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Title	|	Bone Marrow Failure incl Aplastic Anaemia
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Authorised By	|	Annelot van Amerongen
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EBMT Centre Identification Code (CIC): _ _ _ _
Hospital Unique Patient Number (UPN): _ _ _ _ _ _ _ _ _ _ _ _
Patient Number in EBMT database: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

BONE MARROW FAILURE SYNDROMES (BMF) incl. APLASTIC ANAEMIA (AA)

DISEASE

Note: complete this form only if this diagnosis was the indication for the HCT/CT/IST or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

Classification:

☐ Acquired:

	Etiology:
☐ Aplastic anaemia (AA) ☐ Moderate ☐ Severe ☐ Very Severe	
☐ Pure red cell aplasia (non-congenital PRCA)	☐ Secondary to hepatitis
☐ Paroxysmal nocturnal haemoglobinuria (PNH) ☐ Haemolytic ☐ Aplastic ☐ Thrombotic ☐ Other; specify: _____	☐ Secondary to toxin/other drug ☐ Idiopathic ☐ Other; specify: _____
☐ Pure white cell aplasia	
☐ Amegakaryocytosis / Thrombocytopenia (non-congenital)	
☐ Other acquired cytopenic syndrome; specify: _____	

☐ Genetic*:

☐ Amegakaryocytosis / Thrombocytopenia (congenital)
☐ Fanconi anaemia Mutated gene: ☐ FANCA ☐ FANCB ☐ FANCC ☐ FANCD1 (also called BRCA2) ☐ FANCD2 ☐ FANCE ☐ FANCF ☐ FANCG ☐ FANCL ☐ Other; specify: _____
☐ Diamond-Blackfan anaemia (congenital PRCA)
☐ Shwachman-Diamond syndrome
☐ Dyserythropoietic anaemia
☐ Dyskeratosis congenita
☐ Other congenital anaemia; specify: _____

*Please fill in the "Inborn Errors" indication diagnosis form in addition to the current form (optional)

CHROMOSOME ANALYSIS

Chromosome analysis done before treatment *(all methods including FISH)*:
(Describe results of the most recent complete analysis)

☐ Not done or failed

☐ Yes, abnormal results: number of abnormalities present: _____

☐ Yes, normal results

☐ Unknown

Date of chromosome analysis *(if applicable)*: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

Indicate below whether the abnormalities were absent, present or not evaluated.

Trisomy 8	☐ Absent	☐ Present	☐ Not evaluated
abn 3	☐ Absent	☐ Present	☐ Not evaluated
Monosomy 7	☐ Absent	☐ Present	☐ Not evaluated
del(13q)	☐ Absent	☐ Present	☐ Not evaluated
Other; specify: _____	☐ Absent	☐ Present	

Chromosomal breakage test *(for Fanconi only)*:

☐ Negative

☐ Positive

☐ Not done or failed

☐ Unknown

BONE MARROW INVESTIGATION

Bone marrow assessments:

Cellularity in the bone marrow aspirate	☐ Acellular ☐ Hypocellular ☐ Normocellular ☐ Hypercellular	☐ Focal cellularity ☐ Not evaluated ☐ Unknown
Cellularity in the bone marrow trephine	☐ Acellular ☐ Hypocellular ☐ Normocellular ☐ Hypercellular	☐ Focal cellularity ☐ Not evaluated ☐ Unknown
Fibrosis on bone marrow biopsy	☐ No ☐ Mild ☐ Moderate ☐ Severe	☐ Not evaluable ☐ Not evaluated ☐ Unknown
CD34+ cell count	_____ %	☐ Not evaluated ☐ Unknown
Blast count	_____ %	☐ Not evaluated ☐ Unknown

PNH TESTS

only applicable for Aplastic Anaemia and/or PNH at time of diagnosis

PNH test done?

☐ No

☐ Yes **Date of PNH test:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

PNH diagnostics by flow cytometry:

☐ Clone absent

☐ Clone present: size of PNH clone in %: _____

Flow cytometry assessment done on:

☐ Granulocytes

☐ RBC

☐ Both

☐ Other; specify: _____

Clinical manifestation of PNH:

☐ No

☐ Yes: date of clinical manifestation: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Anti-complement treatment given?

☐ No

☐ Yes, complete the table:

Drug	**Start date** (YYYY/MM/DD)	**Stop date** (YYYY/MM/DD)
☐ Eculizumab	_ _ _ _ / _ _ / _ _ ☐ Unknown	_ _ _ _ / _ _ / _ _ ☐ Ongoing ☐ Unknown
☐ Ravulizumab	_ _ _ _ / _ _ / _ _ ☐ Unknown	_ _ _ _ / _ _ / _ _ ☐ Ongoing ☐ Unknown
☐ Pegcetacoplan	_ _ _ _ / _ _ / _ _ ☐ Unknown	_ _ _ _ / _ _ / _ _ ☐ Ongoing ☐ Unknown
☐ Other; specify*: _____	_ _ _ _ / _ _ / _ _ ☐ Unknown	_ _ _ _ / _ _ / _ _ ☐ Ongoing ☐ Unknown

*Please consult the **LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS** on the EBMT website for drugs/regimens names

If there were more drugs given during one line of treatment add more copies of this page.