12,12,12,13,13,13,13,13,13,13,13,13,13,13,13,13,	Information Requested and Response Option		Also Automatical in planning for detail analysis de la Color myclod feaderna with DECK-MP218 (and in 0)  Also Automatical feaderna (and in the color of the color	Capture data accurately
	Transplant	Disease Classification	Acute     Myrelogenous     Leukernia     (AML)	5		Specify the AMC classification	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	Information Requested and Response Option		All Annual Principal Conference of the Conferenc	Capture data accurately
	Transplant	Disease Classification	Acute     Myelogenous     Leukemia     (AML)	5		Specify the AMC classification	A&A. In did ninnine jucified (200).  A&A. without mutual min (1971).  AAA min min min (1971).  AAA min min min (1971).  AAA min	Information Requested and Response Option		All Annual Principal Conference of the Conferenc	Capture data accurately
	Transplant	Disease Classification	Acute     Myelogenous     Leukemia     [AMI]	5		Specify the AMIL dissuffication	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	Information Requested and Response Option		All Annual Principal Conference of the Conferenc	Capture data accurately
	Transplant	Disease Classification	Acute     Myelogenous     Leukemia     (AMI.)	5		Specify the AMIL disselfration	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	The control of the co		Also was the control properties do clean analysis de la Carlo myclod funderna with TEX-NUTERA (Latino (II)  Allo MECON (IVI), GATAL marrangement (I)  Action myclodic fundern with Other Mecon (IVI) and properties (IVI)  Action myclodic funderna (IVI)  Act	Capture data accurately
	Transplant	Disease Classification	Acute     Wyelogenous     Isevenia     (AML)			Specify the AMI disselfration	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	reformation requested and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	AcuteSpenous Lickemia (AML)			Specify the AMI classification	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	And the second of the second o		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	Acutelygenous Nyeleksenous Erickenia (AML)			Specify the AAA classification	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	hadronisten requested and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	Acutégenous Leukemia (AML)			Specify the AAA classification	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	Acutegenous	5		Specify the AAA classification.	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	hadronisten requested and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	Anathegenous Leakemia (AML)			Specify the AAA classification	Add. In dis dimension (specified (2005)).  Add. without natural condition (2017).  Add. without natural condition (2017).  Accide replectanoscopic laciantal (2018).  Accidental (2018).  Accid	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	Acute genous     Leukemia     (AML)	5		Specify the AAA classification.	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Transmitter Impacted and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Classification	South open out     Leakersia     (AML)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Southernous			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Transmission Impacts and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Acute genous			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	South Segments  (AMIL)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Transmission Impacts and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Manufagenous Manufagenous Leukemia (AMI)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Section of the control of the contro			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Transport of the Control of the Cont		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Mentiogenous Control of the Control Control of the Control of the			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Marchigenous Communication (CAMI)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Transmission Imposed and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Marchagenous Endermia (A-M.)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Andreas Andrea			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Arigina (Calaria)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Arigination (Control of the Control			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Andrews Andrew			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Arigina (Calaria)			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Artigeness page 1			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately
	Transplant	Disease Casalifuction	Andrews Andrew			Specify the AAA classification	Add. In distinute justified (2005).  Add. without natural mod (2017).  Add. without natural mod (2017).  Add to replacemosopic laciental (2018).  Anote replacemosopic	Trademination Required and Response Option		All Annual Properties of the Control	Capture data accurately

Item ID	Time Point	Information Collection Domain Sub-Type	Information F Collection r Domain A Additional S Sub Domain a	tesponse Inform equired if Colles didditional reque tub Domain multi upplies	rmation C ection may be C ested a iple times	urrent Information ollection Data Element (if pplicable)	current Information Collection Data Element Response Option(c)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PREISS	Pre- Transplant	Cambridge 1	Acade Lymphoblastic Leukemia (ALI)	es 80		pechy full classification	Sympholistic bearing   Sympholistic	Change Carl And Hot Man of Hot Man	ALL classification	International National Propherosis Commission (National National N	Capture data accurately
PRE202	Pre- Transplant	Disease Classification	Acute y Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	es no			Local usualfilm controlled localisms,  form planning from the contro			Exact audirecentated instancia (28), States planning-old before cell inception (290) (20	Capture data accurately
PRE217	Pre- Transplant	Disase Classification	Afyelotypiaci y c syndrome (1945)	es 80		neare Classification quelloris	Verend of seven employers (seven (J. 1964-18).  The contraction of the contraction (J. 1964-18).  The contraction of the contra			NOS with defining genit - deconables  Association in the control of the control o	Casture data accurately  Explore data accurately
PRE218	Pre- Transplant	Disease Classification	Myelodysplasti y c Syndrome (MDS)	es no	S <sub>i</sub>	pecify Myelodysplastic yndrome, unclassifiable (MDS- )	MOS-U with 1% Blood blasts, MOS-U boxed on defining cytogenetic abnormality, MOS-U with single lineage dycalasia and parcytogenia		Specify Myelodysplastic syndrome, unclassifiable (MDS- U)	409-U with 1% blood Musti, MRS-U based on defining cytogenetic abnormality MRS-U with single lineage dysplada and pancytopenia	Reduce burden: data no longer relevant
PRE245	Pre-	Disease Classification	Myridotypilati j. c. Syndrome (MDS)	es pes			ист акто у род, не д. <b>муноперакс учение ме</b> т <b>и де восполас</b> т над на мей пиланоде одрага род, не надрежения де поде	Change Carl minister of in- tribution for projected and Resource Cythia   Overston will be disabled		And sufficient posets advantables  Mode sufficient posets advantables  Mode objects condense with the testing of the advantable of the STBB    Mode objects condense with the testing of the advantable of the STBB    Mode objects condense with the testing of the advantable of the sufficient posets	Explore data accountely
PRE246	Pre- Transplant	Disease Classification	Myelodysplasti y c Syndrome (MDS)	es yes	Si Pi U	pecify Myelodysplastic yndrome, unclassifiable (MDS- )	MSSU with 1% Blood Math, MSSU based on defining cylogenetic almormathy MSSU with single lineage dysplacia and puncytopenia	Question will be disabled	Specify Myelodysplastic syndrome, unclassifiable (MDS- U)	MOS U with 15 Bood blast MOS U based on offining cytogenetic abnormality MOS U with single lineage dyptaka and pancytopenia	Reduce burden: data no longer relevant

Item ID	Time Point	Information Collection Domain Sub-Type	Information Collection	Response I	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(c)	Information Collection	Proposed Information Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Sub-Type	Domain Additional Sub Domain	Additional I Sub Domain I applies	requested multiple times	applicable)			applicable)		
PRE273	Pre- Transplant	Disease Classification	Myeloprolifera	yes r	no no	What was the MPN subtype at		Change/Clarification of	What was the MPN subtype at	Myeloproliferative neoplasms	Capture data accurately
	Transplant		(MPN)	1		diagnosis?	Chronic exclusiopalitic Industruis, not otherwise specified (MOS), Henram predictions (MPA), (Chronic nearboylitic Industruis) (Chronic nearboylitic Industruis), Essential thromocolopythemia,	Information Requested and Response Option	diagnosis?	Ny departement on configuration of the configuratio	
							Creatic conteptible features.  (Protein conteptible features.)  (P			Myeloproliferative neoplasm (MPN), unclassifiable. Myeloproliferative neoplasm, not otherwise specified Myeloproliferative neoplasm, not otherwise specified	
							Myeloid / lymphoid neoplasms with PDGFRA rearrangement, Myeloid / lymphoid neoplasms with PDGFRB rearrangement,			Angeloid / Symphoid reconsums with PEME JMG Mycloid / Symphoid reconsums with PEGFRA rearrangement Mycloid / Symphoid reconsums with PEGFRA rearrangement, Polycythemia vera (PCV),	
							Polycythemia vera (PCV), Mastrocytosis: Outaneous mastrocytosis (CM), Systemic mastrocytosis.			Polyprine lives (PV). Prinsy myddiffusis (PM). Madocydais Cutaneou myddiffusis (PM).	
							Systemic madocytosis. Madt cell sarcoma (MCS)			Systemic mastocytosis, Mast cell sarcoma (MCS)	
PRE274	Pre- Transplant	Disease Classification	Myeloprolifera tive Neoplasm (MPN)	yes r	no .	Specify systemic mastocytosis	Agressive systemic mustocytosis (ASM), Middent systemic mustocytosis (SM) Mast cell Instances (MCL) Systemic mustocytosis with an associated hematological neoplasm (SMA AHM). Smoldening systemic mustocytosis (SM)	Change/Clarification of Information Requested and Response Option	Specify systemic mastocytosis	Aggressive systemic mustocytosis (MSM).Indolent systemic mustocytosis (ISM).Mast cell inskemia (MCI_Systemic mustocytosis with an associated hematological neoplasm (SM-AHM). Smoldering systemic mustocytosis (SSM), Bione mustow mustocytosis (SSM), Bione mu	Capture data accurately
PRE358	Pre- Transplant	Disease Classification	Other Leukemia (OL)	yes r	no	Specify the other leukemia	Paranic franchische Sederini (SLI.) AGS  Paranic franchische Sederini (SLI.) AGS  Berd / rand franchische St. (SLI.)  Berd / rand franchische St. (SLI.)  Berd / rand franchische St. (SLI.)  Control franchische St. (SLI.)  Control franchische St. (SLI.)  Control franchische St. (SLI.)  Control franchische St. (SLI.)	Change/Clarification of Information Requested and	Specify the other leukemia	Mature B-cell neoplasms Chronic lymphocytic leukemia (CLL), NOS,	Capture data accurately
							B-cell / small lymphocytic lymphoma (SLL), Hairy cell leukemia,	Response Option		Ghronie <del>Imphosytic isukemia (GL) B-cell / mail lymphosytic lymphosytic isukemia (GL) B-cell / mail lymphosytic isukemia/small lymphosytic isukemia/small lymphoma (SL) B-cell / mail lymphoma (SL) B-</del>	
							Manacional B-cell lymphocytosis, Other leukemia,			Halry cell leukemia,  Alaisy-asil leukemia, varianti-Splenic B-cell lymphoma/leukemia with prominent nucleoli  Monocionali B-cell lymphocytosis	
							Other Isukimia, NOS, PLL, Bcell, Prolymphocyte Isukemia (PLL), NOS, PLL, T-cell			Other leukemia, NOS,  Hard Review Delta Produced to Indiana (ISA) MOS PM - Tarall	
							PLL T cell				
PRE365	Pre-	Disease Classification	Hodgkin and	yes r	10	Specify the lymphoma	Hodgkin Lymphoma	Change/Clarification of	Specify the lymphoma	Hodgkin Lymphoma	Capture data accurately
	Transplant		Non-Hodgkin Lymphoma			histology	Analgids Implemen Analgids Implement and of otherwise specified (100) [Implement of optical (154) [Implement of op	Change/Clarification of Information Requested and Response Option	histology	<del>ladgish kyrghome, not otherwise specified</del> Classic Hodgish hyrghoma (150) Lymphocyte depleted (154)	
							Miced cellularity (153) Nodular lymphocyte predominant Hodgikin lymphoma (155)			Lymphon/ter kin (153) Milwad cellularity (153) Nodular Imphanotre predominant Hodglin lymphoma (153) Nodular Jordevick (152)	
							Nodular ścierosis (152) Nod-Hodglin Lymphoma			Burkitt lymphoma	
							Noodan's circum's 123) Noodan's circum's 1230 Noodan's circum's 1240 Noodan's 1240 Nooda			Build Implants	
							Burkitt //mphoma (111) Burkitt like //mphoma with 11q aberration (1834)			Diffuse, large B-cell lymphoma, Germinal center B-cell subtype (1820)    Bifuse, large B-cell lymphoma Activated B-cell subtype (1820)   Company of the Comp	
							Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820) Diffuse large B-cell Lymphoma (cell of origin unknown) (107)			The great of the process and the first code that and the first connections of the first code that and	
							DLBCL associated with chronic inflammation (1825) Duodenal-type follicular /mphoma (1815) FRM-DLBCL NDC (1823)			Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with MYC, BCL2, and BCL6 rearrangements	
							EBV+ mucocutaneous ulcer (1824) Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)			Tare its like tymphoma with 11g aberration High-grade B cell lymphoma with 11g aberrations (1834) Lymphomatoid granulomatois (1835)	
							Folicular, mode, gmail ocaved and large cel (Grade III folioc center lympnoma) (162) Folicular, predominantly large cell (Grade IIII folioc center lymphoma) (162) Folicular, predominantly large cell (Grade IIII folioc center lymphoma) (163)			Patrice Laterate Area Every Descrive carruse Large even improcurs (182.5)  Fibritassociated large B-cell improcurs  Fibritassociated large B-cell improcurs  The control of the contro	
							Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814) Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)			Fluid overload-associated large B-cell lymphoma Plasmablastic lymphoma (1836)	
							Tolkidas jr. protomisority wall cleared cell (Credit Indicis center hymphoma) (102) protomisory (102)			Intravacular large B-cell lymphoma (196) Primary mediatinal lymphoma (196) Primary mediatinal lymphoma (196)	
							High-grade B-cell lymphoma, NOS (1830) Intravascular large B-cell lymphoma (136)			Section Produces and Control P	
							Lange Devil synthional with 1644 Charlangement, 12032)   Kymphomatod granulomatosis (1835)   Mantle cell kymphoma (115)			Primary defines to a primary defines a primary defines a proposition of the CNS (118)  Primary defines beet lymphoma of the CNS (118)  Primary darge Beet lymphoma of the vitrooretina	
							Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)  Pediatri- nodal marginal zone /ymphoma (1813)  Pediatri- nodal marginal zone /ymphoma (1813)  Pediatri- nodal marginal zone /ymphoma (1813)			Primary Jurge B-cell lymphoma of the test/s KSHV-HHVB-associated B-cell pymphoid proliferations and lymphomas Primary efficies hymphoma (198)	
							Plasmablastic lymphoma (1836) Primary cutaneous DLBCL, leg type (1822)			WWW-DEBCL-WG KSHV/HHVG positive diffuse large B-cell lymphoma (1826) Lymphoplasmacytic lymphoma	
							Primary cutaneous folicie center (mphoma (1817) Primary diffuse, large B-cell (ymphoma of the CNS (118) Primary diffuso hymphoma (139)			IgM-LPL/Waldenstron macroglobulinemia	
							Primary mediastrial (thymic) large B-cell lymphoma (125) Splenic B-cell lymphoma/leukemia, unclassifiable (1811)			pos gly et e v vaderbin han opstogramena Estandold mayging Janes B cell Imploma of miscoa sesociated Imploded tissue type 1444 ft (122) Pitharry calaneous maginal zone (Interpolanea in miscoa sesociated Imploma in the projection	
							Selenic marginal sone B-cell hymphoms (12-4) [Jeelf. Abidigand trip brown Fred Momphoms (12-4)			primary cutaneous marginal zone symponoma. Nodal marginal zone <del>0 cell</del> lymphoma ( <del>s. mone, yold 0 cells)</del> (123) Pediatric modeli marginal zone bymphoma (1813)	
							Other Burel Immehoms (139) = Go to quertion 280			Splenic B-cell lymphomas Splenic B-cell lymphoma/leukemlamedianifiable-with prominent nucleoii (1811)	
							T-cell and NK-cell Neoplasms Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)			Spelia Ciffure red pulp small B-cell lymphoma (1812) Spelia Ciffure red pulp small B-cell lymphoma (1812) Spelia Ciffure red pulp small B-cell lymphoma (1812) Spelia Ciffure red pulp small B-cell lymphoma (1814) Spelia Ciffure red pulp small B-	
							Aggressive NK-cell leukemia (27) Anaplastic large-cell lymphoma (ALCL), ALK positive (143) Manaplastic large-cell lymphoma (ALCL), ALK positive (144) Manaplastic large-cell lymphoma (ALCL) ALK positive (144)			Species Officer and pulse until 6 cell fresholdons (1812) Fedicials Implicate Fedicial	
							Angloimmunoblastic T-cell lymphoma (131)  Breast implant-associated anaplastic large-cell lymphoma (1861)			Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163) Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)	
							Extrancial NK / T-cell lymphoma, asial type (137)			Folicular (grade unknown) (164)  Peditatir-(year folicular lymphoma (1816)	
							Follicular T-cell lymphoma (1859) Hepatosplenic T-cell lymphoma (145)			Folicial in grade restrone(1) (160) and (161) Catalone Sales (161) and (161) Filter (161) and	
							Tread and the God Broughams. Add an Tell Implication, Leaders of HIV14 associated) (134) Aggressive Next Cell Industria (277) Aggressive Next Cell Industria (277) Aggressive Next Cell Industria (277) All Industria (197) All In				
							psocial persperan i -cen ympnomia With TPH plenohype (1860) Peripheral T-cell ymphomia (PTCL), NOS (130) Peripheral T-cell ymphomia (PTCL), NOS (130) Pinary votanoucia caral CIGB T-cell ymphomia (1853)			Transformation or Indexted to Gen Psychoptoma:  Lymphoma suscolarly with immuse deficiency and depregulation  Lymphoma suscolarly with immuse deficiency and depregulation  Lymphoma suscolarly with the control of the	
							Rock   print/roch   T-cl   traploma with   T-t  principle   1866			Classical Hodglin lymphoma PTLD (1876) Infectious mononucleosis PTLD (1872)	
							primary countercours scores - seen impringencementative disorders (Primary cutaneous anapusoc large-cell lymphoma (C-ALCL), lymphoid papulosis (147) Primary cutaneous (95 T-cell lymphoma (1851) Sécary syndrome (142)			porypositive instrustuatives utGE (1884) Monomorphic PTLD (8- and T-NK-cell types) (1875) Plasmacytic hyperplasia PTLB Hyperplasia arising in immune deficiencies (e.g. PTLD) (1871)	
										Polymorphic PUID-Polymorphic lymphoproliferative disorders arising in imminue deficiency/dysregulation (1874)  Mature T-cell and NK-cell fleukemia:  T-sell-kare pranaga knowboord in eukemia (126)	
							T-cell large granular lymphocytic leukemia (126) Other T-cell / NNC-cell lymphoma (139)			Entenic tymphopodicative disorder of Nii celli NK-large granular lymphocytic leukemia (1856) Adult T-cell lymphoma / leukemia (HTIAU associated) (134)	
							Posts assplant lymphoproliferate disorders (PTLD) Classical Medigin Implication (PTLD) (1878)  (Indication Implication (PTLD) (1878)  (Indication Implication (PTLD) (1879)  (			Sézary syndrome (142) Aggressive NV-ceil leukemia (27) Pelmany cutanants - Freil Numohomos	
							Monomorphic PTI D (R- and T-/NK-cell types) (1875)			Primary cutaneous scral CDB-positive T-cell <del>Impolitoria l</del> ymphoproliferative disorder(1853) Primary cutaneous CDB-positive small or medium T-cell lymphoproliferative disorder (1854)	
							Plasmacytic hyperplasia PTLD (1871) Polymorphic PTLD (1874)			Season of the Christophe Complex of the Christophe Complex of the Christophe	
										Primary cutaneous CD30-positive T-cell lymphosproliferative disorder: Primary cutaneous anaplastic large cell lymphoma Subcutaneous paninculibilities T-cell lymphoma [146]	
										Primary cutaneous CDP-positive aggressive epidermotropic cytotoxic T-cell lymphoma (1852) Primary cutaneous peripheral T-cell lymphoma, NOS	
										Intential Test and MX-Call improbe prifer arises and tymphonas ( Intential Test and MX-Call improbe prifer arises and tymphonas ( Intential Test and MX-Call improbe intential test and intential test ( Intential Test and Intential Test and Intential Test and Intential Test and Intential Test ( Intential Test and Intential Test and Intential Test and Intential Test and Intential Test ( Intential Test and Intential Test and Intential Test ( Intenti	
										Entropathy-lype- associated T-cell lymphoma (1837)  Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)	
										Intestinal T-cell lymphoma, NOS Hepatosplenic T-cell lymphoma Hepatosplenic T-cell lymphoma Hepatosplenic T-cell lymphoma (145)	
										Antiquation in temporal immunication (AEA, AEA, possible AEA, possible analysis (an expect of large cell imprison) (AEA)  AEA (AEA, AEA, AEA, AEA, AEA, AEA, AEA,	
										Angioimmunoblastic T-cell-imminomia-Nodal TFH cell lymphoma, angioimmunoblastic-type (131) Folliunius T-cell-imminoma Nodal TFH cell lymphoma, follicular-type (1859)	
										Brinberal T-cell bronhoma (BTCL) NOS (130)	
										EBV-positive NK/T-cell lymphomas	

Item ID	Time Point	Information	Information	Response In	formation	Current Information	Current Information Collection Data Element Response Option(s)	Information Collection	Proposed Information	Proposed Information Collection Data Element Response Option(s)	Rationale for Information
		Collection Domain	Collection	required if C	ollection may be	Collection Data Element (if	Current Information Collection Data Element Response Option(c)	update:	Collection Data Element (if	Proposed Information Collection Data Element Response Option(s)	Collection Update
		sub-Type	Additional	Sub Domain n	ultiple times	ipplicable)			applicable)		
			Sub Domain	applies							
										EUF positive rocker y wind twe contryinghnome	
				1 1						Extraodid No. 17 cell lymphoton-membrane (137)  Extraodid No. 17 cell lymphotop collect fronts and hymphomass of childhood lystemic IEV - positive T- and No. 18 cell lymphotop collect fronts and hymphomass of childhood lystemic IEV - positive T- cell lymphotop collect fronts and lymphomass of childhood (IBSS)  (There the cill lymphoma (129)	
				1 1						Systemic EBV+- positiveT-cell lymphoma of childhood (1855)	
										Utner H-cell lymphoma (129)  Other T-cell / NA-cell lymphoma (139)	
										Time Treat (Face III) imprisons (120)  For the Control of the Cont	
										Teell and Nik cell Neoplasma	
				1 1						Posttransplant i ymphoprofilerative disorders (PTLB) Florid foliaties i hyperofisia 2710 148723	
				1 1							
				1 1							
				1 1							
				1 1							
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				1 1							
				1 1							
				1 1							
PRE382	Pre-	Disease Classification	Multiple	ves n		Specify the multiple	Ampliation: Margine mymoral significance (MMS), Madigine mymora, Madigine mymora, Madigine mymora, ora cestury, Madigine mymora, ora cestury, Madigine mymora, ora cestury, Madigine mymora, ora cestury, Madigine mymora, MCDMS syndrome, Madigine mymora, MCDMS syndrome, Madigine mymora, MCDMS syndrome, Madigine mymora, MCDMS syndrome, Madigine mymora, Madigine mym	Change/Clarification of	Specify the multiple	Immuno-globulin-related (AL) Agmyloidosk.	Capture data accurately
	Transplant		Myeloma / Plasma Cell Disorder (PCD	ľ		nyeloma/plasma cell disorder	Monoclonal gammopathy of renal significance (MGRS),	Information Requested and	myeloma/plasma cell disorder	Multiple myeloma,	1
			Disorder (PCD	0		PCD) Gassincation	Multiple myeloma-light chain only,	Response Option	(PCD) Classification	Multiple myeloma-non-secretory,	
				1 1			Multiple myeloma-non-scretory,  Octopro/profit myeloma - 19FMM syndrome			Plasma cell leukemia (PCL).	
				1 1			Other plasma cell disorder (PCD),			Immuno globulin erlated (AL). Kamyliolosis, Maligio melona (Sa) et alian olis, Saldia melona (Sa) escretary, Saldia ya Marando (Sa) et alian olis olis olis olis olis olis olis olis	
				1 1			Plasma cell leukemia (PCL). Smoldering myeloma.			Emocernig myeloma.   Pleman cell negloplam with associated paraneoplastic syndrome   Pleman cell negloplam with associated paraneoplastic syndrome   Pleman cell negloplam with associated paraneoplastic syndrome   Pleman cell synd	
				1 1		1	Solitary plasmacytoma			Other plasma cell disorder (PCD)	
				1 1						Uther pusma cell disorder (PCD)	
				1 1							
				1 1							
PRE387	Pre- Transplant	Disease Classification	Multiple	yes n		Select monoclonal mmunoglobulin deposition disease (MIDD) subtype	Heavy chain deposition disease (HCDD) Light chain deposition disease (LCDD),	Change/Clarification of	Select monoclonal	Heavy drain deposition disease (HCDC) Light chain deposition disease (LCDC) Light chain deposition disease (LCDC) Light drain deposition disease (LERDE) Monoclorul Immunoglobulin deposition disease Light deposition disease (LERDE) Monoclorul Immunoglobulin deposition disease	Capture data accurately
	Transplant		Myeloma / Plasma Cell	1 1		disease (MIDD) subtype	ugnt cnain deposition disease (LLDU), Métonoclonal immunoglobulin deposition disease	Information Requested and Response Option	disease (MIDD) subtype	Light crain deposition disease (LLLU), <u>Light and heavy chain deposition disease (LHCBD)</u> Monocloral immunoglobulin deposition disease	
			Disorder (PCD	9							
				1 1							
PRE389	Pre-	Disease Classification	Multiple	yes n		Solitary plasmacytoma was	Solitary plasmacytoma of bone Extraosseous plasmacytoma	Change/Clarification of	Solitary plasmacytoma was	Bone-deshwed-Solitary plasmacytoma of bone Entramedullary Extraosseous plasmacytoma	Capture data accurately
	Transplant		Myeloma / Plasma Cell Disorder (PCD	1 1			Extraosseous plasmacytoma	Information Requested and Response Option		Estramedulary Extraossocus plasmacytoma	
			Disorder (PCD	0							
PRE393	Pre-	Disease Classification	Preceding or	wes to		specify preceding / concurrent disorder	Am/oldosis.	Change/Clarification of	Specify preceding / concurrent disorder	Immuno-globulin-related (AL) Aarmyloidosk.	Capture data accurately
	Transplant		Concurrent Plasma Cell	r r		fisorder	Amplatoris, Monoclani garmopathy of renal significance, Monoclani garmopathy of unknown significance, Monoclani garmopathy significance	Change/Clarification of Information Requested and Response Option	disorder	Monoclonal gammopathy of renal significance,	
			Disorder	1 1			Multiple myelona,	Response Option		positicional garintipotri y di dilettowii significance, Multiple myeloma,	
							Multiple myeloma - light chain only, Multiple myeloma - pos-servereny			Multiple myeloma - light chain only, Multiple myeloma - pos-percentry	
				1 1			Osteosclerotic myeloma / POEMS syndrome,			On the Consideration of the Co	
							Association of attention spirature, which is a second of the second of t			samung pidapidar etalart (A), Barginspiano, Monocanda gammengin of mali giantiace, Monocanda gammengin of mali giantiace, Monocanda gammengin of ankanan significace, Monocanda gammengin of Ankanan s	
				1 1			Smoldering myeloma, Soltary plasmaytoma			Smoldering myeloma, Guillargup Plasmaytoma	
										<u></u>	
PRE424	Pre-	Disease Clareffortion	Solid Tempor	wes		Specify the solid tumor	Breast cancer.	Change/Clarification of	Specify the solid tumor	Breast cancer	Capture data accurately
PRE424	Transplant	Conceste Classification	and rumors	,		dassification	Witer at cases,	Change/Clarification of Information Requested and	classification	Breast cannor,	Capture data accurately
							Cervical, Central nervous system tumor, including CNS PNET.	Response Option		Broad career, [Broad of Broad / Broad	
							Colorectal,			Digestive system tumors	
							Ova List (Spatistial). Enring Early Humors, extraosseous (Including PNET).			DOMERSAL Pancreatic	
							Ewing Earnily Tumors of bone (including PNET), Petronal central controls.			Tumor of the esophages and gastro-esophageal (GE) junction	
							Florosarcoma,			Fourceast: Unuse of the esophages and gastro-esophages   (cd) junction	
							Horosarcoma, Gozartic, Gozartic, Gozartic, Gozartic, extragonadal,			Control service of the	
							Gern cell sunc, entagouads,  Westal freed, " W			Central nervous system tumor, including CNS PNET Diffuse intrincial expetite allowing (DMSP)	
							Hemangiosarcoma,			Epondymorna Epondymorna	
							Lung, not otherwise specified, telegramman, and the specified of the speci			Siloblastoma multiforme (GBM) Mechalohlastoma	
							Lymphangio sarcoma,			Soft tissue or bone tumors	
							uposarcoma, Meduloblastoma,			pone sarcoma jexnumg temmg tammy tumors). Desmoplatifs small round cell tumors	
							Media drial neoplasm, Media oran			Ewing family tumors of bone (including PNET) Ewing family tumors of bone (including PNET)	
							Neuroblastoma,			(Solidations multiture (GRN) (Soft thane or book mailtine (Soft) (Soft thane or book mailtine (Soft) (Soft thane or book mailtine (Soft) (Soft thane) who can be clinically (Soft) (Soft	
							Nuncannia (el.			Mysold round cell sarcoma Rhabdomvosarcoma.	
							Other solid tumor,			Synovial sarcoma,	
							Nova opposit, our armon, large, rose small est. Imperior some state of the control of the cont			Oth tissue sarcome (cacheding Ewing family tumors). Other soft tissue sarcoma (excluding Ewing family tumors) Tumors of endocrine organs	
			_								
							Retinoblastoma, Rhalpformaceroma			Leern cel tumor, gonacai Ferm cel tumor, estraconadal	
							prabomyosarcoma, lung myal cal			Temporary of subscriptions (see the subscription of the subscripti	
							prabomyosarcoma, lung myal cal			Jerm ces unutre, gonzas dem cel unutre estagnotal florarde tumors Jung mon-mail cel,	
							prabomyosarcoma, lung myal cal			Common of those, gains guidenteed the common of the common	
							Retroductions, Retrod			Juffice de la lance, produción Nerrode la lance, produción Nerrode la lance, la lance de la lance, and la lance de architectura.	

Item ID	Time Point	Information	Informatio	n Response	Information	Current Information	Current Information Collection Data Element Response Option(s)	Information Collection	Proposed Information	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Collection Domain Sub-Type	Collection Domain	required if Additional	Collection may b requested	e Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(c)	update:	Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Collection Update
		,,,	Additional Sub Doma	Sub Domain	multiple times	I					
							Naghat, Wilms Tumor			Tymor of the planu (Mexotheliona) Michorana General Park (Mexotheliona) Michorana General Park (Mexotheliona) Procedure Proced	
							WHITE CUITED			Melanoma.	
										Genitourinary tumors Ovarian (epithelia),	
										Prostate, Renal reli	
										Testicular Control of the Control of	
										Pediatric-focused tumor	
										Malignant Maladous Lumor of the Nidney Retinoblastoma,	
										Wilms Tumor Other solid tumors	
										Other solid tumor, Solid tumor, on a atherwise specified	
										Exist stans, not otherwise specified, Formers Johnson of principles  Antonic principle	
										Exercises.	
										Hemangiosancoma; teciomy canceroma;	
										Lymphangio carcoma, Linearomena	
										Liposarcoma; Firmoma;	
										Constitute incoperation.	
PRE429	Pre- Transplant	Disease Classification	Inherited Be Marrow	ine yes	no	Specify the inherited bone marrow failure syndrome classification	Saker dadis cingentia. Percenti aerotti.	Change/Clarification of Information Requested and Response Option	Specify the inherited bone marrow failure syndrome classification	Execution on execution Technology Blooders Including Dyslandation Congenita (DKC1, 1987, 1987, and other mutations) Faccor arening. Faccor are	Capture data accurately
			Marrow Failure Syndromes			classification	Severe congenital neutropenia, 15 years of the control of the cont	Response Option	classification	Severe congenital neutropenia (Elastase deficiency/ELANE or HAX1 mutations)	
			synaromes				Structuran Diagnot Structuran Diagnot			DATINGTONIA DISTRICTURAL SELECTION OF THE PROPERTY OF THE PROP	
										Germline SAMD9 variant (MIRAGE Syndrome) Germline SAMD91, variant (SAMD91, related Ataxia Pancytopenia Syndrome)	
										Other Inherited bone failure syndromes	
							Haziri Inferiorizzia, Blazir Ingeniorizzia, Blazir Ingeniorizzia, Blazir Ingeniorizzia, Blazir Ingeniorizzia, Blazir Ingeniorizzia, Chronic geniorizzia, Chronic geniorizzia, Chronic geniorizzia, Chronic Ingeniorizzia, Chronic Ingeniorizia, Chronic In			Source Combined Immunodeficiarcies  140 C. 1	
PRE464	Pre- Transplant	Disease Classification	Disorders o	yes	no	Specify disorder of immune system classification	Ataria telangiectaria,	Change/Clarification of Information Requested and Response Option	Specify disorder of immune system classification	Severe Combined Immunodeficiencies	Capture data accurately
	Transplant		System System			system classification	sare i ympnocyte synarome, Cartilage hai i hypoplasia,	Response Option	system classification	nonnonne accuminate (non y accuminate) : avvere companie ammunication (st. st.), Sci.ii, 1 - B- NK., Adendaine desiminate (AUA) dendency SCID, T- B- NK., reticular dysgenesis,	
							CDA0 ligand deficiency, Chronic granulumanburg disease			SCID, T-B-NK+, RAG 1/2 deficiency SCID, T-B-NK+ DCIRET (attemic) deficiency	
							Cloring parameters.			Abbitions of L. promised 6-call-SCID, 9-c normal B and NK cells, ILR alpha deficiency	
							constant synthetic type 2, HW Infection,			SCID, not otherwise specified,	
							Hermansky-Pudlak syndrome type 2, Reukotyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies,			Other SCID, Combined Immunodeficiencies	
							Neutrophil act h deficiency,			CD40 ligand deficiency, DOCK9 Pathi January	
							Other Immunodeficiencies,			MHC Class II Deficiency (Bare lymphocyte syndrome)	
							Other pigmentary dilution disorder,			Chieffi Syntome, ZAP-70 deliciency	
							Other SCID, Reticular dyszenesik.			Combined Immunodeficiencies with Associated or Syndromic Features Ataxia telanierictasia.	
							Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID), SCID, not ethionation providing			Cartilage-hair hypotheliata,	
							Absonce of a data and B cells SCID.			NEMO Deficiency Syndrome	
							pasence of 1, normal is cell SUD, Immune deficiency, not otherwise specified,			NIAC Districtory's priorities   Walter Allicity in priorities   Walter Allicity in priorities   Walter Allicity in priorities   Walter Allicity in priorities   Walter Allicity   Walter Allic	
							Common variable immunodeficiency, Wiskott-Addrick syndrome.			Common variable immunodefficiency, Activated P15 Kinase Delta Deficiency Syndrome (APDS1 or PIKSCD)	
							X-linked lymphoproliferative syndrome			Diseases of Immune dyaregulation, hemophagocytic lymphohisticcytosis	
										Cricular rigidant synatome, Cricular rigidant synatome (pp. 2. Cricular rigidant synatome (pp. 2. Cricular rigidant synatome (pp. 2. Cricular rigidant rigid	
										Hermansky-Pudlak syndrome type 2, Other spinnentary dilution disorder,	
										Diseases of immune dyaregulation, EBV susceptibility  **Initial phonone literature annumen & RP deficiency (MAP-1)	
										XLAP-2 deficiency TXC deficiency	
										Diseases of immune dysregulation, syndromes with Autoimmunity and Others, NOS	
										Autoimmune Lymphoproisterative Syndrome (ALPS) CTIA4 deliciency	
										IPDX: Immune Dyrregulation Polyendocrinopathy, enteropathy X-linked (FOXP3 deticiency) LRBA Deficiency  ARBA Deficiency	
										STATS Gain of Function Companying defects of shapengers	
										Companies desired to printing the Companies Co	
										Disease of immune dyregulation, ETP inscreptibility  Land Settlement  The distance  Th	
										reunrepre-serv-ansumoy-reurropens with combined immune deficiency (MRL1 deficiency). Other Immunedeficiencies	
										SAT I Gain of Function Differ immunodeficiencis, Hill interfaces, Hill interfaces, I minimum deficiency, not otherwise specified.	
										HV infection.	
										HINDIE UERKERY, IN OUE WE SPENIEU. Aboneo et Tand Beelle SCID.	
PRE477	Pre- Transplant	Disease Classification	Histiocytic	yes	no	Specify histiocytic disorder classification	History dis disorder, not otherwise specified (\$70), Largethras cell history (sold bishook policy (\$10,72), Hermology (\$10,000), \$10,000,	Change/Clarification of Information Requested and Response Option	Specify histiocytic disorder classification	Diseases of immune dynegiation, Familial Hemophagoryte Lympholoifocyfeol (PHL) Samilial Hemophagoryte, Lympholoifocyfeol, Phr.) Familial Hemophagoryte, Lympholoifocyfeol, Phr.) Familial Hemophagoryte, Lympholoifocyfeol, STAI, Phr. () Familial Hemophagoryte, Lympholoifocyfeol, Monte Common Hemophagoryte, Hympholoifocyfeol, Monte Common Hemophagoryte, Hympholoifocyfeol, Monte Common Hemophagoryte, Hympholoifocyfeol, Hympholoifocy	Capture data accurately
	manapland		Lisurders			Caran Callon	Hemophagocytic lympholisticcytosis (HLH) (571),	Response Option	- ALLES	Familial Hemophagocitic Lymphohistocytos, (MCISO (HRIS))	
							menopingus yuoo yukune u 4ffal 2550(2860) (573), Malignan histoloytoki (574), Malignan histoloytoki (574),			zanimi remoprago, su с уподпольтосутови, 5 3 A1 1 (PHL4) Familial Hemophago, etc. lymphohisticocytosis, 5 3 M8P2 (FHL5)	
							Other histicoytic disorder (579)			Familial Hemophagocytic Lymphobiticocytosis, no mutation identitied Familial Hemophagocytic Lymphobiticocytosis, other mutations	
										Histocytic disorder, not otherwise specified (570).	
										Langernans cel instrocytosis (instrocytosis XI (1972). Hemophisportis-hymphotishicotyosis (HIII) (1971).	
										Hemophagocytosis (reactive or viral associated) (573), Malignant histocytosis (574), Other histocytosis (579)	
										The state of the s	
PRE655	Pre-	Pre-Transplant	Autologove	ves	ves	What agents were used to	GCS/ (IIIO filip actim, filip actim, Grants, Respaper) JOH-CSF (surpranoutim, Leakine), Regulated GCSF (seglilip actim, Neodasta), Plentador & Accodol), Combined with chemotherapy, Anti-CO20 (Internals, Ribused). One agent	Change/Clarification of	What agents were used to	G-CS (TBO-filerastim, filerastim, Grank, Neupogen) .GM-CSF (careramostim, Leukine). Perviated G-CSF (neptilerastim, Mandasta). Plericating (Manchill). Combined with channel have a net-CPD0	
1000	Transplant	Pre-Transplant Essential Data	Autologous Transplant	,		mobilize the autologous	intracinab, Ribuxan), Other agent	Information Requested and	mobilize the autologous	C-SF (TRD filgratin, Ripartin, Conin, Neugopin), GN-CF (surgamostin, Leukine), Pepylated G-CF (pepflyzatin, Neudata), Piersafor (Macebil), Combined with chemotherapy, Anti-CDDO (fitualina), Ribason), Mothafortide (Aphenda), Other agent	
						all that apply)		Acaponse Option	all that apply)		
PRO113	Transplant	Hematopoietic Cell Co.	r Allogeneis	wes	00	Specify growth and mobilities	G-CS (filtractim Neurogen) Previated G-CS (neefficractim Neurosci). Periodor (Morobil) Other growth or mobilising Futurin)	Change/Clarification of	Specify growth and mobilists	GCS [fileraction Neuropero) Provisted GCS [nertileraction Neuropero]	Capture data accurately
PROIIS	Procedure	Transplant (HCT)	Donors	,es		factor(s) (check all that apply)	GCSF (Higrastim, Neupogen), Pegylated G-CSF(pegfligrastim, Neulasta), Plerixafor (Mozobil) Other growth or mobilizing factor(s)	Information Requested and	factor(s) (check all that apply)	GCS (Migratin, Neupogen) Proplated CCS (prophysiatin, Neutosia), Werhalter (Mossbil), Mathafartide (Mahenda), Other growth or mobilising factor (g	capture data accurately
	and Product Information	Hematopoletic Cellular Transplant (HCT) Infusion Product						Response Option			

		TR	Information Collec	tion Domain: Pre-Transpla	ant Information Collection					
Item ID Time Point	Information Collection Do 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(c)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Jul 1,750	Additional Sub Domain	пррисэ							
PRE665 Pre-Transplant	<ul> <li>Pre-Transplant</li> </ul>				Has the patient been infected with COVID-19 (SARS-CoV-2)	No,Yes	Question will be disabled	Has the patient been infected with COVID-19	No,Yes	Reduce burden: data no longer relevant
	Essential Data				based on a positive test result at any time prior to the start of the preparative regimen / infusion?			(SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion?		
PRE666 Pre-Transplant	t Pre-Transplant				Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes	Question will be disabled	Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?	No,Yes	Reduce burden: data no longer relevant
	Essential Data									
PRE667 Pre-Transplant	t Pre-Transplant Essential Data				Was mechanical ventilation given for COVID-19 (SARS-CoV- 2) infection?	No,Yes	Question will be disabled	Was mechanical ventilation given for COVID-19 (SARS-CoV-2) infection?	No,Yes	Reduce burden: data no longer relevant
PRE668 Pre-Transplant	Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown, Yes	Question will be disabled	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	Reduce burden: data no longer relevant
PRE669 Pre-Transplant	t Pre-Transplant Essential Data		yes	yes	Specify vaccine brand	AstraZeneca Johnson & Johnson/Janssen, Moderna, Novavax, Other (specify), Pitzer-BioNTech	Question will be disabled	Specify vaccine brand	AstraZeneca, Johnson & Johnson/Janssen, Moderna, Novavax, Other (specify), Pitzer-BioNTech	Reduce burden: data no longer relevant
PRE670 Pre-Transplant	t Pre-Transplant Essential Data		yes	yes yes	Specify other type:	open text	Question will be disabled	Specify other type:	open text	Reduce burden: data no longer relevant
PRE671 Pre-Transplant	t Pre-Transplant Essential Data	COVID-19 Vaccine	yes	yes	Select dose(s) received	Booster dose, First dose (with planned second dose), One dose (without planned second dose), Second dose, Third dose	Question will be disabled	Select dose(s) received	Booster dose, First dose (with planned second dose). One dose (without planned second dose). Second dose, Third dose	Reduce burden: data no longer relevant
PRE672 Pre-Transplant	t Pre-Transplant Essential Data Pre-Transplant		yes	yes	Date received:	ммумм/ab	Question will be disabled  Question will be disabled	Date received:	YYYY/MM/DD	Reduce burden: data no longer relevant
PRE674 Pre-Transplant	Essential Data		yes -	ye .		Theorem 1	I'		Checked	Reduce burden: data no longer relevant instruction text change to remove instructions
PREO/4 Pre-transplant	t Pre-Transplant Essential Data		110		is there a history of mechanical ventilation? (excluding COVID-19 (SARS-CoV-2))?  What was the primary disease for which the HCT / cellular	III.yes	Change/Clarification of Information Requested ar Response Option	(excluding COVID-19 (SARS-CoV-2))?  What was the primary disease for which the HC	10.yes	
	Classification					Automate disease, Acte I prophobiate (extens) (ALL) Actes repolid Indexino (SMA ANL) Chronic repolid Indexino (ANL), Manual (produced in the ANL) (Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-		cellular therapy was performed?	Nationance discuss, Acide Ingendibutilit. Vesionia (ALI), Acide myriola lederina (JAM). 44-444-4. Chronic myriola lederina (JAM), Homoglobhospathica Historius, discorders Indiginal myriola produce (JAM) (Alice Marco	
PRESS Per Transplant	T Disease Classification	Ayelogenos accheria (AAC)			Secrify the AAN closelfulation	Adv. with typic [1] [23.23.23. bt 1917 PAGE 705.] Adv. with typic [27.23.23. bt 1917 PAGE 705.] Adv. with typic [27.23.23. bt 1917 PAGE 705.] Adv. with typic [27.23.23. bt 1917 PAGE 705.] Adv. with typic [27.23.25. bt 1917 PAGE 705.] Adv. with typic [27.23.25. bt 1917 PAGE 705.] Adv. with typic [27.23.25. bt 1917 PAGE 705.] Adv. with typic [27.25. bt 1917 PAGE 705.]	Example Cartification of Information Requested or Response Cython	of Specify the AMS. Classification	Adde des recomments presented enhancementation. And with defining percisis. Ancomandifies.  And we enhanced the proposition of the enhanced and comments and MLTS-ANTES facilities.  And comments are an enhanced and the enhanced	Capture dida accurately
PRELIS or Française	E Disease Classification	Acade Vergroundshetts Assistants Actual Actu	yes -	900	Specify ALL Classification	Shapesholistic footenis / Implications (1986)  Shapesholistic footenis /	Dangy Carlindator of Information Requested at Response Cython		Sympholistic Indexis / Implication  - International Continuous Application  - Internat	Capture data accurately

ID Time Point	Information Collection Don	Information main Collection	Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Sub-Type	main Collection Domain Additional Sub Domain	applies	requested manage times	<b>аррисантс</b> )			Extractic (ii apparative)		
02 Pre-Transplant	Disease	Acute Leukemias	ves	no	Specify acute leukemias of ambiguous lineage and other	Acute undifferentiated leukemia.	Change/Clarification of Information Requested and	Specify acute leukemias of ambiguous lineage an	Moute undifferentiated leukemia (31).	Capture data accurately
	Classification	of Ambiguous Lineage and Other Myeloid			myeloid neoplasm classification	Blastic plasmacytoid dendritic cell neoplasm , Miked planotype acute leukemia, Blymoloid, MOS.	Response Option	other myeloid neoplasm classification	Paule claimere inside treatmin (3.1),	
		Neoplasms				Mixed phenotype acute leukemia (MPAL) with t19:22(q34.1;q11.2); BER-ABLI.Mixed phenotype acute leukemia with thr: 110:23:):			Mind-phenotype acute leukemia with t/w. 11023-31, KMT2A-rearranged, Mixed phenotype acute leukemia with KMT2A rearrangement (85)	
						IGMT2A rearranged. Mixed phenotype acute leukemia, Trimploid, MDS,			Actac lexistension of ambiguous lineages with BCL1BF examplement Mixed phenotype acute lexisoms, 7 mycloid, Maide (87) Mixed phenotype acute lexisoms, 7 mycloid, 400	
						Other acute leukemia of ambiguous lineage or myeloid neoplasm			Other acute federal and ambiguous lineage or myeloid receptorm Acute feultemia of ambiguous lineage, NOS (88)	
Pre-Transplant	Disease	Myelodysplastic	yes	no	What was the MDS subtype at diagnosis? - if transformed	Atypical chronic myeloid leukemia (aCML), BCR-ABL1-,	Change/Clarification of Information Requested and	Mhat was the MDS subtype at diagnosis? - If	MDS with defining genetic abnormalities	Capture data accurately
	Classification	Syndrome (MDS)			to AML, indicate AML as primary disease; also complete AML Disease Classification questions	Chronic myelomonocytic leukemia (CMMoL), Juvenile myelomonocytic leukemia (IMMU/CML), Meledovisalastic syndrome with isolated dell'Sol.	Response Option	transformed to AML, indicate AML as primary disease; also complete AML Disease Classification	htyelodysplastic syndrome with isolated del(5q). Myelodysplastic syndrome with low blasts and isolated 5q deletion (MDS-5q) (66)	
						repressing spaces, synatome with multimosters one; my.  Merplochyslasts from one with multimoster one; my.  MCDS / MPW with my galebrooks and thrombooks in MCDS / MPW-RS-T1), MCDS / MPW with my galebrooks and thrombooks in MCDS / MPW-RS-T1), Myrodohyslasts on dromer / myrologoritische necoplasm, understablieb, syndrome with single lineage dysplasia (MDD-SLD),		Questions	Appendingstant syndrome with the will be and so as installation (Mus-so-ser)  (Appendingstant syndrome with or will be and on guidendistant (Principation and Wild type 59381)  (Appendingstant syndrome with or will be and on guidendistant (Principation and Wild type 59381)  (ADS, morphically defined  (MDS, morphically defined  (MDS, morphically defined  (MDS, MORPHICA)  (MDS, MO	
						Myelodysplastic syndrome (MDS), unclassifiable,  Reference, unknown of Philiphond			Myelodysplastic syndrome with low blasts (MDS-1B; <5% BM, <2%PB)  Myelodysplastic syndrome, hypoplastic (MDS-1B; <5% BM, <2%PB) age  Muladokraphitic Syndrome, hypoplastic (MDS-1B; <5% BM, <5% BM, within any during the control of the property of the control of	
						MPS with excess blasts (MDS-EB): MDS with excess blasts (MDS-EB-1), MDS with excess blasts (MDS-EB-2).			ACDS with excess blasts—I. Myelodysplastic syndrome with increased blasts (MDS-IB1) (61) ADS with excess blasts—I, Myelodysplastic syndrome with increased blasts (MDS-IB2) (62)	
						Myelodysplatic Syndrome with ring sideroblasts:  MT-98 with multillease refusicals (MT-98-MTD)			Myeldodyslatic syndrome with fibroris (MDS+) Childhood myeldodyslatic neoplasms (MDS) Particulation of myeldodyslatic neoplasms (MDS) Particulation of myeldodyslatic neoplasms (MDS) Particulation of myeldodyslatic neoplasms (MDS)	
						MDS-RS with single lineage dysplasia (MDS-RS-SLD),			Linianodo Musi with increased orises. Childhood Musi with increased orises. Childhood Musi with own blasts, not otherwise specified.	
									Myelodyngulatif / myelopoofferadin enoplasmi:	
									Burenia myeomonocytic reuxemia (MMIL-A-M-I) (SM, A-M-I) (SM, A-M-I	
									Myelodysplastic syndrome with multilinage dysplasia (MDE-MLD), Myelodysplastic syndrome (MDE), unclassifiable,	
Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify Myelodysplastic syndrome, unclassifiable (MDS-U	MIDS-U with 1% blood blasts, MIDS-U based on defining cytogenetic abnormality, MIDS-U with single lineage dysplasia and pancytopenia	Question will be disabled	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	Reduce burden: data no longer relevant
Pre-Transplant		Myelodysplastic	VE .	ve -	Specify the MDS subtype or AML after transformation	Transformed to AML Chronic myelomonocytic leukemia (CMMoL) Myelodysolastic syndrome with isolated deli So). Myelodysolastic syndrome with myelilinessee dysolasis (IMFS-MI D) MFS / MPN with	Change/Clarification of Information Requested and	Specify the MDS subtype or AML after	MDS with defining genetic abnormalities	
	Disease Classification	Syndrome (MDS)			, and an annual designation	Tordisme to AM, Direct in melanomorphic lackersis (CMAG), Liferbodyptization specimes with included of Edg. Mydoodpoplatic moderne with multilinosing synglatis (MSG-MEI) MSG / MPH (and specimes with specimes of the melanomorphic (MSG) / MPH (and specimes of the specimes with specimes with specimes of the specimes of	Response Option	transformation	MDS with defining genetic abnormalities  **More in the control of	
						reuces unabora (vmurreura), rey <b>ndroryspanic syndrome with ring siderodusts</b> : Mus-ins with multilineage dysplasia (MDS-RS-MLD),MDS-RS with single lineage dysplasia (MDS-RS-SLD).			Physiologipanus Synarum win Dw diasts and ring siderodiasts (PRION ing siderodiasts and wild type SF381) MDS, morphically defined MDS, morphically defined	
									MDS, with low blasts (MDS-18; <5% BM, <2%/PB) MDS. hypoplastic (MDS-1) <=25% cellularity by age	
									MUS-With excess deaths 1 (MUS-LU-1), MUS-With Indreased blasts (MUS-IB1) (61)	
									Andrew manuscrania, vision of the HOTS with recrease basis MIOS 800 (a) Childrood mykology plants recoplanue (MIOS) Childrood MYKology Childrood MYKO	
									Childhood MDS with low blasts, not otherwise specified Childhood MDS with increased blasts	
									Myelodysplastic/myeloproliferative neoplasms  Extreme myelomonocytic leukemia (EMML), Cironic myelomonocytic leukemia (EMML), Myelodysplastic (54)	
									Whyleodysplastic/myeloprolifer after neoplasm with neutrophilia (1440)  Whyleodysplastic/myeloprolifer after neoplasm with neutrophilia (1440)  WHS / MFN with ring sideroblasts and thrombocytosis (MRS / MFN RS T). Myelodysplastic/myeloproliferative neoplasm with SF381 mutation and thrombocytosis (1452)	
									Nets - Milk with ring indereablest and the emberoration (MEX - MARKES 11 Mythodysplastic (meloprolifer after necessaria with \$5381 mutation and thrombocytosis (1452) MOS/MRN with his placebolastic 1- 10% fring discrebastics 1- 10% fring discrebastics and wild keye \$5381 g and thrombocytosis Nyclodysplastic syndrome / myclogrolife after necessaria melantifiable. Myclodysplastic syndrome / myclogroliferative necessaria melantifiable. Myclodysplastic syndrome / myclogroliferative necessaria.	
									anclassifiable, Myclodysplatic syndrome with ring sideroblasts: MDS-RS with multilineage dysplasia (MDS-RS-MLD), MDS-RS-Mith Jungle inneage dysplasia (MDS-RS-MLD), MDS-RS-Mith single inneage dysplasia (MDS-RS-MLD).	
46 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	Question will be disabled	Specify Myelodysplastic syndrome, unclassifiable	MDS-U with 1% blood blasts,MDS-U based on defining cytogenetic abnormality,MDS-U with single lineage dysplasia and pancytopenia	Reduce burden: data no longer relevant
73 Pre-Transplant		A alexadication		-	What was the MPN subtype at diagnosis?	Frank and while labels and though a will differ to	Change/Clarification of Information Requested and	Maria and Armina de Caracia de Ca	Myeloproliferative neoplasms	Capture data accurately
The manapiant	Disease Classification	Neoplasms (MPN)	,		White was the Philipped at diagnosis.	Caronic ecolongalisi Irolatemia, not otherwise specified (NCN), Chronic enetrophilic Indexemia, Caronic enetrophilic enetrophili	Response Option	The trust the Philadelephe at diagnosis.	Chronic ceutophilis (Leukenia) Chronic ceutophilis (Leukenia) Sezential thromosophythenia,	capture cases accurately
						Essential thromborythemia, Myeloproliferative neoplasm (MPNI), unclassifiable,			Essential thromborythemia,  Mycloproliferative neopisam (MFN), unclassifiable: Mycloproliferative neopisam (MFN), unclassifiable: Mycloproliferative neopisam (MFN)	
						Wyeloid / Mymphoid neoplasms with PCM-1AVC, Myeloid / Mymphoid neoplasms with PCGFRA rearrangement,				
						Myeloid / //mphoid neoplasms with PDGFRB rearrangement, Polycythemia vera (PCV), Mastocytosis: Cutaneous mastocytosis (CM),			Appelend i Angelende and Appelende and Appelend i Angelende Appelend i Angelende Appelende Appel	
						Systemic mastocytosis, Mast cell sarcoma (MCS)			Cutaneous mastocytosis (CM), Systemic mastocytosis,	
									Mast cell sarcoma (MCS)	
4 Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	no	Specify systemic mastocytosis	Aggressive systemic mantooylools (ASM), Indolent systemic mantooylools (BM), Must cell leukemia (MCL), Systemic mantooylools with an associated hematological neoplasm (SM-N4M), Smoldering pystemic mantooylools (SSM)	Change/Clarification of Information Requested and Response Option	Specify systemic mastocytosis	Aggressive systemic mastocytosis (ASM), Indolent systemic mastocytosis (ISM), Mast cell leukemia (MCL), Systemic mastocytosis with an associated hematological neoplasm (SM-AHN), Smoldering systemic mastocytosis (SSM), Bone marrow mastocytosis	Reduce burden: data no longer relevant
Pre-Transplant						Chronic lymphocytic lesisemis (CLL) NOS	Change/Clarification of Information Requested and		Mature B-cell neoplasms	Capture data accurately
- Pre-rransplant	Disease	Other Leukemia	yes	no	Specify the other leukemia classification	Charaly Landaudic Landaudic (CLI)	Change/Clarification of Information Requested and	Specify the other leukemia classification		
ere-transplant	Disease Classification	Other Leukemia (OL)	yes	no	Specify the other leukemia classification	Chronic lymphocytic leukemia (CLL), Be cell s'anal lymphocytic lymphoma (SLL), Hairy cell leukemia, Hairy cell leukemia,	Response Option	Specify the other leukemia classification	wature is ect neopusms Chronic hymphocytic leukemia (CIL), NOS, Clarence imphocytic leukemia (CIL), Post (CIL), Po	
o Pre-transpant	Disease Classification	Other Leukemia (OL)	yes	no	Specify the other leukemia classification	Chronic Implicoptic Lokacenia (CLI).  (See of zmall Implicoptic Impliconia (CLI).  (See of zmall Implicoptic Impliconia (CLI).  (See of zmall Implicoptic Implicop	Lhange/Clarincation of Information Requested and Response Option	5 Specify the other leukemia classification	Chronic (hymphocyte: Indiaemia (III.) 1903.  Scheine Cell Improventie Indiaemia (III.) 1903.  Scheine Cell Improvance and Indiaemia: Falty cell Indiaemia. Falty cell Indiaemia. Falty cell Indiaemia. Falty cell Indiaemia.	
rie-Hanspiant	Disease Classification	Other Leukemia (OL)	jes	no	Specify the other leukemia classification	Chronic Implicacytic Indexemble (CLI).  Beed, Yamal Implicacytic Impli	Enange/Liamication of information requested and Response Option	Specify the other leukemia classification	Chronic (hymphocyte: Indiaemia (III.) 1903.  Scheine Cell Improventie Indiaemia (III.) 1903.  Scheine Cell Improvance and Indiaemia: Falty cell Indiaemia. Falty cell Indiaemia. Falty cell Indiaemia. Falty cell Indiaemia.	
- Fre-transplant	Disease Classification	Other Leukemla (OL)	ies	no	Specify the other leukemia classification	The result in production (1.01.1.05)  Charles (my large (1.04 miles) (2.11.1.05)  Be of a from I hypothory (1.04 miles) (2.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Enarge Carrication of information kequested and Response Option	Specify the other leukemia classification	Efronic (hymphocytic leukemis (ELL), NOS.  Efronic hymphocytic leukemis (ELL), Bertil (hymphocytic hymphoma-(ELL), Chronic lymphocytic leukemia/small lymphocytic lymphoma- Splenic R-cell lymphomas and leukemias  All the splenic R-cell lymphomas and leukemias	
		(OL)	yes	no			Response Option		Chronic (hymphocyte: Indiaemia (III.) 1903.  Scheine Cell Improventie Indiaemia (III.) 1903.  Scheine Cell Improvance and Indiaemia: Falty cell Indiaemia. Falty cell Indiaemia. Falty cell Indiaemia. Falty cell Indiaemia.	
		(OL)	hez hez	110			Response Option	Specify the other feukemia classification  Specify the lymphoma histology	Chronic Implicacytic Indexensis (CILL) ISOS.  Selective Cell Implications and Indexensis Indexensis Indexensis Indexensis Indexensis Implication Indexensis Indexensi	Capture data accurately
	Disease Classification Disease Classification	(OL)	ikez ikez	no.		Ned (gift is programs. Ned (gift is programs. and enterwaler specified (150) (pumphorus) or displaced (150) (pumphorus) or displaced (150)	Response Option		Chronic Implicacytic Indexensia (CILL) ISOS.  Septime Cell Properties and Indexensia Septime Control Properties (Indexensia Implicacytic Implicacytic Inspiratory Inspiratory Implicacytic	Capture data accurately
		(OL)	licz hez	110		Heidgin I symphoma or charvair specified (150) symphocy for displaced (154) symphocy for displaced (154) symphocy for child (154) symphocy for child (151) symphocy for chi	Response Option		Chronic Implicacytic Indexensia (CILL) ISOS.  Septime Cell Properties and Indexensia Septime Control Properties (Indexensia Implicacytic Implicacytic Inspiratory Inspiratory Implicacytic	Eaghare data accurately
		(OL)	yes	76	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implication (CLL) (CLL	Capture data accurately
		(OL)	yes	no	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexes (CILI INC).  Specific Cell Implications and Indexession and Indexesion and Indexession and Indexession and Indexession and Indexe	Explore data accurately
		(OL)	yes	700	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexes (CLIL) CCL.  Specific Cell Implications and Indexes and Specific Colling Implications and Indexes	Capture data accurately
		(OL)	yes Jes	700	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexes (CLIL) CCL.  Specific Cell Implications and Indexes and Specific Colling Implications and Indexes	Capture data accurately
		(OL)	yes	96 P	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos (CILL) Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  Red, September 6. Cell Indexinos (CILL)  Red, Septe	Capture data accurately
		(OL)	yes	no	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos (CILL) Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  Red, September 6. Cell Indexinos (CILL)  Red, Septe	Capture data accurately
		(OL)	yes Yes	700	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos (CILL) Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  Red, September 6. Cell Indexinos (CILL)  Red, Septe	Eaghare data accurately
		(OL)	yes yes	700	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implicacytic Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications and Indexinos (CILL) Indexinos and Indexinos (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  September 6. Cell Implications (CILL) ISC.  Red, September 6. Cell Indexinos (CILL)  Red, Septe	Capture data accurately
		(OL)	yes	750	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implication (Chronic Intelligence of Chronic Implication (Chronic Implication Intelligence of Chronic Implication (Chronic Implication Intelligence of Chronic Implication Intelligence Implication Intelligence of Chronic Implication Intelligence Intelligence Intelligence Intelligence Intelligence Intelligence Intelligence Intelligence Implication Intelligence Intellige	Capture data accurately
		(OL)	yes	700	Superfy the lynghoma histology	Holgáin Lymphona.  Holgáin hymphona. or atherwise specified (150)  Holgáin hymphona. or atherwise specified (150)  Hymphone (re-inf) (151)  Holgáin (re-inf)  Holg	Response Option		Chronic Implication (Chronic International Chronic Implication (Chronic Implicational	Capture data accurately
		(OL)	yes yes	700	Superfy the lynghoma histology	Heidgin I symphoma or charvair specified (150) symphocy for displaced (154) symphocy for displaced (154) symphocy for child (154) symphocy for child (151) symphocy for chi	Response Option		Chronic Implication (Chronic Intelligence of Chronic Implication (Chronic Implication Intelligence of Chronic Implication (Chronic Implication Intelligence of Chronic Implication Intelligence Implication Intelligence of Chronic Implication Intelligence Intelligence Intelligence Intelligence Intelligence Intelligence Intelligence Intelligence Implication Intelligence Intellige	Capture data accurately

Item ID Time Poin	nt Informat	tion Information	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)  Ratio	onale for Information Collection Update
	Sub-Type	e Domain Additional Sul Domain	applies							
Rem ID Time Poin	at Information Collection Sub-Type	ision information in Domain College (in the Co	Response required M Additional Sub Domain applies	Information Collection may be recepted multiple times		Current Information Collection Data Element Response Option(s)  Whomatistist's (response (Eds.). By the (1923)  Whomatist's (r	information Gallection update:	Element (if applicable)	Proposed information Collection Data Element Response Option(s)  and the collection of the collection of the large is cell prophoson (122a)  Analysis of the collection of the	nale for Information Collection Update
PRESSE2 FE-Transp	olant Disease Classificat	Multiple Bion Myellona / Plac Cell Disorder (P	) 10 10 10 10 10 10 10 10 10 10 10 10 10	no -	Secry the multiple myelona/glama cell disorder IPCS disorbiration	Annieldors. Monoclosis gennepathy of resal significance (MCRS). Monoclosis given polity chain ooly. MARSE mejlomin sight chain ooly.	Change Carification of Information Requested and Response Custon	Specify the multiple myelonia (planta cell disorder IPCD) classification	Multiple myeloma, White project and the second seco	ere data scouniely
						Kenyldoticks parmosphiry of renal significance (MCRS),   MARIJOR in regions and present person significance (MCRS),   MARIJOR in regions right schain oxidy,   MARIJOR in regions right schain oxidy,   MARIJOR in regions (MCRS),   MARIJOR in region			Plannic off Indexton (PTL).  Plannic off Indexton (PTL).  Plannic off Indexton in Management (PTL).  Plannic off Indexton in Management (PTL).  Plannic off Indexton in Management (PTL).  See Translation (PTL).  Other plannic of Biocher (PCL).	
PRE387 Pre-Transp	Disease Classificat	Multiple tion Myeloma / Plas Cell Disorder (P	lyes D)	no	Select monoclonal immunoglobulin deposition disease (MIDD) subtype	Heary chair deposition discuse (DCCI) sight shall neposition discuse (LCCI) Aconodonal immunoglobulin deposition discuse	Change/Clarification of Information Requested and Response Option	Select monoclonal immunoglobulin deposition disease (MIDD) subtype	Reary of Jain deposition disease (ECICI) Sight shall deposition disease (ECICI) Sight shall deposition disease (ECICI) Sight shall deposition disease (ECICI) Sight sand-heavy-shall deposition-disease 8145859 Monoclonal Immunogi obusin deposition disease	ure data accurately
PRE389 Pre-Transp		Cell Disorder (P		no	Solitary plasmacytoma was	Collary plannacytoms of bone histocomous plannacytoms	Change/Clarification of Information Requested and Response Option		Sees desemble data y idea many terms of bore Coption Sees Coption (Coption Sees Coption Sees Cop	ire data accurately
PKE393 Pre-Transp	Olisease Classificat	Preceding or Concurrent Pla Cell Disorder	yei aa	yes	Specify preceding? concurred disorder	Implication Morachous Jammopathy of renal significance, Morachous Jammopathy of renal significance, Morachous Jammopathy of uniform significance, Marbier Implicans in James Secretary, Marbier Implication in James Sec		Specify preceding / concurrent disorder	Amongo de la redució de la Lampidosio.  Monoclonal parmopatry of enal septicace.  Multiple reportions - one-secretary.  Multiple reportions - one-secretary.  Multiple reportions - electrical participations.  Parmo collectricace.  Parmo collectricace.  Parmo collectricace.  Initiative politicación.  Initiative politicación.	

Item ID	Time Point	Information	Information Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Collection Domain Sub-Type	Collection Additional Sub Domain Domain applies Additional Sub	requested multiple times	applicable)	Current Information Collection Data Element Response Option(c)				
			Domain					Specify the solid tumor classification		
PRE424	Pre-Transplant	Disease Classification	Solid Tumors yes	no	Specify the solid tumor classification	ine and cancer.  Since sacrons (circlaining faving family harbora).  Control inerview system tumes, leuking CoS PAST, Collovetal, Collovet	Change/Clarification of Information Requested and Response Option	Specify the solid tumor classification	Breast cancer Breast cancer, Tumors of the head / neck	Capture data accurately
						Central nervous system tumor, including CNS PNET, Colorectal, Colo			Tumors of the Mhead / neck, Digestive system tumors Colonertal	
						Ewing family tumors, extraosseous (including PNET), Ewing family tumors of bone (including PNET), Extend partially tumors of bone (including PNET), Extend partially tumors of bone (including PNET),			Pancreatic, flumor of the esophagus and gastro-esophageal (GE) junction Carloin Tumor of the general	
						Fibroarcoma, Gastric,			Appatability. Tumors of liver and intrahepatic bille ducts Central nervous system tumors	
						Germ ces rumor, extragonacas, Hepatobilary, Head / nedt,			Artypical teration malooid dumor (ATK1) Central nervous system tumor, including CNS PNET Diffuse intrinsic pontibe giloma (DPC)	
						Hemangiosarcoma, Liung, not otherwise specified, Lelomyosarcoma.			Ependymoma Glioblastoma multiforme (GBM) Medduloblastoma	
						Lymphangio sarcoma, Lipoarcoma,			Soft tissue or bone tumors  Bone sarcoma (excluding Ewing family tumors),	
						Mediastrial neoplasm, Melanoma, Neuroblastroma,			Ewing family tumors of bone (including PNET) Ewing family tumors, extraoseous (including PNET)	
						Neuroldistations, Neurogenis sarcoms, kung, non-mail cell, Other solid tumer,			Nousopanic-ascoma, Malignant Peripheral Nerve Sheath Tumor Myxold round cell sarcoma Rhabdomyoarcoma,	
						Other solid tumor, Prostate, Renal cell			Synovial sarcoma, Soft tissue assessma-(excluding Ewing family tumors). Other soft tissue sarcoma (excluding Ewing family tumors) Tumors of endocrine organs	
						Retinoblastoma, Rhabdomysarcoma, Lung eroni (mill)			Germ cell tumors, gonadal Germ cell tumor, cotragonadal Autoritation	
						Retroductions, Michadomycancma, Michadomycancma, Michadomycancma, Myrodul arconna, Salid tumor, notobenwise specified, Pararosaic, Soft timous arconna (sectuding Ewing Earnly tumora), Soft timous arconna (sectuding Ewing Earnly tumora),			tere constantial fibracis tumors Lung, non-small cell,	
						Rancreatic. Sancreatic Security (excluding Ewing family tumors), Testicular,			Lung, mait cell, Lung, not otherwise specified, Adenocarcinoma,	
						Tedicidar Thymoma, Voginal, Wilms Tumor			Squamous carcinoma (Tumor of the pleura (Mesothelioma) (Skin humors	
									Melanoma, Genitourinary tumors	
									ovarian (epinesia), Prostate, Renal cell,	
									Testicular Vaginal, Pediatric-focused tumor	
									Malignant Rhabdoid Tumor of the Kidney Retinolastoma, Willins Tumor	
									Frend cancer  Times of the heaf years.  Raprite rytem harms:  Colorectal.  The colorectal of the engages and gastro-explayed (cit) praction  Times of the engages and gastro-explayed (cit) practices  Times of the engages of the e	
									Other look faunors Solid humor, and otherwise specified, Euroisia,	
									Fibroargema, Jennangioracoma, Jennangioracoma	
									Lymphangio cascoma, Liponarcoma, Liponarcoma	
									Mediantinal neoplasm,	
PRE429	Pre-Transplant	Disease Classification	Inherited Bone yes Marrow Fallure	no	Specify the inherited bone marrow failure syndrome classification	Öylderatokis congenita, Sanoroi anemis,	Change/Clarification of Information Requested and Response Option	Specify the inherited bone marrow failure syndrome classification	Ayukunstasia canganika, Tolonere Biology (Boorders Including Dyskeratosis congresta (IMCCI, TERT, TERC, and other mutathoss)  Fanceri aziennia,	Capture data accurately
PRE-429	Pre-Transplant	Disease Classification	Inherited Bone yes Marrow Fallure Syndromes	no	Specify the inherited bone marrow failure syndrome classification	Dyskeratois congenita, Severe congenita entrepenia, Severe congenita entrepenia, Severed Backeto, severe, Severed Backeto	Change/Clarification of Information Requested and Response Option	Specify the inherited bone marrow failure syndrome classification	Description or appeals Telemere Biology Blooders including Dysferstonic congreta (DRCL.TERT, TERC, and other mutations) Exercis congressid and responsible (Blastac deficiency FLANG) or HMST mutations) Description of the Company of	Capture data accurately
PRE-429	Pre-Transplant	Disease Classification	Inherited Bose Marrow Palure Syndromes	no	Specify the inherited bone marrow failure syndrome- classification	Systematosis congenita, Parenti inensis, Successifications, Successifi	Change/Clarification of Information Requested and Response Option	Specify the inherited bone marrow failure syndrome classification	Applications compressed Telemere Biology (Boorders Including Dyskerations congress) (ERCL. TERT, TERC, and other mutations) forces compress and supposes (Belazade deficiency FLARIG or HMX1 mutations) Examined Biolating annualised, 111-111 or Biology (Boorders) Examined Biolating annualised, 111-111 or Biology (Boorders) Examined Biolating annualised (Biolatine) Examined Biolating annualised (Biolatine) Examined Biolating annualised (Biolatine) Examined Biolating annualised Biolatine) Examined Biolating Biolatine) Examined Biolating Biolatine Examined Biolating Biolatine Examined Biolating Biolatine Examined Biolating Biolatine Examined Biolatine Exami	Capture data accurately
PRE429	Pre-Transplant	Disease Classification	inherited Bone Macrost failure Syndromes	no	Specify the inherited base marrow falure syndrome dassification	Dyskeratoris congretta, Parcoin archiu, Parcoin archiu, Barcoin archiu, Barcoi			Systematics composite. Februare Biology Disorders Including Dyslecs Inols congrests (SMC1, THET, TERC, and other mutations) Faccus around.  Standard Surface around conscious (Bastace deficiency RLANG or HAST mutations) Standard Surface around Sur	Capture data accurately
			Marrow Failure Syndromes	по	classification					
	Pre-Transplant  Pre-Transplant		inferited line Marrow Falure Spendonces  Disorders of the Innex Spendonces	700	classification					Capture data accurately  Capture data accurately
			Marrow Failure Syndromes	700	classification					
			Marrow Failure Syndromes	70	classification					
			Marrow Failure Syndromes	70	classification					
			Marrow Failure Syndromes	700	classification					
			Marrow Failure Syndromes	700 TO	classification					
			Marrow Failure Syndromes	no -	classification					
			Marrow Failure Syndromes	90	classification					
			Marrow Failure Syndromes	no	classification					
			Marrow Failure Syndromes	70	classification	Systematoris congresia.  Systematoris congresia.  Societic congresia de notrogenia.  Describera congresia de notrogenia.  Describera comment.  Aganta idangicitazia.  Describera comment.  Describera		Specify disorder of instrume system classification	Rever Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  SECU, 1- Se No. 200 Cut of editorry  SECU, 1- Secure SECURIA S	
			Marrow Failure Syndromes	700	classification			Specify disorder of instrume system classification	Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  SECUL 1- 8 No. 120 CUI 2 deficiency  SECUL 1- 8 No.	
			Marrow Failure Syndromes	TO	classification			Specify disorder of instrume system classification	Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  SECUL 1- 8 No. 120 CUI 2 deficiency  SECUL 1- 8 No.	
			Marrow Failure Syndromes	90	classification			Specify disorder of instrume system classification	Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  Severe Combined Immunodeficiencies  SECUL 1- 8 No. 120 CUI 2 deficiency  SECUL 1- 8 No.	
			Marrow Failure Syndromes	750	classification			Specify disorder of instrume system classification	Access Combined Immunodefelioricis  Combined Immunodefilioricis  Combined Immunodefilioricis  Access Combined Immunodefilioricis  Access Combined Immunodefilioricis  Access Combined Immunodefilioricis  Access Combined Immunodefilioricis  Combined Immunodefilioricis  Access Combined Immunodefilioricis  Combined Imm	
			Marrow Failure Syndromes	700	classification			Specify disorder of instrume system classification	Access Combined Immunodefelioricis  Combined Immunodefilioricis  Combined Immunodefilioricis  Access Combined Immunodefilioricis  Access Combined Immunodefilioricis  Access Combined Immunodefilioricis  Access Combined Immunodefilioricis  Combined Immunodefilioricis  Access Combined Immunodefilioricis  Combined Imm	
			Marrow Failure Syndromes	700	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	TO	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	90	classification			Specify disorder of instrume system classification	Severe Combined Immunodeficionics  Administration decommon (ADA) deficiency  Administration decommon (ADA) deficiency  ADA def	
			Marrow Failure Syndromes	no	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	700	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	NO	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	TO	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	700 P. C.	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	
			Marrow Failure Syndromes	200	classification			Specify disorder of instrume system classification	Seyone Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  Activated to the Combined Immunodeficiencies  SECUL T- B- No. 2005  SECUL T- B- 20	

Item ID	ime Point	Information	Information	Response required if	nformation Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)  Rationale for Information Collection Update
		Information Collection Domain Sub-Type	Domain Additional Sub	Additional Sub Domain Ir applies	equested multiple times	applicable)			Element (if applicable)	
PRE477	re-Transplant I	Disease Classification	Histiocytic Disorders	yes r	10	Specify histiocytic disorder classification	Histocytic disorder, not otherwise specified (570),	Change/Clarification of Information Requested and	Specify histiocytic disorder classification	Diseases of immune dysregulation, familial Hemophagocytic Lymphohistocytosis (PHL)  Capture data accurately
		Classification	Disorders				Example van est believopen de Neutron (1972).  Hermoglauper (1974) production (1972).  Hermoglauper (1974) production (1974).  Hermoglauper (1974) production (1974).  Hermoglauper (1974) production (1974).  Hermoglauper (1974) production (1974).  Hermoglauper (197	Response Option		Appare data Accounting  Appared data Accounting  Appa
							Other historytic disorder (579)			Samilial Hemophagocytic Lymphohisticoytosis, no mutation identified  Familial Hemophagocytic Lymphohisticoytosis, other mutations  Habitostycic disorder, not otherwise operficiel (570),  Habitostycic disorder, not otherwise operficiel (570),
										Largerhance ell hidrocytesis (hidrocytesis (HIST)).  Manugha super die hidrocytesis (HIST).  Manugha videologischi (SI).  Manugha videologischi (S
										Malgrant histocytosis (374), Other histocytic disorder (579)
PRE655	re-Transplant	Pre-Transplant Essential Data	Autologous Transplant	yes )	e .	What agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	CSF (TBO-Higratim, filgratim, Granix, Neupogen), GM-CSF (cargamostim, Leukine), Peyylated G-CSF (pegfilgrastim, Neulasta), Pierkafor (Mozobil), Combined with chemotherapy, Anti-CD20 (Inhanimab, Ritauan), Methadioride (Apheuda), Other agent	Change/Clarification of Information Requested and Response Option	Mhat agents were used to mobilize the autologous recipient for this HCT? (check all that apply)	CSS (TBO Bigszalim, Granis, Neuposen), GM-CSF (cargamostim, Leukine), Pegylated G-CSF (pegiligratim, Neubata), Plenkafor (Mosabil), Combined with chemotherapy, Anti-CD20 (Intaina), Rhawai, Modularinic (Aphendi), Other agent
PREOD1 F	re-Transplant	Additional Doubr		no r	10	ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol, None	(check all that apply)		ALG, ALS, ATG, ATS, Alemtuzumab, Defibrotide, KGF, Ursodiol, None	
PRE002	re-Transplant	Given In the Peri- Transplant Period Additional Drugs		no r	10	Total prescribed dose:	mg/kg		Total prescribed dose:	mg/kg
PRE003 F		Additional Drugs Given In the Peri- Transplant Period				Specify source	ATGAM (horse) ATG - Fresenius (rabbit).Other, Thymoglobulin (rabbit)		Specify source	ATGAM (hune), ATG - Fresenius (rabbit), Other: Thymoglobulin (rabbit)
	те папрале	Additional Drugs Given In the Peri- Transplant Period								
		Additional Drugs Given In the Peri- Transplant Period		no r	10	Specify other source:	open text		Specify other source:	open text
PREOOS F	re-Transplant	Additional Drugs Given In the Peri- Transplant Period		no r	10	Total prescribed dose:			Total prescribed dose:	
1 1	re-Transplant			no r	10			Question will be disabled	Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-2) pandemic?	holyes Reduce burden: data no longer relevant
1 1	· 1	Covid-19 Impact		no r	10			Question will be disabled	is the HCT date different than the originally intended HCT date?	no yes Reduce burden: data no longer relevant
PREO09	re-Transplant re-Transplant re-Transplant	Covid-19 Impact		no r	10			Question will be disabled	Original Date of HCT Date estimated Is the donor different than the originally intended	PYYY/MM/IDD Reduce burden: data no longer relevant checked
1 1	- 1	Covid-19 Impact		no r	10				donor?	novyes  urrelated donor, yngeneic (mononygotic twin), H.AIdential sibling (may include non-mononygotic twin), H.Amatched other relative (does NOT include a hapio-identical donor), H.Amismatched
	re-Transplant			no r	10				Is the product type (bone marrow, PBSC, cord	relative
									blood unit) different than the originally intended product type?	
PRE014	re-Transplant re-Transplant re-Transplant	Covid-19 Impact		no r	10				Specify other product type	bone marrow.Other product_PRSC, cord blood unit open tost foxes foxes
1 1	- 1	Covid-19 Impact		no r	10				Was the current product thawed from a cryopreserved state prior to infusion?  Did the preparative regimen change from the	po, yes
1 1	- 1	Covid-19 Impact		no r	10				original plan?  Did the GVHD prophylaxis change from the original plan?	noyes .
PRE018	re-Transplant	Disease Classification	Acute Myelogenous	yes r	10	Specify method(s) that was used to assess measurable residual disease status (check all that apply)	FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Question will be enabled		FISH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed  Capture additional relevent disease information
PRE019	re-Transplant	Disease	Myelogenous Leukemia (AML) Acute	yes r	10	Was measurable residual disease detected by FISH?	no,yes	Question will be enabled	apply)  Was measurable residual disease detected by	no,yes Capture additional relevent disease information
PRF 020	re-Transplant	Classification	Myelogenous Leukemia (AML)			Was measurable residual disease detected by karyotyping		Question will be enabled	FISH?  Was measurable residual disease detected by	novyes Capture additional relevent disease information
	ľ	Classification	Myelogenous Leukemia (AML)		ы	assay?		Question will be enabled	karyotyping assay?	
PRE021	re-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes r	10	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 immunopherotype, aberrant phenotype
PRE022	re-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes r	10	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 F	re-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes r	10	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	re-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes r	10	Was measurable residual disease detected by flow cytometry?	no.yes	Question will be enabled	Was measurable residual disease detected by flow cytometry?	no.yes Capture additional relevent disease information
PRE025	re-Transplant	Disease Classification	Acute	yes r	10	Was measurable residual disease detected by PCR?	no.yes	Question will be enabled	Was measurable residual disease detected by	no yes Capture additional relevent disease information
PRE026 F	- 1	Disease Classification	Myelogenous Leukemia (AML) Acute	yes r	10	Was measurable residual disease detected by NGS?	no.yes	Question will be enabled	Was measurable residual disease detected by	polyes Capture additional relevent disease information
PRECOST IN	re-Transplant		Myelogenous Leukemia (AML)			Consider and a state of a state o	FSH, Karyotyping, Flow Cytometry, PCR, NGS, Not assessed	Question will be enabled	NGS?	FISH, Karyotyping, Flow Cytometry, PCR, NCS, Not accessed  Capture additional relevent disease information
		Disease Classification	Lymphoblastic Leukemia (ALL)			Specify method(s) that was used to assess measurable residual disease status (check all that apply)	i Auts, mai prospinge, i nore il prominio y si Auts, mode, mode associada		measurable residual disease status (check all that apply)	
PRE028		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes r	10	Was measurable residual disease detected by FISH?	no.yes —	Question will be enabled	Was measurable residual disease detected by FISH?	no yes Capture additional relevent disease information
PRE029	re-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes r	10	Was measurable residual disease detected by karyotyping assay?	no.yes	Question will be enabled	Was measurable residual disease detected by karyotyping assay?	rouyes Capture additional relevent disease information
PRE030	re-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes r	10	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 immunopherotype, aberrant phenotype
PRE031 F	re-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes r	10	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	re-Transplant	Disease Classification	Acute Lymphoblastic	yes r	10	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		Disease Classification	Leukemia (ALL) Acute Lymphoblastic	yes r	10	Was measurable residual disease detected by flow ortometry?	notives	Question will be enabled	Was measurable residual disease detected by flow cytometry?	noyes Capture additional relevent disease information
PRE034	- 1		Leukemia (ALL) Acute	yes r	10	cytometry:  Was measurable residual disease detected by PCR?	00,1955	Question will be enabled	Was measurable residual disease detected by	poyes Capture additional relevent disease information
	ı	Disease Classification	Lymphoblastic Leukemia (ALL)			Was measurable residual disease detected by NGS?	On law	Question will be enabled	PCR?  Was measurable residual disease detected by	noyes Capture additional relevent disease information
1 1		Disease Classification	Acute Lymphoblastic Leukemia (ALL)				noctors	possion will be enabled	NGS?	
1 1	re-Transplant		Myeloproliferative Neoplasms (MPN)		10	Specify the liver size:	certinaters		Specify the liver size:	contineters
1 1	re-Transplant		Myeloproliferative Neoplasms (MPN)	yes )	es .	JAK2 Exon 12	Negative, Not done, Positive		JAK2 Exon 12	Negative,Not done,Prositive
PRE038	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes )	E	Specify abnormalities (check all that apply)	5el(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(5q) / 5q-del(7q) / 7q-del(13q) / 13q-dup(1);17q,lm(3), 5-7-Y, Other abnormality;#(1:any);#(1:q23;any);#(12p11:2;any);#(5-9);#(6-		Specify abnormalities (check all that apply)	$\frac{\det(11q)/11q,\det(12p)/12p,\det(20q)/20q,\det(5q)/5q,\det(3q)/7q,\det(3q)/13q,\det(3q)/13q,\det(3q),5,7,7,Other shorormally,t(12n)/t(14p23;ny),t(12p11.2;ny),t(3q21;ny),t(4q),4,q+9}{\det(11q)/11q,\det(12p)/12p,\det(12q)/t(12p)/$
PRE039	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes )	e	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No. Yes		Was documentation submitted to the CIBMTR? (e.g. FISH report)	No. Yes
	re-Transplant		Hodgkin and Non- Hodgkin Lymphoma	yes r	10	Assignment of DLBCL (germinal center B-cell type vs.	Gene expression profile_Immunohistochemistry (e.g., Han's algorithm),Unknown			Gone expression profile, Immunohistochemistry (e.g., Han's algorithm), Uniknown
1 1			Lymphoma	no h	·es	activated B-cell type) subtype was based on  Date of diagnosis of primary disease for HCT / cellular	YYYYAMADD		Date of diagnosis of primary disease for HCT /	MYY/MM/IDD
		Disease Classification		ľ		therapy:		1	cellular therapy:	
1 1	re-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes r			no.yes-Also complete MDS or MPN Disease Classification questions			houves-Also complete MDS or MPN Disease Classification questions
PRE045	re-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes r	10	Is the disease (AML) therapy related?	no, Unknown, yes		Is the disease (AML) therapy related?	no.Unknown,yes
$\Box$			(44-6)			<u> </u>		L	1	

Item ID Time F	oint Information	Information Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Collection D Sub-Type	Information Response required if Additional Sub Domain Additional Sub Domain Additional Sub	in requested multiple times	applicable)		Element (if applicable)		
DDSOAA Dra-Tra	insplant Disease	Domain	200	Did the recipient have a predisposing condition?	no. Uniconom, yes	Did the recipient have a predisposing condition?	no I bilinouin vae	
	Classification	Leukemia (AML)						
PRE047 Pre-Tra	Insplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	no	Specify condition	Bloom syndrome.Dyskeratosis congenita,Down Syndrome.Fanconi anemia.Dther condition	Specify condition	Bloom syndrome. Dyskeratosis congenita, Down Syndrome, Fanconi anemia, Other condition	
PRE048 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	no	Specify other condition:	open text	Specify other condition:	open text	
PRE049 Pre-Tra	ansplant Disease Classification		yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Uninown,yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no Unknown, yes	
PRE050 Pre-Tra		Acute wes	yes	Were cytogenetics tested via FISH?	No,Yes	Were cytogenetics tested via FISH?	No, res	
PRE051 Pre-Tra		Leukemia (AML)	ves	Results of tests	Abnormalities identified. No abnormalities	Results of tests	Abnormalities identified No abnormalities	
PRE052 Pre-Tra		Leukemia (AML)						
	Classification	Leukemia (AML)	,6	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open real.	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	орен сох.	
PRE053 Pre-Tra	Classification	Leukemia (AML)	yes	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more), Cree (1), Twee (3), Two (2)	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more). One (1), Tivee (3), Two (2)	
	nsplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	Specify abnormalities (check all that apply)	[1023] any abnormality, 12p any abnormality, 6el(11q) / 14p, del(15q) / 16p, del(17q) / 17p, del(20q) / 20p, del(21q) / 21p, del(3q) / 3p, del(5q) / 5p, del(7q) / 7p, del	Specify abnormalities (check all that apply)	11q23) any abnormality, 12p any abnormality, del[11q] / 11q-del[16q] / 16q-del[17q] / 17q-del[20q] / 20q-del[21q] / 21q-del[3q] / 3q-del[5q] / 5q-del[7q] / 7q-del[9q] / 9q-inv(16),inv(3), 17, -18, -5, -7, X-Y. Other abnormality, 1(15;17) and variants, 1(16;16), 1(3,3); 1(6,9); 1(8,21); 1(9,12); 1(1,12); 1(1,14); 1(2,14); 1(2,14); 1(2,14); 1(3,	
PRE055 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	Specify other abnormality:	open text	Specify other abnormality:	open text	
PRE056 Pre-Tra	ansplant Disease Classification	Acute Myelogenous Leukemia (AML)	yes	Were cytogenetics tested via karyotyping?	No,Yes	Were cytogenetics tested via karyotyping?	No.Yes	
	ansplant Disease Classification	Acute ves	yes	Results of tests	Abnormalities identified, No abnormalities, No evaluable metaphases	Results of tests	Abnormalities identified No abnormalities No evaluable metaphases	
	Classification ansplant Disease Classification	Leukemia (AML) Acute ves	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open test	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	ppen text	
Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	P-0	Specify number of distinct cytogenetic abnormalities		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more). One (1), Twee (3), Two (2)	
PREO60 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	Specify abnormalities (check all that apply)	[11622] any alanormality, 12p any alanormality, del(11a) / 11q, del(16a) / 16q, del(17q) / 17q, del(17q) / 2q, del(17q) / 2q, del(17q) / 3q, del(5q) / 3q, d	Specify abnormalities (check all that apply)	[11923] any abnormality, 12p any abnormality, del[11q] / 11q-del[16q] / 16q-del[17q] / 17q-del[20q] / 20q-del[21q] / 21q-del[3q] / 3q-del[5q] / 5q-del[7q] / 7q-del[9q] / 9q-lm(16), inv(3), 17, 18, 1, 2, 3, 4, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	
PRE061 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous	yes	Specify other abnormality:	open text	Specify other abnormality:	open text	
PRE062 Pre-Tra	ansplant Disease Classification	Arute Myelogenous Leukemia (AML)	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	
PRE063 Pre-Tra	ansplant Disease Classification	Acute 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)		
	ansplant Disease Classification	Acute yes	yes	CEBPA	Negative.Not Done Prolitive	CEBPA	Negative.Not Done.Positive	
	Classification ansplant Disease Classification			Specify CEBPA mutation	Ballelic (homonygoud), Monoalilelic (heteronygoud), Uninown	Specify CEBPA mutation	Bialielic (double mutant), Monoallelic (single mutant), Unknown	
			,6					
PRE066 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative, Aot done, Positive	FLT3 - TKD (point mutations in D835 or deletions of codon (836)	Negative.Not done.Positive	
	ansplant Disease Classification		yes	FLT3 - ITD mutation	Negative Not Done, Proditive	FLT3 - ITD mutation	Negative,Not Done,Positive	
PRE068 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	FLT3 - ITD allelic ratio	Town Unknown	FLT3 - ITD allelic ratio	Known, Unknown	
PRE069 Pre-Tra	ansplant Disease Classification	Acute wes	yes	Specify FLT3 - ITD allelic ratio:		Specify FLT3 - ITD allelic ratio:		
PRE070 Pre-Tra	ansplant Disease Classification	Acute ves	yes	IDH1	Negative Not Done-Positive	IDH1	Negative. Not Done, Positive	
PREO71 Pre-Tra		Leukemia (AML)	ives	IDH2	Neathe Not Done Politive	IDH2	Nesative Not Done Positive	
	Classification	Leukemia (AML)						
PRE072 Pre-Tra	Classification	Myelogenous Leukemia (AML)	yes	KII	Negative.Not Done, Positive	KII	Negative,Not Done Positive	
PRE073 Pre-Tra	nsplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	NPM1	Negative Not Done Positive	NPM1	Negative,Not Done,Positive	
PRE074 Pre-Tra	nsplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	Other molecular marker	Negative.Not Done, Positive	Other molecular marker	Negative,Not Done,Positive	
PRE075 Pre-Tra	ansplant Disease Classification		yes	Specify other molecular marker:	apon text	Specify other molecular marker:	open text	
PRE076 Pre-Tra	ansplant Disease Classification	Acute 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 relapse and last evaluation)	no,Unknown,yes	
PRE077 Pre-Tra	ansplant Disease Classification	Leukemia (AML) Acute ves	yes	Were cytogenetics tested via FISH?	No.Yes	Were cytogenetics tested via FISH?	No Yes	
	Classification ansplant Disease Classification	Leukemia (AML)	yes .	Results of tests	Abnormalities identified No abnormalities	Results of tests	Abnormalities identified No abnormalities	
		Leukemia (AML)		International System for Human Cytogenetic		International System for Human Cytogenetic		
1 1	Insplant Disease Classification	Leukemia (AML)		Nomenclature (ISCN) compatible string:	пред става.	Nomenclature (ISCN) compatible string:	урастыя	
	nsplant Disease Classification	Leukemia (AML)	yes	Specify number of distinct cytogenetic abnormalities		Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE081 Pre-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality, 6el [11q] / 11q; del [16q] / 16q; del[12q] / 17q; del[20q] / 20q; del[21q] / 21q; del[3q] / 3q; del[5q] / 5q; del[7q] / 7q; del[9q] / 7q;	Specify abnormalities (check all that apply)	11q23) any abnormality. 12p any abnormality.del[11q] / 11q-del[16q] / 16q-del[17q] / 17q-del[20q] / 20q-del[21q] / 21q-del[3q] / 3q-del[5q] / 5q-del[7q] / 7q-del[9q] / 9q-im/[16], im/[3]-17-18-5-7-X, Y, Other abnormality, 1(15;17) and variants, 1(16;16), (13,3), (16;9), (18,21), (19,11), (19,21), (11,3), (13,41), (12,21), (14,3), (1	
PRE082 Pre-Tra	ansplant Disease Classification		yes	Specify other abnormality:	open text	Specify other abnormality:	open text	
PRE083 Pre-Tra	ansplant Disease Classification	Leukemia (AML)	yes	Were cytogenetics tested via karyotyping?	No./re:	Were cytogenetics tested via karyotyping?	No.Yes	
PRE084 Pre-Tra		Acute ves	yes	Results of tests	Abnormalisies identified No abnormalisies, No evaluable metaphases	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases	
PRE085 Pre-Tra	Classification	Leukemia (AML)	No.	International System for Human Cytogenetic	conduct	International System for Human Cytogenetic	conn test	
	Classification			Nomenclature (ISCN) compatible string:		Nomenclature (ISCN) compatible string:		
	ansplant Disease Classification		yes		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-Tra	ansplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	Specify abnormalities (check all that apply)	[10g2] any abnormality,12p any abnormality,60[11q] / 14p,60[16q) / 16p,60[12q) / 17p,60[20q) / 20p,60[21q) / 20p,60[3q) / 3p,60[3q) / 3p,6	Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality,del[11q] / 11q-,del[16q] / 16q-,del[17q] / 17q-,del[20q] / 20q-,del[21q] / 21q-,del[3q] / 3q-,del[5q] / 5q-,del[7q] / 7q-,del[9q] / 9q-,lm/[16],lm/[3],-17,-18,-5,-7, X-Y. Other abnormality, 1(15;17) and variants, 1(16;16),1(3,3);1(6,9),1(8,21),1(9,11),1(9,22)+11,+13,+14,+21,+22,+24,+8	
PREO88 Pre-Tra	ansplant Disease Classification	Acute ves	yes	Specify other abnormality:	open text:	Specify other abnormality:	open text	
		Leukemia (AML)						

Item ID Time	Point Information	n Information Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	Collection Sub-Type	Additional Sub	requested multiple times	applicable)		Element (if applicable)		
PRE089 Pre-Tr	ransplant Disease	Acute yes	)ves	Was documentation submitted to the CIBMTR? (e.g.	No.Yes	Was documentation submitted to the CIBMTR?	No./res	
PRE090 Pre-Tr	Classificatio	Leukemia (AML)		cytogenetic or FISH report)	po_Uninovm.ves	(e.g. cytogenetic or FISH report)  Were tests for molecular markers performed?		
	Classificatio	n Myelogenous Leukemia (AML)	100	Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)		(e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)		
PRE091 Pre-Tr	ransplant Disease Classificatio	Leukemia (AML)	yes .	CEBPA	Negative Not Done, Positive	CEBPA	Negative, Not Done, Positive	
PRE092 Pre-Tr	ransplant Disease Classification	Acute n Myelogenous Leukemia (AML)	yes	Specify CEBPA mutation	Ballelic (homozygous),Monoallelic (heterozygous),Unknown	Specify CEBPA mutation	Biallelic (double mutant),Monoallelic (single mutant),Unknown	
PRE093 Pre-Tr	ransplant Disease Classification		yes .	PLT3 - TKD (point mutations in D835 or deletions of codon 1836)	Negative,Not done,Positive	FLT3 - TKD (point mutations in D835 or deletions of codon I836)	Negative,Not done,Positive	
PRE094 Pre-Tr	ransplant Disease Classification		yes	FLT3 - ITD mutation	Negative,Not Done,Positive	FLT3 - ITD mutation	Negative, Not Done, Positive	
PRE095 Pre-Tr		Leukemia (AML) Acute wes	yes	FLT3 - ITD allelic ratio	Known Uhlnown	FLT3 - ITD allelic ratio	Known, Unknown	
PRE096 Pre-Tr		Leukemia (AML) Acute wes	hes	Specify FLT3 - ITD allelic ratio:		Specify FLT3 - ITD allelic ratio:		
PRE097 Pre-Tr		Leukemia (AML)			Negative Not Done Pacilive		Regative.Not Done.Positive	
	Classificatio	Leukemia (AML)	yes	IDH1		IDH1		
	ransplant Disease Classificatio		yes .	IDH2	Negative, Not Done, Positive	IDH2	Negative, Not Done, Positive	
	ransplant Disease Classification		yes	KIT	Negative_Not Cone_Prositive	KIT	Negative, Not-Done, Positive	
	ransplant Disease Classification		yes	NPM1	Negative, Aor Done, Positive	NPM1	Negative,Not Done,Positive	
PRE101 Pre-Tr	ransplant Disease Classification	Acute n Myelogenous Leukemia (AML)	yes	Other molecular marker	Negotive.Not Done.Protitive	Other molecular marker	Negative.Not Done,Positive	
	ransplant Disease Classificatio	Leukemia (AML)	yes	Specify other molecular marker:	open teat	Specify other molecular marker:	open text	
PRE103 Pre-Tr	ransplant Disease Classificatio	Acute ves	yes .	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	Ios, Uninowar, yes	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no Uninovan, yes	
	Classification ransplant Disease Classification	Acute ves	ve	evaluation)  Were cytogenetics tested via FISH?	No./es	(at last evaluation)  Were cytogenetics tested via FISH?	No.Yes	
			,					
PRE105 Pre-Tr	ransplant Disease Classificatio	Acute yes n Myelogenous Leukemia (AML)	yes .	Results of tests	Abnormalities (dentified No abnormalities	Results of tests	Abnormalities identified,No abnormalities	
	ransplant Disease Classification	Acute yes n Myelogenous Leukemia (AML)	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
	ransplant Disease Classification		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-Tr	ransplant Disease Classification	Acute yes  Myelogenous Leukemia (AML)	yes	Specify abnormalities (check all that apply)	[1122] any abnormality,12p any abnormality,del[11a] / 11p, del[16a] / 16p, del[17a] / 17p, del[20a] / 2pp, del[2a] / 2pp, del[5a] / 5p, del[5a] / 5p, del[7a] / 7p, del[9a] / 9p, lnv[16],lnv[3], 17, 18, 5, 7, X - COttes abnormality,115-17) and variants,115-10,33,166/3,186-21,187-11,119-22,-11, +13, +44, +21, +22, +4, +8	Specify abnormalities (check all that apply)	[11] [11] [11] any abnormality, 12p any abnormality, del[11a] / 11q-del[14a] / 16q-del[17a] / 17q-del[20a] / 20q-del[21a] / 21q-del[3a] / 3q-del[5a] / 5q-del[7a] / 7q-del[9a] / 9q-lm/(16), lm/(3), 17, -18, 5, -7, -7, -7, -7, -7, -7, -7, -7, -7, -7	
	ransplant Disease Classification	Acute yes	ye	Specify other abnormality:	open text	Specify other abnormality:	open text	
	ransplant Disease Classificatio	Acute wes	yes	Were cytogenetics tested via karyotyping?	No.Yes	Were cytogenetics tested via karyotyping?	No.Yes	
PRE111 Pre-Tr	ransplant Disease Classificatio	Leukemia (AML) Acute ves	hes	Results of tests	Abnormalities Identified No abnormalities, No evaluable metaphases	Results of tests	Abnormalities identified No abnormalities No evaluable metaphases	
		n Myelogenous Leukemia (AML)			oper Ind	International System for Human Cytogenetic	open text	
PRE112 Pre-Tr	Classificatio	Leukemia (AML)	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:		Nomenclature (ISCN) compatible string:		
PRE113 Pre-Tr	ransplant Disease Classificatio	Acute yes n Myelogenous Leukemia (AML)	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-Tr	ransplant Disease Classification	Acute yes n Myelogenous Leukemia (AML)	yes	Specify abnormalities (check all that apply)	[11023] any abnormality, 12p any abnormality, 40e(11q) / 14e, 40e(15q) / 16e, 40e(12q) / 17e, 40e(20q) / 20e, 40e(21q) / 21e, 40e(30q) / 5e, 40e(5q) / 5e, 40e(7q) / 7e, 40e(5q) / 9e, inv(16),inv(3), 17:18: 5:7. X. *V.Other abnormality, 115:17) and variants, 1(16:16),i(3:3),i(6:9),i(8:21),i(9:11),i(9:22), +11+13: 44-2122. 4:48	Specify abnormalities (check all that apply)	11q23) any abnormality, 12p any abnormality, del[11q] / 11q-, del[26q] / 16q-, del[17q] / 17q-, del[20q] / 20q-, del[21q] / 21q-, del[3q] / 3q-, del[5q] / 5q-, del[7q] / 7q-, del[9q] / 9q-, inv(16), inv(3), 17, -18, -5, -7, X, -7, Other abnormality, if 15; 17) and variants, if 16; 16), it 33, it 6; 9), it 8; 21], if 91; it 13, 144, 221, 222, 44, 46	
PRE115 Pre-Tr	ransplant Disease Classification	Acute yes Myelogenous Leukemia (AML)	yes	Specify other abnormality:	open text	Specify other abnormality:	open text	
PRE116 Pre-Tr	ransplant Disease Classification		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-Tr	ransplant Disease Classification	Acute yes	yes	Were tests for molecular markers performed?(e.g. PCR, NGS) (at last evaluation)	no,Unknown,yes	Were tests for molecular markers performed?(e.g PCR, NGS) (at last evaluation)	no Unknown.yes	
PRE118 Pre-Tr		Leukemia (AML) Acute yes	yes	CEBPA	Negative.Not Done Positive	CEBPA	Negative. Not Done, Positive	
PRE119 Pre-Tr		Leukemia (AML) Acute yes	jes -	Specify CEBPA mutation	Ballelic   (homonygous), Monoallelic (heteoorygous), Inknown	Specify CEBPA mutation	Biolielic (double mutant), Monoallelic (single mutant), Unknown	
	Classificatio	Leukemia (AML)	ues.	FLT3 - TKD (point mutations in DB35 or deletions of codon		FLT3 - TKD (point mutations in D835 or deletions		
	ransplant Disease Classification	Leukemia (AML)	-	1836)		of codon (836)		
	ransplant Disease Classificatio	Leukemia (AML)	yes	FLT3 - ITD mutation	Negative.Not Dane.Positive	FLT3 - ITD mutation	Negative.Mot Done.Positive	
	ransplant Disease Classification	Leukemia (AML)	yes	FLT3 - ITD allelic ratio	Known Unknown	FLT3 - ITD allelic ratio	Known, Unknown	
PRE123 Pre-Tr	ransplant Disease Classification	Acute yes n Myelogenous Leukemia (AML)	yes	Specify FLT3 - ITD allelic ratio:		Specify FLT3 - ITD allelic ratio:		
PRE124 Pre-Tr	ransplant Disease Classification	Acute n Myelogenous Leukemia (AML)	jes	IDH1	Negative Not Done, Prositive	IDH1	Negative.Not Done,Positive	
PRE125 Pre-Tr		Leukemia (AML)	yes	IDH2	Negative.Net Done,Positive	IDH2	Negative.Aiot Done,Positive	
PRE126 Pre-Tr	ransplant Disease Classificatio	Leukemia (AML)	yes	KIT	Negative Not Done, Positive	кіт	Negative.Not Done,Positive	
PRE127 Pre-Tr		Deducting (ACAE)	yes	NPM1	Negative. Not Done Positive	NPM1	Negative. Not. Done, Positive	
	Classificatio	Leukemia (AML)		Other molecular marker	Regalive Not Done Parilive	Other molecular marker	Negative.Not Done.Poultive	
	ransplant Disease Classificatio		pes.					
	ransplant Disease Classificatio		yes	Specify other molecular marker:	open text	Specify other molecular marker:	open text	
	ransplant Disease Classification		no	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	ro, Unicown, yes	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?	no,Unknown,yes	
PRE131 Pre-Tr	ransplant Disease Classification	Acute yes n Myelogenous Leukemia (AML)	no	What was the disease status?	1st complete remission, 1st relapse, 2nd complete remission, 2nd relapse, 2 trd complete remission, 2 and relapse, No treatment. Primary induction failure	What was the disease status?	Iss complete remission, 1st relapse,2nd complete remission,2nd relapse,2 3rd complete remission, 23rd relapse,No treatment,Primary induction failure	
		Leukemia (AML)						

litem ID	Time Point	Information	Information	Response required if	nformation Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	nformation Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
		Information Collection Domain Sub-Type	n Collection Domain Additional Sub	Additional Sub Domain rapplies	equested multiple times	applicable)		·	Element (if applicable)	
PRF132	Pre-Transplant	Directo	Domain	hes o	0	How many cycles of induction therapy were required to	12 × 3		How many cycles of induction therapy were	72>3
	Pre-Transplant	Classification	Myelogenous Leukemia (AML)		_	achieve 1st complete remission? (includes CRI)  Date of most recent relapse:	YYY/MM/OD		required to achieve 1st complete remission? (includes CRI)  Date of most recent relapse:	YYYYMMXDD
		Disease Classification	Acute Myelogenous Leukemia (AML)	lyes in	0	Date of most recent relapse:				
PRE134	Pre-Transplant	Disease Classification	Acute Myelogenous Leukemia (AML)	yes n	0	Date assessed:	YYY/MM/DD		Date assessed:	PYY/MM/CD
PRE136	Pre-Transplant	Disease Classification	Acute Lymphoblastic	l I İves İn	0	Did the recipient have a predisposing condition?	no,Unknown,yes		Did the recipient have a predisposing condition?	Ino_Unitarous_yes
PRE 137	Pre-Transplant		Leukemia (ALL) Acute	yes n	0	Specify condition	Aplastic anemia, Bloom syndrome, Down Syndrome, Fanconi anemia, Other condition		Specify condition	Aplastic anemia Bloom syndrome Down Syndrome Fanconi anemia, Other condition
DOC 120	Pre-Transplant	Disease Classification	Lymphoblastic Leukemia (ALL)			Specify other condition:	over twit		Specify other condition:	loos ted
		Classification	Lymphoblastic Leukemia (ALL)	,,,			орен исак			ороги сах.
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes n	0	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.)	100,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.)	nouyes
PRE140	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	e	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no,Unknown,yes		Were cytogenetics tested (karyotyping or FISH)? (at diagnosis or relapse)	no,Unknown,yes
PRE141	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	e .	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No,Yes
PRE142	Pre-Transplant	Disease Classification	Acute Lymphoblastic	yes y	es	Results of tests	Abnormalities identified, No abnormalities		Results of tests	Abnormalities identified,No abnormalities
PRE143	Pre-Transplant	Disease Classification	Leukemia (ALL)	yes y	8	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
PRE144	Pre-Transplant	Disease Classification	Lymphoblastic Leukemia (ALL) Acute	yes y	8	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (8),Two (2)		Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three (9),Two (2)
	Pre-Transplant		Lymphoblastic Leukemia (ALL)			Specify abnormalities (check all that apply)			abnormalities  Specify abnormalities (check all that apply)	
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	[]			(114;22) any abnormality, (25) any abnormality, 95 any abnormality, add (140), 464 (240) (150; Add(64), (46, del(9p) / 9p. Hyperdiploid (> 50), Hypodiploid (< 46), IAMP21, 7, Other abnormality, 1(1,19), (10; 14), (11,14), (12,21), (12,31), (4,11), (15,4), (16,4), (16,2), (19,4), (17,4)			\$14(2) any abnormality, 12a any abnormality, 50 any abnormality, 364 (44), 664 (12a) / 12p. delified) / 6p. de
PRE146	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es .	Specify other abnormality:	open text		Specify other abnormality:	open text
PRE147	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es .	Were cytogenetics tested via karyotyping?	No.Yes		Were cytogenetics tested via karyotyping?	No.Yes
PRE148	Pre-Transplant	Disease Classification	Acute Lymphoblastic	yes y	es	Results of tests	Abnormalities identified No abnormalities, No evaluable metaphases		Results of tests	Abnormalities Identified, No abnormalities, No evaluable metaphazes
PRE149	Pre-Transplant	Disease Classification	Leukemia (ALL) Acute Lymphoblastic	yes y	e .	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
PRE150	Pre-Transplant	Disease Classification	Leukemia (ALL) Acute Lymphoblastic	yes y	es		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)
PRE151	Pre-Transplant		Leukemia (ALL)	ves v	8	Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality, 9p any abnormality, addi [14q], del [12p] / 12p, del[4q] / 6p, del [9p] / 9p. Hyperdiploid (> 50).Hypodiploid (< 46)_MA4F21, 7_Other abnormality, 11;19,110;14,191;11;24,112;83;84-111,195;14,191;19,121;95;21;95;21;47-22;44-9			11/27] any abnormality, 12p any abnormality, 2p any abnormality, 2p any abnormality, 2dd (edd (12p)) 12p del((ed) / 6p del(%p) / 9p Hyperdiploid (> 50).Hypodiploid (< 46).IAMP21.7.Other shormality, 111-111.111.111.111.111.111.111.111.111
		Disease Classification	Lymphoblastic Leukemia (ALL)				abnormality;tl[;19];tl[0;14];tl[1;14];tl[2;21];tl[2;8];t[4];tl[8;14];tl[8;22];tl[9;22];+17;+21;+4;+8			2bnormality;dl;19];d19;14];d1;14];d1;2;21];d2;8];d4;11];d5;14];d8;22];d9;22];d1;2;44;48
	Pre-Transplant	Disease Classification	Lymphoblastic Leukemia (ALL)	yes y	es	Specify other abnormality:	open text		Specify other abnormality:	open text
PRE153		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	8	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
PRE154	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es	Were tests for molecular markers performed? (at diagnosis)	no,Unknown,yes		Were tests for molecular markers performed? (at diagnosis or relapse)	no,Unknown,yes
PRE155	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	s	BCR / ABL	Negative,Not Done,Positive		BCR / ABL	Negative,Not Done,Positive
PRE156	Pre-Transplant	Disease Classification	Arute	yes y	e	TEL-AML / AML1	Negative, Not Done, Positive		TEL-AML / AML1	Negative,Not Done,Positive
PRE157	Pre-Transplant	Disease Classification	Lymphoblastic Leukemia (ALL) Acute	yes y	es	Other molecular marker	Negative.Not Done,Positive		Other molecular marker	Negative,Not Done,Positive
PRE158	Pre-Transplant		Lymphoblastic Leukemia (ALL) Acute	ves v	8	Specify other molecular marker:	open text		Specify other molecular marker:	open text
	Pre-Transplant	Disease Classification	Lymphoblastic Leukemia (ALL)			Were cytogenetics tested (karyotyping or FISH)? (between				to Unknown ves
		Disease Classification	Lymphoblastic Leukemia (ALL)	yes y	5	diagnosis and last evaluation)	no_unimown_yes		(between diagnosis or at relapse and last evaluation)	no_uniowin,yes
PRE160	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es	Were cytogenetics tested via FISH?	No/Yes		Were cytogenetics tested via FISH?	No,Yes
PRE161	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	e	Results of tests	Abnormalities identified, No abnormalities		Results of tests	Abnormalities identified No abnormalities
PRE162	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
PRE163	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es	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)
PRE164	Pre-Transplant	Disease Classification	Acute	yes y	e	Specify abnormalities (check all that apply)	[[1]q2] any ahnormality,12p any ahnormality,5p any ahnormality,5de[1,0],12p,12p,12p,12p,12p,12p,12p,12p,12p,12p		Specify abnormalities (check all that apply)	[1273] any abnormality, 12p any abnormality, 2p any abnormality, 2p any abnormality, 2dd [4q], del [4p] / 2p / del[4q] / 6q. del[9p] / 9p / Appordipted (r-50], Appord
PRE165	Pre-Transplant	Disease	Lymphoblastic Leukemia (ALL) Acute	yes lv	es	Specify other abnormality:	2000mmaty,q;1;37,q;10;14),q;1;14;q;1;2;2;1,q;20;q;4;1;q;0;14;q,p;0;2;2,q;7;22;+1/-,22;+4-8  Open text		Specify other abnormality:	poen text
	Pre-Transplant	Classification	Lymphoblastic Leukemia (ALL)		~	Were cytogenetics tested via karyotyping?	No. Year		Were cytogenetics tested via karyotyping?	No Yes
. vc 100		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	, , , , , , , , , , , , , , , , , , ,			MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MACHANIA MA			PARTIE
PRE167	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y		Results of tests	Abnormalities Identified, No abnormalities, No evaluable metaphases		Results of tests	Abnormalités identified, No abnormalités, No evaluable metaphases
PRE168	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es .	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
PRE 169	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	e	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 (3),Three (3),Two (2)
PRE170	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	e	Specify abnormalities (check all that apply)	([11q23] any abnormality, 12p any abnormality, apol [14q], del([2p]) / 12p, del([4q]) / 6q, del([9p]) / 9p, Hyperdipioid (> 50], Hypodipioid (< 46), IAMP21, -7.0ther abnormality, 11;19;110;14 ,111;14 ,111;24 ,111;14 ,111;14 ,111;24 ,111;1		Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality, 9p any abnormality, 9p any abnormality, add [4q],del([4p]) / 12p del([6q] / 6q, del([9p] / 9p. Hyperdiploid (> 50],Hypodiploid (< 46)]AAP\$21,-7,Other shormality, 121 (11,24),111;24,111;25,114;38,114;113;51,413;82,124;182,213;52,214;182,214;
PRE171	Pre-Transplant	Disease Classification	Leukemia (ALL) Acute Lymphoblastic	yes y	es	Specify other abnormality:	open text		Specify other abnormality:	open text
PRE172	Pre-Transplant		Leukemia (ALL)	yes lv	es	Was documentation submitted to the CIBMTR? (e.g.	No.Yes		Was documentation submitted to the CIBMTR?	No.Yes
	Pre-Transplant	Disease Classification	Lymphoblastic Leukemia (ALL)			cytogenetic or FISH report)			(e.g. cytogenetic or FISH report)	
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	, j		Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)	no,Uniknown, yes		Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis or relapse and last evaluation)	ps/minomide
PRE174	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes y	es	BCR / ABL	Negative.Not Done, Positive		BCR / ABL	Negative.Net Cone. Positive
						1				

Item ID	Time Point	Information Collection Domain Sub-Type	Information Collection	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	n Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Sub-Type	Domain Additional Sub Domain	applies							
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	TEL-AML / AML1	Negative, Not Done, Prolitive	ī	TEL-AML / AML1	Negative_Mot Done_Positive	
PRE176	Pre-Transplant		Acute Lymphoblastic Leukemia (ALL)	yes	yes	Other molecular marker	Negative Not Done Prolitive	c		Negative_Mot Done_Positive	
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other molecular marker:	open text	s	Specify other molecular marker:	open text	
	Pre-Transplant		Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)	no,Unknown,yes	V.	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	٧	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	F	Results of tests	Abnormalities identified.No abnormalities	
	1	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	ļ	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)	S	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more), One (1), Three (3), Two (2)	
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	(11q23) any abnormality, 12p any abnormality, 9p any abnormality, 40d(14q), 60d(1p) / 12p, 40d(6q) / 6q, 40d(9p) / 9p. Hyperdipioid (> 50), Hypodipioid (< 46), MAMP21.7. Other abnormality, 111;14(11;14), 111;22(1), 12;23(1), 141;15(14), 181;24(11), 181;14(18), 122(11), 122	S	Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality, 9p any abnormality, 4dq 14q1,del(12p) / 12p-del(6q) / 6p-del(9p) / 9p-; hyperdiploid (> 50], hypodiploid (< 46), JAMP21, 7, Other abnormality, 1(1;19), 1(1),	
PRE184	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text	S	Specify other abnormality:	open text	
	Pre-Transplant	Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Were cytogenetics tested via karyotyping? (at last evaluation)	No./res	v	Were cytogenetics tested via karyotyping? (at last evaluation)	No.Yes	
PRE 186	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Results of tests	Abnormalities identified, No abnormalities, No evaluable metaphases	F	Results of tests	Abnormalities Identified,No abnormalities,No evaluable metaphazes	
PRE 187	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open test		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 (1),Two (2)	S	Specify number of distinct cytogenetic abnormalities	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE 189	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality, 9p any abnormality, 4dd[14q], del[1p] / 12p - del[dq] / 6q - del[fq] / 6p - del[	S	Specify abnormalities (check all that apply)	[11q23] any abnormality, 12p any abnormality, 9p any abnormality, 9p any abnormality, 40d (14q), del(12p) / 12p. del(4q) / 6q. del(9p) / 9p. Hyperdiploid (> 50), Hypodiploid (< 46), IAM#217, Other abnormality, 41;121,416,124,145,124,145,124,146,146,146,146,146,146,146,146,146,14	
PRE190	Pre-Transplant	Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Specify other abnormality:	open text	S	Specify other abnormality:	open text	
		Disease Classification	Acute Lymphoblastic Leukemia (ALL)	yes	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No,Yes	, , , , , , , , , , , , , , , , , , ,	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No.Yes	
PRE192	Pre-Transplant		Leukemia (ALL) 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)		
		Disease Classification	Leukemia (ALL) Acute Lymphoblastic Leukemia (ALL)	yes	yes	BCR / ABL	Nepative, Alot Done, Positive			Negative,Not Done,Positive	
PRE194	Pre-Transplant		Acute	yes	yes	TEL-AML / AML1	Negative, Act Dane Positive	Ī	TEL-AML / AML1	Negative, Alot Done, Poultive	
	Pre-Transplant		Lymphoblastic Leukemia (ALL) Acute Lymphoblastic	yes	yes	Other molecular marker	Negative, Not Done Positive	C	Other molecular marker	Regative, Alot Done, Poultive	
PRE196	Pre-Transplant		Lymphoblastic Leukemia (ALL) Acute Lymphoblastic	yes	yes	Specify other molecular marker:	open test	S	Specify other molecular marker:	open text	
PRE197	Pre-Transplant		Lymphoblastic Leukemia (ALL) Acute	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	E C	Did the recipient have central nervous system	no,Julinown,yes	
	Pre-Transplant		Lymphoblastic Leukemia (ALL) Acute	yes	no		1st complete remission (include CRI), 1st relapse, 2nd complete remission, 2nd relapse, 2 3rd complete remission, 23rd relapse, No treatment. Primary Induction failure		leukemia at any time prior to the start of the preparative regimen / infusion?  What was the disease status?	Ist complete remission (include CRI), 1st relapse, 2nd complete remission, 2nd relapse, 2 3rd complete remission, 2ltd relapse, No treatment, Primary induction failure	
	Pre-Transplant		Lymphoblastic Leukemia (ALL) Acute	yes	no	How many cycles of induction therapy were required to achieve 1st complete remission?	12 2 3		How many cycles of induction therapy were required to achieve 1st complete remission?	12.2 3	
		Disease Classification	Lymphoblastic Leukemia (ALL) Acute	yes	no	Date of most recent relapse:	YYY/MM/DD		Date of most recent relapse:	MYY/MM/DD	
PRE201		Disease Classification	Lymphoblastic Leukemia (ALL) Acute	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	YYYY/MM/DD	
			Lymphoblastic Leukemia (ALL)								
PRE203	Pre-Transplant	Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open test	S	Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:	open text	
			Neoplasms								
PRE204	Pre-Transplant	Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid	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, 2 3rd complete remission, 2 3rd relapse, Mo treatment. Primary induction allales	V	What was the disease status? (based on hematological test results)	tst complete remission (no previous marrow or estramedullary relapse,) 1st relapse, 2nd complete remission, 2nd relapse, 3 lird complete remission, 2 lird relapse. No treatment. Primary induction fallate	
			Myeloid Neoplasms								
PRE205	Pre-Transplant	Disease Classification	Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms	yes	no	Date assessed:	YYY/MM/DD	c	Date assessed:	YYY/MM/DD	
			Neoplasms								
	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Was therapy given prior to this HCT?	no,yes -	V	Was therapy given prior to this HCT?	no, yes	
		Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Combination chemotherapy	no,yes	c	Combination chemotherapy	no,yes	
PRE 208	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Hydroxyurea (Droxia, Hydrea)	00,995		Hydroxyurea (Droxia, Hydrea)	no,yes	
PRE209	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no.yes e	Ţ	Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	no.yes	
PRE210	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Interferon-α (Intron, Roferon) (Includes PEG)	no.yes	li P	Interferon-α (Intron, Roferon) (includes PEG)	no.yes	
PRE211	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Other therapy	no,yes	c	Other therapy	no.yes	
PRE212	Pre-Transplant	Disease Classification	Chronic Myelogenous Leukemia (CML)	yes	no	Specify other therapy:	open text	S	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. (Cronic phase	V	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	Leukemia (CML) Chronic Myelogenous Leukemia (CML)	yes	no	Specify level of response	Complete cytogenetic response (CCyR), Complete molecular remission (CMR), Minimal cytogenetic response, Minor cytogenetic response Major molecular remission (MMR), No cytogenetic response (No CyR) Partial cytogenetic response (PC, R)	S	Specify level of response	Complete cytogenetic response (CCyR), Complete molecular remission (CMR), Minimal cytogenetic response, Minor cytogenetic response, Major molecular remission (MMR), No cytogenetic response (No CyR), Partial cytogenetic response (PCyR)	
			Leukemia (CML)								

Stem ID	Time Point	Information	Information Response required if	Information Collection was be	Correct Information Collection Data Florent Si	Current Information Collection Data Element Response Option(s)	Deceased Information Callection Date	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
itemio	Time Point	Collection Domain Sub-Type	Collection Additional Sub Domain Domain Additional Sub Domain	requested multiple times	applicable)	Current Information Collection Data Element Response Option(s)	Element (if applicable)	жировен ини након совесской даки венией жерропов Сироопу)	Rationale for Information Conection Opdate
PRE215	Pre-Transplant	Disease Classification	Chronic yes Myelogenous Leukemia (CML)	no	Number	1st.2md,3rd or higher	Number	Est_2nd_3rd or higher	
PRE216	Pre-Transplant	Disease Classification	Chronic yes Myelogenous Leukemia (CML)	no	Date assessed:	YYY/MM/00	Date assessed:	YYY/MM/IDO	
PRE217	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	no	What was the MDS subtype at diagnosis? - If transformed to AMIL, indicate AMI. as primary disease; also complete AMIL Disease Classification questions	Applical chronic myeloid lexidemia (JcML), ECR-ABL 1. Chronic myelomonocyciic lexidemia (JMM-ML). Aprelie myelomonocyciic lexidemia (JMM-ML). Myelodysplatic syndrome with incidated debicily. JMyelodysplatic ryndrome with multilinocycle dysplasia (JMM-ML) Myelodysplatic ryndrome with multilinocycle dysplasia (JMM-ML) Myelodysplatic ryndrome / myelogorillerathe debicily. JMyelodysplatic ryndrome / myelogorillerathe with ryndrome and ryndrome ryndrome / myelogorillerathe ryndrome  What was the MIDS subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions	Abysical chronic merical leukemia (aCML), BCR-ABL 1. Chronic mericanocomic indemna (EMMoL), Juvenik myelomonocytic leukemia (EMMoL), Juvenik myelomonocytic leukemia (EMMoL), Myelodypalanic syndrome with lookated bello(a), Myelodypalanic syndrome with multilineage dysplasia (MCS-MDI), MCS / MPN with ring siderodatata and thrombocytosis (MCS, MPN-RS-T), Myelodypalanic syndrome / myelografilerative beat (MCS-MDI), Most or syndrome with multilineage dysplasia (MCS-MDI), MCS / MCS-MDI), MCS-MDI (MCS-MDI), M		
PRE219	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	no	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No./es	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No.Yes	
PRE220	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	no	Was the disease MDS therapy related?	no, Uniknown, yes	Was the disease MDS therapy related?	no.Unknown.yes	
PRE221	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	no	Did the recipient have a predisposing condition?	ao,Uniknown,yes	Did the recipient have a predisposing condition?	no Unitanowa yes	
PRE222	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	no	Specify condition	Aplatic aremia_DDM1-associated familial MISE/arconi aremia_CBIA2 deficiency (including inheringer syndrome, MonoMxx syndrome, DDM, deficiency). JH-raument Syndrome, Other conditions, Parayowani a nocturnal homoglobulnuir, Diamond Bialachia Anemia, BIANII. deficiency (previously "familia jalached doorder with properably to myeloid malignancies"). SAMIDP- or SAMDPR-tools. Control and Contr	Specify condition	Aplants: amenia DDXA1-associated familial MS6.Fasconi amenia CATA2 deficiency (including limberger syndrome, MosoAkas syndrome, DCMA deficiency) Li+Fraumeni Syndrome, Dther condition, Parosporali nocturnul hemoglobirusia, Diamond Blasthan Amenia, RUNIX deficiency (previously) "familial platelet disorder with propensity to mydolid malignancies"), SAMDP- or SAMDPR- proscribed familial Mich Symdromic Polimene Woods (pardored (robude)) epideratoristic organitis.	
PRE223	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	no	Specify other condition:	open text	Specify other condition:	space at the state of the state	
PRE224	Pre-Transplant	Disease Classification	Myelodysplastic yes Syndrome (MDS)	yes	Date CBC drawn:	YYY/MM/DD	Date CBC drawn:	YYYY/MM/ID	
PRE225	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	Blasts in bone marrow	Known Unknown	Blasts in bone marrow	Known, Unknown	
PRE226	Pre-Transplant	Disease Classification	yes	yes	Blasts in bone marrow	%	Blasts in bone marrow		
PRE227	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	Were cytogenetics tested (karyotyping or FISH)?	no,Uniknown,yes	Were cytogenetics tested (karyotyping or FISH)?	no,Unknown,yes	
PRE228	Pre-Transplant	Disease Classification	Myelodysplastic yes Syndrome (MDS)	yes	Were cytogenetics tested via FISH?	No.Yes	Were cytogenetics tested via FISH?	No,Yes	
	Pre-Transplant	Disease Classification	Myelodysplastic yes Syndrome (MDS)	yes	Sample source	Peripheral blood Bone marrow	Sample source	Peripheral blood, Bone marrow	
PRE230	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	Results of tests	Abnormalities Identified No abnormalities	Results of tests	Abnormalities identified, No abnormalities	
PRE231	Pre-Transplant	Disease Classification	Myelodysplastic yes Syndrome (MDS)	yes	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	apon text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open test	
PRE232	Pre-Transplant	Disease	Myelodysplastic ives	jes .		Four or more (4 or more), One (1), Three (3), Two (2)	Specify number of distinct cytogenetic	Four or more (4 or more),One (1),Three (3),Two (2)	
PRE233	Pre-Transplant	Classification Disease	Syndrome (MDS) Myelodysplastic yes	yes	Specify abnormalities (check all that apply)	Sel11q/11e_del(1p)/12p_del(2p)/30p_del(3p)/30p_del(3p)/5p_del(3p)/	abnormalities  Specify abnormalities (check all that apply)	del[1a] / Tap_del[2a] / Tap_del[2a] / Sap_del[3a] / Sap_del[3a] / Sap_del[3a] / Sap_del[3a] / Sap_del[3a] / Sap_del[3a] / Tap_del[3a] / Tap_de	
PRF234	Pre-Transplant	Classification	Syndrome (MDS)	nes.	Specify other abnormality:	abnormality, i(13), i(11,16), i(2,11), i(3,2), i(3,3), i(4,9) + 19, 46	Specify other abnormality:	bhonmallty.t[1:3],t[1:16],t[2:11],t[3:2],t[3:3],t[6:9],+19-8	
PRE235		Disease Classification	Syndrome (MDS)	,	Was documentation submitted to the CIBMTR? (e.g.		Was documentation submitted to the CIBMTR?		
	Pre-transpant	Classification	Syndrome (MDS)	yo.	cytogenetic or FISH report)	NAVIG	(e.g. cytogenetic or FISH report)	NV, IS	
PRE236	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes .	Were cytogenetics tested via karyotyping?	No./res	Were cytogenetics tested via karyotypling?	No.Yes	
PRE237	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes .	Sample source	Peripheral blood flone marrow	Sample source	Peripheral blood, Bone marrow	
PRE238	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	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	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open test	
PRE240	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	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	Specify abnormalities (check all that apply)	del[11a] / 11e, del[12) / 12p, del[20q] / 20e, del[3q] / 3q, del[5q] / 5q, del[5q] / 7q, del[5q] / 9q, del[3q] / 13q-); l7q, lm(3), -13, -20, -5, -7, V, Other abnormally, t[13], t[11,16], t[2,11], t[3,2], t[3,3], t[4,9] + 19, -8	Specify abnormalities (check all that apply)	$del(11a)/11q\cdotdel(12p)/12p\cdotdel(20q)/20q\cdotdel(3q)/3q\cdotdel(5q)/5q\cdotdel(7q)/7q\cdotdel(7q)/7q\cdotdel(7q)/13q\cdotdel(13q)/13q\cdotji7q\cdot\mathsf{j$	
PRE242	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	Specify other abnormality:	open text	Specify other abnormality:	open test	
PRE243	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	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	
PRE244	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	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 diagnosi and the start of the preparative regimen/ infusion?	No.Yes E	
					preparative regimen/ infusion?		infusion?		
PRE247	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	lyes	Specify the date of the most recent transformation:	YYYY/MAIDD	Specify the date of the most recent transformation:	MYY/MM/IDD	
PRE248	Pre-Transplant	Disease Classification	Myelodysplastic yes Syndrome (MDS)	yes	Date of MDS diagnosis:	YYYYMA/DD	Date of MDS diagnosis:	WYY/MM/ED	
PRE249	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	Date CBC drawn:	YYYYMM/DD	Date CBC drawn:	YYYY/MM/DD	
PRE250	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	Blasts in bone marrow	Known, Unknown	Blasts in bone marrow	Known, Unknown	
PRE251	Pre-Transplant		Myelodysplastic yes Syndrome (MDS)	yes	Blasts in bone marrow		Blasts in bone marrow	5	
PRE252	Pre-Transplant		Myelodysplastic yes Syndrome (MDS)	yes	Were cytogenetics tested (karyotyping or FISH)?	no, Uninown, yes	Were cytogenetics tested (karyotyping or FISH)	ho,Uhlorown,yes	
			Myelodysolastic wes	yes	Were cytogenetics tested via FISH?	No./tes	Were cytogenetics tested via FISH?	No,Yes	
	Pre-Transplant	Disease	Syndrome (MDS)  Myelodysplastic ives	yes		Peripheral blood Bone marrow	Sample source	Peripheral blood Bone marrow	
	Pre-Transplant	Classification	Syndrome (MDS)			Almormalities identified, No abnormalities	Results of tests	Abnormalities identified, No abnormalities	
			Myelodysplastic Syndrome (MDS)  Myelodysplastic ives	-		Appromises permeny to zonormaines		Actionmatics (settines, No principles)	
		Disease Classification	Syndrome (MDS)	)ro	Nomenclature (ISCN) compatible string:		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:		
	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes		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	Specify abnormalities (check all that apply)	del[1a] / 1b; Ae(13p) / 1b; Ae(13p) / 1b; Ae(13p) / 3b; Ae(13p) / 3c; Ae	Specify abnormalities (check all that apply)	Sel(13), 11a-de(13), 71a-de(30), 73a-de(30), 73a-de(30), 73a-de(30), 7a-de(90), 7a-de(90	

Item ID	Time Point	Information	Information	Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)  Rationale for Information Collection Update
		Information Collection Domain Sub-Type	Domain Additional Sub	applies	requested multiple times	аррисаріе)			Element (if applicable)	
PRE259	Pre-Transplant	Disease	Myelodysplastic	yes	yes	Specify other abnormality:	open text		Specify other abnormality:	open text
		Classification	Syndrome (MDS)							
PRE260	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	)ves	yes	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	No. Ves		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, 8one marrow		Sample source	Peripheral blood,Bone marrow
PRE263	Pre-Transplant	Disease Classification	Myelodysplastic	yes	yes	Results of tests	Abnormalities (dentified, No abnormalities, No evaluable metaphases		Results of tests	Abnormalities Identified No abnormalities No evaluable metaphases
		Classification	Syndrome (MDS)  Myelodysplastic			International System for Human Cytogenetic	open first		International System for Human Cytogenetic	
	Pre-Transplant	Classification	Syndrome (MDS)	yes .	ye.	Nomenclature (ISCN) compatible string:	open text		Nomenclature (ISCN) compatible string:	ppen text
	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	ye	Specify abnormalities (check all that apply)	del[11q] / 11q-del[12p] / 12p-del[20q] / 20q-del[3q] / 3q-del[5q] / 5q-del[7q] / 7q-del[9q] / 9q-del[13q] / 13q-j17q,lm(3),-13,-20,-5,-7,-Y,Other shonomallsy,t[13],t[11-t]d,t[21],t[3,21],t[3,3],t[6,9],+19+8		Specify abnormalities (check all that apply)	bdl(11q)/11q-del(12p)/12p-del(20q)/20q-del(3q)/3q-del(5q)/5q-del(5q)/7q-del(9q)/7q-del(9q)/13q-j17q,lm(3)-13-20-5-7-Y.Other photomally,tl:3ql(11-tl:d),tl2:11j(3c2),tl(3c),tl(5q)-15-46
PRE267	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Specify other abnormality:	open text:		Specify other abnormality:	open text
PRF268	Pre-Transplant		Mwelndysnlastic	Wes.	wes	Was documentation submitted to the CRMTR? (e.e.	No Yes		Was documentation submitted to the CIRMTR?	No Yes
	1	Disease Classification	Syndrome (MDS)	[	,	Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)			Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)	
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 (Red 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), Relayse from complete remission (Rel from CD)
PRE270	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify the cell line examined to determine HI status	нениле		Specify the cell lines examined to determine HI status	HE EMPLIEP
PRE271	Pre-Transplant	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	no	Specify transfusion dependence	Low-transfusion burden (LTB), Non-transfused (NTD)		Specify transfusion dependence	Covertransfusion burden (LTB), Non-transfused (NTD)
PRE272	Pre-Transplant		Myelodysplastic	ives	no	Date assessed:	YYYY/MM/DD		Date assessed:	MYY/MM/IDO
		Disease Classification	Syndrome (MDS)							
PRF275	Pre-Transplant	Disease	Myeloproliferative	thes I	no.	Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No Yes		Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)	No Yes
		Disease Classification	Neoplasms (MPN)							
PRE276	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	r yes	yes	Did the recipient have constitutional symptoms in sk months before diagnosis? (symptoms are >10% weight los 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:	PYY/MA/DD
PRE278	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	ye	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	s		Blasts in bone marrow	
PRE280	Pre-Transplant		Myeloproliferative	eyes	yes .	Were tests for driver mutations performed?	No, Unknown, Yes		Were tests for driver mutations performed?	No.Unklanown, Ves
			Neoplasms (MPN)			,	Neathy Not done Positive			Nesative Not done Positive
PRE281	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	:)ves	yes	JAK2	Negative, Not done, Positive		JAK2	Negative_Not done_Positive
	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
- 1	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes .	yes	CALR	Negative Not done Positive		CALR	Negative,Not done Protifive
PRF 285	Pre-Transplant	Discour	1	· Marc	ne-	CALR type 1	Negative Not done Positive		CALR type 1	Regalive.Not done Positive
		Classification	Myeloproliferative Neoplasms (MPN)		,					
PRE286	Pre-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	CALR type 2	Negative.Not done. Positive		CALR 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	ye	MPL	Negative Not done Positive		MPL	Negative,Not done,Positive
PRE289	Pre-Transplant	Directo	Myeloproliferative	yes .	yes	CSF3R	Negative, Not done, Poditive		CSF3R	Negative.Not done Positive
		Classification	Neoplasms (MPN) Myeloproliferative			Was documentation submitted to the CIBMTR?	No Yes		Was documentation submitted to the CIBMTR?	
		Disease Classification	Neoplasms (MPN)		ne.					
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.Uninown.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 No.Yes
PRE293	Pre-Transplant	Disease	Myeloproliferative	: yes	yes	Sample source	Peripheral blood Bone marrow		Sample source	Perigheral blood, Bone marrow
PRF294	Pre-Transplant	Classification	Neoplasms (MPN)  Myeloproliferative	lves	wes .	Results of tests	Abnormalities identified Na abnormalities		Results of tests	Monomalities (decified Na abnormalities
		Disease Classification	Neoplasms (MPN)	[						
	1	1	Myeloproliferative Neoplasms (MPN)	1	ye	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	ye.	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 (3), Three (3), Two (2)
			Myeloproliferative Neoplasms (MPN)		yes	Specify abnormalities (check all that apply)	del(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(3q) / 5q-del(3q) / 7q-del(3q) / 13q-dup(1),17q,lnv(3),-5,-7,*(Other abnormality,t(12ny),t(11q23,any),t(12p11.2;any),t(3q21;any),t(6,9),+8,+9		Specify abnormalities (check all that apply)	6e([11q] / 11q-de([2p] / 12p-de([2q] / 20q-de([5q] / 5q-de([5q] / 5q-de([5q] / 5q-de([5q] / 13q-dap([)]17q.inv(3],5-7-Y.Other abnormality.f(12ny),f(11q23.any),f(12p11.2any),f(3p11.2any),f(6p1)+8-49
		1	Myeloproliferative Neoplasms (MPN)		yes	Specify other abnormality:	open test		Specify other abnormality:	pentext
	1	1				Was documentation submitted to the CIBMTR? (e.g. FISH			Was documentation submitted to the CIBMTR?	
	Pre-Transplant		Myeloproliferative Neoplasms (MPN)		yes	report)	NNO, TIES		(e.g. FISH report)	NO.TES
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
			1							

Item ID	ime Point	Information Collection Domain Sub-Type	Information Collection Domain	Response required if Inf Additional Sub Domain rec applies	formation Collection may be quested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	formation Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)  Rationale for Information Collection Update
		Jub 1,790	Additional Sub Domain	пррисэ						
PRE302		Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	5	Results of tests	Abnormalities identified,No abnormalities,No evaluable metaphases		Results of tests	Abnormalities identified No abnormalities No evaluable metaphases
PRE303	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	s	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
PRE304	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes ye	1	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)
PRF305 F	re-Transplant		Myeloproliferative	hers hers		Specify abnormalities (check all that apply)	del[11q] / 11q-del[12p] / 12p-del[20q] / 20q-del[5q] / 5q-del[7q] / 7q-del[13q] / 13q-dup[1])17q-inv(3],-5-7-Y.Other abnormality.t[1:anv],t[1023:anv],t[12p11.2;anv],t[3q21:anv],t[6:9]+8+9		Specify abnormalities (check all that apply)	fel[11a] / 11q, del[12p] / 12p, del[20q] / 20q, del[5q] / 5q, del[7q] / 7q, del[13q] / 13q, dup[1]i17q, inv(3), 5, 7, 7, Other shoromality, H1:any], H112Q3; any], H12p11.2; any], H3q21:any], H5q21:any], H5q21:a
			Neoplasms (MPN)							
PRE306	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	s	Specify other abnormality:	open text		Specify other abnormality:	open text
PRE307	re-Transplant	Disease	Myeloproliferative Neoplasms (MPN)	yes yes		Was documentation submitted to the CIBMTR? (e.g.	No,Yes		Was documentation submitted to the CIBMTR?	No.15c
			1			karyotyping report)			(e.g. karyotyping report)	
PRE308	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	lyes Ino	1	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
005300	re-Transplant	Directo	Myeloproliferative				Transformed to AML Post-essential thrombocythemic myelofibrosis Post-polycythemic myelofibrosis		F	Transformed to AML Post-essential thrombocythemic myelofilarosis, Post-polycythemic myelofilarosis
			Neoplasms (MPN)				пишинь и очен, од салыш инопросудени пусопотова, од ројучини пусопотова		transformation	The anti-mode of the Control of the Control of the Poly State Control of the Cont
PRE310	re-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:	WYVAM/DD
PRE311 F	re-Transplant	Disease	Myeloproliferative	yes no		Date of MPN diagnosis:	YYYY/MM/iDD		Date of MPN diagnosis:	WYY/MM/DD
			Neoplasms (MPN)							
PRE312		Disease Classification	Myeloproliferative Neoplasms (MPN)	yes no		Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (HTB)- (z 8 RBCs in 16weeks; z 4 in 8 weeks), Low-transfusion burden (LTB)-(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks), Non-transfused (NTD) - (0 RBCs in 16 weeks)		Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion	High-transfusion burden (HTB): (8 BRCs in 14weeks; z. 4 in 8 weeks),Lovertransfusion burden (LTB):(9 7 BRCs in 14 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks),Norrtransfused (NTD):-(0 RBCs in 16 weeks)
PRE313	re-Transplant	Disease Classification	Myeloproliferative Neonlasms (MPN)	yes yes	5	Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the	No,Unknown,Yes		Did the recipient have constitutional symptoms in six months before last evaluation prior to the start	No Unknown/Tes
						Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)			Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are >10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)	
						and agent with the star say				
PRE314	re-Transplant	Disease	Myeloproliferative	yes Ino		Did the recipient have splenomegaly at last evaluation	No.Not applicable(splenectomy), Unknown,Yes		Did the recipient have splenomegaly at last	No. Not applicable (spienectomy). Unknown, Yes
		Classification	Myeloproliferative Neoplasms (MPN)			prior to the start of the preparative regimen / infusion?			regimen / infusion?	
PRE315	re-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	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes no		Specify the spleen size:	certimeters below left costal margin		Specify the spleen size:	contineters below left costal margin
		Classification				Specify the spleen size:			Specify the spleen size:	
PRE31/ F	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes no	'	specify the spieen size:	centimeters		specify the spieen size:	continueters
PRE318	re-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?	so.Unknownyes
PRE319 F			Myeloproliferative	yes no		Specify the method used to measure liver size	CT/MRI scan, Physical exam, Ultrasound		regimen / infusion?  Specify the method used to measure liver size	CT/MRI scan Physical exam, Ultrasound
		Disease Classification	Neoplasms (MPN)							
PRE320	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes no		Specify the liver size:	certimeters below right costal margin		Specify the liver size:	confirmeters below right costal margin
PRE321 F	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes		Date CBC drawn:	YYY/MM/DD		Date CBC drawn:	YYYYAM/ED
	re-Transplant		Myeloproliferative			Blasts in bone marrow	Known Unknown		Blasts in bone marrow	Known Unicown
PRE322			Neoplasms (MPN)	je je	•	BIASIS III DOITE IIIAITOW	NILOWII (, CHIRLIOWII		BLASS III DONE HAITOW	ASSERTING LONG LONG LONG LONG LONG LONG LONG LO
PRE323	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	s	Blasts in bone marrow			Blasts in bone marrow	\$
PRE324	re-Transplant	Disease Classification	Myeloproliferative	yes yes	1	Were tests for driver mutations performed?	No Unknown,Yes		Were tests for driver mutations performed?	No Unknown/Yes
			Neoplasms (MPN)			·				
PRE325	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	5	JAK2	Negative, Not done, Positive		JAK2	Negative, Not done Positive
PRE326	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	1	JAK2 V617F	Negative.Not done, Positive		JAK2 V617F	Negative.Not done-Positive
			Myeloproliferative				Negative.Not done.Positive			Negative Not done Positive
PRE327	re-Transplant	Disease Classification	Neoplasms (MPN)	yes ye	5	CALK	neganve,not cone, rostrive		LAIX	regarie_net onte-positive
PRE328	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	s	CALR type 1	Negative,Not done,Positive		CALR type 1	Negative,Not done,Positive
PRE329 F	re-Transplant		Myeloproliferative	yes lives	5	CALR type 2	Negative.Not done, Positive		CALR type 2	Negative.Not done.Protitive
1 1		l	Neoplasms (MPN)							
	re-Transplant		Myeloproliferative Neoplasms (MPN)	yes yes	s	Not defined	Negative.Not done.Positive		Not defined	Negative.Not done.Prositive
PRE331	re-Transplant	Disease	Myeloproliferative Neoplasms (MPN)	yes yes		MPL	Negative,Not done,Pasitive		MPL	Negative,Not done,Positive
			Neoplasms (MPN)  Myeloproliferative			CSF3B	Negative.Not done.Positive		CCCOD	Negative.Not done. Positive
PNE332	re-Transplant	Classification	Myeloproliferative Neoplasms (MPN)	le le	•	Laran	Intiguitie, not unite, routine		Laran	пидание, на напеднание
PRE333	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes		Was documentation submitted to the CIBMTR?	No,Yes		Was documentation submitted to the CIBMTR?	No,Yes
PRE334	re-Transplant	Disease	Myeloproliferative	yes have		Were cytogenetics tested (karyotyping or FISH)?	no, Unknown, yes		Were cytogenetics tested (karyotyping or FISH)?	po_Unknown,yes
		Disease Classification	Neoplasms (MPN)							
PRE335	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	5	Were cytogenetics tested via FISH?	No,Yes		Were cytogenetics tested via FISH?	No, Yes
		1	Myeloproliferative Neoplasms (MPN)			Sample source	Peripheral blood (8 one marrow		Sample source	Peripheral blood, Bone marrow
			1							
PRE337 F	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	-	Results of tests	Abnormalities Identified, No abnormalities			Abnormalities (dentified No abnormalities
PRE338	re-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
			Myeloproliferative Neoplasms (MPN)			Specify number of distinct cytogenetic abnormalities	Four or more (4 or more). One (1). Three (3). Two (2)			Four or more (4 or more), One (1), Three (3), Two (2)
									abnormalities	
PRE340	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes		Specify other abnormality:	open text		Specify other abnormality:	open text
1 1			Myeloproliferative Neoplasms (MPN)	yes yes	5	Were cytogenetics tested via karyotyping?	No,Yes		Were cytogenetics tested via karyotyping?	No, Yes
			Neoplasms (MPN)  Myeloproliferative			Sample source	Peripheral blood Bone marrow		Sample source	Peritheral load Store marrow
PRE342	re-Transplant	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes yes	-	sample source	Perpineral plood plone marrow		pampre source	Perspecta Boood, Bone marrow
ш						l .				

Item ID Tir			h. / / h					Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
itemio in	e Pollit. C	ollection Domai ub-Type	Information iain Collection Domain Additional Sub	Additional Sub Domain r	requested multiple times	applicable)	Current Information Collection Data Element Response Option(s)	information conection appeare.	Element (if applicable)	горозен иногиналоги Синеский дома Еентеник кезролае Сурцонуру	Rationale for miorination Conection Optiate
PRE343 Pre	Transplant D	lisease	Myeloproliferative	ves )	yes	Results of tests	Abnormalities Identified No abnormalities, No evaluable metaphases		Results of tests	Abnormalities identified No abnormalities No evaluable metaphases	
PRE344 Pre	Transplant D	lassification	Neoplasms (MPN)  Myeloproliferative	···	uv-s	International System for Human Cytogenetic	ones test		International System for Human Cytogenetic	poen teri	
PRE345 Pre		lisease lassification	Neoplasms (MPN)			Nomenclature (ISCN) compatible string:  Specify number of distinct cytogenetic abnormalities	Four or more (4 or more) One (1), Three (3), Two (2)		Nomenclature (ISCN) compatible string:  Specify number of distinct cytogenetic	Four or more (4 or more).One (1),Three (3),Two (2)	
	, k	lassification	Neoplasms (MPN)	,	, ,				abnormalities		
PRE346 Pre	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	re )	yes	Specify abnormalities (check all that apply)	del[11q] / 11q-del[12p] / 12p-del[20q] / 20q-del[5q] / 5q-del[7q] / 7q-del[13q] / 13q-dup[1]J17q,inv(3),-5,-7,-Y,Other abnormality A[1:any],X[11q23;any],X[12p11.2;any],X[3q21;any],X[6;9],+8,+9		Specify abnormalities (check all that apply)	bel(11q) / 11q-del(12p) / 12p-del(20q) / 20q-del(5q) / 5q-del(7q) / 7q-del(13q) / 13q-dup(1),17q,lov(3),-5,-7,-Y,Other abnormality,4(1:any),4(11q23;any),4(12p11.2;any),4(9,9),48,+9	
PRE347 Pre	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	yes )	)es	Specify other abnormality:	open text		Specify other abnormality:	open text	
PRE348 Pro	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	ves )	yes .	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No.Yes	
PRE349 Pre	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	res r	no	What was the disease status?	Clinical improvement (CI), Complete clinical remission (CR), Not assessed, Partial clinical remission (PR), Progressive disease, Relapse, Stable disease (SD)		What was the disease status?	Clinical improvement (CI), Complete clinical remission (CR), Not assessed, Partial clinical remission (PR), Progressive disease, Relapse, Stable disease (SD)	
PRE350 Pre	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	yes r	no	Was an anemia response achieved?	No.Yes		Was an anemia response achieved?	No. Yes	
PRE351 Pre	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	res r	no	Was a spleen response achieved?	No.Yes		Was a spleen response achieved?	No. Yes	
PRE352 Pre		lisease lassification	Myeloproliferative Neoplasms (MPN)	es r	no	Was a symptom response achieved?	No.Yes		Was a symptom response achieved?	No.Yes	
PRE353 Pre	Transplant D	lisease	Myeloproliferative	es r	no	Date assessed:	YYY/MM/DD		Date assessed:	YYYY/MM/DD	
PRE354 Pre	Transplant D	lassification lisease	Neoplasms (MPN)  Myeloproliferative		70.	Specify the cytogenetic response	Complete response (CR Eradication of pre-existing abnormality Not assessed Not applicable, None of the above: Does not meet the CR or PR criteria, Partial response (PR) ± 50% reduction in abnormal		Specify the cytogenetic response	Complete response (CR Eradication of pre-existing abnormality Not assessed, Not applicable. None of the above: Does not meet the CR or PR criteria, Partial response (PR) x 50% reduction in abnormal	
PRE355 Pre	la la	lassification	Neoplasms (MPN)			Date assessed:	complete regione (or condition) of previous plantal interpretations and previous physical production in automatic processing administry plantage, you appropriate content of the content of previous programming and production in automatic programming and previous programming and previous programming and previous programming and production in automatic programming and previous programming and progr		Date assessed:	colliptic register; or adulation of pre-esting galactimaty (vis. aucessurvous approach on the auternous not menture on the unerty, not and required pre-esting galactimaty (vis. aucessurvous approach on the auternous not menture on the unerty, not and required pre-esting galactimaty (vis. aucessurvous approach on the auternous not menture on the unerty not the unerty not an interest of the unerty not an interest of the unerty not the uner	
	, k	lisease lassification	Neoplasms (MPN)	res r	no .						
PRE356 Pre		lisease lassification	Myeloproliferative Neoplasms (MPN)	res r	no	Specify the molecular response	Complete response (CR): Eradication of pre-existing abnormality. Not assessed, Not applicable, None of the above: Does not meet the CR or PR criteria, Partial response (PR): ±50% decrease in allele based on, Re-emergence of a pre-existing molecular abnormality		Specify the molecular response	Complete response (CR): Eradication of pre-existing abnormality. Not assessed Not applicable. None of the above: Does not meet the CR or PR criteria. Partial response (PR): \$50% decrease in allele burden. Re-emergence of a pre-existing molecular abnormality.	
PRE357 Pre	Transplant D	lisease lassification	Myeloproliferative Neoplasms (MPN)	res r	no	Date assessed:	YYYY/MM/IDD		Date assessed:	PYYY/MM/IDD	
PRE359 Pro	Transplant D	lisease	Other Leukemia	es Ir	no	Specify other leukemia:	open text	1	Specify other leukemia:	open text	
PRE360 Pre	, cı	lassification lisease lassification	(OL) Other Leukemia	ves r	no	Was any 17p abnormality detected?	no yes		Was any 17p abnormality detected?	noyes	
PRE361 Pre	Transplant D	lassification lisease lassification	(OL) Other Leukemia (OL)	ves r	no	Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL	no,yes		Did a histologic transformation to diffuse large B- cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?	no.yes	-
PRE362 Pre	Transplant D	lisease lassification	Other Leukemia	ves r	no	diagnosis?  What was the disease status? (Atypical CML)	1st complete remission (no previous bone marrow or extramedullary relapse), 1st relapse, 2nd complete remission, 2nd relapse, &ge-2rd complete remission. Age-3rd relapse, No treatment Primary industrion failure			Ist complete remission (no previous bone marrow or extramedullary relapse, 1st relapse, 2nd complete remission, 2nd relapse, ≥, 3nd complete remission, ≥, 3nd relapse, No treatment, Primary Induction failure	
		lisease lassification	Other Leukemia (OL)	es r	no	What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)	Complete remission (CR),Not assessed,Untreated,Partial remission (PR),Progressive disease (Prog),Stable disease (SD)		What was the disease status? (CLL, PLL, Hairy cell leukemia, Other leukemia)	Complete remission (CR),Not assessed,Untreated,Partial remission (PR), Progressive disease (Progl. Stable disease (SD)	
	ci	lisease lassification	Other Leukemia (OL) Hodekin and Non-	es r	no	Date assessed:	YYYY/MM/IDD		Date assessed:	YYYY/MM/DD	
PRE366 Pre	. (c)	lisease lassification	Hodgkin Lymphoma	res r	no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	
PRE367 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	res r	no	is the lymphoma histology reported at transplant a transformation from CLL?	no,yes		is the lymphoma histology reported at transplant a transformation from CLL?	no,yes (Also complete Chronic Lymphocytic Leukemia (CLL))	
PRE368 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	yes r	no	Was any 17p abnormality detected?	no,yes		Was any 17p abnormality detected?	no.yes	
PRE369 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	ves r	no	Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)	No,yes		Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)	No,Yes	
PRE370 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin	ves r	no	Specify the original lymphoma histology (prior to transformation)	Aggressive NK-cell leukemia, Anaphatitic large-cell lymphoma (ALCL), ALK negative, Anaphatitic large-cell lymphoma (ALCL), ALK positive, Angloimmunoblatitic T-cell lymphoma, Adult T-cell lymphoma (Burkitt-like lymphoma with 11q aberration, Chronic lymphoproliferative disorder of NK cells, Diffuse, Large-B-cell		Specify the original lymphoma histology (prior to transformation)	Aggressive NK-cell leukemia, Anaplastic large-cell lymphoma (ALCI), ALK negative, Anaplastic large-cell lymphoma (ALCI), ALK positive Angioimmunoblastic T-cell lymphoma. Adult T-cell lymphoma (Bulkemia (HTIVI associated), Bireast implant-associated anaplastic large-cell lymphoma Burkitt-like lymphoma with 1 tq aberration, Chronic lymphoproliferative disorder of NK cells, Diffuse, Large B-cell	
			Symphonia				agrecian N. cell Indonesia Acquisett. Large-cell (implamma (ACL), ALK regative, Ausgation): Large cell (implamma (ACL), ALK populma (ACL), ACL pop			Agressive No Cel Indemis, Angulantic Lagr cell yrephona (ACL), All Kegalinic Angulantic Lagr cell yrephona (ACL), All Kegalinic Angulantic Lagr cell yrephona (ACL), All Kegalinic Angulantic Lagr cell yrephona (ACL), All Kegalinic Angulantic Lagr cell yrephona (ACL), All Kegalinic Angulantic Lagr cell yrephona (ACL), All Kegalinic Angulantic Lagr cell yrephona (ACL), All Kegalinic Lagr cell yrephona (ACL), and All Kegalinic Lagr cell yreph	
PRE371 Pre		lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	res r	no	Specify other lymphoma histology:	open text		Specify other lymphoma histology:	open text	
PRE372 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	re r	no	Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)	YYYYMM/bb		Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)	MY/MM/ID	
PRE373 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	yes r	no	Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)	DO, YES		Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)	polyes	
PRE374 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin	yes r	no	Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?	10,yes		Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?	10,145	
PRE375 Pre	Transplant D	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	res r	no	Date of PET scan	Rown,Unknown		Date of PET scan	Knoen,Unknoen	
PRE376 Pre	Transplant Di	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	res r	no	Date of PET (or PET/CT) scan:	YYY/MM/DD		Date of PET (or PET/CT) scan:	YYYY/MA/DD	
PRE377 Pre	Transplant D	lisease lassification	Hodgkin and Non-	ves r	no	Deauville (five-point) score of the PET (or PET/CT) scan	Known,Unknown		Deauville (five-point) score of the PET (or PET/CT) scan	Known, Unknown	
PRE378 Pre	Transplant D	lisease Iassification	Lymphoma Hodgkin and Non- Hodgkin Lymphoma	yes r	no	Scale	F no update or no residual agrates 5- thip styles, but below blood good (mediadrium) 6- thip's update, but below blood good (mediadrium) 6- thip's update, but below blood good (mediadrium) 6- thip's update, but blood (mediadrium) 6- thip's update (but blood (mediadrium) 6- thip's update (mediadri		Scale	To outside or no residual upside     Angly state, but below blood pool (mediastrum)     Angly state, but below blood pool (mediastrum)     Supply states outside on the property of the p	
PRE379 Pro	Transplant Di	lisease lassification	Hodgkin and Non- Hodgkin Lymphoma	res r	710	What was the disease status?	5: natively record uptile or any not belon  21: - Se confider mission or Noor-survivor or starmed litty risput plan to handward 122: - An confeder medicion. 123: - Bell or allocquent complete medicion. 127: - Bell or allocquent complete medicion. 128: - Bell or allocquent. 128: - B	,	What was the disease status?	In statedly increased uptile or any row lesson  SIL -1st complete remains or no boar narrow or stammodular urappe prior to transplant SIC -2st complete remains of the state o	

Item ID T	ime Point	Information	Information Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Collection Don Sub-Type	Information main Collection Domain Additional Sub Domain	requested multiple times	applicable)		Element (if applicable)		
PRE380 P	e-Transplant	Disease Classification	Hodgkin and Non- Hodgkin	no	Total number of lines of therapy received (between diagnosis and HCT / infusion)	Tine_Zines_3+ lines	Total number of lines of therapy received (between diagnosis and HCT / infusion)	l line 2 lines 3+ lines	
PRE381 P	e-Transplant	Disease Classification	Lymphoma  Hodgkin and Non- yes Hodgkin	no	Date assessed:	YYY/MM/DD	Date assessed:	MYY/MM/DD	
			Lymphoma						
		Disease Classification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Specify other plasma cell disorder:	pipon text	Specify other plasma cell disorder:	open toot	
PRE384 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Specify heavy and/or light chain type (check all that apply)	liệh (heavy chain only), jayk kapso jiệh Lambda jiệt) (heavy chain only), jiệt kapso jiệt lambda jiệt (heavy chain only), jiệt kapso, jiệt lambda jiệt (heavy chain only), jiệt kapso, jiệt (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (ambda jiệt) (heavy chain only), jiệt (kapso, jiệt) (heavy chai	Specify heavy and/or light chain type (check all that apply)	IgA (heavy chain only), IgA kappa, IgA lambda, IgO (heavy chain only), IgO lappa, IgO lambda, IgG (heavy chain only), IgE kappa, IgE lambda, IgG (heavy chain only), IgG kappa, IgG lambda, IgM (heavy chain only), IgM kappa, IgM lambda, Idppa, Idppa, IgM lambda, Idppa,	
PRE385 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Specify Amyloidosis classification	AH amyloidorisis, AHI, amyloidorisis, ALI, amyloidoris	Specify Amyloidosis classification	AH amyfoidosis,AH. amyfoidosis,AL amyfoidosis	
PRE386 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Select monoclonal gammopathy of renal significance (MGRS) classification	Spiconsologially with necessival garmagathy [7-16] 4 deing history tool, immunicated glasmologially [170] ("Generalogially with regarded necessival microbubuls immunoglobula deposition (MMMCI) [gif chair faccord syndrome Mercologial minunoglobula deposition (GMMCI) [and minunoglobula deposition (G	Select monoclonal gammopathy of renal significance (MGRS) classification	El glores Joseph with reaccional garanagashs (crystal-staring history total, immunestated glores depaths (1754/ Glores disease) in the policy of the communication of the communi	
						Immunoglobulin G deposits (PGAMID) Proximal bubuloputhy without crystals, Type 1 cryoglobulinems glomerulanesprints, Uhitrovin			
PRE388 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No./res	Was documentation submitted to the CIBMTR? (e.g. pathology report)	No. Yes	
PRE390 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma	no	What was the Durie-Salmon staging? (at diagnosis)	Stage (IAI) of the following: High > 10g/cit, serum calcium normal or +10.5 mg/cit, bose x-ray rormal bone structure (scale*:0l, or solitary bone plannacytoma only, low M-component production nates gist - 5g/cit, lg-4, 2g/cit, urine light chain-M-component on edestrophoresis «4g/2hil) — 5g/sq; [Filting petitler Stage III] (lowed more of the following: High + 8.5 g/cit, serum scalesium > 12 mg/cit, shorted lyth bone beloan to 12 mg/cit, shorted lyth bone beloan to 12 mg/cit, shorted lyth bone beloan to 12 mg/cit, shorted lyth bone beloan to 12 mg/cit, shorted lyth bone shorted lyth	What was the Durie-Salmon staging? (at diagnosis)	Legae [All of the following: High > 10g/ed. serum calcium normal or <10.5 mg/ed, bone × ray normal bone structure (scale (d), or solitary bone plasmacytoms only. bon M-component or lectropherosis «4g/ed) - Stage II (Filting resident Stage III (Stage III) (St	
			Cell Disorder (PCD)						
		Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	What was the Durie-Salmon sub classification? (at diagnosis)	A -relatively normal renal function (serum creatinine < 2.0 mg/dt, Babnormal renal function (serum creatinine > 2.0 mg/dt, )	What was the Durie-Salmon sub classification? (al diagnosis)	A - relatively normal renal function (serum creatinine < 2.0 mg/dt, 8 - abnormal renal function (serum creatinine ± 2.0 mg/dt)	
		Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Did the recipient have a preceding or concurrent plasma cell disorder?	No,Ves	Did the recipient have a preceding or concurrent plasma cell disorder?	No.Yes	
PRE394 P	e-Transplant	Disease Classification	Preceding or Concurrent Plasma Cell Disorder	ye	Specify other preceding/concurrent disorder:	open ted	Specify other preceding/concurrent disorder:	open text	
PRE395 P	e-Transplant	Disease Classification	Preceding or yes Concurrent Plasma Cell Disorder	yes	Date of diagnosis of preceding / concurrent disorder:	TYY/MA/DD	Date of diagnosis of preceding / concurrent disorder:	WYY/MAN/CO	
PRE396 P		Disease Classification	Multiple wes	no	Serum beta2 - microglobulin	Room, Isinown	Serum beta2 - microglobulin	Known, Unknown	
005207	- Tonoulout		Myeloma / Plasma Cell Disorder (PCD)		Serum beta2-microglobulin:	- 100	Serum beta2-microalobulin:	100 00	
		Disease Classification	Myeloma / Plasma Cell Disorder (PCD)		Serum deta2-microgrodum:		Serum beraz-microgrobum:	Fig. 1. Special specia	
PRE398 P	re-Transplant	Disease Classification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	I.S.S Stage	Gown, Unknown	l.S.S Stage	Known, Unknown	
PRE399 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	I.S.S Stage	[ Serum   2-microglobulin < 3.5 mg/L, Serum albumin = 3.5 g/dL, 2)/ket fitting stage 1 or 3), 3 (Serum   2-microglobulin = 5.5 mg/L; Serum albumin —)	I.S.S Stage	1 (Serum \$2-microglobulin < 3.5 mg/L, Serum albumin z 3.5 g/GL), 2(Not fitting stage 1 or 3), 3 (Serum \$2-microglobulin z 5.5 mg/L, Serum albumin —)	
PRE400 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	R-LS.S Stage	Toom Unitinoun	R-LS.5 Stage	Known,Unknown	
PRE401 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	R-LS.S Stage	[105 stage I and no high-trisk cytogenetic abnormalities by RSH [deletion 17p./ 17p. 1(4-1d, 1(14-1d)] and normal LSH levels). [2]Not R-RSS stage I or III]. [2]SS stage II and either high-trisk cytogenetic abnormalities by RSH [deletion 17p./ 17p. 1(4-1d, 1(14-1d)] or high LSH levels).	R-1.5.5 Stage	T. ISS stage 1 and no high-risk cytogenetic abnormalities by FBH (deletion 17p / 17p- 16-14), 1[14-16] and normal LDH levels),20lect R-1SS stage I or 8(1,3)(SS stage II and either high-risk cytogenetic abnormalities by FBH (deletion 17p / 17p- 16-14), 1[14-16] or high LDH levels)	
PRE402 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by flow cytometry	Scown, Unknown	Plasma cells in peripheral blood by flow cytometr	Morem,Unknown	
PRE403 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by flow cytometry	*	Plasma cells in blood by flow cytometry	%	
PRE404 P			Cell Disorder (PCD)  Multiple Myeloma / Plasma	no	Plasma cells in blood by morphologic assessment	Rosen, Likinoven	Plasma cells in peripheral blood by morphologic	Known, Unknown	
		Disease Classification	Cell Disorder (PCD)				assessment		
PRE405 P	e-Transplant	Disease Classification	Multiple yes Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by morphologic assessment		Plasma cells in blood by morphologic assessment	%	
PRE406 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Plasma cells in blood by morphologic assessment	c 1509 ( t 103 (mm3) c 160 (mm3)	Plasma cells in blood by morphologic assessment	a x 20% (x 103/mm3)	
PRE407 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no. Linknown, yes	Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)	no.Unknown.yes	
PRE408 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Were cytogenetics tested via FISH?	No.Yes	Were cytogenetics tested via FISH?	No.Yes	
PRE409 P	e-Transplant	Disease Classification	Multiple yes Myeloma / Plasma	no	Results of tests	Aknormalities identified, No abnormalities	Results of tests	Abnormalities identified No abnormalities	
PRE410 P	e-Transplant	Disease Classification	Cell Disorder (PCD)  Multiple (PCD)  Multiple (PCD)	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text	
		Disease Classification	Multiple over	00		Say shormathy at this as shormathy at to dell'tol / Thy dell'tol / Thy bloomfoold (s. 68-13-17 Mer survessment Philos		Say shoroughly at 1n day shoroughly at 1n deriffed / 15th deficitly / 15th lapsyrighted for 5d (Manageddd Left Add 15th AFF Intervenance Chief	
			Lei Disorder (PLD)	no.		Sep absormably at 15,04m absormable of 15,041 Sep (15), (461 Sep (15), 15), Appendiplied (+ 50), Appendiplied (+ 46), -13, 17,347C marrangement, Other absormably, (111,14), (14		For abnormality at 16, Aver, abnormality, at 16, del (13.0) / 15e, del (13.0) / 15e, hipperdipidal (+ 50), hippodipidal (+ 40), -13, -17, MIC rearrangement, Other abnormality, stil.14, stil.46, stil.46, stil.44, stil.46, stil.45, stil.46,	
		Disease Classification	Cell Disorder (PCD)	no	Specify other abnormality:	ppen text	Specify other abnormality:	open test	
PRE413 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No,Ves	Was documentation submitted to the CIBMTR? (e.g. FISH report)	No.Yes	
PRE414 P	e-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	no	Were cytogenetics tested via karyotyping?	No.Yes	Were cytogenetics tested via karyotyping?	No.Yes	
PRE415 P	e-Transplant	Disease Classification		no	Results of tests	Abnormalities (dentified, No abnormalities, No evoluoble metaphases	Results of tests	Abnormalities identified/No abnormalities.No evaluable metaphases	
			Cell Disorder (PCD)						

m ID Time I	Point	Information Collection Domain	Information Collection	Response required if Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)  Rationale for Information Collection Data Element Response Option(s)
	ľ	Information Collection Domain Sub-Type	Domain Additional Sub	applies						
			Domain							
416 Pre-Tra	ansplant I	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	)ves	no	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text		International System for Human Cytogenetic Nomenclature (ISCN) compatible string:	open text
			Cel bisulder (PCD)							
417 Pre-Tra	ansplant I	Disease Classification	Multiple Myeloma / Plasma	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)	kay abnormality at 10. Apra shormality at 10. Apra shormality at 10. Apra shormality (11. Dec. 10. Apra shormality (11. Dec. 10. Apra shormality) (11. Dec.
		LIBZIIILBUUII	Cell Disorder (PCD)				000 100 111000 \$1,50 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
418 Pre-Tra	ansplant I	Disease	Multiple	ves	no	Specify other abnormality:	open text		Specify other abnormality:	loon tot
		Disease Classification	Myeloma / Plasma Cell Disorder (PCD)	[		,,-	apon sans		, , , , , , , , , , , , , , , , , , , ,	
419 Pre-Tra	ansplant I	Disease Classification	Multiple Myeloma / Plasma	yes	no	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. karyotyping report)	No.Yes
			Cell Disorder (PCD)							
420 Pre-Tra	ansplant I	Disease Classification	Multiple	yes	no	What is the hematologic disease status?	Complete remission (CR), Progressive disease (PD), Partial remission (PR), Relapse from CR (Rel) (untreated), Stringent complete remission (sCR), Stable disease (SD), Unknown, Very good partial remission (scription of the string of the stri		What is the hematologic disease status?	Complete remission (CR), Progressive disease (PD), Partial remission (PR), Relapse from CR (Rel) (untreated), Stringert complete remission (scR), Stable disease (SD), Unknown, Very good partial remission
	ı	Liassincation	Myeloma / Plasma Cell Disorder (PCD)				(Wark)			(vurid)
421 Pre-Tra		Nisses	Multiple			Date assessed:	YYY/MM/DD		Date assessed:	WYY/MM/DD
	antipant.	Classification	Myeloma / Plasma Cell Disorder (PCD)			Date application	שטעיייין		Date assessed.	
422 Pre-Tra	ansplant	Disease Classification	Multiple Myeloma / Plasma	yes	no	Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR), No response (NR) / stable disease (SD), Progressive disease (PD), Partial response (PR), Relapse from CR (Rel) (untreated), Unknown, Very good partial response (VGPR)		Specify amyloidosis hematologic response (for Amyloid patients only)	Complete response (CR) No response (NR) / stable disease (SD), Progressive disease (PD) Partial response (PR), Relapse from CR (Rel) (untreated), Unknown, Very good partial response (VGPR)
			Cell Disorder (PCD)							
423 Pre-Tra	ansplant I	Disease	Multiple	yes	no	Date assessed:	YYYY/MM/DD		Date assessed:	WYY/MM/IDD
	ľ	Disease Classification	Myeloma / Plasma Cell Disorder (PCD)							
425 Pre-Tra	ansplant	Disease	Solid Tumors	ves	no	Specify other solid tumor:	open text		Specify other solid tumor:	open text
426 Pre-Tra		Disease	Aplastic Anemis	ves	no		Acquired amegakaryocytosis (not consenital). Acquired pure red cell agaissis (not consenital). Acquired AA not otherwise specified Other acquired outcomes condenne Acquired AA recondens to	-	Specify the valuable specification - If the	Routed amesakanocytosis (not consenial) Acquired pure red cell assass (not consenial) Acquired An oct otherwise specified fitthey are sixted extraorder extraorders to
		Classification				Specify the aplastic anemia classification – if the recipient developed MDS or AML, indicate MDS or AML as the primary disease.	Acquired amegakaryocytosis (not congenital). Acquired pure red cell aplasta (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 immune effector cell therapy. Acquired AA, secondary to toxin / other drug		recipient developed MDS or AML, indicate MDS of AML as the primary disease.	Acquired amegian-pocytosis (not congenital). Acquired pure red cell aplastal (not congenital). Acquired AA, not otherwise specified. Other acquired cytopenic syndrome. Acquired AA secondary to inhomotherapy. Acquired AA, secondary to hepatitis, Acquired AA secondary to immunotherapy or immune effector cell therapy. Acquired AA, secondary to todary of the drug.
427 Pre-Tra	ansplant I	Disease Classification	Aplastic Anemia	yes	no	Specify severity	Not severe, Severe / very severe		Specify severity	Not severe-Severe / very severe
428 Pre-Tra			Aplastic Anemia	ves	no	Specify other acquired cytopenic syndrome:	open text	-	Specify other acquired cytopenic syndrome:	oom ted
		Classification		r		again, and sequence cycoperate symmetric	apper cons		, acquired cytogethic syllatonie:	
430 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	ves	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
431 Pre-Tra			les Hemoglobinon/Hu	ves	no	Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia,Other transfusion dependent thalassemia	-	Specify transfusion dependent thalassemia	Transfusion dependent beta thalassemia, Other transfusion dependent thalassemia
		Disease Classification	es							
		Disease Classification	Hemoglobinopathi es	lyes	no	Specify other hemoglobinopathy:	open text		Specify other hemoglobinopathy:	open text
433 Pre-Tra	ansplant	Disease Classification	Hemoglobinopathi es	yes	no	Was tricuspid regurgitant jet velocity (TRIV) measured by echocardiography?	No,Unknown,Yes		Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?	No, Unkinown, Yes
434 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	TRIV measurement	Known,Unknown		TRJV measurement	Known, Unknown
435 Pre-Tra	ansplant P	Disease Classification	Hemoglobinopathi	yes	no	TRIV measurement:	•m/sec		TRIV measurement:	_ *_ m/sec
436 Pre-Tra		Direcce	es Memoriobinosythi		no.	Was liver iron content (UC) tested within 6 months prior to			Was liver iron content (LIC) tested within 6	
		Classification	es	,,,		infusion?	THOS I CAN		months prior to infusion?	
437 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi es	yes	no	Liver iron content:			Liver iron content:	
							mg Fe/g liver day weight     mg/s liver day weight     mmof le / g liver day weight			mg Forjs liver dry weight     series weight     mond For g liver dry weight     weight weight
438 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	Method used to estimate LIC?	FerriScan, Liver Biopsy, Other, SQUID MRI, T2 MRI		Method used to estimate LIC?	FerriScan,Liver Bioppy, Other, SQUID MIB, 17 MRI
439 Pre-Tra	ansplant	Disease	Hemoglobinopathi	ves	no	Is the recipient red blood cell transfusion dependent?	No.Yes	+	Is the recipient red blood cell transfusion	No.Yes
		Classification	es			(requiring transfusion to maintain HGB 9-10 g/dL)			dependent? (requiring transfusion to maintain HGB 9-10 g/dL)	
440 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	Year of first transfusion: (since diagnosis):	www.		Year of first transfusion: (since diagnosis):	my .
441 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	Was iron chelation therapy given at any time since	No,Unknown,Yes		Was iron chelation therapy given at any time	No. Unknown, Yes
442 Pre-Tra		Classification	es Hemorlobinoosthi		no.	diagnosis?  Did iron chelation therapy meet the following criteria:	No, iron chelation therapy given, but not meeting criteria,iron chelation therapy given, but details of administration unknown,Yes, iron chelation therapy given as specified		since diagnosis?  Did iron chelation therapy meet the following	No, iron chelation therapy given, but not meeting criteria/ron chelation therapy given, but details of administration unknown, Yes, iron chelation therapy given as specified
		Disease Classification	es	[	-	initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?	7,000		criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?	
						parenteral iron chelation medication)?			week (either oral or parenteral iron chelation medication)?	
443 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	Specify reason criteria not met	Non-adherence,Other,Toxicity due to iron chelation therapy		Specify reason criteria not met	Non-adherence,Other,Toxicity due to iron chelation therapy
		Disease Classification	Hemoglobinopathi	yes	no	Specify other reason criteria not met:	open text		Specify other reason criteria not met:	open text
445 Pre-Tra	ansolant	Classification Disease	es Hemoglobinonathi	wes	DO.	Year iron chelation therapy started	Known Unknown		Year iron chelation therapy started	Known Unknown
	,	Disease Classification	es							
446 Pre-Tra	anispiant I	Disease Classification	nemogrobinopathi es		110	Year started:			Year started:	[""
	ansplant I	Disease Classification	Hemoglobinopathi es	yes	no	Did the recipient have hepatomegaly? (> 2 cm below costal margin)	no, Unknown, yes		Did the recipient have hepatomegaly? (2 2 cm below costal margin)	no. Uniknoven yes
448 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi es	yes	no	Liver size as measured below the costal margin at most recent evaluation:	cm		Liver size as measured below the costal margin a most recent evaluation:	
449 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	Was a liver biopsy performed at any time since diagnosis?	no,yes		Was a liver biopsy performed at any time since	house house
450 Pre-Tra	ansplant II		les Hemozlobinonathi	ves	no	Date functional status assessed	Known, Unknown		diagnosis?  Date functional status assessed	Known, Unknown
		Disease Classification	es				YYYYAMATO			NOVYMM/IDD
451 Pre-Tra		Disease Classification	Hemoglobinopathi es	yes	no	Date assessed:			Date assessed:	
452 Pre-Tra		Disease Classification	Hemoglobinopathi es	yes	no	Date estimated	checked		Date estimated	therked
453 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	Was there evidence of liver cirrhosis?	No,Unknown,Yes		Was there evidence of liver cirrhosis?	No.Unknown,Yes
454 Pre-Tra		Disease	Hemoglobinopathi	yes	no	Was there evidence of liver fibrosis?	No,Unknown,Yes	+	Was there evidence of liver fibrosis?	No.Unknown.Yes
455 Pre-Tra	ansplant I	Classification Disease	es Hemoglobinona+hi	ves	no	Type of fibrosis	Bridging, Other, Periportal, Unknown		Type of fibrosis	Bridging, Other, Periportal Unknown
456 Pre-Tra		Classification	es				anaging, oriner, recipor an, orinitown  No Thirkmown Yes			No. I beliansen Yes
		Disease Classification	Hemoglobinopathi es	yes	no	Was there evidence of chronic hepatitis?			Was there evidence of chronic hepatitis?	PIOLARIZIONIN, TES
457 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi es	yes	no	Was documentation submitted to the CIBMTR? (e.g. liver biopsy)	No,Yes		Was documentation submitted to the CIBMTR? (e.g. liver biopsy)	No. Yes
458 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?	No,Yes		to these and decree of absenced and a local	No.Yes No.Yes
			ľ.						deposition based on MRI of the heart at time of infusion?	
459 Pre-Tra	ansplant I		Hemoglobinopathi es	yes	no	Did the recipient have a splenectomy?	no,Unknown,yes		Did the recipient have a splenectomy?	no Unitracount yes
460 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi	yes	no	TIBC:	μg/dL μmod/L		TIBC:	
461 Pre-Tra	ansplant I	Classification Disease Classification	Hemoglobinopathi	yes	no	Total serum bilirubin	E• µmol/L  Known,Unknown	+	Total serum bilirubin	
462 Dra.*-	ansnlant	Classification	les Hemoglobioss-shi	hers.	no.	Total serum bilirubin:	• mg/d		Total serum bilirubin:	
∞∠ pre-Tra	spufit	Disease Classification	es enioguoinopathi				mg/d. 			
463 Pre-Tra	ansplant I	Disease Classification	Hemoglobinopathi es	yes	no	Upper limit of normal for total serum bilirubin:	•-		Upper limit of normal for total serum bilirubin:	
445 Br			Disorders of the	ı Luv	no.	Specify other SCID:	ocen text		Specify other SCID:	poen test
Pre-Tra		Classification	Immune System		110					
66 Pre-Tra		Disease Classification	Disorders of the Immune System	yes	no	Specify other immunodeficiency:	open text		Specify other immunodeficiency:	open test
67 Pre-Tra	ansplant I	Disease Classification	Disorders of the Immune System	yes .	no	Specify other pigmentary dilution disorder:	open text		Specify other pigmentary dilution disorder:	loen test
468 Pre-Tra	ansplant I	Disease Classification	Disorders of the	yes	no	Did the recipient have an active or recent infection with a	No,Yes		Did the recipient have an active or recent	No. Yes
- 1		Classification	Immune System	l		viral pathogen within 60 days of HCT?		1	infection with a viral pathogen within 60 days of	

Lasternation Immune System Imm

ID Time P	Point Ir C S	nformation Collection Domain Sub-Type	Additional Sub Domain	Response required if Additional Sub Domain in applies	Information Collection may be requested multiple times			Information Collection update:	Element (if applicable)	Proposed Information Collection Data Element Response Option(s)  Rationale for Information Collection Update
	ansplant D	Disease Classification	Disorders of the Immune System	yes	no	Specify viral pathogen (check all that apply)	Advancinus VI vicu Chiaugin pri Vina, Chiaugin viru (1974), Concovinus Corpus Virus (1974), Especial principal virus (1974), Chiaugin vir		Specify viral pathogen (check all that apply)	Advanced by Vinc. Chicagons of Nova. Chromophorus CRVII, Concovinus across the papers are Vinc. I Bit J Leterovinus DNB (I) VI Vinc. DNB I Concovinus (LIST). Concovinus Listens Concovinus
10 Pre-Trai	ansplant D	Disease Classification	Disorders of the Immune System	yes i	no	Has the recipient ever been infected with PCP / PJP?	No,Yes		Has the recipient ever been infected with PCP / PJP?	No, Yes
1 Pre-Tra	ansplant D	Disease Classification	Disorders of the Immune System	)es	no	Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	No,Yes		Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)	No,Yes
2 Pre-Tra	ansplant D	Disease Classification	Inherited Abnormalities of	yes i	no	Specify inherited abnormalities of platelets classification	Congenital amegakaryocytosis / congenital thrombocytopenia (501),Glanzmann thrombasthenia (502),Other inherited platelet abnormality (509)		Specify inherited abnormalities of platelets classification	Congenital amegalanyocytosis / congenital thrombocytopenia (501),Glanzmann thrombusthenia (502),Other inherited platelet abnormality (509)
73 Pre-Trai	ansplant D	Disease	Platelets Inherited	yes i	no	Specify other inherited platelet abnormality:	open text		Specify other inherited platelet abnormality:	open text
		lassification	Abnormalities of Platelets							
74 Pre-Tra	·  c	Disease Classification	Inherited Disorders of Metabolism	yes	no		Aeronickochydrophy (MZ) (SCI) Ampril glescoministics (SLI), glescombian deficiency (MI) (SCI) Amorbian (SLI) (SCI) Amorbian (SLI) (SCI) Amorbian (SLI) (SCI)			Nevertiary diffuse lexisoencephalography with spheroids, Ademoire decipitophy (ALD) [343], Appartyl glacosaminidase (SA1), Biparuminidase deficiency (VIII) [357], Aucostolois (SA2), Caucher disease S22), Marconolois (SA), Marcinesa, variany (VIII) [343], Antonolois (SA2), Caucher disease S22), Marconolois (SA3), Marcinesa, variany (VIII) [343], Antonolois (SA3), Antonol
75 Pre-Tra	ansplant D	Disease Classification	Inherited Disorders of Metabolism	yes i	no	Specify other inherited metabolic disorder:	open text		Specify other inherited metabolic disorder:	open text
6 Pre-Tra	ansplant D	Disease Classification	Inherited Disorders of	yes i	no	Loes composite score	Adrenoleukodystrophy (ALD) only		Loes composite score	Adrenoleukodystrophy (ALD) only
			Disorders of Metabolism							
8 Pre-Tra	lc lc		Histiocytic Disorders	yes I	no		open text			open text
9 Pre-Tra			Histiocytic Disorders	yes	no	Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? Hemophagocytic lymphohistiocytosis (HLH) only	No,Yes		Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? Hemophagocytic lymphohistiocytosis (HLH)	No.Yes
									only	
0 Pre-Trai	·  c	Disease Classification	Histiocytic Disorders	yes	no	Specify viral pathogen (check all that apply)	Activations, Nat. Chilangaphy Most, Conseption (2014). Consoviers, Desgo Mrs. (Editor Bont Vinz. (Editor Service 1987). Editor Mrs. (Editor Service 1987). A Service of the Conseption (Editor Service 1987). A Service of the Missister of the Conseption (Editor Service 1987). A service of the Conseption (Editor Se		Specify viral pathogen (check all that apply)	According IVinc, Chikagapan Winc, Chimagapalovina (GAV), Consovina, Denge Winc, Edited han War (BBV), State Annie (DAB), Edited winc (DB (B) FABB), Edited w
1 Pre-Tra 2 Pre-Tra	lc lc	Disease Classification	Histiocytic Disorders	yes	no	Has the recipient ever been infected with PCP / PJP?  Specify autoimmune disease classification	No,Yes		Has the recipient ever been infected with PCP / PJP? Specify autoimmune disease classification	No./tes
		Disease Classification	Diseases	yes	no		Antiplocapholiq undrose Bohers syndrome. Charg. Straus. Clascial polyateritis nodes. Control (abuse Dalettes mellitus type. Loses syndrome. Clast cell arteits, Levenburg arministic polyateritis nodes. Control (abuse Dalettes mellitus type. Loses syndrome. Clast cell arteits, Levenburg clast cell arteits, Levenburg clast cell arteits, Levenburg clast cell arteits, Levenburg class cell arteits, Levenburg class cell arteits, Levenburg class cell arteits, Levenburg class cell arteits, Class cell arteits, Class cell Arteits control (abuse del Arteits (abuse) cell arteits, Class cell Arteits, Class cell Arteits, Class cell Arteits, Class cell Arteits, Class cell a			Addybopologisk sydname. Before sydname. Change Strauss, Casulaci polyarteritis nodosis, Crish's Gleace, Elabertes mellius type. Lis van syndrome Glaat et all serbits. Inschiption and the processing of the strain of the strain sydname of the strain of the strain sydname of the strain sy
3 Pre-Tra	·  c	Disease Classification	Autoimmune Diseases	)es	no	Specify other autoimmune cytopenia:	open text		Specify other autoimmune cytopenia:	open text
Pre-Tra	ļc.	Disease Classification	Autoimmune Diseases	yes I	no	Specify other autoimmune bowel disorder:	open text		Specify other autoimmune bowel disorder:	open text
Pre-Tra		Disease Classification	Autoimmune Diseases	yes I	no	Specify other autoimmune disease: Specify solid organ transplanted (check all that apply)	open text  Kidney Liver, Other organ, Pancreas		Specify other autoimmune disease: Specify solid organ transplanted (check all that	open text
	·  c	risease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no				appty)	Motory Liver Coller organ Parcesa
Pre-Tra	·  c		Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other organ:	net set		Specify other organ:	Sport load:
Pre-Trai	c	Disease Classification	Tolerance Induction Associated with Solid Organ Transplant	yes	no	Specify other disease:	open text		Specify other disease:	open feat
9 Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes )	ye	WBC	Known,Unknown		WBC	Known,Unknown
D Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes y	yes	WBC			WBC	
l Pre-Tra	anniant D	Directo	Musladianiartic			Neutrophils	Yoran Introdu		Neutrophils	Voges Islander
	· c	Classification	Syndrome (MDS)	_	,					
2 Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	)es	ye	Neutrophils	%		Neutrophils	%
Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes 1	yes	Blasts in blood	Known,Unknown		Blasts in blood	Known, Unknown
Pre-Tra	ansplant in	lisease	Myelodysplastic	yes in	yes .	Blasts in blood	%		Blasts in blood	8
[		lassification	Syndrome (MDS)							
Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes I	e e	Hemoglobin	Known,Unknown		Hemoglobin	Known,Unlarown
6 Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes y	yes	At Diagnosis: Hemoglobin			At Diagnosis: Hemoglobin	
7 Pre-Trai	ansplant in	Disease	Myelodysplastic	wes .	wes .	Were RBCs transfused s 30 days before date of test?	No/es		Were RBCs transfused s 30 days before date of	mmol/L. No.Yes
	· c	lassification	Syndrome (MDS)			and a series of the series of			test?	
B Pre-Trai	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes 1	yes	Platelets	Known,Unknown		Platelets	Known,Unknown
Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	x 10'A (x 10'/mm') = 10'/.		Platelets	x107/, to 107/mm')
D Pre-Trai	ansplant D	lisease	Myelodysplastic	yes .	yes	Were platelets transfused s 7 days before date of test?	No,Yes		Were platelets transfused s 7 days before date of	
		lassification	Syndrome (MDS)			,			test?	
Pre-Trai	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes I	yes	WBC	Known Uhlmown		WBC	Known,Unlarown
Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes 1	yes	Neutrophils	Known,Unknown		Neutrophils	Known, Unknown
- 1			Myelodysplastic Syndrome (MDS)	lyes .	yes	Neutrophils	%		Neutrophils	
4 Pre-Trai	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	he.	yes	Blasts in blood	Known,Unknown		Blasts in blood	Known,Unlarown
Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes 1	yes	Blasts in blood			Blasts in blood	5
Pre-Tra				Nes .	wes	Hemoglobin	Known Uninown		Hemoglobin	Konse I Infrown
			Myelodysplastic Syndrome (MDS)	[						
Pre-Tra	ansplant D	Disease Classification	Myelodysplastic Syndrome (MDS)	yes 1	yes	Prior to Infusion: Hemoglobin			Prior to Infusion: Hemoglobin	
						i .				
Pre-Tra		Disease Classification	Myelodysplastic Syndrome (MDS)	yes 1	yes	Were RBCs transfused s 30 days before date of test?	No,Yes		Were RBCs transfused s 30 days before date of	No.Yes

Item ID	ime Point	nformation li	Information	Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s) Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	9	Sub-Type	Collection Domain Additional Sub	Additional Sub Domain applies	requested multiple times	applicable)	Current Information Collection Data Element Response Option(s)	Element (if applicable)		
PRE509 F	re-Transplant [	Disease N	Myelodysplastic Syndrome (MDS)	yes	yes	Platelets	Known, Jelinown	Platelets	Known, Unknown	
	re-Transplant [		Myelodysolastic	W-C	Week	Platelets	x 10/A (x 10/mm²)	Platelets	x 10'/ (k 10'/mm')	
			Syndrome (MDS)		,	Were platelets transfused s 7 days before date of test?	157 Å (s 157/mm²)	Were platelets transfused s 7 days before date of		
	re-Transplant C		Myelodysplastic Syndrome (MDS)	yes	yes	Were platelets transfused s 7 days before date of test?	No./es	Were platelets transfused s 7 days before date of test?	No. Yes	
PRE512	re-Transplant C	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known_Unknown	WBC	Known, Unknown	
PRE513	re-Transplant C	Disease N	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC		WBC		
PRE514	re-Transplant C	Disease Diseas	Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown	Neutrophils	Known, Unknown	
1 1	re-Transplant [		Myeloproliferative Neoplasms (MPN)		yes	Neutrophils	x	Neutrophils	%	
	re-Transplant E		Myeloproliferative ( Neoplasms (MPN)		nes	Blasts in blood	Known Likhown	Blasts in blood	Known, Unknown	
			- 1							
	re-Transplant		Myeloproliferative Neoplasms (MPN)	yes	yes	Blasts in blood	s	Blasts in blood		
	re-Transplant [		Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	Known_Unlinown	Hemoglobin	Known, Unknown	
PRE519	re-Transplant C	Disease Classification	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	•	Hemoglobin	• g/d. • g/l mmol/t.	
PRE520	re-Transplant C	Disease N	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused s 30 days before date of test?	NO/Yes	Were RBCs transfused s 30 days before date of test?		
	re-Transplant E		Myeloproliferative	yes	yes	Platelets	Known, Jelinown	Platelets	Known, Unknown	
	re-Transplant C		Neoplasms (MPN)  Myeloproliferative	ves	ves	Platelets	x 107 A (x 107/mm²)	Platelets	x 107/L (x 107/mm²)	
			Myeloproliferative Neoplasms (MPN)	,	,,,	I MOCPLE	107 Å (s 107 mm²)		107/h (107/mm²)	
	re-Transplant t		Myeloproliferative Neoplasms (MPN)	yes	nyes -	Were platelets transfused s 7 days before date of test?	NO,TES	Were platelets transfused s 7 days before date of test?	PND, TES	
	re-Transplant C		Myeloproliferative Neoplasms (MPN)	yes	yes	WBC	Known_Unlinown	WBC	Known, Unknown	
PRE525	re-Transplant C	Disease Nation	Myeloproliferative Neoplasms (MPN)	yes	yes	WBC		WBC		
	re-Transplant C		Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	Known,Unknown	Neutrophils	Known, Unknown	
	re-Transplant [		Myeloproliferative Neoplasms (MPN)	yes	yes	Neutrophils	x	Neutrophils	%	
	re-Transplant C			W-C	Week	Blasts in blood	Known Unknown	Blasts in blood	Known, Unknown	
			Myeloproliferative ( Neoplasms (MPN)		,-					
	re-Transplant C		Myeloproliferative Neoplasms (MPN)		yes	Blasts in blood		Blasts in blood	s	
	re-Transplant (		Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin	(hown_Unknown	Hemoglobin	Known, Unknown	
PRE531	re-Transplant C	Disease N	Myeloproliferative Neoplasms (MPN)	yes	yes	Hemoglobin		Hemoglobin	• \$\d\dots \dots \	
PRE532	re-Transplant [	Disease Diseas	Myeloproliferative Neoplasms (MPN)	yes	yes	Were RBCs transfused s 30 days before date of test?	NO/Yes	Were RBCs transfused s 30 days before date of test?		
PRE533	re-Transplant [	Disease N	Myeloproliferative Neoplasms (MPN)	yes	yes	Platelets	Known,Unlinown	Platelets	Known, Unknown	
1 1	re-Transplant E		- 1		nes	Platelets	x 10/k is 10/mm²	Platelets	x 10"/L (x 10"/mm²)	
		I	Myeloproliferative Neoplasms (MPN)				= = 1974 k 197mm) = 1974 k 197mm)		x 10% (x 10/mm²) x 10% (x 10/mm²)	
	re-Transplant (		Myeloproliferative Neoplasms (MPN)		yes	Were platelets transfused s 7 days before date of test?	WOLES	Were platelets transfused s 7 days before date of test?		
PRE536	re-Transplant C	Disease Diseas	Multiple Myeloma / Plasma Cell Disorder (PCD)	lyes .	no	Serum albumin	Nown, Unknown	Serum albumin	Known, Unknown	
PRE537	re-Transplant [		Multiple Myeloma / Plasma Cell Disorder (PCD)		no	Serum albumin:		Serum albumin:		
		ľ								
PRE538	re-Transplant	Disease Classification	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	LDH	Known Unknown	LDH	Known, Unknown	
PRE539	re-Transplant C		M. Mala		по	LDH		LDH	o UA	
		ľ	Myeloma / Plasma Cell Disorder (PCD)						ориали	
PRE540	re-Transplant C	Disease Diseas	Multiple Myeloma / Plasma Cell Disorder (PCD)	yes	no	Upper limit of normal for LDH:	'	Upper limit of normal for LDH:		
PRE541	re-Transplant [		Hemoglobinopathi k	yes	no	Serum iron	Known Unknown	Serum iron	Known, Unknown	
PRE542	re-Transplant I	Disease Classification e	es Hemoglobinopathi es	yes	no	Serum iron				
PRE543	re-Transplant C	Disease Classification e	Hemoglobinopathi es	yes	по		Toom, Unknown	Total iron binding capacity (TIBC)	Known, Unknown	
PRE544 F	re-Transplant C		Allogeneic Recipient Allogeneic	yes ws	no	Was GVHD prophylaxis planned? Specify drugs / intervention (check all that apply)	No./fes  Abstacept.Anti CD 25/Jeruspax, Dadisumsh, Antif IAC) Blinded randomized trial Bortecomib. CD34 erriched/CD34+ selection), Carticosteriods (systemic), Cyclophosphamide (Cytosan), Cyclopoorine (CSA)	Was GVHD prophylaxis planned?  Specify draws / intervention (check all that apply	No. Yes    No. Yes   No. Y	
		F	Recipient	,			Neoral, Sandimmune). Extra-corporeal photopheresis (ECP) Ex-vivo T-cel depletion, Filigothib, Maraviroc, Mycophenolate modetil (MMF) (Cellcept), Methotrexate (MTX) (Amethopterin), Other agent, Naudithib (Sonfiumz (Rapamych, Taconimung KS 906), Forcillicumab (Cellcamb)		Neoral, Sandimmune), Extra-corporeal photopheresis (ECP), Ex-vivo T-cell depletion, Filgotinib, Maraviroc, Mycophenolate mofetil (MMF) (Cel cept), Methotrexate (MTX) (Amethopterin), Other agent, Ruxolithib, Sirollmus (Rapamycin, Rapamycin, Ra	
	re-Transplant (		Allogeneic Recipient	yes	no	Specify other agent:  Is additional post-HCT therapy planned?	open test (do not report ATC, campath)	Specify other agent:  Is additional post-HCT therapy planned?	open text (do not report ATC, campath)	
	-	Therapy Planned as of Day 0								
PRE548	1	Post-HCT Disease Therapy Planned as of Day 0		no	no	Specify post-HCT therapy planned	Assertidien (Vidara) Blandamonaub, Biortecomio (Viciade), Biountino), Brentanimo, Carllacom, Cellular therapy (a.g. 127.)  (Albertino), Carllacom, Carllacom, Carllacom, Cellular therapy (a.g. 127.)  (Berlind), Lettauritinia (carllacom, Carllacom, Carlla	Specify post-HCT therapy planned	Azachtine/Vetaz), Binstumonsh Botrezonib (Vetaze), Bioudrinib ill ertinainsh, Carlliannib Callair therapy (e.g., DC).  Azachtine/Vetaz), Binstumonsh Botrezonib (Vetaze), Bioudrinib ill ertinainsh, Carlliannib Callair therapy (e.g., DC).  Reclindi, Letsarinib, Local radiotherapy, Motostavin Nilotrish Obrandusmah, Other Part British Posatrish, Opisarinish, Rilainnib (Rilavan, Matthera), Sordenib, Sunitosh, Thaildomide (Thiolannid), Lindows)	
PRE549	re-Transplant F	Post-HCT Disease Therapy Planned as		no	no	Specify other therapy:	(manned, unerown	Specify other therapy:	pen ted	
PRESSO F	re-Transplant F	Therapy Planned as of Day 0 Pre-HCT Preparative		no	no	Drug (drop down list)	Berdamuttine Busulfan Carboglath, Carmuttine Cholarabine, Cystophosphamide, Cytarabine, Esposodie Fludarabine, Generoltabine, Brittumonab Buserlan (Indiamide, Lamustine, Mediybatan, Medhiyorichisolone, Other Pentostatin, Propelens glycol-Free melphalan Ribustinah, Thiotepa, Too-bummnab, Treosulfan	Drug (drop down list)	Bendamustine Busulfan Carboplatin, Carmustine, Clofarabine, Cyclophosphamide, Cytarabine, Etoposide Fludarabine, Gemcitabine, Ibritumomab	
		Regimen					ммисты у измыния, инворите, интеррителизоване, итвет ретоватати, иторучене дуксо-тее megnatan, клаимпар, Thiotepa, Tostumomab, Treosullan		Rendamente, Bundin C. Erlockinic, Carmutine Cider Johns, Cyclophosphanide, Citar Johns, Esposide Fludurable, Centrable, Enfoumenab Natural Inclination, Carmutine Melphalan, Methylprednisolone, Other Piertostatin, Propriene glycu's free melphalan, Ritsulmal, Thiotepa, Toulumomals, Treosulfan, Azathioprine, Bortesomib, Cisplatin, Nydrosynes, and Vincristine.	

un be				la				formation Collection update:		Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
.m ID Tim	me Point II	Information Collection Domain Sub-Type	Information in Collection	Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current information Collection Data Element Response Option(s)	ormation Collection update: P	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)  Rationale for Information Collection Update
	ľ	Sub-Type	Information in Collection Domain Additional Sub Domain	applies						
8F551 Pro	e-Transplant P	Pre-HCT Preparative	er.	00	DO.	Actual weight at initiation of pre-HCT preparative regimen:	opinds		Actual weight at initiation of pre-HCT preparative	ounts
	R	Regimen				recommendation of the preparative regiment		ř.	egimen:	
RE552 Pre-	e-Transplant P	Pre-HCT Preparative	re	no	no	Was a pre-HCT preparative regimen prescribed?	no,yes	v	Nas a pre-HCT preparative regimen prescribed?	no.yes
	ſ	Kegilleli								
RE553 Pre-	e-Transplant P	Pre-HCT Preparative Regimen	re Allogeneic Recipient	yes	no	Classify the recipient's prescribed preparative regimen (Allogeneic HCTs only)	Myeloablative,Non-myeloablative (NST),Reduced Intensity (RIC)	ic r	Classify the recipient's prescribed preparative egimen (Allogeneic HCTs only)	Myeloablative Non-myeloablative (NST).Reduced Intensity (RIC)
RE554 Pre-	e-Transplant P	Pre-HCT Preparative	ve	no	no no	Was irradiation planned as part of the pre-HCT preparative	no.ves		Was irradiation planned as part of the pre-HCT preparative regimen?	NO.VES
	R	Regimen				regimen?		Ė	reparative regimen?	
RE555 Pre-	e-Transplant P	Pre-HCT Preparative Regimen	ve	no	no	What was the prescribed radiation field?	Total body by Intensity-modulated radiation therapy (IMRT),Thoracoabdominal region,Total body,Total lymphoid or nodal regions	· · · · · · · · · · · · · · · · · · ·	What was the prescribed radiation field?	Total body by Intensity-modulated radiation therapy (IMRT), Thoracoabdominal region, Total body, Total lymphold or nodal regions
25554 Dra.		Pre-HCT Preparative				Total prescribed dose: (dose per fraction v total number of			intal prescribed dose: (dose per fraction x total	
£556 Pre-	e-Transplant P	Pre-HCT Preparative Regimen	ve	no	no	Total prescribed dose: (dose per fraction x total number of fractions)	:Gy	Į.	otal prescribed dose: (dose per fraction x total number of fractions)	
RE557 Pre-	e-Transplant P	Pre-HCT Preparative	ve	no	no	Date started:	YYY/MM/DD	0	Date started:	YYYYAM/DD
	R	Regimen								
RE558 Pre-	e-Transplant P	Pre-HCT Preparative Regimen	ve	no	no	Was the radiation fractionated?	no,yes .	v	Nas the radiation fractionated?	so,yes
25550 Dra.		Des HCT Deservation								
£559 Pre-	e-Transplant P	Regimen	re	no	no	Total number of fractions:	open text	ľ	otal number of fractions:	open text
RE560 Pre-	e-Transplant P	Pre-HCT Preparative	re	no	yes	Specify other drug:	open text	s	ipecify other drug:	open text
	R	Regimen								
RE561 Pre-	e-Transplant P	Pre-HCT Preparative Regimen	ve	no	yes	Total prescribed dose:		T	otal prescribed dose:	
£562 Pre-	e-Transplant P	Pre-HCT Preparative Regimen	ve	no	lyes	Date started:	YYY/MM/IDD		Date started:	MYY/MA/DD
2F563 Pre-	e-Transplant P	Pre-HCT Preparative	er e	00	wes	Specify administration (husulfan only)	Roth IV Oral		necify administration (busulfan only)	Soth M Oral
[ ]		Regimen	1					ſ		
RE564 Pre-	e-Transplant P	Pre-Transplant Essential Data	1			is the recipient participating in a clinical trial?	no,yes	ls	s the recipient participating in a clinical trial?	nove:
Œ565 Pre	e-Transplant P		+	no i	no	Height at initiation of pre-HCT preparative regimen:	inches		leight at initiation of pre-HCT preparative	inches
		Pre-Transplant Essential Data	-		yes	Date:	Cms Cms Cms Cms Cms Cms Cms Cms Cms Cms	P D	egimen: Date:	
8F567 Pro		Essential Data Pre-Transplant		00	DO.	Sequence Number:	Auto Filled Field		equence Number	Auto Filed Field
8E568 Pre-	E	Essential Data				Date Received:	Auto Eilled Eield		Tyte Received:	Auto rilled field
	. E	Pre-Transplant Essential Data		no	no	CIBMTR Center Number:	Auto Filed Field	ľ	DBMTR Center Number:	Auto Filed Field
	. E	Pre-Transplant Essential Data		no	no			ľ		
RE570 Pre-	. E	Pre-Transplant Essential Data		no	no	EBMT Code (CIC):	Auto Filled Field	E	BMT Code (CIC):	Auto Filled Field
RE571 Pre-	e-Transplant P	Pre-Transplant Essential Data		no	no	CIBMTR Research ID:	Auto Filled Field	c	DBMTR Research ID:	Auto Filled Field
RE572 Pre-	e-Transplant P	Pre-Transplant Essential Data		no i	no	Event date:	Auto Filled Field created with CRID	E	vent date:	Auto Filed Field created with CRID
RE573 Pre-	e-Transplant P	Pre-Transplant Essential Data		no	no	Date of birth:	YYY/MM/DD	0	Date of birth:	YYY/MM/DD
RE574 Pre-	e-Transplant P	Pre-Transplant Essential Data		no	no	Sex	female,male	s	iex	female, male
RE575 Pre-	e-Transplant P	Pre-Transplant Essential Data	+	no	no	Ethnicity	Hispanic or Latino, Not applicable (not a resident of the USA), Not Hispanic or Latino, Unknown	E	thnicity	Hispanic or Latino Not applicable (not a resident of the USA),Not Hispanic or Latino, Unknown
E576 Pre	e-Transplant P	Pre-Transplant		no	no	Race (check all that apply)	American Indian or Alaska Native, Asian, Black or African American, Not reported, Native Hawaiian or Other Pacific Islander, Unknown, White	R	tace (check all that apply)	American Indian or Alaska Native Asian Black or African American, Not reported Native Hawaiian or Other Pacific Islander, Unknown, White
RE577 Pre-	e-Transplant P	Essential Data Pre-Transplant	+	no i	no	Race detail (check all that apply)	African American, African (both parents born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean, Caribbean Indian, Other	R	face detail (check all that apply)	African American, African (both parents born in Africa). South Asian, American indian, South or Central America, Alaskan Nathe or Aleut North American Indian, Black Caribbean, Caribbean Indian, Other
	E	Essential Data					White, Eastern European, Filipino (Pilipino), Guamanian, Hawaiian, Japanese, Korean, Mediterranean, Middle Eastern, North American, North Coast of Africa, Chinese, Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vietnamese, White Caribbean, Western European, White South or Central American			White, Eastern European, Flipino (Pilipino), Guamanian, Hawalian, Japaneez, Korean, Medillerarnean, Middle Eastern, Morth American, North Coast of Africa, Chinese, Northern European, Other Pacific Balander, Other Black, Samanna, Black, South or Central American; Onther Southerst Adan, Unknown Verkammeez, White Caribbean, Western European, White South or Central American James Common C
8F578 Pre-	- Tourselest D	Pre-Transplant				Country of primary residence	Andorra Linited Arah Emirates Mehanistan Antinus and Burburia Annulla Albania Armenia Netherlands Antilles Annula Albania Armenia Netherlands Antilles Annula Albania		ountry of primary residence	Andorra United Arab Emirates, Afghanistan Antigua and Barbuda Anguilla Albania Armenia Netherlands Antilles, Angola Antarctica, Argentina, American Samoa Austria, Australia, Aruba Aland
15/8 Pre-	e-Transplant P	Essential Data		no	no	Country or primary residence	Accordance And Contracts, Agricultural, Antiquation, Antiquation, Angolia, Alexandra, Angolia, Alexandra, Arterior, Service, Angolia, Alexandra, America, Service,		ountry or primary residence	Noters, Tables And Similar And Brain and All position And Angelia And Angelia
							Republic, Jermany, Uploud, Dermany, Deminica, Dominica, Deminica, Deminica, Despublic, and Septemberga, Prince, Cabon, United Kingdom (England, Wales, Scotland, Northern Ireland), Grenada, Georgia, French Guiana, Guernsey, Chana, Gibraltar, Greenland, Cambia, Guinea, Guadeloupe, Equatorial  Guinea Greene South Georgia, and the South Sandwich Islands Guademala Guam Guinea-Rissau Guana, and Respublic Guinea and McDonald  Guinea Greene South Georgia, and the South Sandwich Islands Guatemala Guam Guinea-Rissau Guana, and Respublic Guinea and McDonald			espulais, cermany, ujbolitu, lermany, commissa, luciminaria nepulais (ugleria, scalasod); stronia, signy revenue santa (urbani); judicini, lermany, judicini, lermany, commissa, luciminaria nepulais (ugleria, scalasod); stronia, signy revenue santa (urbani); serimas (urbani); judicini striniaria, signoria (urbani); costorial, ferrimenta internali, crienta (urbani); serimas (urbani); judicini striniaria, sociali substance (urbani); serimas (urbani); judicini striniaria, sociali serimas (urbani); serimas (urbani); judicini striniaria, serimas (urbani); judicini
							Islands, Honduras, Croatia, Haliti, Hungary, Indonesia, Ireland, Israel Jsle of Man, India, British Indian Ocean Territory, Iraq, Iran, Iceland, Istaly, Jersey, Jamaica, Jordan, Japan, Kenya, Xiyngyastan, Cambodia, Kiribatt, Comoros, Saint Kitts and Nevis, North Korea, South Korea, Kuwait, Cayman			Slands, Honduras, Crostla, Hill, Hungary, Indonesia, Inciend, Izarel, Hier of Man, India, British Indian Ocean Territory, Inag., Inacel, and July, Jersey, Jonasca, Jerdan, Japan, Serway, Syrgystran, Indian Ocean Territory, Inag., Inacel, and July, Jersey, Jonasca, Jerdan, Japan, Territory, Japan,
							Islands, Azazikistan, Jaos, Lebanon, Saint Lucia, Liechtendein, Sri Lanka, Liberia, Lesotho, Lithuania, Luxembourg, Latvia, Libya, Morocco, Monaco, Moldova, Montenegro, Saint Martin, French, Madagascar, Marshall Islands, Macedonia, Mall, Myanmar, Mongolia, Macau, Northern Mariana Habort Matthiona Maryitania, Montenerat Mally, Mariana Mariana, Mariana Mariana, M			Stands, Kazalinstan Loos, Lebanon, Saint Lucia, Liechhenstein, Sri Lanis, Liberia, Leong, Liberia, Leong, Liberia, Leong, Liberia, Liechhenstein, Sri Lanis, Liberia, Leong, Liberia, Liechhenstein, Sri Lanis, Liberia, Leong, Liberia, Leong, Liberia, Liechhenstein, Sri Lanis, Liberia, Leong, Liberia, Liechhenstein, Liberia, Liberia, Leong, Liberia, Liber
							Balance, Practic Index, Princip Princi			Sand Magrid Microgram Memory Dept. (See Supplemental See
							Helena, Slovenia, Svalbard and Jan Mayen, Slovak Republic, Sierra Leone, San Marino, Senegal, Somalia, Suriname, South Sudan, Sao Tome and Principe, El Salvador, Sint Maarten, Dutch, Syria, Swaziland, Turks and Calcos Islands, Chad, French Southern Territories, Togo, Thalland, Tajikistan, Tokelau, Timor-Leste, TurkmenIstan, Tunisia, Tonga, Turkey, Trinidad and			kelena, Slovenia, Svalbard and Jan Mayen, Sloviak Republic, Sierra Leone, San Marino, Senegal Somaila, Suriname, South Sudan, Soa Tome and Principe, El Salvador, Srift Maarten, Dutch Syria, Swarland, Turks and Calos Islands, Chad French Southern Territorise, Togo, Thailand, Tajkintan, Toleksul, Timore Leter, Turminant, Turnisa, Tonga, Turney, Trindiad and Dutch Syria, Swarland, Turnis and Calos Turnise, T
							lodago, torian, raman, ranzania, oblantic, opania, contect states minor couring mainto, ontect states, originally, ozbensan, roug see, sant vincent and the creatables, venezoesa, original stands, united States Virgin Islands, Vietnam, Vanuatu, Wallis and Futuna Islands, Samoa, Yemen, Mayotte, South Africa, Zambia, Zimbabwe			(locage), vibrad, stands i distancio di me constancio del sales minori del superiori del sales minori del sa
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RE579 Pre-	e-Transplant P	Pre-Transplant		no	no	State of residence of recipient	Acro Alagosa, Amagos Amazonos Bahla, Coara Distrito Federal Egyirto Santo Golos, Maranhoo, Mato Grosso, Mato Grosso do Sul Minas Censis, Para, Paraba, Parana Pemambuco, Piul 810 Crande do	ş	itate of residence of recipient	Acre. Alagoux, Amogo, Amogo, Bahlo, Cears, Efforito Federol Egyirlo Santo, Colaz, Maranhoo, Mato Grosso, Malo Grosso do Sul Minus Gerais Para, Paralba, Paran, Pernambuso, Pisul Rio Grande do
	. E	Pre-Transplant Essential Data Pre-Transplant		no i	no no	State of residence of recipient Province or territory of residence of recipient	Acer Alagons Areasa Amazons Salha Cara Dishirio Federal Fapikis Sesis Colos Marakhos Math Grosso Mato Grosso de Sul Misus Gerait Para/Paraba, Parama Aremanbucz, Plaud JiBo Grande de Merci Billio Gardede de JiBo de la brierio Residosi, Barainas, Santa Catalnas, Sar Paulis Cergles Ficunders  Merci Billio Condita de JiBo de La brierio Residosi, Barainas, Santa Catalnas, Sar Paulis Cergles Ficunders  Maria Maria Billio Condita Aprilleda, New Parama Chevalendurad and a Unical Device Salada Residencia Valoria.  Maria Maria Billio Condita Aprilleda, New Parama Chevalendurad and Autocolo Posso Social Manuel Acertamente Territorio, Christo Prince Edward Guerres. Salada Residencia Valoria.	S		Acre. Alagous Amason vas Bahla, C.eur a, Eldrito Feder Al. Espirito Santo, Giolas, Maranhao, Malio Grosso Malio Grosso de Sul Minus Gerais, Fara Purallos Fuena, Pernambosco (Haul, Rio Grande do Norte, Rio Giordine do Santo de Osia), Rio de James Nacionalis, Brioriana, Santo Castario, Sor Paulo, Sergio, Escartinis  Marcha Editirio Charlia, Manifolia New Browniano, Alexandro Armos Castario, Nacional Manifolia New Sections, Nacional Newson Castario, Prince Edward Island, Quebec, Sakatichewan, Yulion
	e-Transplant P	Pre-Transplant Essential Data		no i	no no		Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	S 8		Alberta, British Columbia, Manitoba, New Brunswick, NewYoundland and Labrador, Nova Scotta, Nanavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon
RES80 Pre-	e-Transplant P	Pre-Transplant		no i	no no	Province or territory of residence of recipient	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	9	Province or territory of residence of recipient	Alberta, British Columbia, Manitoba, New Brunswick, NewYoundland and Labrador, Nova Scotta, Nanavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon
RES80 Pre-	e-Transplant P E e-Transplant P	Pre-Transplant Essential Data Pre-Transplant Essential Data		no no	no no	Province or territory of residence of recipient  State of residence of recipient	Acre Alagon, Amago Amazonas Baha, Cara Distrito Federal spirito Senta Goias, Maranhas, Mato Grosso, Mato Grosso do Sul Missa. Gerais Para Faraba, Farana Persambuca, Pisul, 80 Grante do Monte, Bio Grande do Sul Rio de Janeiro, Romdonia, Boraina, Santa Catarina, Sao Paulo, Sengle, Escantero.  Alberta Britis Columbia, Martinola, New Brunneida, New Soundard and Labrador, New Social, Narunal, Northwest Territories, Orbatio, Prince Edward Island, Quebec, Saskatchewan, Vision  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, Arinana, California, Colorado, Connecticu, District of  Alaska, Albama, Arkarama, Arinana, Arinana, California, Colorado, Connecticu, District of  Albama, Arinana, Arinana, Arinana, Arinana, California,	S S	Province or territory of residence of recipient state of residence of recipient	Alberta, British Columbia, Manitoba, New Brunswick, Niewfoundland and Lahrador, Niewa Scottia, Niewavd, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Tukon Nielas, Albaham, Afrinana, Afrinana, Afrinana, Arinona, California, Colorado, Conventento, Editories Columbia, Delivener, Prince, Georgia Havania, Onsaida, Millerois, Indiana, Sannas, Korthody J. audainan, Massachuzetts, Maryland, Maile-Midrigan, Minnesoda, Miscouri, Minissippi, Montana, North Carolina, North Chaldras, Nebrada, New Harpspiler, New Network, New Netwo, Oseroda, New York, Chilo, Chilahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Daubatic, Fermener, Teach, Maryland, Montana, Maryland, Manitana, North Massachuzetts, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, North Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Ma
NES81 Pre-	e-Transplant P e-Transplant P e-Transplant P e-Transplant P	Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data		no no no no	no no no	Province or territory of residence of recipient State of residence of recipient  NMOP Recipient ID (RID):	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon		viovince or territory of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient	Alberta, British Columbia, Manitoba, New Brunswick, New Youndland and Labrador, Nova Scotia, Akunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon
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NES81 Pre-	e-Transplant P e-Transplant P e-Transplant P e-Transplant P e-Transplant P	Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data	Allogeneilc Recipient	00 00 00 00 00 00 00 00 00 00 00 00 00	80 80 80 80 80 80 80 80 80 80 80 80 80 8	Province or territory of residence of recipient  State of residence or recipient  NAMEP Recipient (D (RE)):  Tay or postal code for pipes of recipient's residence (USA)  sets of canada residence only):	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	2.7 Pr	rovince or territory of residence of recipient tatate of residence of recipient sAMDP Recipient 10 (RID): 1g. or postal code for place of recipient's sessiones (USA and Canada residents only): 8 to the recipient and a RBF of this committee	Alberta, British Columbia, Manitoba, New Brunswick, Niewfoundland and Lahrador, Niewa Scottia, Niewavd, Northwest Territories, Ontario, Prince Edward Island, Quebec, Saskatchewan, Tukon Nielas, Albaham, Afrinana, Afrinana, Afrinana, Arinona, California, Colorado, Conventento, Editories Columbia, Delivener, Prince, Georgia Havania, Onsaida, Millerois, Indiana, Sannas, Korthody J. audainan, Massachuzetts, Maryland, Maile-Midrigan, Minnesoda, Miscouri, Minissippi, Montana, North Carolina, North Chaldras, Nebrada, New Harpspiler, New Network, New Netwo, Oseroda, New York, Chilo, Chilahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Daubatic, Fermener, Teach, Maryland, Montana, Maryland, Manitana, North Massachuzetts, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, North Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Manitana, Maryland, Ma
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RE580 Pre- RE581 Pre- RE582 Pre- RE583 Pre- RE584 Pre-	E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P E-Transplant P	Per-Transplant Essential Data Pre-Transplant Essential Data	Allogeneic Recipient Allogeneic Related Donors	710 710 710 710 710 710 710 710 710 710	76 00 00 00 00 00 00 00 00 00 00 00 00 00	Province or ferritory of residence of recipient State of residence of recipient State of residence of recipient NAMEP Recipient ED (NEC) By or postal codes for place of recipient's residence (USA State the recipient appear an IRIS either committee for similar body approved consent form to donate research body approved consent form to donate research body approved consent form to donate research body approved consent form to donate research body approved consent form to donate research body for the form to sall province in the sall province in the sall province in the sall province in the s	Allotta Efficiency Assaltedus New Brunnelds Newtourdard and Labodor News social Nasand Northwest Territories, Chatalo, Prince Educard Stand, Queber, Sakatchewan, Vision Allada, Aldahma, Alda areas, Ariemas, California, Colorado, Connection, Edichet C.  Allada, Aldahma, Alda areas, Ariemas, California, Colorado, Connection, Edichet C.  Allada, Aldahma, Alda areas, Ariemas, California, Colorado, Connection, Edichet C.  Allada, Aldahma, Alda areas, Ariemas, California, Colorado, Connection, California, Allada, Mariema, Allada, Mar	Z n k k d d c	Two times or territory of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state of residence of recipient state recipient state of residence state of residence of residence state of residen	Aberta Emini Colombia M-Antinoba M-Eminoa M-Emin
RE580 Pre- RE581 Pre- RE582 Pre- RE583 Pre- RE584 Pre- RE585 Pre- RE586 Pre-	E-Transplant E-Tra	Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data	Allogeneic Recipient Allogeneic Recipient Related Donors	NO 100 100 100 100 100 100 100 100 100 10	700 700 700 700 700 700 700 700 700 700	Province or territory of residence of recipient  State of residence of recipient  State of residence of recipient  MADP Recipient to (INIC):  For or potal code for place of recipients residence (INIA and Canada residents only):  For or potal code for place of recipients residence (INIA and Canada residents only):  For or potal code for place of recipients residence (INIA and Canada residents only):  State for recipient state of INIC (INIC) (INIT) For allogence in ICI blood tampets to the NACIP / CIBMTR For allogence in ICI Code from two sligned:  State form was sli	Alberta Efficie Countries Martinos Martinos New Immunels Deviounded and Labodor News Scotia Navand Northwest Territories, Chatalo Prince Educard Island, Queber Sadasthewan, Vision Halda, Albahma, Albah	Z n k k d d c	revoluce or territory of residence of recipient table of residence of recipient and the recipient to (MDI). Go or postal code for place of recipient's cisidence (MDI and Canada residence contribution cisidence (MDI and Canada residence contribution to the recipient region mil of entire contribution to the recipient region mil or (MDI) to the recipient region mil or (MDI) to the recipient subset a complete to the MDI of the recipient subset a research sample to the MDI/MC/IMDIT reporter violation are subset to the contribution to the contribution of the MDI of the recipient subset a research sample to the MDI/MC/IMDIT reporter violation of the contribution of the the contribution of the br>the contribution of the cont	Aberta Emini Columbia Manifolia Ale Manifolia Ale Minima Air Connecticul Eminima Columbia Manifolia Ale Manifolia
RE580 Pre- RE581 Pre- RE582 Pre- RE583 Pre- RE584 Pre- RE585 Pre- RE586 Pre-	E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P E-fransplant P	Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data Pre-Transplant Essential Data	Allogeneic Recipient Allogeneic Recipient Allogeneic Recipient Belated Donors Belated Donors Clinical Trial Participants Cinical Trial	700 700 700 700 700 700 700 700 700 700	700 700 700 700 700 700 700 700 700 700	Province of tentions of insidence of recipient State of residence of recipient state of recipi	Alberta Effekt Columbia Martinola, New Brunniek I, Newtourdand and Labodor News action Name of Newton Effect (Martinola Martinola Martin	Z n k k d d c	Two times or territory of residence of recipient tate of residence or territory of residence of recipient tate of residence of recipient to MICID and the recipient to MICID and the recipient to MICID and the recipient to MICID and the recipient to MICID and the recipient spiral of MICID and the recipient spiral of MICID and the recipient spiral of MICID and the recipient spiral of MICID and the recipient spiral of MICID and the recipient spiral properties to the NAOP / MICID and the recipient spiral properties to the NAOP / MICID and the recipient spiral to the MICID and the recipient spiral to the MICID (VISMITIR repository? (Related disness only))	Aberta Britis Columbia M-Antibolas M-Revisional New Insurance I. New Insur

m ID Time	e Point li	Information	Information	Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
	k	Collection Domain Sub-Type	n Collection Domain Additional Sub Domain	Additional Sub Domain applies	requested multiple times	applicable)			Element (if applicable)	A monitori solicion speak
			Additional Sub Domain							
E590 Pre-	Transplant	Pre-Transplant	Clinical Trial	lyes .	no	Study ID Number	Report control of control reports options in some from the fills and change on the report of the rep		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
	ĺ	LIZZINIAI DANA	an ocquino				Treatment, BMT CTN 0803 - Auto HCT in HIV + Patients, RCI BMT 09 - MRD, RCI BMT CTN 109 - Plex, BMT CTN 0901 - Nyelcolability see, RIC, BMT CTN 0902 - Peri-TX Stress Mgmt, BMT CTN 1002 - Allo HCT in HIV + Patients, RCI BMT 10 - CBA, RCI BMT 10 - CMS, MDS-1, RCI BMT 11 - Treo, BMT CTN 1101 - Haplo vs. Double UCB with RIC, BMT CTN 1102 - MDS in older patients, RCI BMT 12 - Moxe, BMT CTN 1202			Assignment for the country country of places, a some later True (and scale and true) are country of the country
							Blomarker, BMT CTN 1203 - GMHD Prophylaskir, BMT CTN 1204 - HLH, BMT CTN 1205 - Eazy-to-read Consent Form (ETRIC), RCI BMT 13 - TLEC, BMT CTN 1301 - CNI-Free, BMT CTN 1302 - Allo MM, BMT CTN 1401 - Myeloma Vaccine, RCI BMT 13-VADA-0202, RCI BMT 15 - MMUD, BMT CTN 1505 - Islandard Risk GMHD, BMT CTN 1502 - CHAMP, Aplastic Anemia, BMT CTN 1503 - STRIDEZ, BMT CTN 1506 - Islandard Risk GMHD, BMT CTN 1507 - Islandard CTN 1507 - Is			Biomaries (BMT CTN 1203 - GVH-D Prophylasia: BMT CTN 1204 - HALR BMT CTN 1205 - Sup-to-read Consent Form (ETRIC) CRI 1307 - HALR BMT CTN 1205 - Sup-to-read Consent Form (ETRIC) CRI 1307 - HALP BMT CTN 1307 - HALD BMT CTN 1307
							1703 - PROGRESS III,BMT CTN 1704 - CHARMI BMT CTN 1803 - Hajol NIX Cell,BMT CTN 1903 - HIVT Cell,BMT CTN 1904 - Tree BM Failure Syndromes,BMT CTN 1905 - BEAT-MS (ITNO77A),PIDTC 6903   Disorders of the immune system (SCID),PIDTC 6903 - Disorders of the immune system (WAS),RCI BMT ACCESS,RCI BMT KIR - DS,RCI BMT SQCL,			1703 - PROCRESS IE BMT CTN 1704 - CHARAMBHT CTN 1803 - Hopio NX Cell BMT CTN 1905 - HVT T Cell BMT CTN 1904 - Tree BMT ajune Syndromes.BMT CTN 1905 - BBLT 1-KG (TNN)774, PDTC 6901 - Blooders of the immune system (CSD), PDTC 6901 - Bl
							COG APAL2020SC (PedAL), COG ASCT2031, COG AALL1732, COG AAMI1831			COG APAL2020SC (PedAL), COG ASCT2031, COG AALL1732, COG AAML1831
E591 Pre-	Transplant	Pre-Transplant Essential Data	Clinical Trial Participants	ves	no	Subject ID:	open text		Subject ID:	ocen text
5592 Pre-	Transplant	Essential Data Pre-Transplant Essential Data	Participants Clinical Trial Participants	Nes .	00	Specify the ClinicalTrials.gov identification number:	open fest		Specify the ClinicalTrials.gov identification	Count to st
****************	Transplant	Essential Data			-				number:	
393 PIC-	Transplant	Pre-Transplant Essential Data	Autologous Transplant	,-	iio	is a subsequent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease assessment) (For autologous HCTs only)	III., Yes		is a subsequent HCT planned as part of the overa treatment protocol? (not as a reaction to post- HCT disease assessment). (For autologous HCTs	nau/yes
E594 Pre-						Specify subsequent HCT planned	Allogeneic Autologous		only)  Specify subsequent HCT planned	Millionene's Autolonous
	-Transplant	Pre-Transplant Essential Data	Autologous Transplant	)ves	no		Allogeneic, Autologous		1 ' ' '	Allogeneic.Autologous
		Pre-Transplant Essential Data				Has the recipient ever had a prior HCT?	No,Yes		Has the recipient ever had a prior HCT?	No.Yes
370 [10		Pre-Transplant Essential Data				Specify the number of prior HCTs:	open text		Specify the number of prior HCTs:	open text
597 Pre-	-Transplant	Pre-Transplant Essential Data				Were all prior HCTs reported to the CIBMTR?	No,Unknown,Yes		Were all prior HCTs reported to the CIBMTR?	No, Unkinown, Yes
598 Pre-	-Transplant	Pre-Transplant Essential Data	Prior Transplant	yes	yes	Date of the prior HCT:	YYYY/MM/DD		Date of the prior HCT:	ттулан/до
599 Pre-	-Transplant	Pre-Transplant Essential Data	Prior Transplant	yes	yes	Date estimated	checked		Date estimated	checked
600 Pre-		Pre-Transplant Essential Data	Prior Transplant	yes	yes	Was the prior HCT performed at a different institution?	No,Yes	+	Was the prior HCT performed at a different institution?	No.Yes
601 Pre-	-Transplant	Pre-Transplant Essential Data	Prior Transplant	yes	ye	Name:	open text	<del> </del>	Name:	open text
E602 Pre-	-Transplant	Pre-Transplant	Prior Transplant	yes	yes	City:	open text		City:	open text
603 Pre-	-Transplant	Essential Data Pre-Transplant	Prior Transplant	yes .	yes	State:	open text		State:	open test
604 Pre-		Essential Data Pre-Transplant	Prior Transplant	ves .	,	Country:	open text		Country:	Coen text
		Essential Data	Prior Transplant		,	What was the HPC source for the prior HCT? (check all tha			Mint was the UDC source for the prior UCT?	Mogenet: related, Allogenet: survisited, Autologous
	Transplant	Pre-Transplant Essential Data Pre-Transplant	THO HAIDPINE	,c	,	apply)  Reason for current HCT	Graft failure / insufficient hematopoletic recovery/noufficient chimerism.New malignancy (including PTLD and EBV lymphoma), Other Persistent primary disease. Planned subsequent HCT, per		What was the HPC source for the prior HCT? (check all that apply)  Reason for current HCT	Graft failure / insufficient hematopoletic recovery, insufficient chimerism, New malignancy (including PTLD and EBV lymphoma), Other Persistent primary disease, Planned subsequent HCT, per
506 Pre-		Essential Data		no	no		Cart rature / insumment nemotopoletic recovery/insumment crimensim/new malignancy (including PTLL) and EBV (ymphoma), Uniter Persistent primary disease.  YnyyAMAMTH  YNYYAMAMTH			Gutt fature / insumoert nemotopietic recovery_insumment crimerism_new maignancy (including # ILL) and EBV lymphomia_turner_Persistent primary disease_trainned subsequent HLL, per protocol_Recurrent primary disease  YYYYMM/I/TO
	-Transplant	Pre-Transplant Essential Data		no	no	Date of graft failure / rejection:			Date of graft failure / rejection:	
608 Pre-	-Transplant	Pre-Transplant Essential Data		no	no	Date of relapse:	YYY/MM/DD		Date of relapse:	TTY/MM/DD
609 Pre-	Transplant	Pre-Transplant Essential Data		no	no	Date of secondary malignancy:	YYY/MM/DD		Date of secondary malignancy:	YYYYAMAID
E610 Pre-	-Transplant	Pre-Transplant Essential Data		no	no	Specify other reason:	open text		Specify other reason:	open text
E611 Pre-	-Transplant	Pre-Transplant Essential Data		no	no	Has the recipient ever had a prior cellular therapy? (do no include DLIs)	No,Unknown,Yes		Has the recipient ever had a prior cellular therapy? (do not include DLIs)	No, Unknown, Yes
E612 Pre-	Transplant	Pre-Transplant Essential Data	Prior Cellular Theranies	yes	no	Were all prior cellular therapies reported to the CIBMTR?	No,Unknown,Yes		Were all prior cellular therapies reported to the	No,Unknown,Yes
E613 Pre-	-Transplant	Pre-Transplant	Prior Cellular Therapies	yes	no	Date of the prior cellular therapy:	YYYY/MM/DD		Date of the prior cellular therapy:	TYY/MA/ID
614 Pre-	-Transplant	Essential Data Pre-Transplant Essential Data	Prior Cellular Therapies	yes	no	Was the cellular therapy performed at a different	No,Yes		Was the cellular therapy performed at a different	No.Yes
615 Pre-	-Transplant	Pre-Transplant	Prior Cellular	yes	no	Name:	open text		Name:	open text
E616 Pre-	-Transplant	Essential Data Pre-Transplant	Therapies Prior Cellular Therapies	jves .	no	City:	open text		City:	open text
617 Pre-	-Transplant	Essential Data Pre-Transplant	Prior Cellular	yes	no	State:	open text		State:	open text
618 Pre-	Transplant	Essential Data Pre-Transplant	Therapies Prior Cellular	wes	no	Country:	loon text		Country:	Soon text
		Essential Data Pre-Transplant	Therapies Prior Cellular	wes.	00	Specify the source(s) for the prior cellular therapy (check	Allograpic-related Allograpic-unrelated Autologous		Specify the source(s) for the prior cellular therap	Allogeneir-related, Allogeneir-unrelated, Autologous
		Essential Data	Therapies	) 		all that apply) Multiple donors?	DO USE		(check all that apply) Multiple donors?	
	Transplant	Pre-Transplant Essential Data				Specify number of donors:			Specify number of donors:	
621 Pre-	rransplant	Pre-Transplant Essential Data		110	no .	Specify number of donors:  Specify donor	Aperi (COX		Specify number of donors:  Specify donor	Defen text
	Transplant.	Essential Data		no	yes		Allogeneic-related donor, Allogeneic-unrelated donor, Autologous		I .	Allogeneis-related donor Allogeneis-unrelated donor Autologous
		Pre-Transplant Essential Data		no	yes	Specify product type (check all that apply)	Bone marrow, Other product PBSC, Single cord blood unit		Specify product type (check all that apply)	Bone marrow/Other product/PBSC, Single cord blood unit
24 Pre-		Pre-Transplant Essential Data		no	yes	Specify other product:	open text		Specify other product:	open test
25 Pre-		Pre-Transplant Essential Data		yes .	yes	is the product genetically modified?	No.Yes		Is the product genetically modified?	No.Yes
526 Pre-	Transplant	Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify the related donor type	HLA-matched other relative,HLA-mismatched relative,HLA-identical sibling (may include non-monozygotic twin),Syngeneic (monozygotic twin)		Specify the related donor type	NLA-matched other relative.HLA-mismatched relative.HLA-identical sibling (may include non-monozygotic twin). Syngeneic (monozygotic twin)
627 Pre-	Transplant	Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify the biological relationship of the donor to the recipient	Fraternal twin, Father, Grandchild, Grandparent, Mother, Maternal aunt, Maternal cousin, Maternal uncle, Other biological relative, Paternal aunt, Paternal cousin, Paternal uncle, Recipient's child, Sibling		Specify the biological relationship of the donor to the recipient	Fratemal twin Father, Grandchild, Grandparent, Mother, Matemal aunt, Matemal cousin, Matemal uncle, Other biological relative, Patemal aunt, Patemal cousin, Patemal aunce, Patemal
628 Pre-		Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify other biological relative:	open text		Specify other biological relative:	open test
629 Pre-	-Transplant	Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Degree of mismatch (related donors only)	1 HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)	+	Degree of mismatch (related donors only)	I HLA antigen mismatch, greater than or equal to 2 HLA antigen mismatch (does include haploidentical donor)
30 Pre-		Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Specify unrelated donor type	HLA matched unrelated,HLA mismatched unrelated		Specify unrelated donor type	RLA matched unrelated/HLA mismatched unrelated
631 Pre-	-Transplant	Pre-Transplant	Allogeneic Donors	yes	yes	Did NMDP / Be the Match facilitate the procurement,	No,Yes		Did NMDP / Be the Match facilitate the	No.Yes
	ľ	Essential Data				collection, or transportation of the product?			Did NMDP / Be the Match facilitate the procurement, collection, or transportation of the product?	
632 Pre-	Transplant	Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Was this donor used for any prior HCTs? (for this recipient	no,yes		Was this donor used for any prior HCTs? (for this recipient)	eoyes
33 Pre-		Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text
		Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text
635 Pre-		Pre-Transplant Essential Data	Allogeneic Donors	yes	ye	Registry donor ID:	open text	<del> </del>	Registry donor ID:	open text
636 Pre-		Essential Data Pre-Transplant Essential Data	Allogeneic Donors	yes	yes	Non-NMDP cord blood unit ID:	open text	-	Non-NMDP cord blood unit ID:	open text
637 Pre-	-Transplant	Pre-Transplant	Allogeneic Donors	yes .	yes	Is the CBU ID also the ISBT DIN number?	No,Unknown,Yes	-	Is the CBU ID also the ISBT DIN number?	No. Utbinown.Yes
		Essential Data	1			1			1	
38 Pre-	-Transplant	Pre-Transplant	Allogeneic Donors	yes	yes	Specify the ISBT DIN number:	open text		Specify the ISBT DIN number:	open text

n ID Time Poin	t Informatio	n Information					Information Collection update:		Proposed Information Collection Data Element Response Option(s) Rationale for Information Collection Update
. ID   I Ime Poin	Collection Sub-Type		Additional Sub Domain	requested multiple times	applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Element (if applicable)	proposed information Loilection Lists Element Response Option(s) kationale for Information Loilection Update
	Jun 1,750	Domain Additional St Domain	ь						
639 Pre-Transp	lant Pre-Transpl				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,		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,
	Essential D	ta				As Audita Size Nations Doors, ALGE, Machina Coeff Bood Equity, ALGE Sterric, for ALGE Instancts from Nations Register, AMA Amenian Book Murrars Once Register, AMA Amenian Book Murrars Once Register, AMA Amenian And Amanda Aman			As Author Book Marine Tools (ALE) Author Cod Book Englary (ACE) Stendy, for All Historias Size Native Registry (AM) Author (ALE) Author (ACE) Author
640 Pre-Transp	dant Pre-Transpl	ant Allogeneic Do	nors yes	yes	Specify other Registry or US Bunk	Foundation. Cord Blood (NYCB) Michael Cord Blood (Ingra), New York Blood Central (OND) Other Registry (P) Printagence Brine Marriero Doors Registry (P) Michael South Brine Marriero (Registry (P) Michael South Brine) Cord Blood (Ingra) (In		Specify other Registry or UKS Bank	Foundation - Coeff Blood (NYCII) Hastland Lord Blood Program. New York Blood Center, (JOH) Other Registry, PF Protiques Blook Nativos Doors Registry, PF, Nativosal Proting Blook Blook Nativos Blook Registry, PF, Nativosal Proting Blook Nativos Blook Registry, PF, Nativosal Proting Prot
641 Pre-Transp	Essential Da		norr have		Donor date of birth	Woose Unknown		Donor date of birth	Known Jaknown
642 Pre-Transp	Essential Da				Donor date of birth:	YYY/M/DD		Donor date of birth:	WYNNAIDD
- 1 '	Essential Da	ita	, ,	, ,					ITTY/MM/LD  Known Ibinown
643 Pre-Transp	Essential Da	ita	nors ives	yes	Donor age	Known,Unknown		Donor age	
644 Pre-Transp	Essential Da	ita	nors (yes	yes	Donor age: Months (use only if less than 1 years old), Years			Donor age: Months (use only if less than 1 years old), Years	
645 Pre-Transp	lant Pre-Transpl Essential Da	ant Allogeneic Do ita	nors yes	yes	Donor sex	female,male		Donor sex	Fernale male
646 Pre-Transp	lant Pre-Transpl Essential Da	ant Allogeneic Do	nors yes	yes	Specify blood type (donor) (non-NMDP allogeneic donors only)	AA8,8,O		Specify blood type (donor) (non-NMDP allogeneic donors only)	AABB.O
647 Pre-Transp		ant Allogeneic Do	nors lyes	yes	Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative, Positive		Specify Rh factor (donor) (non-NMDP allogeneic donors only)	Negative Positive
648 Pre-Transp			nors yes	yes	Donor CMV-antibodies (IgG or Total) (Allogeneic HCTs	Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive			Indeterminate, Not applicable (cord blood unit), Non-reactive, Not done, Reactive
649 Pre-Transp	lant Pre-Transpl	ant Allogeneic Do	nors ives	yes	Has the donor signed an IRB / ethics committee (or similar	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)		Has the donor signed an IRB / ethics committee	No (donor declined), Not applicable (center not participating), Not approached, Yes (donor consented)
	Essential Da	ita			body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (Related donors only)			(or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (Related donors only)	
650 Pre-Transp	lant Pre-Transpl Essential Da	ant Allogeneic Do	nors yes	yes	Date form was signed:	YYYY/MM/DD		Date form was signed:	WYY/MAY/DD
651 Pre-Transp	lant Pre-Transpl Essential Da	ant Allogeneic Do ta	nors yes	yes	Did the donor submit a research sample to the NMDP/CIBMTR repository? (Related donors only)	10)(45		Did the donor submit a research sample to the NMDP/CIBMTR repository? (related donors only)	10)155
652 Pre-Transp	Essential Da	ıta "	nors yes	yes	Research sample donor ID:	open text		Research sample donor ID:	open text
	lant Pre-Transpl Essential Da	ita Transplant	yes	yes	Specify number of products infused from this donor:	open text		Specify number of products infused from this donor:	open text
654 Pre-Transp	lant Pre-Transpl Essential Da		yes	yes	Specify the number of these products intended to achieve hematopoletic engraftment:	open text		Specify the number of these products intended to achieve hematopoietic engraftment:	open test
656 Pre-Transp					Specify other agent:			Specify other agent:	
657 Pre-Transp	Essential Da		,	,,,	Name of product (gene therapy recipients)	Betibeglogene autotemcel (Zyntelgo*), Elivaldogene autotemcel (Skysona*), Exagamglogene autotemcel, Other name		Name of product (gene therapy recipients)	poer i.es.  Betibesloene autotemcel (Zwitelso*). Elivaldoerne autotemcel (Skysona*). Exasamsloerne autotemcel. Other name
_ I _ `	Essential Da	ita Transplant	yes	yes	Name of product (gene therapy recipients)	Betroegiogene autotemicei (zynteigo-), Elivariogene autotemicei (sixysona-), Exagamgiogene autotemicei, Otner name		Name or product (gene therapy recipients)	sectoegiogene autotemice (Lymregor), Esvasiogene autotemice (saysonar), Esagampiogene autotemice, Urner name
	lant Pre-Transpl Essential Da		lves .	yes	,	open text		F,	open text
659 Pre-Transp	Essential Da	rta	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?	Kamofaly J. anaky
	lant Pre-Transpl Essential Da		no	no	Karnofsky Scale (recipient age ≥ 16 years)	500 Normal no complaints; no evidence of disease. 150 Monitorial, fluid process progressing rapidy, 20 Very sick hospitalisation insertions. 35 Seventy disabled: hospitalisation indicated, although software interests of the progressing of the processing and processing and advantage of the progressing of the processing advantage of the progressing of the processing advantage of the progressing of the processing advantage of the processing advantage of the progressing of the processing advantage of the		Karnofsky Scale (recipient age ≥ 16 years)	DON Neman, complaints, no existence of disease. ID Menthands, flatal process progressing rapidly, 20 Very sick hospitalization necessary, 25 Severely disabled, hospitalization indicated, although federated in the complex conference and existence and responsable care of the responsable care of the responsable care of the responsable care of the responsable care of the responsable disabled in care to the safe to care for most seed, 67 Curse for self, unable to cary on inormal activity or to do active work, 80 Normal activity with effort 10 Able to cary on inormal activity.
	lant Pre-Transpl Essential D	ta	no	no		100F Fally active Conditional Consistency of the Condition Consistency of the Condition Condition Consistency of the Condition		years)	100 Fally as the 1.0 Completely disable, not even passive legisla year, page 1,000 Fally as the 1.0 Completely disable, not even passive legisla year, page 1,000 Fall (as the 1.0 Fall (as the 1
662 Pre-Transp	Essential Da		ives	no	Specify blood type (of recipient) (For allogeneic HCTs only)			Specify blood type (of recipient) (For allogeneic HCTs only)	
	lant Pre-Transpl Essential Da	na precipient	yes	no	Specify Rh factor (of recipient) (For allogeneic HCTs only)			Specify Rh factor (of recipient) (For allogeneic HCTs only)	
664 Pre-Transp	Essential Da	ita	no	no	Recipient CMV-antibodies (IgG or Total)	Indeterminate.Non-reactive.Not done,Reactive		Recipient CMV-antibodies (IgG or Total)	Indeterminate Non-reactive Not done Reactive
675 Pre-Transp	Essential Da	ıta .	no	no	Is there a history of invasive fungal infection?	No,Ves		Is there a history of invasive fungal infection?	No. Yes
	lant Pre-Transpl Essential Da	ıta	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
677 Pre-Transp	Essential Di	ta	no	ino	Were there any co-existing diseases or organ impalment resent according to the H.T. combibility index (HCT-CI)? Source Sorror, M. L. (2013). How I assess comorbidities before hematopoletic cell transplantation. Blood, 121(15), 2854-2863.)	Ne.X'es		Were there any co-existing diseases or organ impairment present according to the HCT monorbidity index HCT-CIJ? (Source Servor, M. L. [2013]. How! assess comorbidities before hematopoletic cell transplantation. Blood, 121(15), 2854-2863.)	No.Yes
78 Pre-Transp	lant Pre-Transpl Essential D	ant Comorbid tta Conditions	Yes	no	Security conducting diseases or organ impairment (thes.) all that apply	Included as A polytotry of acid field follows or fatter, sick on syndrom, or ventrical are included a replacing required polytotry.  A polytotry of acid field follows or fatter sick on syndrom, or ventrical are included. Any interface of consumptions of the polytotry of the pol	í	specify co-existing diseases or organ impairment check all that apply)	Excitations of Ministry of Min
						Recul, modecate / series - Seriem recultive > 2 mg/life or > 17 yr june/1, on diulysis during the 4 weets prior to transplant. Oil prior result transplantation go to question 102 (Shamatologic, 4 mg/life or 19 yr june/1, on diulysis during the 4 meets prior to transplant. Oil prior result transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question 102 (Shamatologic, 4 mg/life or prior transplantation go to question			Final, indexists / genes - Source creations > Taylot, do = 171 yand), to mid-pink during the 4 weeks price to transplant. (Off price renal transplantation go to question 502)  Rhowaltogies, Price Price of a final management of the price of the pink of the pi

Item ID	ime Point	Information Info	formation	Response required if	Information Collection may be	Current Information Collection Data Element (if	Current Information Collection Data Element Response Option(s) Information Collection update:	Proposed Information Collection Data	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
		Collection Domain Col Sub-Type Doi Adi	ollection omain dditional Sub	Additional Sub Domain applies	requested multiple times	applicable)		Element (if applicable)		
		Doi	omain							
PRE680	Pre-Transplant		omorbid anditions	Yes	Sico Control of the C		Broad cares  Broad	Specify prior multiprancy (check all that apply)	Sezel Caracer Central nervous system (CKS) militorous (s.e.g., pilotatorous, astrocytena) Central nervous system (CKS) militorous (s.e.g., pilotatorous, astrocytena) Central nervous system (s.e.g., kiter, kiter, kiter, kiter, central, central control central control central control central cen	
PRE681	re-Transplant	Pre-Transplant Con	omorbid	Yes	no	Specify other hematologic malignancy: (prior)	open text	Specify other hematologic malignancy: (prior)	open text	
	re-Transplant	Pre-Transplant Cor	omorbid onditions	no	no	Specify other solid tumor: (prior)	open fext	Specify other solid tumor: (prior)	open text	
		Essential Data Pre-Transplant		no	no	Date sample collected:	TYTY/MM/DD	Date sample collected:	YYY/M/DD	
1 1	re-Transplant	Essential Data Pre-Transplant		00	200	Upper limit of normal for your institution:	nore twi	Upper limit of normal for your institution:	open byt	
		Essential Data Pre-Transplant		00	no	Date sample collected:	TYYYAM/DD	Date sample collected:	YYYYMM/DD	
1 1		Essential Data Pre-Transplant				Did the recipient have a prior solid organ transplant?	No. 1 Control of the	Did the recipient have a prior solid organ	No. Va.	
1 1		Essential Data	ior Solid Organ	no	no		NO. 1es  Biowel Heart Kidney(s), Liver Jung Other organ Pancreas	transplant?  Specify organ	Bowel, Heart, Kidney(s), Liver, Lung, Other organ, Pancreas	
		Essential Data Tra	ansplant	ye.	yes	Specify organ	Rower NearLY roue/Its Tring Trust collar/Laurices	specify organ	sower/watchis/mac/mdf/mac.od/au/watciss.	
PRE688	Pre-Transplant	Pre-Transplant Pric Essential Data Tra	ior Solid Organ ansplant	yes	yes	Specify other organ:	open fext	Specify other organ:	open text	
PRE689	re-Transplant	Pre-Transplant Pric Essential Data Tra	ior Solid Organ ansplant	yes	yes	Year of prior solid organ transplant:	my .	Year of prior solid organ transplant:	my	
PRE690	re-Transplant	Pre-Transplant Essential Data			yes	First Name (person completing form):	open text	First Name (person completing form):	open text	
PRE691	re-Transplant	Pre-Transplant Essential Data			yes	Last Name:	open text	Last Name:	open text	
PRE692	re-Transplant	Pre-Transplant Essential Data			yes	E-mail address:	open text .	E-mail address:	open text	
PRE693	re-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	
PRE694	Pre-Transplant	Pre-Transplant Essential Data		no	no	Glomerular filtration rate (GFR):	mL/min/1.73m2	Glomerular filtration rate (GFR):	mL/nin/1.73m2	
PRE695	re-Transplant	Pre-Transplant Essential Data		по	no	Serum ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)	Rown Uslicown	Serum ferritin (within 4 weeks prior to the start the preparative regimen, use result closest to th start date)	A Known, Usknown	
		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)		Serum ferritin (within 4 weeks prior to the start the preparative regimen, use result closest to th start date)		
		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)	Rosen United to the Control of the C	Serum albumin (within 4 weeks prior to the star of the preparative regimen, use result closest to the start date)		
		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)		Serum albumin (within 4 weeks prior to the star of the preparative regimen, use result closest to the start date)		
		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)	Sown, Uninovn	Platelets (within 4 weeks prior to the start of th preparative regimen, use result closest to the start date)		
		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)		start date)		
PRE701	re-Transplant	Pre-Transplant Essential Data		no	no	Were platelets transfused s 7 days before date of test?		Were platelets transfused < 7 days before date test?		
PRE702	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 (Blincyto), Gentusumab coopunicin (Mytotarg), Inotusumab coopunicin (Besponsa), Mopunulisumab (Poteligeo), None, Thiotepa	Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)	Bilinatumomab(Bilncyto), Gemtuzumab ozogamicin (Mylotarg), Irotuzumab ozogamicin (Besponsa), Mogamulizumab (Poteligeo), None, Thiotepa	

## Information Collection Domain: Transplant Procedure and Product Information

		CIBMTR'		Information Colle	ection Domain:	Fransplant Pro	ocedure and Pr	oduct Information			
Item ID		Collection Domain Sub-	<b>Collection Domain</b>	Response required if Additional Sub Domain applies	Collection may be	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
PRO113	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	mobilizing factor(s)	G-CSF (filgrastim, Neupogen),Pegylat ed G- CSF(pegfilgrastim, Neulasta), Plerixafor (Mozobil) Other growth or mobilizing factor(s)	Change/Clarification of Information Requested and Response Option	Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylated G- CSF(pegfilgrastim, Neulasta), Plerixafor (Mozobil), Motixafortide (Aphexda), Other growth or mobilizing factor(s)	Capture data accurately
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	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	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		Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO005	Transplant Procedure and Product Information	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 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) Birtish Bone Marrow Donor Registry, (BR) British Bone Marrow Donor Registry, (BR) British Bone Marrow Registry, (BR) Bone Marrow Registry, (BR) Bone Marrow Registry, (BR) Bone Marrow Registry, (BR) Bone Marrow Registry - Cord Blood, (CR)		Registry or UCB Bank ID  Donor DOB:	(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, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (CP) Swiss Blood Stem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Adult Donors, (CHCB) Swiss Blood Stem 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, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender (DNC2) Bone Marrow Donor Registry, (DXBD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood, (DK) The Danish Bone Marrow Donor Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Adult Donors, (FCB) France Greffe de Moelle - Cord Blood, (FI) Finnish Bone Marrow Donor Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry, (GR) Unrelated Hematopoietic Stem Cell Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong 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	bollol bos.	YYYY/MM/DD		DUITOT 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		Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if n Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element 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		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 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		Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element 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	<b>Collection Domain</b>	Additional Sub Domain		Information	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		Collection Domain Sub- Type	<b>Collection Domain</b>	Additional Sub Domain	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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,A2 9(19),A3,A30(19),A 31(19),A32(19),A33 (19),A34(10),A36,A 43,A66(10),A68(28),A69(28),A74(19),A		Specificity – 1st antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A2 5(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19), A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74( 19),A80,A9,AX	
PRO046	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,A2 9(19),A3,A30(19),A 31(19),A32(19),A33 (19),A34(10),A36,A 43,A66(10),A68(28) ,A69(28),A74(19),A		Specificity – 2nd antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A2 5(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19), A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74( 19),A80,A9,AX	
PRO047	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		Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	B12,B13,B14,B15,B 16,B17,B18,B21,B2 2,B27,B2708,B35,B 37,B38(16),B39(16),B3901,B3902,B40,B 4005,B41,B42,B44( 12),B45(12),B46,B4 7,B48,B49(21),B5,B 50(21),B51(5),B510 2,B5103,B52(5),B53 ,B54(22),B55(22),B5 6(22),B57(17),B59,B60(40),B61 40),B62(15),B63(15),B64(14),B65(14),B67 7,B7,B70,B703,B71(70),B73,B7 5(15),B76(15),B77(15),B78,B81,B84,B82,B81,B82,B81		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,E4(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(7),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		Collection Domain Sub- Type	<b>Collection Domain</b>	Response required if Additional Sub Domain applies	Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	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,B 16,B17,B18,B21,B2 2,B27,B2708,B35,B 37,B38(16),B39(16),B39(16),B3901,B3902,B40,B 4005,B41,B42,B44( 12),B45(12),B46,B4 7,B48,B49(21),B5,B 50(21),B51(5),B510 2,B5103,B52(5),B53 (522),B57(27),B58(16) (622),B57(17),B58(16) (622),B57(17),B58(16),B61		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),B56(27),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),Cw 2,Cw3,Cw4,Cw5,Cw 6,Cw7,Cw8,Cw9(W 3),CX		Specificity – 1st antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
PRO052	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),Cw 2,Cw3,Cw4,Cw5,Cw 6,Cw7,Cw8,Cw9(W 3),CX		Specificity – 2nd antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
PRO053	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	

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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,D R11(5),DR12(5),DR1 3(6),DR14(6),DR140 3,DR1404,DR15(2), DR16(2),DR17(3),D R18(3),DR2,DR3,DR 4,DR5,DR6,DR7,DR8 ,DR9,DRX		Specificity – 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1 403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3 ,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
PRO057	Transplant Procedure and Product Information	Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DR1,DR10,DR103,D R11(5),DR12(5),DR1 3(6),DR14(6),DR140 3,DR1404,DR15(2), DR16(2),DR17(3),D R18(3),DR2,DR3,DR 4,DR5,DR6,DR7,DR8 ,DR9,DRX		Specificity – 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1 403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3 ,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
	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		Collection Domain Sub- Type  Confirmation of	Information Collection Domain Additional Sub Domain	n Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PROUGU	Transplant Procedure and Product Information	HLA Typing	Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	present?	no,yes		Specificity DR33 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	;		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	;		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		Collection	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	and Product	Hematopoietic Cellular Transplant (HCT) Infusion		no	no	HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologo us		HCT type (check only one)	Allogeneic, related, Allogeneic, unrelated, Autologous	
PRO068	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown Yes		Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown,Yes	
PRO069	and Product	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	<b>Collection Domain</b>	Response required if Additional Sub Domain applies	Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	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,Caribbea n Indian,Other White,Eastern European,Filipino (Pilipino),Guamania n,Hawaiian,Japanes e,Korean,Mediterra nean,Middle Eastern,North American,North Coast of Africa,Chinese,Nort hern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vie tnamese,White Caribbean,Western European,White South or Central		Race detail (donor) (check all that apply)	African American, African (both parents born in Africa), South Asian, American Indian, South or Central America, Alaskan Native or Aleut, North American Indian, Black Caribbean, Caribbean Indian, Other White, Eastern European, Filipino (Pilipino), Guamanian, Hawaiian, Japanese, Korean, Medite rranean, Middle Eastern, North American, North Coast of Africa, Chinese, Northern European, Other Pacific Islander, Other Black, Samoan, Black South or Central American, Other Southeast Asian, Unknown, Vietnamese, White Caribbean, Western European, White South or Central American	
PRO074	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, Thalassemi a		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	

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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		no	Specify:	open text		Specify:	open text	

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PRO087	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the allogeneic donor give one or more autologous transfusion units?	No,Yes		Did the allogeneic donor give one or more autologous transfusion units?	No,Yes	
PRO088	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Date of collection:	YYYY/MM/DD		Date of collection:	YYYY/MM/DD	
PRO089	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Number of units:	open text		Number of units:	open text	
PRO090	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autolo gous transfusions,No	,	Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions, Autologous transfusions, No	
PRO091	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify number of autologous units:	open text		Specify number of autologous units:	open text	
PRO092	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify number of allogeneic units:	open text		Specify number of allogeneic units:	open text	
PRO093	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Did the donor die as a result of the collection?	no,yes		Did the donor die as a result of the collection?	no,yes	
PRO094	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information		no	Specify cause of death:	open text		Specify cause of death:	open text	
PRO095	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	First Name (persor completing form):	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	

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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,Othe product,PBSC,Singl e 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		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	

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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, (B) Bulgarian Bone Marrow Donor Registry, (BR) Bone Marrow Donor Registry, (BR) Bone Marrow Registry, (BR) Bone Marrow Registry, (BR) Bone Marrow Registry, (Cord Blood, (CR)		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 (Am) Armenian Bone Marrow Donor Registry (Am) Armenian Bone Marrow Donor Registry Charitable Trust, (AOCB) University of Colorado Cord Blood Bank, (AR) 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 Blood Stem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CS2) Czech Stem Cells Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender (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, (FGR) Unrelated Hematopoletic Stem Cell Donor Registry, (GR) Unrelated Hematopoletic Stem Cell Donor Registry, (FR) Hungarian Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong Bone Marrow Donor Registry, (HEM) Hema-Quebec, (HK) Hong Kong 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		Collection	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
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	
	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), Ethylenediaminete raacetic acid (EDTA), Heparin, Other agent		Specify anticoagulant(s) or other agents (check all that apply)	Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetetraacetic acid (EDTA), Heparin, Other agent	
	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other agent:	open text		Specify other agent:	open text	
	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	

Item ID		Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if n Additional Sub Domain applies	Information Collection may be requested multiple times	Collection Data Element (if	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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 (cyropreserved), Other shipping enfivronment		Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cyropreserved), Other shipping enfivronment	
PRO123	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other shipping environment:	open text		Specify other shipping environment:	open text	
	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	
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	

Item ID		Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	freezer,Liquid		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 OC , > -150 OC to < -135 OC , > 135 OC to < -80 OC, > -80 OC		Temperature during storage	<-150 OC, > -150 OC to < -135 OC, > -135 OC to < -80 OC, > -80 OC	
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	
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	

Item ID		Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	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
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)	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	
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	

Item ID		Collection Domain Sub- Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO144	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Dilute d,Plasma reduced,RBC reduced,Washed		Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed	
PRO145	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 depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation		Specify manipulations performed (check all that apply)	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex-vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation	
PRO147	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify antibodies used (check all tha apply)	Alpha/beta tantibody,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	
PRO149	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify T-cell depletion method	Antibody affinity column,Immunoma gnetic beads,Other Method		Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method	
PRO150	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	

Item ID		Contention of Assessment Education 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
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:	x10	
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	
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	

Item ID	Time Point	Collection	Collection Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times		Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO160	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
	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	
	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:			Total number of mononuclear cells:	x10	
	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:	x10	
	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
	Procedure	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD34+ cells:	x 10		Total number of CD34+ cells:	x 10	
	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	

Item ID		Collection Domain Sub- Type	Collection Domain	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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			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			Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method, Trypan blue	
PRO178	Procedure and Product	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	

Item ID		Collection Domain Sub- Type	<b>Collection Domain</b>	Response required if Additional Sub Domain applies	Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
	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	
	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	
	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
	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	
	Procedure and Product	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	

Item ID		Collection Domain Sub- Type	Information Collection Domair Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
PRO197	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes		No,Pending,Unkno wn,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	

Item ID	Time Point	Collection Domain Sub- Type	<b>Collection Domain</b>	Response required if Additional Sub Domain applies	Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO198	Procedure and Product	Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (ali 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), 132 Clostridium difficile, 132 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		Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella neumophila, 190 Legionella non-pneumophila, 103 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium mucogenicum, 110 Mycobacterium fuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 157 Pseudomonas aeruginosa, 186 Pseudomonas nonaeruginosa, 159 Rhodococcus (all species), 161 Serratia marcescens, 162 Shigella (all species), 180 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus pueumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal	

Item ID	Time Point	Collection Domain Sub- Type	<b>Collection Domain</b>	Response required if Additional Sub Domain applies	Collection may be	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO199		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), 132 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 135 Enterococcus (all species), 177 Enterococcus (all species), 177 Enterococcus (all species), 187 Haemophilus (all species), 187 Haemophilus non-influenzae, 146 Klebsiella (all		Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species) 187 Haemophilus influenzae, 188 Haemophilus non- influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium theloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium mucogenicum, 110 Mycobacterium fortuitum, 114 Mycobacterium haemophilus, 103 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas aeruginosa, 186 Pseudomonas non- aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160 Salmonella (all species), 107 Rickettsia (all species), 160 Salmonella (all species), 161 Serratia marcescens, 162 Shigella (all species), 161 Serratia marcescens, 162 Shigella (all species), 167 Staphylococcus aureus (Methicillin Sensitive), 158 Stepotrophomonas matophiliia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus penumoniae	

Item ID		Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO200	Procedure and Product	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), 131 Clostridium (all species), 132 Clostridium 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 influenzae, 146 Klebsiella (all		Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikelium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella neumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium cheloneae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium mucogenicum, 110 Mycobacterium fuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas aeruginosa, 186 Pseudomonas nonaeruginosa, 159 Rhodococcus (all species), 161 Serratia marcescens, 162 Shigella (all species), 161 Serratia marcescens, 162 Shigella (all species), 180 Staphylococcus aureus (Methicillin Resistant), 179 Staphylococcus aureus (Methicillin Sensitive), 158 Stenotrophomonas maltophilia, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, Group B, 178 Streptococcus pneumoniae, 168 Treponema (syphilis), 169 Vibrio (all species) Fungal	

Item ID		Collection Domain Sub-	Information Collection Domair Additional Sub Domain	Response required if n Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO201		Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	Bacterial Infections: 121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 127 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus (all species), 177 Enterococcus (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 148 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. coil), 139 Fusobacterium (all species) 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 149 Legionella pneumophila, 190 Legionella non-pneumophila, 193 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium keholonea, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas areuginosa, 186 Pseudomonas nonaeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160 Salmonella (all species), 161 Serratia marcescens, 162 Shigella (all species), 161 Serratia marcescens, 162 Shigella (all species), 161 Serratia marcescens, 162 Shigella (all species), 163 Stenotrophomonas maltophilii, 166 Stomatococcus mucilaginosis, 181 Streptococcus, alpha-hemolytic, 182 Streptococcus, group B, 178 Streptococcus pneumoniae	
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		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 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"			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"			Hour:Minute Check "standard time" or "check daylight savings time"	
PRO210	Transplant Procedure and Product Information	Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	of product infusion	Intramedullary,Intr avenous,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		Collection Domain Sub- Type	<b>Collection Domain</b>	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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		Collection Domain Sub- Type	<b>Collection Domain</b>	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		Collection		Response required if Additional Sub Domain applies	Collection may be	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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 <sub>2</sub> ) support	no,yes		Hypoxia requiring oxygen (O <sub>2</sub> ) 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		Collection Domain Sub- Type	<b>Collection Domain</b>	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	

		Collection Domain Sub- Type	Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Collection may be requested multiple times	Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	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	<b>Collection Domain</b>		Collection may be	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,Othe product,PBSC,Singl e cord blood unit	r	Product type (check all that apply)	Bone marrow,Other product,PBSC,Single cord blood unit	
	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 Program Belgium, (BCB) Belgium Cord Blood Registry, (B) Marrow Donor Program Belgium, (BCB) Belgium Cord Blood Registry, (B) Belgium Cord Blood Registry, (BCB) Belgium Cord Blood Registry, (BR) Bulgarian Bone Marrow Donor Registry, (BR) Bilgarian Bone Marrow Registry, (BR) Bilgarian Bone Marrow Registry, (BR) Bilgod, (CRB)		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, (CBC) Cord Blood Registry, (CH) Swiss Blood Stem Cells - Adult Donors, (CHCB) Swiss Blood Stem Cells - Cord Blood, (CKCB) Celgene Cord Blood Bank, (CN) China Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CS2) Czech National Marrow Donor Registry, (CSCR) Czech Stem Cells Registry, (CY2) The Cyprus Bone Marrow Donor Registry, (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors, (DCB) ZKRD - Zentrales Knochenmarkspender Register, (DKZ) Bone Marrow Donor Registry, (DS2) Bone Marrow Donor Registry, (DKZ) Bone Marrow Donor Registry, (F) France Greffe de Moelle - Adult Donors, (FCB) France Greffe Ge Moelle - Ad	
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-	<b>Collection Domain</b>	Response required if Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element 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		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		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		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		Collection Domain Sub-	Information Collection Domain Additional Sub Domain	Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element 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-	Information Collection Domain Additional Sub Domain	Additional Sub Domain applies		Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element 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		Domain Sub-	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
PRO294	Transplant Procedure and Product Information		Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Other infectious disease marker, specify	no,yes		Other infectious disease marker, specify	no,yes	
PRO295			Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
PRO296	Transplant Procedure and Product Information		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		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		Domain Sub-	Information Collection Domain Additional Sub Domain	Response	Information Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST056	Post- Transplant	Post- Transplant Essential Data		no	yes	Did the recipient develop COVID-19 (SARS-COV-2)?	No,Yes	Question will be disabled	Did the recipient develop COVID-19 (SARS-CoV-2)?	No,Yes	Reduce burden: data no longer relevant
POST057	Post- Transplant	Post- Transplant Essential Data		no	yes	Date of diagnosis:	YYYY/MM/DD	Question will be disabled	Date of diagnosis:	YYYY/MM/DD	Reduce burden: data no longer relevant
POST058	Post- Transplant	Post- Transplant Essential Data		no	yes	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	Question will be disabled	Was a vaccine for COVID-19 (SARS-CoV-2) received?	No,Unknown,Yes	Reduce burden: data no longer relevant
POST059	Transplant	Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify vaccine brand	AstraZeneca, Johnson & Johnson, Moderna, Novavax, Other (specify), Pfizer-BioNTech	Question will be disabled	Specify vaccine brand	AstraZeneca,Johnson & Johnson,Moderna,Novavax,Other (specify),Pfizer- BioNTech	Reduce burden: data no longer relevant
POST060		Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Specify other type:	open text	Question will be disabled	Specify other type:	open text	Reduce burden: data no longer relevant
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	Question will be disabled	Select dose(s) received	Booster dose,First dose(with planned second dose) ,One dose(without planned second dose) ,Second dose,Third dose	Reduce burden: data no longer relevant
POST062		Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date received:	YYYY/MM/DD	Question will be disabled	Date received:	YYYY/MM/DD	Reduce burden: data no longer relevant
	Post- Transplant	Post- Transplant Essential Data	Covid-19 Vaccine	yes	yes	Date estimated	checked	question will be disabled	Date estimated	checked	reduce burden: data no longer relevant
POST001	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	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	

Post-Transplant Periodic Inform

Item ID		Domain Sub-	Collection Domain Additional Sub		Collection may be requested		Current Information Collection Data   Information Collection update: Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST007	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		Specify the recipient's survival status at the date of last contact	Alive,Dead	Specify the recipient's survival status at the date of last contact	Alive,Dead (Complete recipient death data)	
POST010		Post- Transplant Essential Data		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 <u>'</u>	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	
POST015	Post- Transplant	Post- Transplant Essential Data		no		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		Subsequent Transplant	yes	yes			Number of DLIs in this reporting period		
POST018	Post- Transplant		Subsequent Transplant	yes	yes			Are any of the products, associated with this course of cellular therapy, genetically modified?	no, yes	
POST019	Post- Transplant		Subsequent Transplant	yes	yes	Date of cellular therapy:	YYYY/MM/DD	Date of cellular therapy:	YYYY/MM/DD	

Post-Transplant Periodic Inform

Item ID		Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data   Information Collection update:   Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST020	Post- Transplant	Post- Transplant Essential Data		no		Was there evidence of initial hematopoietic recovery?	No(ANC ≥ 500/mm3 was not achieved), Not applicable (ANC never dropped below 500/mm3 at any time after the start of the preparative regimen, Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report), Yes(ANC ≥ 500/mm3 achieved and sustained for 3 lab values)	Was there evidence of initial hematopoietic recovery?	No(ANC ≥ 500/mm3 was not achieved), Not applicable (ANC never dropped below 500/mm3 at any time after the start of the preparative regimen, Previously reported(recipient's initial hematopoietic recovery was recorded on a previous report), Yes(ANC ≥ 500/mm3 achieved and sustained fo 3 lab values)	
POST021	Post- Transplant	Post- Transplant Essential Data		no	yes	Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD	Date ANC ≥ 500/mm³ (first of 3 lab values):	YYYY/MM/DD	
POST022	Post- Transplant	Post- Transplant Essential Data		no	yes	Did late graft failure occur?	No,Yes	Did late graft failure occur?	No,Yes	
POST023	Post- Transplant	Post- Transplant Essential Data		no	yes	Was an initial platelet count ≥ 20 x 10°/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L). Previously reported(≥ 20 x 109/L was achieved and reported previously). Yes	Was an initial platelet count ≥ 20 x 10°/L achieved?	No,Not applicable(Platelet count never dropped below 20 x 109/L). Previously reported(≥ 20 x 109/L was achieved and reported previously). Yes	
POST024	Post- Transplant	Post- Transplant Essential Data		no	yes	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	Date platelets ≥ 20 x 109/L:	YYYY/MM/DD	
POST025	Post- Transplant	Post- Transplant Essential Data		no	yes	Did acute GVHD develop?	No,Unknown,Yes	Did acute GVHD develop?	No,Unknown,Yes	
POST026	Post- Transplant		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	
POST028	Post- Transplant		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 lieus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL. Not applicable (acute GVHD present but cannot be graded)	

Post-Transplant Periodic Inform

Item ID		Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST029	Post- Transplant		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			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		Graft vs. Host Disease	yes		Lower intestinal tract (use mL/day for adul recipients and mL/kg/day for pediatric recipients)	t Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) Stage 1 - Diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric) Stage 2 - Diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 3 - Diarrhea > 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric) Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool		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 - 3 mL/kg/day (pediatric) Stage 3 - Diarrhea 1001 - 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		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		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)			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		Graft vs. Host Disease	yes	yes	Other site(s) involved with acute GVHD	No,Yes		Other site(s) involved with acute GVHD	No,Yes	
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	

Item ID		Domain Sub-	Information Collection Domain Additional Sub Domain		Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST035	Post- Transplant		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)			I - Rash on ≤ 50% of skin, no liver or gut involvement II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 - 1000 mL/day or persistent nausea or vomiting III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without lieus IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL. Not applicable (acute GVHD present but cannot be graded)	
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			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		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 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		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 2011 - 1500 mL/day (adult), or > 30 mL/kg/day (pediatric) Stage 3 – Severe abdominal pain, with or without ileus, and/or grossly bloody stool	
POST039	Post- Transplant		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	
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)			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 (35-103 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)	

Item ID	Time Point	Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST041	Post- Transplant		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		Graft vs. Host Disease	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		Graft vs. Host Disease	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 s10 mg/day for adults, <0.1 mg/kg/day for children)	No,Not Applicable,Unknown,Yes	
POST050			Disease	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 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	

Item ID	Time Point	Domain Sub-	Information Collection Domain Additional Sub Domain		Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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	
POST064	Post- Transplant	Post- Transplant Essential Data		no		Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes	Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed?	No,Yes (Also complete Subsequent Neoplasms) , previosly reported	
POST065	Post- Transplant	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		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		Chimerism Study Performed	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		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		Chimerism Study Performed	yes	yes	Age:	MM (if less than 1 year); YY	Age:	MM (if less than 1 year); YY	

tem ID	Time Point	Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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		Chimerism Study Performed	yes	yes	Method	Single nucleotide polymorphisms (SNPS) (includes quantitative PCR, real time PCR, sequencing, other), Fluorescent in situ hybridzation (FISH) for XX/XY, Karyotyping for XX/XY,VGther, 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 fragmentlength polymorphisms (RFLP), VNTR or STR, micro or mini satellite	
POST077	Post- Transplant	Post- Transplant Essential Data	Chimerism Study Performed	yes	yes	Specify:	open text	Specify:	open text	
POST078	Post- Transplant		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		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		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	1
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	

Item ID	Time Point	Collection Domain Sub-	Collection Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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		Was the disease status assessed by molecular testing?	No,Not Applicable,Yes	Was the disease status assessed by molecular testing?	No,Not Applicable,Yes	
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	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	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	

	Type	Additional Sub	required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
ransplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD	
ransplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes	Was disease detected?	no,yes	
	Disease Assessment at the Time of Best Response to HCT		no			No,Not Applicable,Yes	Was the disease status assessed via karyotyping?	No,Not Applicable,Yes	
	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD	
ransplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes	Was disease detected?	no,yes	
ransplant	Disease Assessment at the Time of Best Response to HCT		no		radiological assessment? (e.g. PET, MRI,	No,Not Applicable,Yes	Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)	No,Not Applicable,Yes	
ransplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD	
ransplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Was disease detected?	no,yes	Was disease detected?	no,yes	
ransplant	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	
ransplant	Disease Assessment at the Time of Best Response to HCT		no	yes	Date assessed:	YYYY/MM/DD	Date assessed:	YYYY/MM/DD	
1	ost- ransplant  ost- ransplant  ost- ransplant  ost- ransplant  ost- ransplant  ost- ransplant  ost- ransplant	ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT  Disease ransplant Assessment at the Time of Best Response to HCT	Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT	Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT	Assessment at the Time of Best Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response to HCT  Disease Response RCT  Disease	Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Time of Best Response to HCT  Disease Assessment at the Time of Best Response to HCT  Disease Assessment	Accessment at the time of propose of the time o	Assistant of a contract of a c	Testing of the control of the contro

Item ID	Time Point	Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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		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	
POST109	Post- Transplant	Post-HCT Therapy		no		Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumoma b, Bortezomib, Bosutinib, Carfilzomib, Che motherapy, Dasatinib, Decitabine, Gemtuz umab, Gilteritinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaur tinib, Midostaurin, Niotinih, Nivolumab, Ot her systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Rituximab, Sorafenib, Sunitini b, Thalidomide	Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, Bo sutinib, Carfilzomib, Dasatinib, Decitabine, Gemtuzumab, Gi Itertiinib, Ibrutinib, Imatinib mesylate, Ixazomib, Lenalidomide, Lestaurtinib, Midostauri n, Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Ritux imab, Sorafenib, Sunitinib, Thalidomide, Brentuximab vendotin, Daratumumab (Darzalex)	
POST110	Post- Transplant	Post-HCT Therapy		no	yes	Specify other systemic therapy:	open text	Specify other systemic therapy:	open text	
POST111	Post- Transplant	Post-HCT Therapy		no	yes	Specify other therapy:	open text	Specify other therapy:	open text	
POST112	Post- Transplant	Post-HCT Therapy		no		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 difficle, Other	
POST115	Post- Transplant	Post-HCT Therapy		no	yes			Specify other indication:	open text	
POST116	Post- Transplant	Relapse or Progression Post-HCT		no		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		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	

Item ID		Domain Sub-	Collection Domain	Response required if Additional Sub Domain applies	Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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,Blinatumoma b,Bortezomib,Bosutinib,Carfilizomib,Che motherapy,Dasatinib,Decitabine,Gemtuz umab,Gilteritinib,Ibrutinib,Imatinib mesylate,Ixazomib,Lenalidomide,Lestaur tinib,Midostaurin,Nilotinib,Nivolumab,Ol her systemic therapy,Pembrolizumab,Pomalidomide, Quizartinib,Rituximab,Sorafenib,Sunitini b,Thalidomide		Specify systemic therapy (check all that apply)	Alemtuzumab, Azacytidine, Blinatumomab, Bortezomib, B sutinib, Carfilzomib, Chemotherapy, Dasatinib, Decitabine, Gemtuzumab, Gilteritinib, Ibrutinib, Immatinib mesylate, Ixazomib, Lenalidomide, Lestaurtinib, Midostaun , Nilotinib, Nivolumab, Other systemic therapy, Pembrolizumab, Pomalidomide, Quizartinib, Ritur imab, Sorafenib, Sunitinib, Thalidomide, Daratumumb (Darzalex), Venetoclax	i
POST125		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 -assesment of current disease status	YYYY/MM/DD	
POST130	Post- Transplant	Recipient Death Data	Recipient Death	yes	no				Date of death:	YYYY/MM/DD	
POST131	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	
OST133	Post- Transplant	Recipient Death Data	Recipient Death	yes	no				Was documentation submitted to the CIBMTR?	No,Yes	

Item ID		Domain Sub-	Information Collection Domain Additional Sub Domain		Collection may be requested	Current Information Collection Data Element (if applicable)	Current Information Collection Data Infor Element Response Option(s)			Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
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,CDVID-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 (HUS), Idiopathic pneumonia syndrome (HUS), Idiopathic pneumonia syndrome (HUS), Indiopathic pneumonia didentified,Other cause, Other infection,Other organ failure,Other pulmonary syndrome (excluding pulmonary hemorrhage),Other pulmonary syndrome (excluding pulmonary hemorrhage), Other prior malignancy,Protozoal infection, Pulmonary failure,Recurrence / persistence / progression of disease,Renal failure,Sucide,Thromboembolic, Pneumonitis due to Cytomegalovirus (CMV),Viral infection, Pneumonitis due to other virus,Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	P		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 alweolar damage (without hemorrhage). Diffuse alweolar 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 malignaney, 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		Recipient Death Data	Recipient Death	yes	no	Specify:	open text	S	Specify:	open text	
POST136		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, Thrombotte intronagiopathy (TMA) (Thrombotte thrombotytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS), Ildiopathic pneumonia syndrome (IPS), Liver failure, New malignancy, Infection, organism not identified, Other cause, Other infection, Other organ failure, Other pulmonary syndrome (excluding pulmonary shemorrhage), Other vascular, Prior malignancy, Protozoal infection, Pulmonary failure, Recurrence / persistence / progression of disease, Renal failure, Suicide, Thromboembolic, Pneumonits due to Cytomegalovirus (CMV), Viral infection, Pneumonitis due to other virus, Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)	C		Accidental death, Acute GVHD, Adult respiratory distress syndrome (ARDS) (other than 195), Bacterial infection, Cardiac failure, Chronic GVHD, Central nervous system (CNS) failure, CDVID-19 (SARS-COV-2), Cytokine release syndrome, Diffuse alveolar damage (without hemorrhage), Diffuse alveolar hemorrhage (Without hemorrhage), Gastrointestinal (Gi) failure (not liver), Graft rejection or failure, Hemorrhage; cystifis; Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTPI)/Hemolytic Uremic Syndrome (IPS), Intracranial hemorrhage, Liver failure, Gutter (VD), Multiple organ failure, Evity 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)	

Item ID	Time Point	Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST138	Post- Transplant	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, Breast cancer, Genitourinary malignancy (e.g. kidney, bladder, cervix, uterus, ovary, prostate, testis), Central nervous system (CNS) malignancy (e.g. meningioma, glioma), Thyroid cancer			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), 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, Breast cancer, Genitourinary malignancy, Breast cancer, Genitourinary malignancy, Genitourinary malignancy, Genitourinary malignancy (e.g. meningioma, glioma), Thyroid cancer	
POST139	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?	No,Yes	
POST140	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify type of PTLD	Monomorphic,Polymorphic,Unknown	
POST141	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify oropharyngeal cancer	Mouth,Throat,Tongue, Other oropharyngeal cancer	
POST142	Post- Transplant	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 gastrointestinall cancer	
POST143	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	ľ	yes				Specify genitourinary malignancy	Bladder,Cervix,Kidney,Ovary,Prostate,Testicle,Uterus, Other genitourary malignancy	

Item ID		Domain Sub-	Collection Domain Additional Sub		Collection may be requested	Element (if applicable)	Current Information Collection Data   Information Collection update: Element Response Option(s)	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST144	Post- Transplant		New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	ľ	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		New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes	Date of diagnosis:	YYYY/MM/DD	Date of diagnosis:	YYYY/MM/DD	
POST147	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	ľ	yes	Was documentation submitted to the CIBMTR?	No,Yes	Was documentation submitted to the CIBMTR?	No,Yes	
POST148	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	ľ	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		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	
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	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		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	

Item ID	Time Point	Domain Sub-	Collection Domain Additional Sub	Response required if Additional Sub Domain applies	Collection may be requested	Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:		Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
POST154	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes					Other method, Qualitative PCR of blood, Quantitative PCR of blood	
POST155	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Specify other method:	open text	
POST156	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				Quantitative EBV viral load of blood: At diagnosis	copies/ml	
POST157	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				Was a quantitative PCR of blood performed again after diagnosis?	No,Yes	
POST158	Post- Transplant	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder	yes	yes				Highest EBV viral load of blood:	copies/ml	
POST159	Post- Transplant		New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		yes				Was there lymphomatous involvement?	No,Yes	
POST160	Post- Transplant	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	Neoplasms	New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder		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

Question will be disabled Question will be enabled

## 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

Reduce burden: data no longer relevant

Instruction text change to remove instructions