Chronic Myelogenous Leukemia (CML)
Pre-Infusion Data

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___
CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Event date: __  __  __  __ / __  __ / __  __
            YYYY            MM       DD
HCT type: (check all that apply) ☐ Autologous    ☐ Allogeneic, unrelated    ☐ Allogeneic, related
Product type: (check all that apply) ☐ Bone marrow
                                  ☐ PBSC
                                  ☐ Single cord blood unit
                                  ☐ Multiple cord blood units
                                  ☐ Other product. Specify: ____________________________________________
## 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 or cellular therapy (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 186
- No - Go to question 1

### Disease Assessment at Diagnosis

1. What was the date of diagnosis?  ___ / ___ / ___
   YYYY MM DD

2. What was the disease status? (at diagnosis)
   - Chronic phase
   - Accelerated phase - Go to question 10
   - Blast phase - Go to question 9

3. Specify the chronic phase risk score used: (at diagnosis)
   - EUTOS - Go to question 4
   - Hasford - Go to question 5
   - Sokal - Go to question 6
   - Other - Go to question 7
   - Unknown - Go to question 12

   In the treating provider’s opinion, specify the risk score:

4. Specify the EUTOS score: ___ ___ - Go to question 12
5. Specify the Hasford score: ___ ___ ___ ___ - Go to question 12
6. Specify the Sokal score: ___ . ___ - Go to question 12
7. Specify other chronic phase score: ___ ___ ___ ___
8. Specify other chronic phase risk score used: _____________________ - Go to question 12
9. Specify blast phase phenotype
   - Lymphoid
   - Myeloid
   - Mixed phenotype
   - Unknown
10. Specify the criteria used to establish accelerated phase or blast phase
    - World Health Organization (WHO)
    - International Bone Marrow Transplant Registry (IBMTR)
    - Sokal
    - MD Anderson
    - European Leukemia Net
    - Other
    11. Specify other criteria: _____________________ ___
12. Specify the spleen size: ___ ___ centimeters below left lower costal margin
### Laboratory Studies at Diagnosis

**Report findings prior to any first treatment for CML:**

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

19. [ ]  ______ _ ______ _ • ___  x 10⁹/L (x 10³/mm³) [ ] x 10⁶/L

20. Date sample collected: __ __/ __/ __ YYYY MM DD

21. **Hemoglobin:**
   - [ ] Known
   - [ ] Unknown

22. [ ]  ______ _ ______ _ • ___ [ ] g/dL [ ] g/L [ ] mmol/L

23. Date sample collected: __ __/ __/ __ YYYY MM DD

24. Was RBC transfused ≤ 30 days before date of test?  [ ] Yes  [ ] No

25. **Platelets:**
   - [ ] Known
   - [ ] Unknown

26. [ ]  ______ _ ______ _ • ___  x 10⁹/L (x 10³/mm³) [ ] x 10⁶/L

27. Date sample collected: __ __/ __/ __ YYYY MM DD

28. Were platelets transfused ≤ 7 days before date of test?  [ ] Yes  [ ] No

29. **Eosinophils:**
   - [ ] Known
   - [ ] Unknown

30. ___ ___ %

31. Date sample collected: __ __/ __/ __ YYYY MM DD

32. **Basophils:**
   - [ ] Known
   - [ ] Unknown

33. ___ ___ %

34. Date sample collected: __ __/ __/ __ YYYY MM DD

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

36. ___ ___ %

37. Date sample collected: __ __/ __/ __ YYYY MM DD
38. Blasts in bone marrow:
☐ Known
☐ Unknown

39. ___ ___ ___ %

40. Date sample collected: __ __ __ / __ __ / __
    YYYY MM DD

41. Were cytogenetics tested (karyotyping or FISH)?
☐ Yes
☐ No
☐ Unknown

42. Were cytogenetics tested via karyotyping?
☐ Yes
☐ No
☐ Unknown

43. Date sample collected: __ __ __ / __ __ / __
    YYYY MM DD

44. Results of test
☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

45. ___ ___ % Ph+ metaphases (t(9;22)
    (q34;q11) and variants)

46. Other abnormality
☐ Yes ➔ 47. Specify other abnormality:
☐ No

48. Was documentation submitted to the CIBMTR?
☐ Yes
☐ No

49. Were cytogenetics tested via FISH?
☐ Yes
☐ No
☐ Unknown

50. Date sample collected: __ __ __ / __ __ / __
    YYYY MM DD

51. Results of test
☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

52. ___ ___ % Ph+ metaphases (t(9;22)
    (q34;q11) and variants)

53. Other abnormality
☐ Yes ➔ 54. Specify other abnormality:
☐ No

55. Was documentation submitted to the CIBMTR?
☐ Yes
☐ No
56. Were tests for molecular markers performed (e.g. PCR)?
- [ ] Yes
- [ ] No
- [ ] Unknown

57. Date sample collected: __ __ __ __ / __ __ / __ __

58. Was BCR / ABL detected?
- [ ] Yes
- [ ] No

59. Specify BCR / ABL breakpoint
- [ ] p190
- [ ] p210
- [ ] p230
- [ ] Other breakpoint
- [ ] Unknown

60. Specify other breakpoint:
_________________________

61. Was BCR / ABL kinase domain mutation analysis performed?
- [ ] Yes
- [ ] No
- [ ] Unknown

62. T315I
- [ ] Positive
- [ ] Negative
- [ ] Not done

63. WT
- [ ] Positive
- [ ] Negative
- [ ] Not done

64. L248V
- [ ] Positive
- [ ] Negative
- [ ] Not done

65. G250E
- [ ] Positive
- [ ] Negative
- [ ] Not done

66. Q252H
- [ ] Positive
- [ ] Negative
- [ ] Not done

67. Y253F
- [ ] Positive
- [ ] Negative
- [ ] Not done

68. E255K
- [ ] Positive
- [ ] Negative
- [ ] Not done
<p>| | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>69.</td>
<td>E255V</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
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<tr>
<td>70.</td>
<td>D276G</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
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<tr>
<td>71.</td>
<td>E279K</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
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<tr>
<td>72.</td>
<td>V299L</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
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<tr>
<td>73.</td>
<td>F317L</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
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<tr>
<td>74.</td>
<td>M351T</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
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<tr>
<td>75.</td>
<td>F359V</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
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<tr>
<td>76.</td>
<td>L384M</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
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<tr>
<td>77.</td>
<td>H396P</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
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<tr>
<td>78.</td>
<td>H396R</td>
<td>☐</td>
<td>Positive</td>
<td>☐</td>
<td>Negative</td>
<td>☐</td>
<td>Not done</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
84. Was therapy given?  
☐ Yes  
☐ No

85. Systemic therapy  
☐ Yes  
☐ No

86. Date therapy started  
☐ Known  
☐ Unknown

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

88. Was therapy stopped?  
☐ Yes  
☐ No

89. Date therapy stopped  
☐ Known  
☐ Unknown

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

91. Specify reason therapy stopped:  
☐ Toxicity  
☐ Not tolerable  
☐ Lack of response  
☐ Disease progression  
☐ Other  
☐ Unknown

92. Specify other reason:  
_________________________

83. Was documentation submitted to the CIBMTR? (e.g. pathology report)  
☐ Yes  
☐ No

79. G398R  
☐ Positive  
☐ Negative  
☐ Not done

80. F486S  
☐ Positive  
☐ Negative  
☐ Not done

81. Other mutation  
☐ Positive  
☐ Negative  
☐ Not done

82. Specify other mutation:  
_________________________
93. Bosutinib (Bosulif) ☐ Yes ☐ No
94. Busulfan (Busulfex, Myleran) ☐ Yes ☐ No
95. Corticosteroids ☐ Yes ☐ No
96. Cyclophosphamide (Cytoxan) ☐ Yes ☐ No
97. Cytarabine (Ara-C) ☐ Yes ☐ No
98. Dasatinib (Sprycel) ☐ Yes ☐ No
99. Daunorubicin (Cerubidine) ☐ Yes ☐ No
100. Doxorubicin (Adriamycin) ☐ Yes ☐ No
101. Homoharringtonine (HHT) ☐ Yes ☐ No
102. Hydroxyurea (Droxia, Hydrea) ☐ Yes ☐ No
103. Idarubicin (Idamycin) ☐ Yes ☐ No
104. Imatinib (Gleevec) ☐ Yes ☐ No
105. Interferon-α (Intron, Roferon) (includes PEG) ☐ Yes ☐ No
106. Methotrexate (MTX) (Amethopterin) ☐ Yes ☐ No
107. Nilotinib (AMN107, Tasigna) ☐ Yes ☐ No
108. Ponatinib (Iclusig) ☐ Yes ☐ No
109. Vincristine (VCR, Oncovin) ☐ Yes ☐ No
110. Other systemic therapy ☐ Yes ☐ No

111. Specify other systemic therapy: ______________________

112. Radiation therapy ☐ Yes ☐ No

113. Date therapy started
☐ Known ☐ Unknown

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

115. Date therapy stopped
☐ Known ☐ Unknown

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

Specify site(s) of radiation therapy:

117. Spleen ☐ Yes ☐ No

118. Other site(s)
☐ Yes ☐ No

119. Specify other site(s): ______________________

120. Splenectomy ☐ Yes ☐ No

121. Other therapy ☐ Yes ☐ No

122. Specify other therapy: ______________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapy response:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123. WBC</td>
<td>☐ Known   ☐ Unknown</td>
<td></td>
</tr>
<tr>
<td>124. WBC</td>
<td>☐ $x \times 10^9/L$   ☐ $x \times 10^6/L$</td>
<td>? $x \times 10^3/mm^3$</td>
</tr>
<tr>
<td>125. Date sample collected</td>
<td>☐ $YYYY/ MM/DD$</td>
<td></td>
</tr>
<tr>
<td>126. Were immature cells (i.e., myelocytes, promyelocytes or myeloblasts) noted on the WBC differential from the peripheral blood?</td>
<td>☐ Yes   ☐ No   ☐ Known</td>
<td></td>
</tr>
<tr>
<td>127. Basophils</td>
<td>☐ Known   ☐ Unknown</td>
<td></td>
</tr>
<tr>
<td>128. Basophils</td>
<td>☐ $%$</td>
<td></td>
</tr>
<tr>
<td>129. Platelets</td>
<td>☐ Known   ☐ Unknown</td>
<td></td>
</tr>
<tr>
<td>130. Platelets</td>
<td>☐ $x \times 10^9/L$   ☐ $x \times 10^6/L$</td>
<td>? $x \times 10^3/mm^3$</td>
</tr>
<tr>
<td>131. Date sample collected</td>
<td>☐ $YYYY/ MM/DD$</td>
<td></td>
</tr>
<tr>
<td>132. Were platelets transfused ≤ 7 days before date of test?</td>
<td>☐ Yes   ☐ No</td>
<td></td>
</tr>
<tr>
<td>133. Were cytogenetics tested (karyotyping or FISH)?</td>
<td>☐ Yes   ☐ No   ☐ Known</td>
<td></td>
</tr>
<tr>
<td>134. Were cytogenetics tested via karyotyping?</td>
<td>☐ Yes   ☐ No   ☐ Unknown</td>
<td></td>
</tr>
<tr>
<td>135. Date sample collected</td>
<td>☐ $YYYY/ MM/DD$</td>
<td></td>
</tr>
<tr>
<td>136. Results of test</td>
<td>☐ Abnormalities identified   ☐ No evaluable metaphases   ☐ No abnormalities</td>
<td>Specify cytogenetic abnormalities identified following this line of therapy:</td>
</tr>
<tr>
<td>137. $%$ Ph+ metaphases (t(9;22) (q34;q11) and variants)</td>
<td>☐ $%$</td>
<td></td>
</tr>
</tbody>
</table>
141. Were cytogenetics tested via FISH?
☐ Yes  ☐ No  ☐ Unknown

142. Date sample collected: ___ ___ ___ ___ / ___ ___ ___

143. Results of test
☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified following this line of therapy:

144. ___ ___ % Ph+ metaphases (t(9;22)
(q34;q11) and variants)

145. Other abnormality
☐ Yes  ☐ No

146. Specify other abnormality:
____________________

147. Was documentation submitted to the CIBMTR?
☐ Yes  ☐ No

148. Were tests for molecular markers performed (e.g. PCR)?
☐ Yes  ☐ No  ☐ Unknown

149. Date sample collected: ___ ___ ___ ___ / ___ ___ ___

150. Was BCR/ABL detected?
☐ Yes  ☐ No

151. Specify level of detection
☐ ≤ 0.1 %
☐ > 0.1 %
☐ ≥ 3-log reduction from standardized baseline
☐ < 3-log reduction from standardized baseline
152. Was BCR/ABL level of detection reported on the standardized International Scale (IS)?
☐ Yes  ☐ No

153. Were 2 consecutive tests performed? (quantitative and/or nested; of adequate quality [sensitivity >10^4])
☐ Yes  ☐ No

154. Specify BCR / ABL breakpoint
☐ p190  ☐ p210  ☐ p230  ☐ Other breakpoint  ☐ Unknown

155. Specify other breakpoint:
____________________

156. Was BCR / ABL kinase domain mutation analysis performed?
☐ Yes  ☐ No  ☐ Unknown

157. T315I
☐ Positive  ☐ Negative  ☐ Not done

158. WT
☐ Positive  ☐ Negative  ☐ Not done

159. L248V
☐ Positive  ☐ Negative  ☐ Not done

160. G250E
☐ Positive  ☐ Negative  ☐ Not done
161. Q252H  
☐ Positive  
☐ Negative  
☐ Not done  

162. Y253F  
☐ Positive  
☐ Negative  
☐ Not done  

163. E255K  
☐ Positive  
☐ Negative  
☐ Not done  

164. E255V  
☐ Positive  
☐ Negative  
☐ Not done  

165. D276G  
☐ Positive  
☐ Negative  
☐ Not done  

166. E279K  
☐ Positive  
☐ Negative  
☐ Not done  

167. V299L  
☐ Positive  
☐ Negative  
☐ Not done  

168. F317L  
☐ Positive  
☐ Negative  
☐ Not done  

169. M351T  
☐ Positive  
☐ Negative  
☐ Not done
170. F359V
☐ Positive
☐ Negative
☐ Not done

171. L384M
☐ Positive
☐ Negative
☐ Not done

172. H396P
☐ Positive
☐ Negative
☐ Not done

173. H396R
☐ Positive
☐ Negative
☐ Not done

174. G398R
☐ Positive
☐ Negative
☐ Not done

175. F486S
☐ Positive
☐ Negative
☐ Not done

176. Other mutation
☐ Positive
☐ Negative
☐ Not done

177. Specify other mutation: ____________________

178. Was documentation submitted to the CIBMTR? (e.g. pathology report)
☐ Yes  ☐ No

179. Specify the spleen size: ___ ___ centimeters below left lower costal margin
180. Best response to line of therapy
   - Complete hematologic response (CHR) - Go to question 181
   - Chronic phase - Go to question 181
   - Accelerated phase - Go to question 183
   - Blast phase - Go to question 182

181. Specify level of best response:
   - No cytogenetic response (No CyR) - Go to question 183
   - Minimal cytogenetic response - Go to question 183
   - Minor cytogenetic response - Go to question 183
   - Partial cytogenetic response (PCyR) - Go to question 183
   - Complete cytogenetic response (CCyR) - Go to question 183
   - Major molecular remission (MMR) - Go to question 183
   - Complete molecular remission (CMR) - Go to question 183

182. Specify blast phase phenotype
   - Lymphoid
   - Myeloid
   - Mixed phenotype
   - Unknown

183. Date assessed: __ __ __ / __ __ / __ __

184. Did disease relapse/progress following this line of therapy?
   - Yes
   - No

185. Date of relapse/progression: __ __ __ / __ __ / __ __

Copy questions 85 - 185 if needed for multiple lines of therapy

Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

186. Specify the spleen size: ____ ____ centimeters below left lower costal margin

187. Was extramedullary disease present?
   - Yes
   - No
   - Unknown

Specify site(s) of disease:

188. Central nervous system
   - Yes
   - No

189. Granulocytic sarcoma
   - Yes
   - No

190. Other site
   - Yes
   - No

191. Specify other site: ____________________________________

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Date Collection</th>
<th>Cytogenetics Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>192. Were immature cells (i.e., myelocytes, promyelocytes or myeloblasts) noted on the WBC differential from the peripheral blood?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>193. Eosinophils:</td>
<td>☐ Known ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>194. ___ ___ %</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>195. Date sample collected: __ __ __ / __ __ / __ __</td>
<td></td>
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</tr>
<tr>
<td>196. Basophils:</td>
<td>☐ Known ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>197. ___ ___ %</td>
<td></td>
<td></td>
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<tr>
<td>198. Date sample collected: __ __ __ / __ __ / __ __</td>
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<tr>
<td>199. Blasts in blood:</td>
<td>☐ Known ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>200. ___ ___ ___ %</td>
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<tr>
<td>201. Date sample collected: __ __ __ / __ __ / __ __</td>
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<tr>
<td>202. Blasts in bone marrow:</td>
<td>☐ Known ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>203. ___ ___ ___ %</td>
<td></td>
<td></td>
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<tr>
<td>204. Date sample collected: __ __ __ / __ __ / __ __</td>
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<tr>
<td>205. What was the status of bone marrow fibrosis prior to the preparative regimen / infusion?</td>
<td>☐ Absent ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>206. Date sample collected: __ __ __ / __ __ / __ __</td>
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<tr>
<td>207. Were cytogenetics tested (karyotyping or FISH)?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>208. Were cytogenetics tested via karyotyping?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>YYYY/MM/DD</td>
<td></td>
</tr>
<tr>
<td>209. Date sample collected: __ __ __ / __ __ / __ __</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>210. Results of test</td>
<td>☐ Abnormalities identified</td>
<td>Specify cytogenetic abnormalities identified at last evaluation prior to preparative regimen / infusion:</td>
<td></td>
</tr>
<tr>
<td>pecified cytogenetic abnormalities identified at last evaluation prior to preparative regimen / infusion:</td>
<td>☐ No evaluable metaphases</td>
<td>☐ No abnormalities</td>
<td></td>
</tr>
</tbody>
</table>
211. ____ ____ % Ph+ metaphases (t(9;22) (q34;q11) and variants)

212. Other abnormality
☐ Yes  213. Specify other abnormality:
☐ No

214. Was documentation submitted to the CIBMTR?
☐ Yes  ☐ No

215. Were cytogenetics tested via FISH?
☐ Yes  ☐ No  ☐ Unknown

216. Date sample collected: __ __ __ __ / __ __ / __ __

YYYY MM DD

217. Results of test
☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation prior to preparative regimen / infusion:

218. ____ ____ % Ph+ metaphases (t(9;22) (q34;q11) and variants)

219. Other abnormality
☐ Yes  220. Specify other abnormality:
☐ No

221. Was documentation submitted to the CIBMTR?
☐ Yes  ☐ No

222. Were tests for molecular markers performed (e.g. PCR)?
☐ Yes  ☐ No  ☐ Unknown

223. Date sample collected: __ __ __ __ / __ __ / __ __

YYYY MM DD

224. Was BCR / ABL detected:
☐ Yes
☐ No - Go to question 227, then skip to question 252

225. Specify level of detection:
☐ ≤ 0.1 %
☐ > 0.1 %
☐ ≥ 3-log reduction from standardized baseline
☐ < 3-log reduction from standardized baseline

226. Other abnormality ☐ Yes  ☐ No
227. Were 2 consecutive tests performed? (quantitative and / or nested; of adequate quality [sensitivity >104])
   ☐ Yes   ☐ No

228. Specify BCR / ABL breakpoint
   ☐ p190
   ☐ p210
   ☐ p230
   ☐ Other breakpoint
   ☐ Unknown

229. Specify other breakpoint: ____________

230. Was BCR / ABL kinase domain mutation analysis performed?
   ☐ Yes
   ☐ No
   ☐ Unknown

231. T315I
   ☐ Positive
   ☐ Negative
   ☐ Not done

232. WT
   ☐ Positive
   ☐ Negative
   ☐ Not done

233. L248V
   ☐ Positive
   ☐ Negative
   ☐ Not done

234. G250E
   ☐ Positive
   ☐ Negative
   ☐ Not done

235. Q252H
   ☐ Positive
   ☐ Negative
   ☐ Not done

236. Y253F
   ☐ Positive
   ☐ Negative
   ☐ Not done

237. E255K
   ☐ Positive
   ☐ Negative
   ☐ Not done

238. E255V
<table>
<thead>
<tr>
<th>Item</th>
<th>Mutation</th>
</tr>
</thead>
<tbody>
<tr>
<td>239</td>
<td>D276G</td>
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<tr>
<td>240</td>
<td>E279K</td>
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<td>L384M</td>
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<tr>
<td>246</td>
<td>H396P</td>
</tr>
<tr>
<td>247</td>
<td>H396R</td>
</tr>
</tbody>
</table>
252. Was documentation submitted to the CIBMTR? (e.g. pathology report)  ☐ Yes  ☐ No

### Disease Status at the Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

253. What was the disease status?
- Complete hematologic response (CHR) - **Go to question 254**
- Chronic phase - **Go to question 254**
- Accelerated phase - **Go to question 256**
- Blast phase - **Go to question 255**

254. Specify level of response:
- No cytogenetic response (No CyR) - **Go to question 256**
- Minimal cytogenetic response - **Go to question 256**
- Minor cytogenetic response - **Go to question 256**
- Partial cytogenetic response (PCyR) - **Go to question 256**
- Complete cytogenetic response (CCyR) - **Go to question 256**
- Major molecular remission (MMR) - **Go to question 256**
- Complete molecular remission (CMR) - **Go to question 256**

255. Specify blast phase phenotype
- Lymphoid
- Myeloid
- Mixed phenotype
- Unknown

256. Date assessed: _ _ _ _ _ _ _ _ / _ _ _ / _ _

YYYY   MM   DD