Disease Classification

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Event date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Primary Disease for HCT / Cellular Therapy

1. Date of diagnosis of primary disease for HCT / cellular therapy: ___ ___ ___ ___ — ___ ___ — ___ ___
   YYYY MM DD

2. What was the primary disease for which the HCT / cellular therapy was performed?

- ☐ Acute myeloid leukemia (AML) (10) – ***Go to question 3***
- ☐ Acute lymphoblastic leukemia (ALL) (20) – ***Go to question 104***
- ☐ Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) – ***Go to question 180***
- ☐ Chronic myeloid leukemia (CML) (40) – ***Go to question 184***
- ☐ Myelodysplastic syndrome (MDS) (50) *(If recipient has transformed to AML, indicate AML as the primary disease.)* – ***Go to question 195***
- ☐ Myeloproliferative neoplasms (MPN) (1460) *(If recipient has transformed to AML, indicate AML as the primary disease.)* – ***Go to question 275***
- ☐ Other leukemia (30) *(includes CLL)* – ***Go to question 388***
- ☐ Hodgkin lymphoma (150) – ***Go to question 395***
- ☐ Non-Hodgkin lymphoma (100) – ***Go to question 395***
- ☐ Multiple myeloma / plasma cell disorder (PCD) (170) – ***Go to question 413***
- ☐ Solid tumors (200) – ***Go to question 460***
- ☐ Aplastic anemia (300) *(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.)* – ***Go to question 462***
- ☐ Inherited bone marrow failure syndromes (320) *(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.)* – ***Go to question 465***
- ☐ Hemoglobinopathies (330) – ***Go to question 466***
- ☐ Paroxysmal nocturnal hemoglobinuria (PNH) (340) – ***Go to end of form***
- ☐ Disorders of the immune system (400) – ***Go to question 502***
- ☐ Inherited abnormalities of platelets (500) – ***Go to question 510***
- ☐ Inherited disorders of metabolism (520) – ***Go to question 512***
- ☐ Histiocytic disorders (570) – ***Go to question 515***
- ☐ Autoimmune diseases (600) – ***Go to question 520***
- ☐ Tolerance induction associated with solid organ transplant (910) – ***Go to question 524***
- ☐ Recessive dystrophic epidermolysis bullosa (920) – ***Go to end of form***
- ☐ Other disease (900) – ***Go to question 526***

Acute Myeloid Leukemia (AML)

3. Specify the AML classification

AML with defining genetic abnormalities

- ☐ Acute myeloid leukemia with *MLLT3::KMT2A* fusion (5)
- ☐ Acute myeloid leukemia with other *KMT2A* rearrangements (284)
- ☐ Acute myeloid leukemia with *DEK::NUP214* fusion (6)
- ☐ Acute myeloid leukemia with *MECOM (EVI1), GATA2* rearrangement (7)
- ☐ Acute myeloid leukemia with Other *MECOM* rearrangements (1011)
- ☐ Acute myeloid leukemia with *RBM15::MRTFA* fusion (8)
- ☐ Acute myeloid leukemia with *RUNX1::RUNX1T1* fusion (281)
- ☐ Acute myeloid leukemia with CBFB::MYH11 fusion (282)
- ☐ Acute promyelocytic leukemia with *PML::RARA* fusion (283)
- ☐ Acute promyelocytic leukemia with other *RARA* fusions (1012)
- ☐ Acute myeloid leukemia with *BCR::ABL1* fusion (3)
- ☐ Acute myeloid leukemia with *NPM1* mutation (4)
- ☐ Acute myeloid leukemia with *CEBPA* mutation (297)
- ☐ Acute myeloid leukemia with myelodysplasia – related (285)
- ☐ Acute myeloid leukemia with *NUP98* rearrangement (1013)
- ☐ Acute myeloid leukemia with mutated *TP53* (1014)
- ☐ Acute myeloid leukemia with other defined genetic alterations (1015)

AML, defined by differentiation

- ☐ Acute myeloid leukemia with minimal differentiation (286)
- ☐ Acute myeloid leukemia without maturation (287)
- ☐ Acute myeloid leukemia with maturation (288)
- ☐ Acute myelomonocytic leukemia (289)
- ☐ Acute monocytic leukemia (290)
- ☐ Acute erythroid leukemia (291)
- ☐ Acute megakaryoblastic leukemia (292)
- ☐ Acute basophilic leukemia (293)
- ☐ Myeloid sarcoma (295)
- ☐ Acute myeloid leukemia, not otherwise specified (280)

4. Did AML transform from MDS or MPN?

- ☐ Yes – **Also complete MDS or MPN Disease Classification questions**
- ☐ No

5. Is the disease (AML) therapy related?
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

6. Did the recipient have a predisposing condition?
   - ☐ Yes – ***Go to question 7***
   - ☐ No – ***Go to question 9***
   - ☐ Unknown – ***Go to question 9***

7. Specify condition
   - ☐ Bloom syndrome – ***Go to question 9***
   - ☐ Down syndrome – ***Go to question 9***
   - ☐ Fanconi anemia – **Also complete CIBMTR Form 2029 – FAN** – ***Go to question 9***
   - ☐ Dyskeratosis congenita – **Also complete CIBMTR Form 2028 – APL** – ***Go to question 9***
   - ☐ Other condition – ***Go to question 8***

8. Specify other condition: _____

Laboratory studies at diagnosis

9. Were cytogenetics tested (karyotyping or FISH)? *(at diagnosis)*
   - ☐ Yes – ***Go to question 10***
   - ☐ No – ***Go to question 23***
   - ☐ Unknown – ***Go to question 23***

10. Were cytogenetics tested via FISH?
    - ☐ Yes – ***Go to question 11***
    - ☐ No – ***Go to question 16***

11. Results of tests
    - ☐ Abnormalities identified – ***Go to question 12***
    - ☐ No abnormalities – ***Go to question 16***

12. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

13. Specify number of distinct cytogenetic abnormalities
    - ☐ One (1)
    - ☐ Two (2)

- ☐ Three (3)
- ☐ Four or more (4 or more)

14. Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality

☐ Other abnormality – ***Go to question 15***

15. Specify other abnormality: _____

16. Were cytogenetics tested via karyotyping?

☐ Yes – ***Go to question 17***

☐ No – ***Go to question 22***

17. Results of tests

☐ Abnormalities identified – ***Go to question 18***

☐ No evaluable metaphases – ***Go to question 22***

☐ No abnormalities – ***Go to question 22***

18. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

19. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

20. Specify abnormalities *(check all that apply)*

☐ -5

☐ -7

☐ -17

☐ -18

☐ -X

☐ -Y

☐ +4

☐ +8

☐ +11

☐ +13

☐ +14

☐ +21

☐ +22

☐ t(3;3)

☐ t(6;9)

☐ t(8;21)

- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality – ***Go to question 21***

21. Specify other abnormality: _____

22. Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*
    - ☐ Yes
    - ☐ No

23. Were tests for molecular markers performed? *(e.g. PCR, NGS) (at diagnosis)*
    - ☐ Yes – ***Go to question 24***
    - ☐ No – ***Go to question 36***
    - ☐ Unknown – ***Go to question 36***

24. CEBPA
    - ☐ Positive – ***Go to question 25***
    - ☐ Negative – ***Go to question 26***
    - ☐ Not done – ***Go to question 26***

25. Specify CEBPA mutation
    - ☐ Biallelic *(double mutant)*
    - ☐ Monoallelic *(single mutant)*

☐ Unknown

26. FLT3 – TKD *(point mutations in D835 or deletions of codon I836)*

☐ Positive

☐ Negative

☐ Not done

27. FLT3 – ITD mutation

☐ Positive – ***Go to question 28***

☐ Negative – ***Go to question 30***

☐ Not done – ***Go to question 30***

28. FLT3 – ITD allelic ratio

☐ Known – ***Go to question 29***

☐ Unknown – ***Go to question 30***

29. Specify FLT3 - ITD allelic ratio: ___. ___ ___

30. IDH1

☐ Positive

☐ Negative

☐ Not done

31. IDH2

☐ Positive

☐ Negative

☐ Not done

32. KIT

☐ Positive

☐ Negative

☐ Not done

33. NPM1

☐ Positive

☐ Negative

☐ Not done

Copy and complete questions 34-35 for multiple molecular markers

34. Other molecular marker

☐ Positive – ***Go to question 35***

☐ Negative – ***Go to question 35***

☐ Not done – ***Go to question 36***

35. Specify other molecular marker: _____

Copy and complete questions 34-35 for multiple molecular markers

Labs between diagnosis and last evaluation (If subsequent infusion, labs after prior infusion and before the last evaluation for this infusion)

36. Were cytogenetics tested (karyotyping or FISH)? *(in between)*

☐ Yes – ***Go to question 37***

☐ No – ***Go to question 50***

☐ Unknown – ***Go to question 50***

37. Were cytogenetics tested via FISH?

☐ Yes – ***Go to question 38***

☐ No – ***Go to question 43***

38. Results of tests

☐ Abnormalities identified – ***Go to question 39***

☐ No abnormalities – ***Go to question 43***

39. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

40. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

41. Specify abnormalities *(check all that apply)*

☐ -5

☐ -7

☐ -17

☐ -18

☐ -X

- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality – ***Go to question 42***

42. Specify other abnormality: _____

43. Were cytogenetics tested via karyotyping?

☐ Yes – ***Go to question 44***

☐ No – ***Go to question 49***

44. Results of tests

☐ Abnormalities identified – ***Go to question 45***

☐ No evaluable metaphases – ***Go to question 49***

☐ No abnormalities – ***Go to question 49***

45. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

46. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

47. Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–

- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality – ***Go to question 48***

48. Specify other abnormality: _____

49. Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*
    - ☐ Yes
    - ☐ No

50. Were tests for molecular markers performed? *(e.g. PCR, NGS) (in between)*
    - ☐ Yes – ***Go to question 51***
    - ☐ No – ***Go to question 63***
    - ☐ Unknown – ***Go to question 63***

51. CEBPA
    - ☐ Positive – ***Go to question 52***
    - ☐ Negative – ***Go to question 53***
    - ☐ Not done – ***Go to question 53***

52. Specify CEBPA mutation
    - ☐ Biallelic *(double mutant)*
    - ☐ Monoallelic *(single mutant)*
    - ☐ Unknown

53. FLT3 – TKD *(point mutations in D835 or deletions of codon I836)*
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

54. FLT3 – ITD mutation
    - ☐ Positive – ***Go to question 55***
    - ☐ Negative – ***Go to question 57***

☐ Not done – ***Go to question 57***

55. FLT3 – ITD allelic ratio

☐ Known – ***Go to question 56***

☐ Unknown – ***Go to question 57***

56. Specify FLT3 - ITD allelic ratio: ___. ___ ___

57. IDH1

☐ Positive

☐ Negative

☐ Not done

58. IDH2

☐ Positive

☐ Negative

☐ Not done

59. KIT

☐ Positive

☐ Negative

☐ Not done

60. NPM1

☐ Positive

☐ Negative

☐ Not done

Copy and complete questions 61-62 to report multiple other molecular markers

61. Other molecular marker:

☐ Positive – ***Go to question 62***

☐ Negative – ***Go to question 62***

☐ Not done – ***Go to question 63***

62. Specify other molecular marker: _____

Copy and complete questions 61-62 to report multiple other molecular markers

Labs at last evaluation

63. Were cytogenetics tested (karyotyping or FISH)? *(at last evaluation)*

- ☐ Yes – ***Go to question 64***
- ☐ No – ***Go to question 77***
- ☐ Unknown – ***Go to question 77***

64. Were cytogenetics tested via FISH?

- ☐ Yes – ***Go to question 65***
- ☐ No – ***Go to question 70***

65. Results of tests

- ☐ Abnormalities identified – ***Go to question 66***
- ☐ No abnormalities – ***Go to question 70***

66. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

67. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

68. Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)

- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality – ***Go to question 69***

69. Specify other abnormality: _____

70. Were cytogenetics tested via karyotyping?
    - ☐ Yes – ***Go to question 71***
    - ☐ No – ***Go to question 76***

    71. Results of tests
        - ☐ Abnormalities identified – ***Go to question 72***
        - ☐ No evaluable metaphases – ***Go to question 76***
        - ☐ No abnormalities – ***Go to question 76***

        72. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

        73. Specify number of distinct cytogenetic abnormalities
            - ☐ One (1)
            - ☐ Two (2)
            - ☐ Three (3)
            - ☐ Four or more (4 or more)

74. Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality – ***Go to question 75***

75. Specify other abnormality: _____

76. Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

- ☐ Yes
- ☐ No

77. Were tests for molecular markers performed? *(e.g. PCR, NGS) (at last evaluation)*

- ☐ Yes – ***Go to question 78***
- ☐ No – ***Go to question 90***
- ☐ Unknown – ***Go to question 90***

78. CEBPA

- ☐ Positive – ***Go to question 79***
- ☐ Negative – ***Go to question 80***
- ☐ Not done – ***Go to question 80***

79. Specify CEBPA mutation

- ☐ Biallelic *(double mutant)*
- ☐ Monoallelic *(single mutant)*
- ☐ Unknown

80. FLT3– TKD *(point mutations in D835 or deletions of codon I836)*

- ☐ Positive
- ☐ Negative
- ☐ Not done

81. FLT3 – ITD mutation

- ☐ Positive – ***Go to question 82***
- ☐ Negative – ***Go to question 84***
- ☐ Not done – ***Go to question 84***

82. FLT3 – ITD allelic ratio

- ☐ Known – ***Go to question 83***
- ☐ Unknown – ***Go to question 84***

83. Specify FLT3 - ITD allelic ratio: ___. ___ ___

84. IDH1

- ☐ Positive
- ☐ Negative
- ☐ Not done

85. IDH2

☐ Positive

☐ Negative

☐ Not done

86. KIT

☐ Positive

☐ Negative

☐ Not done

87. NPM1

☐ Positive

☐ Negative

☐ Not done

Copy and complete questions 88-89 to report multiple other molecular markers

88. Other molecular marker

☐ Positive – ***Go to question 89***

☐ Negative – ***Go to question 89***

☐ Not done – ***Go to question 90***

89. Specify other molecular marker: _____

Copy and complete questions 88-89 to report multiple other molecular markers

CNS Leukemia

90. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

☐ Yes

☐ No

☐ Unknown

Status at transplantation / infusion

91. What was the disease status? *(based on hematological test results)*

☐ Primary induction failure – ***Go to question 103***

☐ 1st complete remission *(no previous bone marrow or extramedullary relapse) (include CRi)* – ***Go to question 92***

☐ 2nd complete remission *(include CRi)* – ***Go to question 93***

- ☐ ≥ 3rd complete remission *(include CRi)* – ***Go to question 93***
- ☐ 1st relapse – ***Go to question 102***
- ☐ 2nd relapse – ***Go to question 102***
- ☐ ≥ 3rd relapse – ***Go to question 102***
- ☐ No treatment – ***Go to question 103***

92. How many cycles of induction therapy were required to achieve 1st complete remission? *(includes CRi)*
    - ☐ 1
    - ☐ 2
    - ☐ ≥ 3

93. Specify method(s) that was used to assess measurable residual disease status *(check all that apply)*
    - ☐ FISH – ***Go to question 94***
    - ☐ Karyotyping – ***Go to question 95***
    - ☐ Flow cytometry – ***Go to question 96***
    - ☐ PCR – ***Go to question 100***
    - ☐ NGS – ***Go to question 101***
    - ☐ Not assessed – ***Go to question 103***

94. Was measurable residual disease detected by FISH?
    - ☐ Yes
    - ☐ No

95. Was measurable residual disease detected by karyotyping assay?
    - ☐ Yes
    - ☐ No

96. Which leukemia immunophenotype was used for measurable residual disease detection? *(check all that apply)*
    - ☐ Original leukemia immunophenotype – ***Go to question 97***
    - ☐ Aberrant phenotype – ***Go to question 98***

97. Lower limit of detection *(for the original leukemia immunophenotype)*: __ __ __ __. __

98. Lower limit of detection *(for the aberrant phenotype)*: __ __ __ __. __

99. Was measurable residual disease detected by flow cytometry?
    - ☐ Yes

☐ No

100. Was measurable residual disease detected by PCR?

☐ Yes

☐ No

101. Was measurable residual disease detected by NGS?

☐ Yes

☐ No

102. Date of most recent relapse: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

103. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Acute Lymphoblastic Leukemia (ALL)

104. Specify ALL classification

B-lymphoblastic leukemia / lymphoma

☐ B-lymphoblastic leukemia / lymphoma, NOS (191)

☐ B-lymphoblastic leukemia / lymphoma with high hyperdiploidy (82)

☐ B-lymphoblastic leukemia / lymphoma with hypodiploidy (83)

☐ B-lymphoblastic leukemia / lymphoma, with *iAMP21* (95)

☐ B-lymphoblastic leukemia / lymphoma with *BCR::ABL1* fusion (192)

☐ B-lymphoblastic leukemia / lymphoma, *BCR::ABL1*-like features (94)

☐ B-lymphoblastic leukemia / lymphoma with *KMT2A* rearrangement (193)

☐ B-lymphoblastic leukemia / lymphoma with *ETV6::RUNX1* fusion (195)

☐ B-lymphoblastic leukemia / lymphoma with *ETV6::RUNX1*-like features (1111)

☐ B-lymphoblastic leukemia / lymphoma with *TCF3::PBX1* fusion (194)

☐ B-lymphoblastic leukemia / lymphoma with *IGH::IL3* fusion (81)

☐ B-lymphoblastic leukemia / lymphoma with *TCF3::HLF* fusion (1112)

B-lymphoblastic leukemia / lymphoma with other defined genetic abnormalities

☐ B-lymphoblastic leukemia / lymphoma with *DUX4* rearrangement (1113)

☐ B-lymphoblastic leukemia / lymphoma with *IG::MYC* fusion (1114)

☐ B-lymphoblastic leukemia / lymphoma with *MEF2D* rearrangement (1115)

☐ B-lymphoblastic leukemia / lymphoma with *ZNF384* rearrangement (1116)

☐ B-lymphoblastic leukemia / lymphoma with *NUTM1* rearrangement (1117)

- ☐ B-lymphoblastic leukemia / lymphoma with *PAX5alt* abnormalities (1118)
- ☐ B-lymphoblastic leukemia / lymphoma with *PAX5 p.P80R* abnormalities (1119)

T-cell lymphoblastic leukemia / lymphoma

- ☐ T-lymphoblastic leukemia / lymphoma (196)
- ☐ Early T-precursor lymphoblastic leukemia / lymphoma (96)
- ☐ Early T-precursor lymphoblastic leukemia / lymphoma, with *BCL11B* rearrangement (1120)

NK cell lymphoblastic leukemia / lymphoma

- ☐ Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (97)

105. Did the recipient have a predisposing condition?

- ☐ Yes – ***Go to question 106***
- ☐ No – ***Go to question 108***
- ☐ Unknown – ***Go to question 108***

106. Specify condition

- ☐ Aplastic anemia – **Also complete CIBMTR Form 2028 — APL** – ***Go to question 108***
- ☐ Bloom syndrome – ***Go to question 108***
- ☐ Down syndrome – ***Go to question 108***
- ☐ Fanconi anemia – **Also complete CIBMTR Form 2029 — FAN** – ***Go to question 108***
- ☐ Other condition – ***Go to question 107***

107. Specify other condition: _____

108. 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.)*

- ☐ Yes
- ☐ No

Laboratory studies at diagnosis

109. Were cytogenetics tested (karyotyping or FISH)? *(at diagnosis)*

- ☐ Yes – ***Go to question 110***
- ☐ No – ***Go to question 123***
- ☐ Unknown – ***Go to question 123***

110. Were cytogenetics tested via FISH?

- ☐ Yes – ***Go to question 111***
- ☐ No – ***Go to question 116***

111. Results of tests

☐ Abnormalities identified – ***Go to question 112***

☐ No abnormalities – ***Go to question 116***

112. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

113. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

114. Specify abnormalities *(check all that apply)*

☐ –7

☐ +4

☐ +8

☐ +17

☐ +21

☐ t(1;19)

☐ t(2;8)

☐ t(4;11)

☐ t(5;14)

☐ t(8;14)

☐ t(8;22)

☐ t(9;22)

☐ t(10;14)

☐ t(11;14)

☐ t(12;21)

☐ del(6q) / 6q–

☐ del(9p) / 9p–

☐ del(12p) / 12p–

☐ add(14q)

☐ (11q23) any abnormality

☐ 9p any abnormality

☐ 12p any abnormality

☐ Hyperdiploid (> 50)

☐ Hypodiploid (< 46)

- ☐ iAMP21
- ☐ Other abnormality – ***Go to question 115***

115. Specify other abnormality: _____

116. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 117***
- ☐ No – ***Go to question 122***

117. Results of tests

- ☐ Abnormalities identified – ***Go to question 118***
- ☐ No evaluable metaphases – ***Go to question 122***
- ☐ No abnormalities – ***Go to question 122***

118. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

119. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

120. Specify abnormalities *(check all that apply)*

- ☐ –7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)

- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality – ***Go to question 121***

121. Specify other abnormality: _____

122. Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*
    - ☐ Yes
    - ☐ No

123. Were tests for molecular markers performed? *(e.g. PCR, NGS) (at diagnosis)*
    - ☐ Yes – ***Go to question 124***
    - ☐ No – ***Go to question 128***
    - ☐ Unknown – ***Go to question 128***

124. BCR / ABL
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

125. TEL-AML / AML1
    - ☐ Positive
    - ☐ Negative
    - ☐ Not done

Copy and complete questions 126-127 for additional molecular markers

126. Other molecular marker
    - ☐ Positive – ***Go to question 127***
    - ☐ Negative – ***Go to question 127***
    - ☐ Not done – ***Go to question 128***

127. Specify other molecular marker: _____

Copy and complete questions 126-127 for additional molecular markers

Labs between diagnosis and last evaluation (If subsequent infusion, labs after prior infusion and before the last evaluation for this infusion)

128. Were cytogenetics tested (karyotyping or FISH)? *(in between)*

- ☐ Yes – ***Go to question 129***
- ☐ No – ***Go to question 142***
- ☐ Unknown – ***Go to question 142***

129. Were cytogenetics tested via FISH?

- ☐ Yes – ***Go to question 130***
- ☐ No – ***Go to question 135***

130. Results of tests

- ☐ Abnormalities identified – ***Go to question 131***
- ☐ No abnormalities – ***Go to question 135***

131. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

132. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

133. Specify abnormalities *(check all that apply)*

- ☐ –7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)

- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality – ***Go to question 134***

134. Specify other abnormality: _____

135. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 136***
- ☐ No – ***Go to question 141***

136. Results of tests

- ☐ Abnormalities identified – ***Go to question 137***
- ☐ No evaluable metaphases – ***Go to question 141***
- ☐ No abnormalities – ***Go to question 141***

137. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

138. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

139. Specify abnormalities *(check all that apply)*

- ☐ –7

- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality – ***Go to question 140***

140. Specify other abnormality: _____

141. Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*
    - ☐ Yes
    - ☐ No

142. Were tests for molecular markers performed? *(e.g. PCR, NGS) (in between)*
    - ☐ Yes – ***Go to question 143***
    - ☐ No – ***Go to question 147***
    - ☐ Unknown – ***Go to question 147***

143. BCR / ABL

☐ Positive

☐ Negative

☐ Not done

144. TEL-AML / AML1

☐ Positive

☐ Negative

☐ Not done

Copy and complete questions 145-146 for additional molecular markers

145. Other molecular marker

☐ Positive – ***Go to question 146***

☐ Negative – ***Go to question 146***

☐ Not done – ***Go to question 147***

146. Specify other molecular marker: _____

Copy and complete questions 145-146 for additional molecular markers

Laboratory studies at last evaluation

147. Were cytogenetics tested (karyotyping or FISH)? *(at last evaluation)*

☐ Yes – ***Go to question 148***

☐ No – ***Go to question 161***

☐ Unknown – ***Go to question 161***

148. Were cytogenetics tested via FISH?

☐ Yes – ***Go to question 149***

☐ No – ***Go to question 154***

149. Results of tests

☐ Abnormalities identified – ***Go to question 150***

☐ No abnormalities – ***Go to question 154***

150. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

151. Specify number of distinct cytogenetic abnormalities

☐ One (1)

- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

152. Specify abnormalities *(check all that apply)*

- ☐ –7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality – ***Go to question 153***

153. Specify other abnormality: _____

154. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 155***
- ☐ No – ***Go to question 160***

155. Results of tests

☐ Abnormalities identified – ***Go to question 156***

☐ No evaluable metaphases – ***Go to question 160***

☐ No abnormalities – ***Go to question 160***

156. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

157. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

158. Specify abnormalities *(check all that apply)*

☐ –7

☐ +4

☐ +8

☐ +17

☐ +21

☐ t(1;19)

☐ t(2;8)

☐ t(4;11)

☐ t(5;14)

☐ t(8;14)

☐ t(8;22)

☐ t(9;22)

☐ t(10;14)

☐ t(11;14)

☐ t(12;21)

☐ del(6q) / 6q–

☐ del(9p) / 9p–

☐ del(12p) / 12p–

☐ add(14q)

☐ (11q23) any abnormality

☐ 9p any abnormality

☐ 12p any abnormality

☐ Hyperdiploid (> 50)

- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality – ***Go to question 159***

159. Specify other abnormality: _____

160. Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*
- ☐ Yes
- ☐ No

161. Were tests for molecular markers performed? *(e.g. PCR, NGS) (at last evaluation)*
- ☐ Yes – ***Go to question 162***
- ☐ No – ***Go to question 166***
- ☐ Unknown – ***Go to question 166***

162. BCR / ABL
- ☐ Positive
- ☐ Negative
- ☐ Not done

163. TEL-AML / AML1
- ☐ Positive
- ☐ Negative
- ☐ Not done

Copy and complete questions 164-165 for additional molecular markers

164. Other molecular marker
- ☐ Positive – ***Go to question 165***
- ☐ Negative – ***Go to question 165***
- ☐ Not done – ***Go to question 166***

165. Specify other molecular marker: _____

Copy and complete questions 164-165 for additional molecular markers

CNS Leukemia

166. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
- ☐ Yes

☐ No

☐ Unknown

Status at transplantation / infusion

167. What was the disease status? *(based on hematological test results)*

☐ Primary induction failure – ***Go to question 179***

☐ 1st complete remission *(no previous bone marrow or extramedullary relapse) (include CRi)* – ***Go to question 168***

☐ 2nd complete remission *(include CRi)* – ***Go to question 169***

☐ ≥ 3rd complete remission *(include CRi)* – ***Go to question 169***

☐ 1st relapse – ***Go to question 178***

☐ 2nd relapse – ***Go to question 178***

☐ ≥ 3rd relapse – ***Go to question 178***

☐ No treatment – ***Go to question 179***

168. How many cycles of induction therapy were required to achieve 1st complete remission? *(includes CRi)*

☐ 1

☐ 2

☐ ≥ 3

169. Specify method(s) that was used to assess measurable residual disease status *(check all that apply)*

☐ FISH – ***Go to question 170***

☐ Karyotyping – ***Go to question 171***

☐ Flow cytometry – ***Go to question 172***

☐ PCR – ***Go to question 176***

☐ NGS – ***Go to question 177***

☐ Not assessed – ***Go to question 179***

170. Was measurable residual disease detected by FISH?

☐ Yes

☐ No

171. Was measurable residual disease detected by karyotyping assay?

☐ Yes

☐ No

172. Which leukemia immunophenotype was used for measurable residual disease detection? *(check all that apply)*

☐ Original leukemia immunophenotype – ***Go to question 173***

☐ Aberrant phenotype – ***Go to question 174***

173. Lower limit of detection *(for the original leukemia immunophenotype)*: __ __ __ __. __

174. Lower limit of detection *(for the aberrant phenotype)*: __ __ __ __. __

175. Was measurable residual disease detected by flow cytometry?

☐ Yes

☐ No

176. Was measurable residual disease detected by PCR?

☐ Yes

☐ No

177. Was measurable residual disease detected by NGS?

☐ Yes

☐ No

178. Date of most recent relapse: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

179. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Acute Leukemias of Mixed or Ambiguous Lineage

180. Specify acute leukemias of mixed or ambiguous lineage

☐ Blastic plasmacytoid dendritic cell neoplasm (296) – ***Go to question 182***

☐ Acute undifferentiated leukemia (31) – ***Go to question 182***

☐ Mixed phenotype acute leukemia (MPAL) with BCR::ABL1 fusion (84) – ***Go to question 182***

☐ Mixed phenotype acute leukemia with KMT2A rearrangement (85) – ***Go to question 182***

☐ Mixed-phenotype acute leukemia with ZNF384 rearrangement (1051) – ***Go to question 182***

☐ Acute leukemia of ambiguous lineage with BCL11B rearrangement (1052) – ***Go to question 182***

☐ Mixed-phenotype acute leukemia, B / myeloid (86) – ***Go to question 182***

☐ Mixed-phenotype acute leukemia, T / myeloid (87) – ***Go to question 182***

☐ Mixed-phenotype acute leukemia, rare types (1053) – ***Go to question 182***

☐ Acute leukemia of ambiguous lineage, NOS (88) – ***Go to question 181***

181. Specify other acute leukemia of ambiguous lineage or myeloid neoplasm: _____

Status at transplantation / infusion

182. What was the disease status? *(based on hematological test results)*

- ☐ Primary induction failure
- ☐ 1st complete remission *(no previous marrow or extramedullary relapse)*
- ☐ 2nd complete remission
- ☐ ≥ 3rd complete remission
- ☐ 1st relapse
- ☐ 2nd relapse
- ☐ ≥3rd relapse
- ☐ No treatment

183. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Chronic Myeloid Leukemia (CML)

184. Was therapy given prior to this HCT?

- ☐ Yes – ***Go to question 185***
- ☐ No – ***Go to question 191***

185. Combination chemotherapy

- ☐ Yes
- ☐ No

186. Hydroxyurea (Droxia, Hydrea)

- ☐ Yes
- ☐ No

187. Tyrosine kinase inhibitor *(e.g. imatinib mesylate, dasatinib, nilotinib)*

- ☐ Yes
- ☐ No

188. Interferon-α (Intron, Roferon) (includes PEG)

- ☐ Yes
- ☐ No

189. Other therapy

☐ Yes – ***Go to question 190***

☐ No – ***Go to question 191***

190. Specify other therapy: _____

191. What was the disease status?

☐ Complete hematologic response (CHR) preceded only by chronic phase – ***Go to question 192***

☐ Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase – ***Go to question 192***

☐ Chronic phase – ***Go to question 192***

☐ Accelerated phase – ***Go to question 193***

☐ Blast phase – ***Go to question 193***

192. Specify level of response

☐ No cytogenetic response (No CyR)

☐ Minimal cytogenetic response

☐ Minor cytogenetic response

☐ Partial cytogenetic response (PCyR)

☐ Complete cytogenetic response (CCyR)

☐ Major molecular remission (MMR)

☐ Complete molecular remission (CMR)

193. Number

☐ 1st

☐ 2nd

☐ 3rd or higher

194. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Myelodysplastic Syndrome (MDS)

195. What was the MDS subtype at diagnosis? **– If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions**

MDS with defining genetic abnormalities

☐ Myelodysplastic syndrome with low blasts and isolated 5q deletion (MDS-5q) (66) – ***Go to question 198***

☐ Myelodysplastic syndrome with low blasts and *SF3B1* mutation (MDS-SF3B1) (1411) – ***Go to question 198***

- ☐ Myelodysplastic syndrome with low blasts and ring sideroblasts (>=15% ring sideroblasts and wild type SF3B1) (1412) – ***Go to question 198***
- ☐ Myelodysplastic syndrome with biallelic *TP53* inactivation (MDS-biTP53) (1413) – ***Go to question 198***

MDS, morphically defined

- ☐ MDS, with low blasts (MDS-LB; <5% BM, <2%PB) (1414) – ***Go to question 198***
- ☐ MDS, hypoplastic (MDS-h) <=25% cellularity by age (1415) – ***Go to question 198***
- ☐ MDS with increased blasts (MDS-IB1) (61) – ***Go to question 198***
- ☐ MDS with increased blasts (MDS-IB2) (62) – ***Go to question 198***
- ☐ MDS with fibrosis (MDS-f) (1416) – ***Go to question 198***

Childhood myelodysplastic neoplasms (MDS)

- ☐ Childhood MDS with low blasts, hypocellular (68) – ***Go to question 198***
- ☐ Childhood MDS with low blasts, not otherwise specified (1417) – ***Go to question 198***
- ☐ Childhood MDS with increased blasts (1418) – ***Go to question 198***

Myelodysplastic / myeloproliferative neoplasms

- ☐ Chronic myelomonocytic leukemia (CMML), Myelodysplastic (54) – ***Go to question 198***
- ☐ Chronic myelomonocytic leukemia (CMML), Myeloproliferative (1419) – ***Go to question 198***
- ☐ Myelodysplastic/myeloproliferative neoplasm with SF3B1 mutation and thrombocytosis (1452) – ***Go to question 198***
- ☐ MDS/MPN with ring sideroblasts (>=15% ring sideroblasts and wild type SF3B1) and thrombocytosis (1420) – ***Go to question 198***
- ☐ Juvenile myelomonocytic leukemia (JMML) (36) – ***Go to question 234***
- ☐ Myelodysplastic/myeloproliferative neoplasm with neutrophilia – (1440) – ***Go to question 392***
- ☐ Myelodysplastic syndrome / myeloproliferative neoplasm, NOS (69) – ***Go to question 197***

196. Specify Myelodysplastic syndrome, unclassifiable (MDS-U)
    - ☐ MDS-U with 1% blood blasts
    - ☐ MDS-U with single lineage dysplasia and pancytopenia
    - ☐ MDS-U based on defining cytogenetic abnormality

197. Was documentation submitted to the CIBMTR? *(e.g. pathology report used for diagnosis)*
    - ☐ Yes
    - ☐ No

198. Was the disease MDS therapy related?
    - ☐ Yes
    - ☐ No
    - ☐ Unknown

199. Did the recipient have a predisposing condition?

- ☐ Yes – ***Go to question 200***
- ☐ No – ***Go to question 202***
- ☐ Unknown – ***Go to question 202***

200. Specify condition

- ☐ Aplastic anemia – **Also complete CIBMTR Form 2028 – APL** – ***Go to question 202***
- ☐ DDX41-associated familial MDS – ***Go to question 202***
- ☐ Diamond-Blackfan Anemia – ***Go to question 202***
- ☐ Fanconi anemia – ***Go to question 202***
- ☐ GATA2 deficiency *(including Emberger syndrome, MonoMac syndrome, DCML deficiency)* – ***Go to question 202***
- ☐ Li-Fraumeni Syndrome – ***Go to question 202***
- ☐ Paroxysmal nocturnal hemoglobinuria – **Also complete CIBMTR Form 2028 – APL** – ***Go to question 202***
- ☐ RUNX1 deficiency *(previously "familial platelet disorder with propensity to myeloid malignancies")* – ***Go to question 202***
- ☐ SAMD9- or SAMD9L-associated familial MDS – ***Go to question 202***
- ☐ Shwachman-Diamond Syndrome – ***Go to question 202***
- ☐ Telomere biology disorder *(including dyskeratosis congenita)* – **Also complete CIBMTR Form 2028 – APL** – ***Go to question 202***
- ☐ Other condition – ***Go to question 201***

201. Specify other condition: _____

Laboratory studies at diagnosis of MDS

202. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

203. WBC

- ☐ Known – ***Go to question 204***
- ☐ Unknown – ***Go to question 205***

204. ___ ___ ___ ___ ___ ___ • ___

- ☐ x 10^9/L (x 10^3/mm^3)
- ☐ x 10^6/L

205. Neutrophils

- ☐ Known – ***Go to question 206***
- ☐ Unknown – ***Go to question 207***

206. ___ ___%

207. Blasts in blood

☐ Known – ***Go to question 208***

☐ Unknown– ***Go to question 209***

208. ___ ___ ___ %

209. Hemoglobin

☐ Known – ***Go to question 210***

☐ Unknown – ***Go to question 212***

210. ___ ___ ___ ___ • ___ ___

☐ g/dL

☐ g/L

☐ mmol/L

211. Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

212. Platelets

☐ Known – ***Go to question 213***

☐ Unknown – ***Go to question 215***

213. ___ ___ ___ ___ ___ ___ ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

214. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

215. Blasts in bone marrow

☐ Known – ***Go to question 216***

☐ Unknown – ***Go to question 217***

216. ___ ___ ___ %

217. Were cytogenetics tested (karyotyping or FISH)?

☐ Yes – ***Go to question 218***

☐ No – ***Go to question 234***

☐ Unknown – ***Go to question 234***

218. Were cytogenetics tested via FISH?

☐ Yes – ***Go to question 219***

☐ No – ***Go to question 226***

219. Sample source

☐ Blood

☐ Bone marrow

220. Results of tests

☐ Abnormalities identified – ***Go to question 221***

☐ No abnormalities – ***Go to question 225***

Specify cytogenetic abnormalities identified via FISH at diagnosis

221. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

222. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

223. Specify abnormalities *(check all that apply)*

Monosomy

☐ –5

☐ –7

☐ –13

☐ –20

☐ –Y

Trisomy

☐ +8

☐ +19

Translocation

- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)

Deletion

- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality – ***Go to question 224***

224. Specify other abnormality: _____

225. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

- ☐ Yes
- ☐ No

226. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 227***
- ☐ No – ***Go to question 234***

227. Sample source

- ☐ Blood
- ☐ Bone marrow

228. Results of tests

- ☐ Abnormalities identified – ***Go to question 229***

☐ No evaluable metaphases – ***Go to question 233***

☐ No abnormalities – ***Go to question 233***

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

229. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

230. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

231. Specify abnormalities *(check all that apply)*

Monosomy

- ☐ –5
- ☐ –7
- ☐ –13
- ☐ –20
- ☐ –Y

Trisomy

- ☐ +8
- ☐ +19

Translocation

- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)

Deletion

- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-

- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality – ***Go to question 232***

232. Specify other abnormality: _____

233. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

- ☐ Yes
- ☐ No

234. Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen / infusion?

- ☐ Yes – ***Go to question 235***
- ☐ No – ***Go to question 239***

235. Specify the MDS subtype or AML after transformation

MDS with defining genetic abnormalities

- ☐ Myelodysplastic syndrome with low blasts and isolated 5q deletion (MDS-5q) (66) – ***Go to question 237***
- ☐ Myelodysplastic syndrome with low blasts and *SF3B1* mutation (MDS-SF3B1) (1411) – ***Go to question 237***
- ☐ Myelodysplastic syndrome with low blasts and ring sideroblasts (>=15% ring sideroblasts and wild type SF3B1) (1412) – ***Go to question 237***
- ☐ Myelodysplastic syndrome with biallelic *TP53* inactivation (MDS-biTP53) (1413) – ***Go to question 237***

MDS, morphically defined

- ☐ MDS, with low blasts (MDS-LB; <5% BM, <2%PB) (1414) – ***Go to question 237***
- ☐ MDS, hypoplastic (MDS-h) <=25% cellularity by age (1415) – ***Go to question 237***
- ☐ MDS with increased blasts (MDS-IB1) (61) – ***Go to question 237***
- ☐ MDS with increased blasts (MDS-IB2) (62) – ***Go to question 237***
- ☐ MDS with fibrosis (MDS-f) (1416) – ***Go to question 237***

Childhood myelodysplastic neoplasms (MDS)

- ☐ Childhood MDS with low blasts, hypocellular (68) – ***Go to question 237***

☐ Childhood MDS with low blasts, not otherwise specified (1417) – ***Go to question 237***

☐ Childhood MDS with increased blasts (1418) – ***Go to question 237***

Myelodysplastic/myeloproliferative neoplasms

☐ Chronic myelomonocytic leukemia (CMML), Myelodysplastic (54) – ***Go to question 237***

☐ Chronic myelomonocytic leukemia (CMML), Myeloproliferative (1419) – ***Go to question 237***

☐ Myelodysplastic/myeloproliferative neoplasm with neutrophilia (1440) – ***Go to question 237***

☐ Myelodysplastic/myeloproliferative neoplasm with *SF3B1* mutation and thrombocytosis (1452) – ***Go to question 237***

☐ MDS/MPN with ring sideroblasts (>=15% ring sideroblasts and wild type SF3B1) and thrombocytosis (1420) – ***Go to question 237***

☐ Myelodysplastic syndrome / myeloproliferative neoplasm, NOS (69) – ***Go to question 237***

Transformed to AML

☐ Transformed to AML (70) **– *Go to question 238***

236. Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

☐ MDS-U with 1% blood blasts – ***Go to question 237***

☐ MDS-U with single lineage dysplasia and pancytopenia – ***Go to question 237***

☐ MDS-U based on defining cytogenetic abnormality – ***Go to question 237***

237. Specify the date of the most recent transformation: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to question 239***

YYYY MM DD

238. Date of MDS diagnosis: ___ ___ ___ ___ – ___ ___ – ___ ___ – ***Go to end of form***

YYYY MM DD

Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion

239. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

240. WBC

☐ Known – ***Go to question 241***

☐ Unknown – ***Go to question 242***

241. ___ ___ ___ ___ ___ ___ • ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

242. Neutrophils

☐ Known – ***Go to question 243***

☐ Unknown – ***Go to question 244***

243. ___ ___%

244. Blasts in blood

☐ Known – ***Go to question 245***

☐ Unknown – ***Go to question 246***

245. ___ ___ ___ %

246. Hemoglobin

☐ Known – ***Go to question 247***

☐ Unknown – ***Go to question 249***

247. ___ ___ ___ ___ • ___ ___

☐ g/dL

☐ g/L

☐ mmol/L

248. Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

249. Platelets

☐ Known – ***Go to question 250***

☐ Unknown – ***Go to question 252***

250. ___ ___ ___ ___ ___ ___ ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

251. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

252. Blasts in bone marrow

☐ Known – ***Go to question 253***

☐ Unknown – ***Go to question 254***

253. ___ ___ ___ %

254. Were cytogenetics tested (karyotyping or FISH)?

- ☐ Yes – ***Go to question 255***
- ☐ No – ***Go to question 271***
- ☐ Unknown – ***Go to question 271***

255. Were cytogenetics tested via FISH?

- ☐ Yes – ***Go to question 256***
- ☐ No – ***Go to question 263***

256. Sample source

- ☐ Blood
- ☐ Bone marrow

257. Results of tests

- ☐ Abnormalities identified – ***Go to question 258***
- ☐ No abnormalities – ***Go to question 262***

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion

258. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

259. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

260. Specify abnormalities *(check all that apply)*

Monosomy

- ☐ –5
- ☐ –7
- ☐ –13
- ☐ –20
- ☐ –Y

Trisomy

- ☐ +8
- ☐ +19

Translocation

- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)

Deletion

- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality – ***Go to question 261***

261. Specify other abnormality: _____

262. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

- ☐ Yes
- ☐ No

263. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 264***
- ☐ No – ***Go to question 271***

264. Sample source

- ☐ Blood
- ☐ Bone marrow

265. Results of tests

- ☐ Abnormalities identified – ***Go to question 266***
- ☐ No evaluable metaphases – ***Go to question 270***
- ☐ No abnormalities – ***Go to question 270***

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion

266. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

267. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

268. Specify abnormalities *(check all that apply)*

Monosomy

- ☐ –5
- ☐ –7
- ☐ –13
- ☐ –20
- ☐ –Y

Trisomy

- ☐ +8
- ☐ +19

Translocation

- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)

Deletion

- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-

- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality – ***Go to question 269***

269. Specify other abnormality: _____

270. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

- ☐ Yes
- ☐ No

Status at transplantation / infusion

271. What was the disease status?

- ☐ Complete remission (CR) – ***Go to question 274***
- ☐ Hematologic improvement (HI) – ***Go to question 272***
- ☐ No response (NR) / stable disease (SD) – ***Go to question 274***
- ☐ Progression from hematologic improvement (Prog from HI) – ***Go to question 274***
- ☐ Relapse from complete remission (Rel from CR) – ***Go to question 274***
- ☐ Not assessed – ***Go to end of form***

272. Specify the cell lines examined to determine HI status *(check all that apply)*

- ☐ HI-E – ***Go to question 273***
- ☐ HI-P – ***Go to question 274***
- ☐ HI-N – ***Go to question 274***

273. Specify transfusion dependence

- ☐ Non transfused (NTD) – ***Go to question 274***
- ☐ Low transfusion burden (LTB) – ***Go to question 274***

274. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Myeloproliferative Neoplasms (MPN)

275. What was the MPN subtype at diagnosis? – **If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions**

Myeloproliferative neoplasms

- ☐ Chronic neutrophilic leukemia (165) – ***Go to question 278***
- ☐ Chronic eosinophilic leukemia (166) – ***Go to question 278***
- ☐ Essential thrombocythemia (58) – ***Go to question 278***
- ☐ Myeloproliferative neoplasm, NOS (60) – ***Go to question 277***
- ☐ Polycythemia vera (PCV) (57) – ***Go to question 278***
- ☐ Primary myelofibrosis (PMF) (167) – ***Go to question 278***

Mastocytosis

- ☐ Cutaneous mastocytosis (CM) (1465) – ***Go to question 278***
- ☐ Mast cell sarcoma (MCS) (1466) – ***Go to question 278***
- ☐ Systemic mastocytosis (1470) – ***Go to question 276***

276. Specify systemic mastocytosis

- ☐ Indolent systemic mastocytosis (ISM) – ***Go to question 278***
- ☐ Smoldering systemic mastocytosis (SSM) – ***Go to question 278***
- ☐ Systemic mastocytosis with an associated hematological neoplasm (SM-AHN) – ***Go to question 278***
- ☐ Aggressive systemic mastocytosis (ASM) – ***Go to question 278***
- ☐ Mast cell leukemia (MCL) – ***Go to question 278***
- ☐ Bone marrow mastocytosis – ***Go to question 278***

277. Was documentation submitted to the CIBMTR? *(e.g. pathology report used for diagnosis)*

- ☐ Yes
- ☐ No

Assessment at diagnosis

278. 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)*

- ☐ Yes
- ☐ No
- ☐ Unknown

Laboratory studies at diagnosis of MPN

279. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

280. WBC

☐ Known – ***Go to question 281***

☐ Unknown – ***Go to question 282***

281. ___ ___ ___ ___ ___ ___ • ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

282. Neutrophils

☐ Known – ***Go to question 283***

☐ Unknown – ***Go to question 284***

283. ___ ___%

284. Blasts in blood

☐ Known – ***Go to question 285***

☐ Unknown– ***Go to question 286***

285. ___ ___ ___ %

286. Hemoglobin

☐ Known – ***Go to question 287***

☐ Unknown – ***Go to question 289***

287. ___ ___ ___ ___ • ___ ___

☐ g/dL

☐ g/L

☐ mmol/L

288. Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

289. Platelets

☐ Known – ***Go to question 290***

☐ Unknown – ***Go to question 292***

290. ___ ___ ___ ___ ___ ___ ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

291. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

292. Blasts in bone marrow

☐ Known – ***Go to question 293***

☐ Unknown – ***Go to question 294***

293. ___ ___ ___ %

294. Were tests for driver mutations performed?

☐ Yes – ***Go to question 295***

☐ No – ***Go to question 305***

☐ Unknown – ***Go to question 305***

295. JAK2

☐ Positive – ***Go to question 296***

☐ Negative – ***Go to question 298***

☐ Not done – ***Go to question 298***

296. JAK2 V617F

☐ Positive

☐ Negative

☐ Not done

297. JAK2 Exon 12

☐ Positive

☐ Negative

☐ Not done

298. CALR

☐ Positive – ***Go to question 299***

☐ Negative – ***Go to question 302***

☐ Not done – ***Go to question 302***

299. CALR type 1

☐ Positive

☐ Negative

☐ Not done

300. CALR type 2

☐ Positive

☐ Negative

☐ Not done

301. Not defined

☐ Positive

☐ Negative

☐ Not done

302. MPL

☐ Positive

☐ Negative

☐ Not done

303. CSF3R

☐ Positive

☐ Negative

☐ Not done

304. Was documentation submitted to the CIBMTR?

☐ Yes

☐ No

305. Were cytogenetics tested (karyotyping or FISH)?

☐ Yes – ***Go to question 306***

☐ No – ***Go to question 322***

☐ Unknown – ***Go to question 322***

306. Were cytogenetics tested via FISH?

☐ Yes – ***Go to question 307***

☐ No – ***Go to question 314***

307. Sample source

☐ Blood

☐ Bone marrow

308. Results of tests

☐ Abnormalities identified – ***Go to question 309***

☐ No abnormalities – ***Go to question 313***

Specify cytogenetic abnormalities identified via FISH at diagnosis

309. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

310. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

311. Specify abnormalities *(check all that apply)*

Monosomy

☐ –5

☐ –7

☐ –Y

Trisomy

☐ +8

☐ +9

Translocation

☐ t(1;any)

☐ t(3q21;any)

☐ t(11q23;any)

☐ t(12p11.2;any)

☐ t(6;9)

Deletion

☐ del(5q) / 5q-

☐ del(7q) / 7q-

☐ del(11q) / 11q-

☐ del(12p) / 12p-

☐ del(13q) / 13q-

☐ del(20q) / 20q-

Inversion

- ☐ dup(1)
- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality **– *Go to question 312***

312. Specify other abnormality: _____

313. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

- ☐ Yes
- ☐ No

314. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 315***
- ☐ No – ***Go to question 322***

315. Sample source

- ☐ Blood
- ☐ Bone marrow

316. Results of tests

- ☐ Abnormalities identified – ***Go to question 317***
- ☐ No evaluable metaphases – ***Go to question 321***
- ☐ No abnormalities – ***Go to question 321***

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

317. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

318. Specify number of distinct cytogenetic abnormalities

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

319. Specify abnormalities *(check all that apply)*

Monosomy

- ☐ –5

- ☐ –7
- ☐ –Y

Trisomy

- ☐ +8
- ☐ +9

Translocation

- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(11q23;any)
- ☐ t(12p11.2;any)
- ☐ t(6;9)

Deletion

- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ dup(1)
- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality – ***Go to question 320***

320. Specify other abnormality: _____

321. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

- ☐ Yes
- ☐ No

322. Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?

- ☐ Yes – ***Go to question 323***
- ☐ No – ***Go to question 326***

323. Specify the MPN subtype or AML after transformation

☐ Post-essential thrombocythemic myelofibrosis (1467) – ***Go to question 324***

☐ Post-polycythemic myelofibrosis (1468) – ***Go to question 324***

☐ Transformed to AML (70) – ***Go to question 325***

324. Specify the date of the most recent transformation: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to question 326***
YYYY MM DD

325. Date of MPN diagnosis: ___ ___ ___ ___ – ___ ___ – ___ ___ – ***Go to end of form***
YYYY MM DD

Assessment at last evaluation prior to the start of the preparative regimen/ infusion

326. Specify transfusion dependence at last evaluation prior to the start of the preparative regimen/ infusion

☐ Non-transfused (NTD) – **(0 RBCs in 16 weeks)**

☐ Low-transfusion burden (LTB) – **(3-7 RBCs in 16 weeks in at least 2 transfusion episodes; maximum of 3 in 8 weeks)**

☐ High-transfusion burden (HTB) **– (≥ 8 RBCs in 16 weeks; ≥ 4 in 8 weeks)**

327. 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)*

☐ Yes

☐ No

☐ Unknown

328. Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen/ infusion?

☐ Yes – ***Go to question 329***

☐ No – ***Go to question 332***

☐ Unknown – ***Go to question 332***

☐ Not applicable *(splenectomy)* – ***Go to question 332***

329. Specify the method used to measure spleen size

☐ Physical assessment – ***Go to question 330***

☐ Ultrasound – ***Go to question 331***

☐ CT/ MRI – ***Go to question 331***

330. Specify the spleen size: ___ ___ centimeters below left costal margin – ***Go to question 332***

331. Specify the spleen size: ___ ___ centimeters

332. Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?

- ☐ Yes – ***Go to question 333***
- ☐ No – ***Go to question 336***
- ☐ Unknown – ***Go to question 336***

333. Specify the method used to measure liver size

- ☐ Physical assessment – ***Go to question 334***
- ☐ Ultrasound – ***Go to question 335***
- ☐ CT/ MRI – ***Go to question 335***

334. Specify the liver size: ___ ___ centimeters below right costal margin – ***Go to question 336***

335. Specify the liver size: ___ ___ centimeters

Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion

336. Date CBC drawn: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

337. WBC

- ☐ Known – ***Go to question 338***
- ☐ Unknown – ***Go to question 339***

338. ___ ___ ___ ___ ___ ___ • ___

- ☐ x 10^9/L (x 10^3/mm^3)
- ☐ x 10^6/L

339. Neutrophils

- ☐ Known – ***Go to question 340***
- ☐ Unknown – ***Go to question 341***

340. ___ ___%

341. Blasts in blood

- ☐ Known – ***Go to question 342***
- ☐ Unknown – ***Go to question 343***

342. ___ ___ ___ %

343. Hemoglobin

☐ Known – **Go to question 344**

☐ Unknown – **Go to question 346**

344. ___ ___ ___ ___ • ___ ___

☐ g/dL

☐ g/L

☐ mmol/L

345. Were RBCs transfused ≤ 30 days before date of test?

☐ Yes

☐ No

346. Platelets

☐ Known – ***Go to question 347***

☐ Unknown – ***Go to question 349***

347. ___ ___ ___ ___ ___ ___ ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

348. Were platelets transfused ≤ 7 days before date of test?

☐ Yes

☐ No

349. Blasts in bone marrow

☐ Known – ***Go to question 350***

☐ Unknown – ***Go to question 351***

350. ___ ___ ___ %

351. Were tests for driver mutations performed?

☐ Yes – ***Go to question 352***

☐ No – ***Go to question 362***

☐ Unknown – ***Go to question 362***

352. JAK2

☐ Positive – ***Go to question 353***

☐ Negative – ***Go to question 355***

☐ Not done – ***Go to question 355***

353. JAK2 V617F

☐ Positive

☐ Negative

☐ Not done

354. JAK2 Exon 12

☐ Positive

☐ Negative

☐ Not done

355. CALR

☐ Positive – ***Go to question 356***

☐ Negative – ***Go to question 359***

☐ Not done – ***Go to question 359***

356. CALR type 1

☐ Positive

☐ Negative

☐ Not done

357. CALR type 2

☐ Positive

☐ Negative

☐ Not done

358. Not defined

☐ Positive

☐ Negative

☐ Not done

359. MPL

☐ Positive

☐ Negative

☐ Not done

360. CSF3R

☐ Positive

☐ Negative

☐ Not done

361. Was documentation submitted to the CIBMTR?

☐ Yes

☐ No

362. Were cytogenetics tested (karyotyping or FISH)?

☐ Yes – ***Go to question 363***

☐ No – ***Go to question 379***

☐ Unknown – ***Go to question 379***

363. Were cytogenetics tested via FISH?

☐ Yes – ***Go to question 364***

☐ No – ***Go to question 371***

364. Sample source

☐ Blood

☐ Bone marrow

365. Results of tests

☐ Abnormalities identified – ***Go to question 366***

☐ No abnormalities – ***Go to question 370***

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion

366. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

367. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

368. Specify abnormalities *(check all that apply)*

Monosomy

☐ –5

☐ –7

☐ –Y

Trisomy

- ☐ +8
- ☐ +9

Translocation

- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(11q23;any)
- ☐ t(12p11.2;any)
- ☐ t(6;9)

Deletion

- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ dup(1)
- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality – ***Go to question 369***

369. Specify other abnormality: _____

370. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

- ☐ Yes
- ☐ No

371. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 372***
- ☐ No – ***Go to question 379***

372. Sample source

- ☐ Blood
- ☐ Bone marrow

373. Results of tests

☐ Abnormalities identified – ***Go to question 374***

☐ No evaluable metaphases – ***Go to question 378***

☐ No abnormalities – ***Go to question 378***

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion

374. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

375. Specify number of distinct cytogenetic abnormalities

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

376. Specify abnormalities *(check all that apply)*

Monosomy

☐ –5

☐ –7

☐ –Y

Trisomy

☐ +8

☐ +9

Translocation

☐ t(1;any)

☐ t(3q21;any)

☐ t(11q23;any)

☐ t(12p11.2;any)

☐ t(6;9)

Deletion

☐ del(5q) / 5q-

☐ del(7q) / 7q-

☐ del(11q) / 11q-

☐ del(12p) / 12p-

☐ del(13q) / 13q-

☐ del(20q) / 20q-

Inversion

☐ dup(1)

☐ inv(3)

Other

☐ i17q

☐ Other abnormality – ***Go to question 377***

377. Specify other abnormality: _____

378. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

☐ Yes

☐ No

Status at transplantation / infusion

379. What was the disease status?

☐ Complete clinical remission (CR) – ***Go to question 383***

☐ Partial clinical remission (PR) – ***Go to question 383***

☐ Clinical improvement (CI) – ***Go to question 380***

☐ Stable disease (SD) – ***Go to question 383***

☐ Progressive disease – ***Go to question 383***

☐ Relapse – ***Go to question 383***

☐ Not assessed – ***Go to question 384***

380. Was an anemia response achieved?

☐ Yes

☐ No

381. Was a spleen response achieved?

☐ Yes

☐ No

382. Was a symptom response achieved?

☐ Yes

☐ No

383. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to question 384***
YYYY MM DD

384. Specify the cytogenetic response

- ☐ Complete response (CR): **Eradication of pre-existing abnormality** – ***Go to question 385***
- ☐ Partial response (PR): **≥ 50% reduction in abnormal metaphases** – ***Go to question 385***
- ☐ Re-emergence of pre-existing cytogenetic abnormality – ***Go to question 385***
- ☐ Not assessed – ***Go to question 386***
- ☐ Not applicable – ***Go to question 386***
- ☐ None of the above: **Does not meet the CR or PR criteria** – ***Go to question 385***

385. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

386. Specify the molecular response

- ☐ Complete response (CR): **Eradication of pre-existing abnormality** – ***Go to question 387***
- ☐ Partial response (PR): **≥50% decrease in allele burden** – ***Go to question 387***
- ☐ Re-emergence of a pre-existing molecular abnormality – ***Go to question 387***
- ☐ Not assessed – ***Go to end of form***
- ☐ Not applicable – ***Go to end of form***
- ☐ None of the above: **Does not meet the CR or PR criteria** – ***Go to question 387***

387. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Other Leukemia (OL)

388. Specify the other leukemia classification

Mature B-cell neoplasms

- ☐ Chronic lymphocytic leukemia (CLL), NOS (34) – ***Go to question 390***
- ☐ Chronic lymphocytic leukemia / small lymphocytic lymphoma (71) – ***Go to question 390***

Splenic B-cell lymphomas and leukemias

- ☐ Hairy cell leukemia (35) – ***Go to question 393***
- ☐ Splenic B-cell lymphoma / leukemia with prominent nucleoli (75) – ***Go to question 393***
- ☐ T-prolymphocytic leukemia (74) – ***Go to question 390***
- ☐ Other leukemia, NOS (30) – ***Go to question 393***
- ☐ Other leukemia (39) – ***Go to question 389***

389. Specify other leukemia: _____– ***Go to question 393***

390. Was any 17p abnormality detected?

- ☐ Yes – ***If disease classification is CLL, go to question 391. If PLL, go to question 393***
- ☐ No

391. Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

☐ Yes – ***Go to question 395***

☐ No – ***Go to question 393***

Status at transplantation / infusion

392. What was the disease status? *(Atypical CML)*

☐ Primary induction failure – ***Go to question 394***

☐ 1st complete remission *(no previous bone marrow or extramedullary relapse)* – ***Go to question 394***

☐ 2nd complete remission – ***Go to question 394***

☐ ≥ 3rd complete remission – ***Go to question 394***

☐ 1st relapse – ***Go to question 394***

☐ 2nd relapse – ***Go to question 394***

☐ ≥ 3rd relapse – ***Go to question 394***

☐ No treatment – ***Go to end of form***

393. What was the disease status? *(CLL, PLL, Hairy cell leukemia, Other leukemia)*

☐ Complete remission (CR) – ***Go to question 394***

☐ Partial remission (PR) – ***Go to question 394***

☐ Stable disease (SD) – ***Go to question 394***

☐ Progressive disease (Prog) – ***Go to question 394***

☐ Untreated – ***Go to question 394***

☐ Not assessed – ***Go to end of form***

394. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Hodgkin and Non-Hodgkin Lymphoma

395. Specify the lymphoma histology *(at infusion)*

Hodgkin Lymphoma

☐ Classic Hodgkin lymphoma(150)

☐ Lymphocyte depleted (154)

☐ Lymphocyte-rich (151)

☐ Mixed cellularity (153)

☐ Nodular lymphocyte predominant Hodgkin lymphoma (155)

☐ Nodular sclerosis (152)

Burkitt lymphoma

- ☐ Burkitt lymphoma (111)

Large B-cell lymphomas

- ☐ ALK-positive large B-cell lymphoma (1833)
- ☐ Diffuse, large B-cell lymphoma - Activated B-cell type subtype (1821) – ***Go to question 397***
- ☐ Diffuse large B-cell lymphoma associated with chronic inflammation (1825)
- ☐ Diffuse, large B-cell lymphoma - Germinal center B-cell subtype (1820) – ***Go to question 397***
- ☐ Diffuse large B-cell lymphoma / high-grade B-cell lymphoma with *MYC* and *BCL2* rearrangements (1831)
- ☐ Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with *MYC* and *BCL6* rearrangements (1837)
- ☐ Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with *MYC, BCL2*, and *BCL6* rearrangements (1838)
- ☐ Diffuse large B-cell lymphoma, NOS (107)
- ☐ EBV-positive diffuse large B-cell lymphoma (1823)
- ☐ Fibrin-associated large B-cell lymphoma (1839)
- ☐ Fluid overload-associated large B-cell lymphoma (1840)
- ☐ High-grade B-cell lymphoma with 11q aberration (1834)
- ☐ Intravascular large B-cell lymphoma (136)
- ☐ Large B-cell lymphoma with *IRF4* rearrangement (1832)
- ☐ Lymphomatoid granulomatosis (1835)
- ☐ Mediastinal grey zone lymphoma (149)
- ☐ Plasmablastic lymphoma (1836)
- ☐ Primary cutaneous diffuse large B-cell lymphoma, leg type (1822)
- ☐ Primary mediastinal large B-cell lymphoma (125)
- ☐ T-cell / histiocytic-rich large B-cell lymphoma (120)
- ☐ High-grade B-cell lymphoma, NOS (1830)

Primary large B-cell lymphoma of immune-privileged sites

- ☐ Primary large B-cell lymphoma of the CNS (118)
- ☐ Primary large B-cell lymphoma of the testis (1881)
- ☐ Primary large B-cell lymphoma of the vitreoretina (1882)

KSHV / HHV8-associated B-cell lymphoid proliferations and lymphomas

- ☐ KSHV / HHV8-positive diffuse large B-cell lymphoma (1826)
- ☐ Primary effusion lymphoma (138)

Lymphoplasmacytic lymphoma

- ☐ Lymphoplasmacytic lymphoma (173)
- ☐ IgM-LPL / Waldenstrom macroglobulinemia (1883)

- ☐ Non-IgM-LPL / Waldenstrom macroglobulinemia (1884)

Marginal zone lymphoma

- ☐ Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (122)
- ☐ Nodal marginal zone lymphoma (123)
- ☐ Pediatric marginal zone lymphoma (1813)
- ☐ Primary cutaneous marginal zone lymphoma (1885)

Splenic B-cell lymphomas

- ☐ Splenic, B-cell lymphoma/leukemia with prominent nucleoli (1811)
- ☐ Splenic diffuse red pulp small B-cell lymphoma (1812)
- ☐ Splenic marginal zone lymphoma (124)

Follicular lymphoma

- ☐ Duodenal-type follicular lymphoma (1815)
- ☐ Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
- ☐ Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
- ☐ Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
- ☐ Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)
- ☐ Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
- ☐ Pediatric-type follicular lymphoma (1816)
- ☐ Follicular (grade unknown) (164)

Cutaneous follicle center lymphoma

- ☐ Primary cutaneous follicle center lymphoma (1817)

Mantle cell lymphoma

- ☐ Mantle cell lymphoma (115)
- ☐ Leukemic non-nodal mantle cell lymphoma (1886)

Transformations of indolent B-cell lymphomas

- ☐ Transformations of indolent B-cell lymphomas (1887)

Lymphomas associated with immune deficiency and dysregulation

- ☐ Classical Hodgkin lymphoma PTLD (1876)
- ☐ EBV-positive mucocutaneous ulcer (1824)
- ☐ Hyperplasia arising in immune deficiencies (e.g. PTLD) (1871)
- ☐ Infectious mononucleosis PTLD (1872)
- ☐ Monomorphic PTLD (B- and T-/NK-cell types) (1875)
- ☐ Polymorphic lymphoproliferative disorders arising in immune deficiency/dysregulation (1874)

Mature T-cell and NK-cell leukemias

- ☐ Adult T-cell lymphoma / leukemia (134)
- ☐ Aggressive NK-cell leukemia (27)
- ☐ NK-large granular lymphocytic leukemia (1856)
- ☐ Sézary syndrome (142)
- ☐ T-large granular lymphocytic leukemia (126)

Primary cutaneous T-cell lymphomas

- ☐ Mycosis fungoides (141)
- ☐ Primary cutaneous acral CD8-positive lymphoproliferative disorder (1853)
- ☐ Primary cutaneous CD4-positive small or medium T-cell lymphoproliferative disorder (1854)
- ☐ Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma (1852)
- ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: lymphomatoid papulosis (147)
- ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: primary cutaneous anaplastic large cell lymphoma (1888)
- ☐ Primary cutaneous gamma / delta T-cell lymphoma (1851)
- ☐ Subcutaneous panniculitis-like T-cell lymphoma (146)
- ☐ Primary cutaneous peripheral T-cell lymphoma, NOS (1889)

Intestinal T-cell and NK-cell lymphoid proliferations and lymphomas

- ☐ Enteropathy-associated T-cell lymphoma (133)
- ☐ Indolent T-cell lymphoma of the gastrointestinal tract (1858)
- ☐ Indolent NK-cell lymphoproliferative disorder of the gastrointestinal tract (1890)
- ☐ Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)
- ☐ Intestinal T-cell lymphoma, NOS (1891)

Hepatosplenic T-cell lymphoma

- ☐ Hepatosplenic T-cell lymphoma (145)

Anaplastic large cell lymphoma

- ☐ ALK-positive anaplastic large cell lymphoma (143)
- ☐ ALK-negative anaplastic large-cell lymphoma (144)
- ☐ Breast implant–associated anaplastic large cell lymphoma (1861)

Nodal T-follicular helper (TFH) cell lymphoma

- ☐ Nodal TFH cell lymphoma, angioimmunoblastic-type (131)
- ☐ Nodal TFH cell lymphoma, follicular-type (1859)
- ☐ Nodal TFH cell lymphoma, NOS (1860)

Other peripheral T-cell lymphomas

- ☐ Peripheral T-cell lymphoma, NOS (130)

EBV-positive NK/T-cell lymphomas

☐ EBV-positive nodal T- and NK-cell lymphoma (1892)

☐ Extranodal NK / T-cell lymphoma (137)

EBV-positive T- and NK-cell lymphoid proliferations and lymphomas of childhood

☐ Systemic EBV-positive T-cell lymphoma of childhood (1855)

☐ Other B-cell lymphoma (129) – ***Go to question 396***

☐ Other T-cell / NK-cell lymphoma (139) – ***Go to question 396***

396. Specify other lymphoma histology: _____– ***Go to question 398***

397. Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on

☐ Immunohistochemistry *(e.g. Han's algorithm)*

☐ Gene expression profile

☐ Unknown method

398. Is the lymphoma histology reported at transplant a transformation from CLL?

☐ Yes – **Also complete Chronic Lymphocytic Leukemia (CLL) Form 2013** – ***Go to question 399***

☐ No – ***Go to question 400***

399. Was any 17p abnormality detected?

☐ Yes – ***Go to question 404***

☐ No – ***Go to question 404***

400. Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? *(Not CLL)*

☐ Yes – ***Go to question 401***

☐ No – ***Go to question 404***

401. Specify the original lymphoma histology *(prior to transformation)*: _____

402. Specify other lymphoma histology: _____

403. Date of original lymphoma diagnosis: ___ ___ ___ ___ – ___ ___ – ___ ___ *(report the date of diagnosis of original lymphoma subtype)* YYYY MM DD

404. Was a PET (or PET/CT) scan performed? *(at last evaluation prior to the start of the preparative regimen / infusion)*

☐ Yes – ***Go to question 405***

☐ No – ***Go to question 410***

405. Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

☐ Yes

☐ No

406. Date of PET (or PET/CT) scan

☐ Known – ***Go to question 407***

☐ Unknown – ***Go to question 408***

407. Date of PET (or PET/CT) scan: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

408. Deauville (five-point) score of the PET (or PET/CT) scan

☐ Known – ***Go to question 409***

☐ Unknown – ***Go to question 410***

409. Scale

☐ 1- no uptake or no residual uptake

☐ 2- slight uptake, but below blood pool *(mediastinum)*

☐ 3- uptake above mediastinal, but below or equal to uptake in the liver

☐ 4- uptake slightly to moderately higher than liver

☐ 5- markedly increased uptake or any new lesion

Status at transplantation / infusion

410. What was the disease status?

☐ Disease untreated – ***Go to end of form***

☐ PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment. – ***Go to question 411***

☐ PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment. – ***Go to question 411***

☐ PIF unk - Primary induction failure – sensitivity unknown – ***Go to question 411***

☐ CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant – ***Go to question 411***

☐ CR2 - 2nd complete remission – ***Go to question 411***

☐ CR3+ - 3rd or subsequent complete remission – ***Go to question 411***

☐ REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse – ***Go to question 411***

☐ REL1 res - 1st relapse – resistant: stable or progressive disease with treatment – ***Go to question 411***

☐ REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2) – ***Go to question 411***

☐ REL1 unk - 1st relapse – sensitivity unknown – ***Go to question 411***

- ☐ REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse – ***Go to question 411***
- ☐ REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment – ***Go to question 411***
- ☐ REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+) – ***Go to question 411***
- ☐ REL2 unk - 2nd relapse – sensitivity unknown – ***Go to question 411***
- ☐ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse – ***Go to question 411***
- ☐ REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment – ***Go to question 411***
- ☐ REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+) – ***Go to question 411***
- ☐ REL3+ unk - 3rd relapse or greater – sensitivity unknown – ***Go to question 411***

411. Total number of lines of therapy received *(between diagnosis and HCT / infusion)*

- ☐ 1 line
- ☐ 2 lines
- ☐ 3+ lines

412. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

Multiple Myeloma / Plasma Cell Disorder (PCD)

413. Specify the multiple myeloma/plasma cell disorder (PCD) classification

- ☐ Multiple myeloma (178) – ***Go to question 415***
- ☐ Multiple myeloma-light chain only (186) – ***Go to question 415***
- ☐ Multiple myeloma-non-secretory (187) – ***Go to question 421***
- ☐ Plasma cell leukemia (172) – ***Go to question 423***
- ☐ Plasmacytoma (175) – ***Go to question 420***
- ☐ Smoldering myeloma (180) – ***Go to question 423***
- ☐ Immuno-globulin-related (AL) amyloidosis (174) – ***Go to question 416***

Plasma cell neoplasm with associated paraneoplastic syndrome

- ☐ POEMS syndrome (176) – ***Go to question 423***
- ☐ Monoclonal gammopathy of renal significance (MGRS) (1611) – ***Go to question 417***
- ☐ Other plasma cell disorder (179) – ***Go to question 414***

414. Specify other plasma cell disorder: _____ – ***Go to question 423***

415. Specify heavy and/or light chain type *(check all that apply)*

- ☐ IgG kappa – ***Go to question 421***
- ☐ IgA kappa – ***Go to question 421***
- ☐ IgM kappa – ***Go to question 421***
- ☐ IgD kappa – ***Go to question 421***
- ☐ IgE kappa – ***Go to question 421***
- ☐ IgG lambda – ***Go to question 421***
- ☐ IgA lambda – ***Go to question 421***
- ☐ IgM lambda – ***Go to question 421***
- ☐ IgD lambda – ***Go to question 421***
- ☐ IgE lambda – ***Go to question 421***
- ☐ IgG (heavy chain only) – ***Go to question 421***
- ☐ IgA (heavy chain only) – ***Go to question 421***
- ☐ IgM (heavy chain only) – ***Go to question 421***
- ☐ IgD (heavy chain only) – ***Go to question 421***
- ☐ IgE (heavy chain only) – ***Go to question 421***
- ☐ Kappa (light chain only) – ***Go to question 421***
- ☐ Lambda (light chain only) – ***Go to question 421***

416. Specify Amyloidosis classification

- ☐ AL amyloidosis – ***Go to question 423***
- ☐ AH amyloidosis – ***Go to question 423***
- ☐ AHL amyloidosis – ***Go to question 423***

417. Select monoclonal gammopathy of renal significance (MGRS) classification

- ☐ Light chain Fanconi syndrome – ***Go to question 419***
- ☐ Proximal tubulopathy without crystals – ***Go to question 419***
- ☐ Crystal-storing histiocytosis – ***Go to question 419***
- ☐ Non-amyloid fibrillary glomerulonephritis – ***Go to question 419***
- ☐ Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID) – ***Go to question 419***
- ☐ Type 1 cryoglobulinemic glomerulonephritis – ***Go to question 419***
- ☐ Monoclonal immunoglobulin deposition disease (MIDD) – ***Go to question 418***
- ☐ Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID) – ***Go to question 419***
- ☐ C3 glomerulopathy with monoclonal gammopathy – ***Go to question 419***
- ☐ Unknown – ***Go to question 419***

418. Select monoclonal immunoglobulin deposition disease (MIDD) subtype

☐ Light chain deposition disease (LCDD)

☐ Monoclonal immunoglobulin deposition disease

☐ Heavy chain deposition disease (HCDD)

419. Was documentation submitted to the CIBMTR? *(e.g. pathology report)*

☐ Yes – ***Go to question 423***

☐ No – ***Go to question 423***

420. Solitary plasmacytoma was

☐ Extraosseous plasmacytoma – ***Go to question 423***

☐ Solitary plasmacytoma of bone – ***Go to question 423***

421. What was the Durie-Salmon staging? *(at diagnosis, or if subsequent infusion, report based on last relapse / progression prior to this infusion)*

☐ Stage I *(All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h)* – ***Go to question 422***

☐ Stage II *(Fitting neither Stage I or Stage III)* – ***Go to question 422***

☐ Stage III *(One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h)* – ***Go to question 422***

☐ Unknown – ***Go to question 423***

422. What was the Durie-Salmon sub classification? *(at diagnosis, or if subsequent infusion, report based on last relapse / progression prior to this infusion)*

☐ A - relatively normal renal function *(serum creatinine < 2.0 mg/dL)*

☐ B - abnormal renal function *(serum creatinine ≥ 2.0 mg/dL)*

423. Did the recipient have a preceding or concurrent plasma cell disorder?

☐ Yes – ***Go to question 424***

☐ No – ***Go to question 427***

Copy questions 424-426 to report more than one concurrent or preceding disorder

424. Specify preceding / concurrent disorder

☐ Multiple myeloma – ***Go to question 426***

☐ Multiple myeloma-light chain only – ***Go to question 426***

☐ Multiple myeloma-non-secretory – ***Go to question 426***

☐ Plasma cell leukemia – ***Go to question 426***

☐ Plasmacytoma – ***Go to question 426***

☐ Smoldering myeloma – ***Go to question 426***

☐ Immuno-globulin-related (AL) amyloidosis – ***Go to question 426***

Plasma cell neoplasm with associated paraneoplastic syndrome

☐ POEMS syndrome – ***Go to question 426***

☐ Monoclonal gammopathy of unknown significance (MGUS) – ***Go to question 426***

☐ Monoclonal gammopathy of renal significance (MGRS) – ***Go to question 426***

☐ Other plasma cell disorder (PCD) – ***Go to question 425***

425. Specify other preceding/concurrent disorder: _____

426. Date of diagnosis of preceding / concurrent disorder: ___ ___ ___ ___ — ___ ___ —___ ___
YYYY MM DD

Copy questions 424-426 to report more than one concurrent or preceding disorder

Labs at diagnosis*, or if subsequent infusion, report based on last relapse / progression prior to this infusion*

427. Serum β2-microglobulin

☐ Known – ***Go to question 428***

☐ Unknown – ***Go to question 429***

428. Serum β2-microglobulin: ___ ___ ___ • ___ ___ ___

☐ µg/dL

☐ mg/L

☐ nmol/L

429. Serum albumin

☐ Known – ***Go to question 430***

☐ Unknown – ***Go to question 431***

430. Serum albumin: ___ ___ • ___

☐ g/dL

☐ g/L

I.S.S. at diagnosis*, or if subsequent infusion, report based on last relapse / progression prior to this infusion*

431. Stage

☐ Known – ***Go to question 432***

☐ Unknown – ***Go to question 433***

432. Stage

☐ 1 *(Serum β2-microglobulin < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL)*

☐ 2 *(Not fitting stage 1 or 3)*

☐ 3 *(Serum β2-microglobulin ≥ 5.5 mg/L; Serum albumin —)*

R - I.S.S. at diagnosis, *or if subsequent infusion, report based on last relapse / progression prior to this infusion*

433. Stage

☐ Known – ***Go to question 434***

☐ Unknown – ***Go to question 435***

434. Stage

☐ 1 *(ISS stage I and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] and normal LDH levels)*

☐ 2 *(Not R-ISS stage I or III)*

☐ 3 *(ISS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] or high LDH levels)*

Labs at diagnosis, *or if subsequent infusion, report based on last relapse / progression prior to this infusion*

435. Plasma cells in peripheral blood by flow cytometry

☐ Known – ***Go to question 436***

☐ Unknown – ***Go to question 437***

436. ___ ___• ___ ___ %

437. Plasma cells in peripheral blood by morphologic assessment

☐ Known – ***Go to question 438***

☐ Unknown – ***Go to question 440***

438. ___ ___%

439. ___ ___ ___ ___ ___ • ___ ___

☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

440. LDH

☐ Known – ***Go to question 441***

☐ Unknown – ***Go to question 443***

441. ___ ___ ___ ___ ___ • ___ ___

☐ U/L

☐ µkat/L

442. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___

Labs at diagnosis, *or if subsequent infusion, report based on last relapse / progression prior to this infusion*

443. Were cytogenetics tested (karyotyping or FISH)? *(at diagnosis, or if subsequent infusion, report based on last relapse / progression prior to this infusion)*

☐ Yes – ***Go to question 444***

☐ No – ***Go to question 456***

☐ Unknown – ***Go to question 456***

444. Were cytogenetics tested via FISH?

☐ Yes – ***Go to question 445***

☐ No – ***Go to question 450***

445. Results of tests

☐ Abnormalities identified – ***Go to question 446***

☐ No abnormalities – ***Go to question 449***

446. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
_____

447. Specify abnormalities *(check all that apply)*

Trisomy

☐ +3

☐ +5

☐ +7

☐ +9

☐ +11

☐ +15

☐ +19

Translocation

☐ t(4;14)

☐ t(6;14)

☐ t(11;14)

- ☐ t(14;16)
- ☐ t(14;20)

Deletion

- ☐ del (13q) / 13q-
- ☐ del (17p) / 17p-

Monosomy

- ☐ - 13
- ☐ - 17

Other

- ☐ Hyperdiploid (>50)
- ☐ Hypodiploid (<46)
- ☐ MYC rearrangement
- ☐ Any abnormality at 1q
- ☐ Any abnormality at 1p
- ☐ Other abnormality – ***Go to question 448***

448. Specify other abnormality: _____

449. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

- ☐ Yes
- ☐ No

450. Were cytogenetics tested via karyotyping?

- ☐ Yes – ***Go to question 451***
- ☐ No – ***Go to question 456***

451. Results of tests

- ☐ Abnormalities identified – ***Go to question 452***
- ☐ No evaluable metaphases – ***Go to question 455***
- ☐ No abnormalities – ***Go to question 455***

452. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

453. Specify abnormalities *(check all that apply)*

Trisomy

- ☐ +3
- ☐ +5

- ☐ +7
- ☐ +9
- ☐ +11
- ☐ +15
- ☐ +19

Translocation

- ☐ t(4;14)
- ☐ t(6;14)
- ☐ t(11;14)
- ☐ t(14;16)
- ☐ t(14;20)

Deletion

- ☐ del (13q) / 13q-
- ☐ del (17p) / 17p-

Monosomy

- ☐ - 13
- ☐ - 17

Other

- ☐ Hyperdiploid (>50)
- ☐ Hypodiploid (<46)
- ☐ MYC rearrangement
- ☐ Any abnormality at 1q
- ☐ Any abnormality at 1p
- ☐ Other abnormality – ***Go to question 454***

454. Specify other abnormality: _____

455. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

- ☐ Yes
- ☐ No

Status at transplantation / infusion

456. What is the hematologic disease status?

- ☐ Stringent complete response (sCR)
- ☐ Complete response (CR)
- ☐ Very good partial response (VGPR)

- ☐ Partial response (PR)
- ☐ No response (NR) / stable disease (SD)
- ☐ Progressive disease (PD)
- ☐ Relapse from CR (Rel) (untreated)
- ☐ Unknown

457. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ – ***Go to end of form***
YYYY MM DD

458. Specify amyloidosis hematologic response *(for Amyloid patients only)*

- ☐ Complete response (CR)
- ☐ Very good partial response (VGPR)
- ☐ Partial response (PR)
- ☐ No response (NR) / stable disease (SD)
- ☐ Progressive disease (PD)
- ☐ Relapse from CR (Rel) (untreated)
- ☐ Unknown

459. Date assessed: ___ ___ ___ ___ – ___ ___ – ___ ___ – ***Go to end of form***
YYYY MM DD

Solid Tumors

460. Specify the solid tumor classification

Breast cancer
- ☐ Breast cancer (250)

Tumors of the head / neck
- ☐ Tumors of the head / neck (201)

Digestive system tumors
- ☐ Colorectal (228)
- ☐ Pancreatic (206)
- ☐ Tumor of the esophagus and gastro-esophageal (GE) junction (2111)
- ☐ Tumors of the stomach (229)
- ☐ Tumors of liver and intrahepatic bile ducts (207)

Central nervous system tumors
- ☐ Atypical teratoid rhabdoid tumor (ATRT) (2212)
- ☐ Central nervous system tumor, including CNS PNET (220)

- ☐ Diffuse intrinsic pontine glioma (DIPG) (2213)
- ☐ Ependymoma (2214)
- ☐ Glioblastoma multiforme (GBM) (2215)
- ☐ Medulloblastoma (226)

Soft tissue or bone tumors

- ☐ Bone sarcoma (excluding Ewing family tumors) (273)
- ☐ Desmoplastic small round cell tumors (2216)
- ☐ Ewing family tumors of bone (including PNET) (275)
- ☐ Ewing family tumors, extraosseous (including PNET) (276)
- ☐ Malignant Peripheral Nerve Sheath Tumor (248)
- ☐ Myxoid round cell sarcoma (2217)
- ☐ Rhabdomyosarcoma (232)
- ☐ Synovial sarcoma (245)
- ☐ Other soft tissue sarcoma (excluding Ewing family tumors) (274)

Tumors of endocrine organs

- ☐ Germ cell tumor, gonadal (2218)
- ☐ Germ cell tumor, extragonadal (225)
- ☐ Neuroblastoma (222)

Thoracic tumors

- ☐ Adenocarcinoma (2219)
- ☐ Lung, non-small cell (203)
- ☐ Lung, small cell (202)
- ☐ Lung, not otherwise specified (230)
- ☐ Squamous carcinoma (2220)
- ☐ Tumor of the pleura (Mesothelioma) (2221)

Skin tumors

- ☐ Melanoma (219)

Genitourinary tumors

- ☐ Ovarian (epithelial) (214)
- ☐ Prostate (209)
- ☐ Renal cell (208)
- ☐ Testicular (210)
- ☐ Vaginal (215)

Pediatric-focused tumors

- ☐ Malignant Rhabdoid Tumor of the Kidney (2222)

- ☐ Retinoblastoma (223)
- ☐ Wilms tumor (221)

Other solid tumors

- ☐ Solid tumor, not otherwise specified (200)
- ☐ Other solid tumor (269) – ***Go to question 461***

461. Specify other solid tumor: _____ – ***Go to end of form***

Aplastic Anemia

462. Specify the aplastic anemia classification – **If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.**

- ☐ Acquired AA, not otherwise specified (301) – ***Go to question 463***
- ☐ Acquired AA secondary to chemotherapy (313) – ***Go to question 463***
- ☐ Acquired AA secondary to hepatitis (302) *(any form of hepatitis)* – ***Go to question 463***
- ☐ Acquired AA secondary to immunotherapy or immune effector cell therapy (314) – ***Go to question 463***
- ☐ Acquired AA secondary to toxin / other drug (303) – ***Go to question 463***
- ☐ Acquired amegakaryocytosis (not congenital) (304) – ***Go to end of form***
- ☐ Acquired pure red cell aplasia (not congenital) (306) – ***Go to end of form***
- ☐ Other acquired cytopenic syndrome (309) – ***Go to question 464***

463. Specify severity

- ☐ Severe / very severe – ***Go to end of form***
- ☐ Not severe – ***Go to end of form***

464. Specify other acquired cytopenic syndrome: _____ – ***Go to end of form***

Inherited Bone Marrow Failure Syndromes

465. Specify the inherited bone marrow failure syndrome classification – **If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.**

- ☐ Diamond-Blackfan anemia (pure red cell aplasia) (312) – ***Go to end of form***
- ☐ Telomere Biology Disorders including Dyskeratosis congenita (DKC1, TERT, TERC, and other mutations) (307) – ***Go to end of form***
- ☐ Fanconi anemia (311) – ***Go to end of form***
- ☐ Severe congenital neutropenia (Elastase deficiency / ELANE or Kostmann disease / HAX1 mutations) (460) – ***Go to end of form***
- ☐ Shwachman-Diamond (DNAJC21, EFL1, or SBDS mutations) (305) – ***Go to end of form***
- ☐ Germline *SAMD9* variant (MIRAGE Syndrome) (2311) – ***Go to end of form***

- ☐ Germline *SAMD9L* variant (SAMD9L-related Ataxia Pancytopenia Syndrome) (2312) – ***Go to end of form***
- ☐ Other inherited bone marrow failure syndrome (339) – ***Go to end of form***

Hemoglobinopathies

466. Specify the hemoglobinopathy classification
   - ☐ Sickle cell disease (356) – ***Go to question 469***
   - ☐ Transfusion dependent thalassemia (360) – ***Go to question 467***
   - ☐ Other hemoglobinopathy (359) – ***Go to question 468***

467. Specify transfusion dependent thalassemia
   - ☐ Transfusion dependent beta thalassemia (357) – ***Go to question 469***
   - ☐ Other transfusion dependent thalassemia (358) – ***Go to question 469***

468. Specify other hemoglobinopathy: _____

Questions 469-501 are for sickle cell disease and transfusion dependent thalassemia

469. Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?
   - ☐ Yes – ***Go to question 470***
   - ☐ No – ***Go to question 472***
   - ☐ Unknown – ***Go to question 472***

470. TRJV measurement
   - ☐ Known – ***Go to question 471***
   - ☐ Unknown – ***Go to question 472***

471. TRJV measurement: __ __● ___ m/sec

472. Was liver iron content (LIC) tested within 6 months prior to infusion?
   - ☐ Yes – ***Go to question 473***
   - ☐ No – ***Go to question 475***

473. Liver iron content: ___ ___ ___ ● ___
   - ☐ mg Fe/g liver dry weight
   - ☐ g Fe/kg liver dry weight
   - ☐ µmol Fe/g liver dry weight

474. Method used to estimate LIC?

- ☐ T2*MRI
- ☐ SQUID MRI
- ☐ FerriScan
- ☐ Liver biopsy
- ☐ Other

475. Is the recipient red blood cell transfusion dependent? *(requiring transfusion to maintain HGB 9-10 g/dL)*

- ☐ Yes – ***Go to question 476***
- ☐ No – ***Go to question 483***

476. Year of first transfusion *(since diagnosis)*: ___ ___ ___ ___
YYYY

477. Was iron chelation therapy given at any time since diagnosis?

- ☐ Yes – ***Go to question 478***
- ☐ No – ***Go to question 483***
- ☐ Unknown – ***Go to question 483***

478. Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?

- ☐ Yes, iron chelation therapy given as specified – ***Go to question 481***
- ☐ No, iron chelation therapy given, but not meeting criteria listed – ***Go to question 479***
- ☐ Iron chelation therapy given, but details of administration unknown – ***Go to question 481***

479. Specify reason criteria not met

- ☐ Non-adherence – ***Go to question 481***
- ☐ Toxicity due to iron chelation therapy ***– Go to question 481***
- ☐ Other ***– Go to question 480***

480. Specify other reason criteria not met: _____

481. Year iron chelation therapy started

- ☐ Known – ***Go to question 482***
- ☐ Unknown – ***Go to question 483***

482. Year started: ___ ___ ___ ___
YYYY

483. Did the recipient have hepatomegaly? *(≥ 2 cm below costal margin)*

☐ Yes – ***Go to question 484***

☐ No – ***Go to question 485***

☐ Unknown – ***Go to question 485***

484. Liver size as measured below the costal margin at most recent evaluation: ___ ___ cm

485. Was a liver biopsy performed at any time since diagnosis?

☐ Yes – ***Go to question 486***

☐ No – ***Go to question 493***

486. Date assessed

☐ Known – ***Go to question 487***

☐ Unknown – ***Go to question 488***

487. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___ ☐ Date estimated
YYYY MM DD

488. Was there evidence of liver cirrhosis?

☐ Yes

☐ No

☐ Unknown

489. Was there evidence of liver fibrosis?

☐ Yes – ***Go to question 490***

☐ No – ***Go to question 491***

☐ Unknown – ***Go to question 491***

490. Type of fibrosis

☐ Bridging

☐ Periportal

☐ Other

☐ Unknown

491. Was there evidence of chronic hepatitis?

☐ Yes

☐ No

☐ Unknown

492. Was documentation submitted to the CIBMTR? *(e.g., liver biopsy)*

☐ Yes

☐ No

493. Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?

☐ Yes

☐ No

494. Did the recipient have a splenectomy?

☐ Yes

☐ No

☐ Unknown

Laboratory studies at last evaluation prior to start of preparative regimen

495. Serum iron

☐ Known – ***Go to questions 496***

☐ Unknown – ***Go to questions 497***

496. Serum iron: ___ ___ ___● ___ ___

☐ µg/dL

☐ µmol/L

497. Total iron binding capacity (TIBC)

☐ Known – ***Go to question 498***

☐ Unknown – ***Go to question 499***

498. TIBC: ___ ___ ___ ● ___ ___

☐ µg/dL

☐ µmol/L

499. Total serum bilirubin

☐ Known – ***Go to question 500***

☐ Unknown – ***Go to end of form***

500. Total serum bilirubin: ___ ___ ___ ● ___

☐ mg/dL

☐ µmol/L

501. Upper limit of normal for total serum bilirubin: ___ ___ ___ ● ___

Disorders of the Immune System

502. Specify disorder of immune system classification

Severe Combined Immunodeficiencies

- ☐ SCID, T- B+ NK-, JAK3 mutation (2411)– ***Go to question 506***
- ☐ SCID, T- B+ NK-, IL2RG mutations, X-linked SCID (2412) – ***Go to question 506***
- ☐ SCID, T- B- NK-, Adenosine deaminase (ADA) deficiency (401) – ***Go to question 506***
- ☐ SCID, T- B- NK-, reticular dysgenesis (405) – ***Go to question 506***
- ☐ SCID, T- B- NK+, RAG 1/2 deficiency (2413) – ***Go to question 506***
- ☐ SCID, T- B- NK+, DCLRE1C (Artemis) deficiency (2414) – ***Go to question 506***
- ☐ SCID, T- B+ NK+, ILR alpha deficiency (403) – ***Go to question 506***
- ☐ SCID, T- B- NK-, NOS (2415) – ***Go to question 506***
- ☐ SCID, not otherwise specified (410) – ***Go to question 506***
- ☐ Other SCID (with known genetic mutation) (419) – ***Go to question 503***

Combined Immunodeficiencies

- ☐ CD40 ligand deficiency (464) – ***Go to question 506***
- ☐ DOCK8 Deficiency (2416) – ***Go to question 506***
- ☐ MHC Class II Deficiency (Bare lymphocyte syndrome) (406) – ***Go to question 506***
- ☐ Omenn syndrome (404) – ***Go to question 506***
- ☐ ZAP-70 deficiency (2417) – ***Go to question 506***

Combined Immunodeficiencies with Associated or Syndromic Features

- ☐ Ataxia telangiectasia (451) – ***Go to question 506***
- ☐ Cartilage-hair hypoplasia (462) – ***Go to question 506***
- ☐ DiGeorge anomaly (454) – ***Go to question 506***
- ☐ NEMO Deficiency Syndrome (2418) – ***Go to question 506***
- ☐ Wiskott-Aldrich syndrome (453) – ***Go to question 506***

Predominately Antibody deficiencies

- ☐ Common variable immunodeficiency (457) – ***Go to question 506***
- ☐ Activated PI3 Kinase Delta Deficiency Syndrome (APDS1 or PIK3CD) (2419) – ***Go to question 506***

Diseases of immune dysregulation, hemophagocytic lymphohistiocytosis

- ☐ Chediak-Higashi syndrome (456) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 506***
- ☐ Griscelli syndrome type 2 (465) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 506***
- ☐ Hermansky-Pudlak syndrome type 2 (466) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 506***

☐ Other pigmentary dilution disorder (469) – **Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** – ***Go to question 505***

Diseases of immune dysregulation, EBV susceptibility

☐ SAP deficiency (XIAP-1) (458) – ***Go to question 506***

☐ XIAP-2 deficiency (2420) – ***Go to question 506***

☐ ITK deficiency (2421) – ***Go to question 506***

Diseases of immune dysregulation, syndromes with Autoimmunity and Others, NOS

☐ Autoimmune Lymphoproliferative Syndrome (ALPS) (2422) – ***Go to question 506***

☐ CTLA4 deficiency (2423) – ***Go to question 506***

☐ IPEX, Immune Dysregulation Polyendocrinopathy, enteropathy X-linked (FOXP3 deficiency) (2424) – ***Go to question 506***

☐ LRBA Deficiency (2425) – ***Go to question 506***

☐ STAT3 Gain of Function (2426) – ***Go to question 506***

Congenital defects of phagocyte

☐ Chronic granulomatous disease (455) – ***Go to question 506***

☐ GATA2 deficiency (2427) – ***Go to question 506***

☐ Leukocyte adhesion deficiencies (459) – ***Go to question 506***

☐ Neutropenia with combined immune deficiency (MKL1 deficiency, Actin deficiency) (461) – ***Go to question 506***

Other Immunodeficiencies

☐ HIV infection (452) – ***Go to question 506***

☐ STAT1 Gain of Function (2428) – ***Go to question 506***

☐ Other immunodeficiencies (479) – ***Go to question 504***

☐ Immune deficiency, not otherwise specified (400) – ***Go to question 506***

503. Specify other SCID: _____ – ***Go to question 506***

504. Specify other immunodeficiency: _____– ***Go to question 506***

505. Specify other pigmentary dilution disorder: _____– ***Go to question 506***

506. Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?

☐ Yes – ***Go to question 507***

☐ No – ***Go to question 508***

507. Specify viral pathogen *(check all that apply)*

☐ 304 Adenovirus

- ☐ 341 BK Virus
- ☐ 344 Coronavirus
- ☐ 303 Cytomegalovirus (CMV)
- ☐ 347 Chikungunya Virus
- ☐ 346 Dengue Virus
- ☐ 325 Enterovirus (ECHO, Coxsackie)
- ☐ 327 Enterovirus D68 (EV-D68)
- ☐ 326 Enterovirus (polio)
- ☐ 328 Enterovirus NOS
- ☐ 318 Epstein-Barr Virus (EBV)
- ☐ 306 Hepatitis A Virus
- ☐ 307 Hepatitis B Virus
- ☐ 308 Hepatitis C Virus
- ☐ 340 Hepatitis E
- ☐ 301 Herpes Simplex Virus (HSV)
- ☐ 317 Human herpesvirus 6 (HHV-6)
- ☐ 309 Human Immunodeficiency Virus 1 or 2
- ☐ 343 Human metapneumovirus
- ☐ 322 Human Papillomavirus (HPV)
- ☐ 349 Human T-lymphotropic Virus 1 or 2
- ☐ 310 Influenza, NOS
- ☐ 323 Influenza A Virus
- ☐ 324 Influenza B Virus
- ☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- ☐ 311 Measles Virus (Rubeola)
- ☐ 312 Mumps Virus
- ☐ 345 Norovirus
- ☐ 316 Human Parainfluenza Virus (all species)
- ☐ 314 Respiratory Syncytial Virus (RSV)
- ☐ 321 Rhinovirus (all species)
- ☐ 320 Rotavirus (all species)
- ☐ 315 Rubella Virus
- ☐ 302 Varicella Virus
- ☐ 348 West Nile Virus (WNV)

508. Has the recipient ever been infected with PCP / PJP?

- ☐ Yes

☐ No

509. Does the recipient have GVHD due to maternal cell engraftment pre-HCT? *(SCID only)*

☐ Yes

☐ No

Inherited Abnormalities of Platelets

510. Specify inherited abnormalities of platelets classification

☐ Congenital amegakaryocytosis / congenital thrombocytopenia (501)

☐ Glanzmann thrombasthenia (502)

☐ Other inherited platelet abnormality (509) – ***Go to question 511***

511. Specify other inherited platelet abnormality: _____ – ***Go to end of form***

Inherited Disorders of Metabolism

512. Specify inherited disorders of metabolism classification

☐ Osteopetrosis (malignant infantile osteopetrosis) (521)

Leukodystrophies

☐ Metachromatic leukodystrophy (MLD) (542)

☐ Adrenoleukodystrophy (ALD) (543) – ***Go to question 514***

☐ Krabbe disease (globoid leukodystrophy) (544)

☐ Lesch-Nyhan (HGPRT deficiency) (522)

☐ Neuronal ceroid lipofuscinosis (Batten disease) (523)

☐ Hereditary diffuse leukoencephalopathy with spheroids (HDLS) (551)

Mucopolysaccharidoses

☐ Hurler syndrome (IH) (531)

☐ Scheie syndrome (IS) (532)

☐ Hunter syndrome (II) (533)

☐ Sanfilippo (III) (534)

☐ Morquio (IV) (535)

☐ Maroteaux-Lamy (VI) (536)

☐ β-glucuronidase deficiency (VII) (537)

☐ Mucopolysaccharidosis (V) (538)

☐ Mucopolysaccharidosis, not otherwise specified (530)

Mucolipidoses

- ☐ Gaucher disease (541)
- ☐ Niemann-Pick disease (545)
- ☐ I-cell disease (546)
- ☐ Wolman disease (547)
- ☐ Glucose storage disease (548)
- ☐ Mucolipidoses, not otherwise specified (540)

Polysaccharide hydrolase abnormalities

- ☐ Aspartyl glucosaminidase (561)
- ☐ Fucosidosis (562)
- ☐ Mannosidosis (563)
- ☐ Polysaccharide hydrolase abnormality, not otherwise specified (560)
- ☐ Other inherited metabolic disorder (529) – ***Go to question 513***
- ☐ Inherited metabolic disorder, not otherwise specified (520)

513. Specify other inherited metabolic disorder: _____ – ***Go to end of form***

514. Loes composite score: __ __ *Adrenoleukodystrophy (ALD) only* – ***Go to end of form***

Histiocytic Disorders

515. Specify histiocytic disorder classification

Diseases of immune dysregulation, Familial Hemophagocytic Lymphohistiocytosis (FHL)

- ☐ Familial Hemophagocytic Lymphohistiocytosis, Perforin deficiency (*FHL2*) (2511)
- ☐ Familial Hemophagocytic Lymphohistiocytosis, *UNC13D (FHL3)* (2512)
- ☐ Familial Hemophagocytic Lymphohistiocytosis, *STX11 (FHL4)* (2513)
- ☐ Familial Hemophagocytic Lymphohistiocytosis, *STXBP2 (FHL5)* (2514)
- ☐ Familial Hemophagocytic Lymphohistiocytosis, no mutation identified (2515)
- ☐ Familial Hemophagocytic Lymphohistiocytosis, other mutations (2516)
- ☐ Langerhans cell histiocytosis (histiocytosis-X) (572)
- ☐ Hemophagocytosis (reactive or viral associated) (573)
- ☐ Malignant histiocytosis (574)
- ☐ Other histiocytic disorder (579) – ***Go to question 516***
- ☐ Histiocytic disorder, not otherwise specified (570)

516. Specify other histiocytic disorder: _____ – ***Go to end of form***

517. Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?

☐ Yes – ***Go to question 518***

☐ No – ***Go to question 519***

518. Specify viral pathogen *(check all that apply)*

☐ 304 Adenovirus

☐ 341 BK Virus

☐ 344 Coronavirus

☐ 303 Cytomegalovirus (CMV)

☐ 347 Chikungunya Virus

☐ 346 Dengue Virus

☐ 325 Enterovirus (ECHO, Coxsackie)

☐ 327 Enterovirus D68 (EV-D68)

☐ 326 Enterovirus (polio)

☐ 328 Enterovirus NOS

☐ 318 Epstein-Barr Virus (EBV)

☐ 306 Hepatitis A Virus

☐ 307 Hepatitis B Virus

☐ 308 Hepatitis C Virus

☐ 340 Hepatitis E

☐ 301 Herpes Simplex Virus (HSV)

☐ 317 Human herpesvirus 6 (HHV-6)

☐ 309 Human Immunodeficiency Virus 1 or 2

☐ 343 Human metapneumovirus

☐ 322 Human Papillomavirus (HPV)

☐ 349 Human T-lymphotropic Virus 1 or 2

☐ 310 Influenza, NOS

☐ 323 Influenza A Virus

☐ 324 Influenza B Virus

☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))

☐ 311 Measles Virus (Rubeola)

☐ 312 Mumps Virus

☐ 345 Norovirus

☐ 316 Human Parainfluenza Virus (all species)

☐ 314 Respiratory Syncytial Virus (RSV)

☐ 321 Rhinovirus (all species)

☐ 320 Rotavirus (all species)

☐ 315 Rubella Virus

☐ 302 Varicella Virus

☐ 348 West Nile Virus (WNV)

519. Has the recipient ever been infected with PCP / PJP

☐ Yes – ***Go to end of form***

☐ No – ***Go to end of form***

Autoimmune Diseases

520. Specify autoimmune disease classification

Arthritis

☐ Rheumatoid arthritis (603)

☐ Psoriatic arthritis / psoriasis (604)

☐ Juvenile idiopathic arthritis (JIA): systemic (Still's disease) (640)

☐ Juvenile idiopathic arthritis (JIA): oligoarticular (641)

☐ Juvenile idiopathic arthritis (JIA): polyarticular (642)

☐ Juvenile idiopathic arthritis (JIA): other (643)

☐ Other arthritis (633)

Multiple sclerosis

☐ Multiple sclerosis (602)

Connective tissue diseases

☐ Systemic sclerosis (scleroderma) (607)

☐ Systemic lupus erythematosus (SLE) (605)

☐ Sjögren syndrome (608)

☐ Polymyositis / dermatomyositis (606)

☐ Antiphospholipid syndrome (614)

☐ Other connective tissue disease (634)

Vasculitis

☐ Wegener granulomatosis (610)

☐ Classical polyarteritis nodosa (631)

☐ Microscopic polyarteritis nodosa (632)

☐ Churg-Strauss (635)

☐ Giant cell arteritis (636)

☐ Takayasu (637)

☐ Behcet syndrome (638)

- ☐ Overlap necrotizing arteritis (639)
- ☐ Other vasculitis (611)

Other neurological autoimmune diseases

- ☐ Myasthenia gravis (601)
- ☐ Other autoimmune neurological disorder (644)

Hematological autoimmune diseases

- ☐ Idiopathic thrombocytopenic purpura (ITP) (645)
- ☐ Hemolytic anemia (646)
- ☐ Evans syndrome (647)
- ☐ Other autoimmune cytopenia (648) – ***Go to question 521***

Bowel diseases

- ☐ Crohn's disease (649)
- ☐ Ulcerative colitis (650)
- ☐ Other autoimmune bowel disorder (651) – ***Go to question 522***

Metabolic

- ☐ Diabetes mellitus type 1 (660)

Other

- ☐ Other autoimmune disease (629) – ***Go to question 523***

521. Specify other autoimmune cytopenia: _____

522. Specify other autoimmune bowel disorder: _____

523. Specify other autoimmune disease: _____– ***Go to end of form***

Tolerance Induction Associated with Solid Organ Transplant

524. Specify solid organ transplanted *(check all that apply)*

- ☐ Kidney
- ☐ Liver
- ☐ Pancreas
- ☐ Other organ – ***Go to question 525***

525. Specify other organ: _____ – ***Go to end of form***

Other Disease

526. Specify other disease: _____– ***Go to end of form***