### Registry Use Only

<table>
<thead>
<tr>
<th>Sequence Number:</th>
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<tbody>
<tr>
<td>Date Received:</td>
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<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
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</thead>
<tbody>
<tr>
<td>CIBMTR Research ID:</td>
</tr>
<tr>
<td>Event date:</td>
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<tr>
<td>YYYY MM DD</td>
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</table>
### Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease subtype and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on TED track for the prior HCT, prior HCT was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a different disease, begin the form at question one.

Is this the report of a second or subsequent transplant or cellular therapy for the same disease?

- Yes - Go to question 20
- No - Go to question 1

### Laboratory Studies at Diagnosis

Report findings prior to any first treatment of ALL.

1. **WBC:**
   - [ ] Known
   - [ ] Unknown

2.  ____ ____ ____ ____ ____ • ____ [x 10^9/L (x 10^3/mm^3)]  [x 10^9/L]

3.  Date sample collected: ____ ____ ____ / ____ ____ / ____

4. **Blasts in blood:**
   - [ ] Known
   - [ ] Unknown

5.  ____ ____ ____

6.  Date sample collected: ____ ____ ____ / ____ ____ / ____

7. **Blasts in bone marrow:**
   - [ ] Known
   - [ ] Unknown

8.  ____ ____ ____

9.  Date sample collected: ____ ____ ____ / ____ ____ / ____

10. **Was extramedullary disease present?**
    - [ ] Yes
    - [ ] No
    - [ ] Unknown

### Specify site(s) of disease:

11. **Central nervous system**
    - [ ] Yes
    - [ ] No

12. **Cerebrospinal fluid (CSF)**
    - [ ] Yes
    - [ ] No

13. **Parenchyma (brain)**
    - [ ] Yes
    - [ ] No

14. **Mediastinum**
    - [ ] Yes
    - [ ] No

15. **Skin**
    - [ ] Yes
    - [ ] No

16. **Soft tissue (soft tissue mass / granulocytic sarcoma)**
    - [ ] Yes
    - [ ] No

17. **Testes / ovaries**
    - [ ] Yes
    - [ ] No

18. **Other site**
    - [ ] Yes
    - [ ] No

19. **Specify other site:** ____________________________
20. Was central nervous system prophylaxis given?
   - Yes
   - No
   - Unknown

Specify prophylaxis:

21. Cranial irradiation
    - Yes
    - No

22. Craniospinal irradiation
    - Yes
    - No

23. High-dose methotrexate
    - Yes
    - No

24. Intrathecal therapy (chemotherapy)
    - Yes
    - No

25. Other prophylaxis
    - Yes
    - No
    Specify prophylaxis: ____________________________

27. Was therapy given?
   - Yes
   - No

Line of Therapy:

28. Purpose of therapy:
    - Induction
    - Consolidation
    - Maintenance
    - Treatment for disease relapse

29. Intrathecal therapy
    - Yes
    - No

30. Systemic therapy
    - Yes
    - No

31. Date therapy started:
    - Known
    - Unknown

32. Date started:
    - YYYY
    - MM
    - DD

33. Date therapy stopped:
    - Known
    - Unknown

34. Date stopped:
    - YYYY
    - MM
    - DD

35. Number of cycles:
    - Known
    - Unknown

36. Number of cycles: ___ ___
37. Specify systemic therapy: (check all that apply for this line of therapy)
   ☐ Blinatumomab (Blincyto)
   ☐ Chemotherapy
   ☐ Dasatinib (Sprycel)
   ☐ Imatinib (Gleevec)
   ☐ Inotuzumab
   ☐ Nilotinib (AMN107, Tasignal)
   ☐ Ponatinib (Iclusig)
   ☐ Rituximab (Rituxan, MabThera)
   ☐ Other systemic therapy

38. Specify other systemic therapy:
   ____________________________

39. Radiation therapy:
   ☐ Yes
   ☐ No

40. Date therapy started:
   ☐ Known
   ☐ Unknown

41. Date started:
   __ __ __ __ / __ __ / __ __
   YYYY MM DD

42. Date therapy stopped:
   ☐ Known
   ☐ Unknown

43. Date stopped:
   __ __ __ __ / __ __ / __ __
   YYYY MM DD

Specify site(s) of radiation therapy:

44. Central nervous system:
   ☐ Yes
   ☐ No

Specify CNS irradiation:

45. Cranial ☐ Yes ☐ No
46. Craniospinal ☐ Yes ☐ No

47. Other site:
   ☐ Yes
   ☐ No

48. Specify other site:
   ____________________________
49. Cellular therapy (e.g. CAR T-cell)  
☐ Yes  ☐ No

50. Best Response to Line of Therapy:
☐ Complete remission (CR) – All of the following response criteria without progression for at least four weeks: < 5% blasts in the bone marrow, no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of ≥ 1,000/µL, Platelets ≥ 100,000/µL
☐ Complete remission with incomplete hematologic recovery (CRi) – All CR criteria except for residual neutropenia (<1000/µl) and/or thrombocytopenia (<100,000/µl)
☐ No complete remission

51. Date assessed: __ __ __ __ / __ __ / __ __ YYYY MM DD

52. Was the recipient MRD negative following this line of therapy?  ☐ Yes  ☐ No

53. Did the recipient relapse following this line of therapy?  
☐ Yes  ☐ No

54. Date of relapse: __ __ __ __ / __ __ / __ __ YYYY MM DD

Specify sites of disease relapse:

55. Central nervous system  
☐ Yes  ☐ No

56. Cerebrospinal fluid (CSF)  
☐ Yes  ☐ No

57. Parenchyma (brain)  
☐ Yes  ☐ No

58. Mediastinum  
☐ Yes  ☐ No

59. Skin  
☐ Yes  ☐ No

60. Soft tissue (soft tissue mass / granulocytic sarcoma)  
☐ Yes  ☐ No

61. Testes / ovaries  
☐ Yes  ☐ No

62. Other site  
☐ Yes  ☐ No

63. Specify other site: ____________

Copy questions 28-63 if needed for multiple lines of therapy.
### Laboratory Studies at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

<table>
<thead>
<tr>
<th>Question</th>
<th>Known</th>
<th>Unknown</th>
<th>Date sample collected: YYYYY/MM/DD</th>
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<tbody>
<tr>
<td>64. WBC</td>
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<tr>
<td>65. ____ ____ ____ ____ • ____ x 10^9/L (x 10^3/mm^3)</td>
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<tr>
<td>66. Date sample collected: YYYYY/MM/DD</td>
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<tr>
<td>67. Blasts in blood</td>
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<td></td>
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<tr>
<td>68. ____ ____ %</td>
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<td>69. Date sample collected: YYYYY/MM/DD</td>
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<tr>
<td>70. Blasts in bone marrow</td>
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<tr>
<td>71. ____ ____ %</td>
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<td>72. Date sample collected: YYYYY/MM/DD</td>
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<tr>
<td>73. Was flow cytometry performed?</td>
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<tr>
<td>74. Blood</td>
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<tr>
<td>75. Date sample collected: YYYYY/MM/DD</td>
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<tr>
<td>76. Was disease detected?</td>
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<tr>
<td>77. Specify percent disease detected: ____ ____ • ____ ____ ____ %</td>
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<tr>
<td>78. Bone marrow</td>
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<tr>
<td>79. Date sample collected: YYYYY/MM/DD</td>
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<tr>
<td>80. Was disease detected?</td>
<td></td>
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<tr>
<td>81. Specify percent disease detected: ____ ____ • ____ ____ ____ %</td>
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</tbody>
</table>
82. Was extramedullary disease present?

☐ Yes  ☐ No  ☐ Unknown

Specify site(s) of disease:

83. Central nervous system

☐ Yes  ☐ No

84. Cerebrospinal fluid (CSF)  ☐ Yes  ☐ No

85. Parenchyma (brain)  ☐ Yes  ☐ No

86. Mediastinum  ☐ Yes  ☐ No

87. Skin  ☐ Yes  ☐ No

88. Soft tissue (soft tissue mass / granulocytic sarcoma)  ☐ Yes  ☐ No

89. Testes / ovaries  ☐ Yes  ☐ No

90. Other site

☐ Yes  ☐ No

91. Specify other site: ____________________________

First Name:  ______________________________________

Last Name:  ______________________________________

E-mail address:  __________________________________

Date: __ __ __ __ / __ __ / __ __