REGISTRATION - DAY 0

ACUTE LEUKAEMIAS (main disease code 1)

CHRONIC LEUKAEMIAS (main disease code 2)

LYMPHOMAS (main disease code 3)

MYELODYSPLASTIC SYNDROME (MDS) (main disease code 6)

COMBINED MYELODYSPLASTIC SYNDROME/MYELOPROLIFERATIVE NEOPLASM (MDS/MPN) (main disease code 6)

MYELOPROLIFERATIVE NEOPLASMS (MPN) (main disease code 6)

PLASMA CELL DISORDERS INCLUDING MULTIPLE MYELOMA (PCD) (main disease code 4)

BONE MARROW FAILURE SYNDROMES INCLUDING APLASTIC ANAEMIA (BMF) (main disease code 7)

HAEMOGLOBINOPATHY (main disease code 11)

SOLID TUMOURS (main disease code 5)

PRIMARY IMMUNE DEFICIENCIES (main disease code 8)

INHERITED DISORDERS OF METABOLISM (main disease code 8)

PLATELET AND OTHER INHERITED DISORDERS (main disease code 8)

HISTIOCYTIC DISORDERS (main disease code 9)

AUTOIMMUNE DISORDERS (main disease code 10)

SECOND REPORT - 100 DAYS AFTER HSCT

FOLLOW UP REPORT - ANNUAL

CELL INFUSION (CI) SHEET
**HSCT - Minimum Essential Data - A**

**REGISTRATION - DAY 0**

### Centre Identification

**EBMT Code** (CIC): .........................................................  
Contact person: ..........................................................

Hospital: ............................................. Unit: .....................  
Email: .................................................................

### Patient Data

Date of this report: .............................................  
First transplant for this patient?: □ Yes □ No

Patient following national / international study / trial:  
□ No □ Yes: Name of study / trial  ..................................... □ Unknown

**Hospital Unique Patient Number or Code (UPN) .................................................................**

Compulsory, registrations will not be accepted without this item.

*All transplants performed in the same patient must be registered with the same patient identification number or code as this belongs to the patient and not to the transplant.*

Initials: .......................... .......................... (first name(s) _family name(s))

Date of birth: .............................................  
Sex: □ Male □ Female  
(at birth)

### Primary Disease Diagnosis

Date of initial diagnosis: .............................................

**PRIMARY DISEASE DIAGNOSIS (CHECK THE DISEASE FOR WHICH THIS TRANSPLANT WAS PERFORMED)**

- □ Acute Leukaemia
  - □ Acute Myelogenous Leukaemia (AML) related Precursor Neoplasms
  - □ Precursor Lymphoid Neoplasms (old ALL)
  - □ Therapy related myeloid neoplasms (old Secondary Acute Leukaemia)
- □ Chronic Leukaemia
  - □ Chronic Myeloid Leukaemia (CML)
  - □ Chronic Lymphocytic Leukaemia (CLL)
- □ Lymphoma
  - □ Non Hodgkin
  - □ Hodgkin's Disease
- □ Myeloma/Plasma cell disorder
  - □ Solid Tumour
  - □ Myelodysplastic syndromes / Myeloproliferative neoplasm
    - □ MDS
    - □ MDS/MPN
    - □ Myeloproliferative neoplasm
  - □ Bone marrow failure including Aplastic anaemia
  - □ Inherited disorders
  - □ Primary immune deficiencies
  - □ Metabolic disorders
- □ Histiocytic disorders
  - □ Autoimmune disease
    - □ Juvenile Idiopathic Arthritis
  - □ Multiple Sclerosis
  - □ Systemic Lupus
  - □ Systemic Sclerosis
  - □ Haemoglobinopathy
- □ Other diagnosis, specify: .................................................................

Complete and attach the relevant Disease classification sheet with date of HSCT and disease status at HSCT, then continue to Performance Score below.
Comorbidity Index


Was there any **clinically significant** co-existing disease or organ impairment at time of patient assessment just prior to the preparative regimen?

<table>
<thead>
<tr>
<th>Comorbidity</th>
<th>Definitions</th>
<th>No</th>
<th>Yes</th>
<th>N/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid tumour, previously present</td>
<td>Treated at any time point in the patient's past history, excluding non-melanoma skin cancer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Infammatory bowel disease</td>
<td>Crohn's disease or ulcerative colitis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rheumatologic</td>
<td>SLE, RA, polymyositis, mixed CTD, or polymyalgia rheumatica</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Infection</td>
<td>Requiring continuation of antimicrobial treatment after day 0</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Requiring treatment with insulin or oral hypoglycaemics but not diet alone</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Renal: moderate/severe</td>
<td>Serum creatinine &gt; 2 mg/dL or &gt;177 μmol/L, on dialysis, or prior renal transplantation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatic: mild</td>
<td>Chronic hepatitis, bilirubin between Upper Limit Normal (ULN) and 1.5 x the ULN, or AST/ALT between ULN and 2.5 × ULN</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Liver cirrhosis, bilirubin greater than 1.5 × ULN, or AST/ALT greater than 2.5 x ULN</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>Atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Coronary artery disease, congestive heart failure, myocardial infarction, EF ≤ 50%, or shortening fraction in children (&lt;28%)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>Transient ischemic attack or cerebrovascular accident</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heart valve disease</td>
<td>Except mitral valve prolapse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pulmonary: moderate severe</td>
<td>DLco and/or FEV1 66-80% or dyspnoea on slight activity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>DLco and/or FEV1 ≤ 65% or dyspnoea at rest or requiring oxygen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Obesity</td>
<td>Patients with a body mass index &gt; 35 kg/m2</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Peptic ulcer</td>
<td>Requiring treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Psychiatric disturbance</td>
<td>Depression or anxiety requiring psychiatric consultation or treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Were there any other major clinical abnormalities prior to the preparative regimen? Specify..............................................
☐ Autologous

Source of the Stem cells  
(check all that apply):

☐ Bone marrow  
☐ Cord blood  
☐ Peripheral blood  
☐ Other: .................................

Graft manipulation ex-vivo  
other than for RBC removal or volume reduction

☐ No  ☐ Yes:  Genetic manipulation of the graft:  
☐ No  ☐ Yes:

IF AUTOLOGOUS, CONTINUE TO “CHRONOLOGICAL NUMBER OF HSCT”
CIC: ........................... Hospital UPN: ........................... Patient UIC: ........................... HSCT Date: ........................... 

Type of HSCT (Allogeneic)

□ Allogeneic

Patient CMV status

□ Negative  □ Positive  □ Not evaluated  □ Unknown

Multiple donors (including multiple CB units)

□ No  □ Yes: Number of donors  ..................................

Donor 1

HLA MATCH TYPE (DONOR RELATION WITH PATIENT)

□ HLA - Identical sibling (may include non-monozygotic twin)

□ Syngeneic (monozygotic twin)

□ HLA - Matched other relative

□ HLA - Mismatched relative: Degree of mismatch  □ 1 HLA locus mismatch  □ >=2 HLA loci mismatch

Donor ID given by the centre  ..................................

HLA MISMATCHES BETWEEN DONOR AND PATIENT
(Mismatched relatives only)

Complete number of mismatches inside each box

A  B  C  DRB1  DQB1  DPB1

Antigenic

Allelic

0=match; 1=one mismatch; 2=2 mismatches; N/E=not evaluated

□ Unrelated donor

ION code of the Donor Registry or CB Bank  ..................................

BMDW code of the Donor Registry or CB Bank (if ION code is unknown) (up to 4 characters)  ..................................

Name of Donor Registry/ CB Bank (if any of the above codes is unknown)  ..................................

Donor centre name (if applicable, optional)  ..................................

Donor  ID given by the Donor Registry or the CB Bank listed above  ..................................

Patient  ID given by the Donor Registry or the CB Bank listed above  ..................................

Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

Donor information

Date of birth  .................................. OR Age at time of donation (if date of birth not provided)  .................................. month(s)

Donor Sex (at birth)  □ Male  □ Female

Donor CMV status  □ Negative  □ Positive  □ Not evaluated  □ Unknown

Did this donor provide more than one stem cell product

□ No -  [please fill “Donor 1 – Product Number 1” on next page]

□ Yes: Number of different stem cell products infused from this donor  ..................................

(If 2 products e.g. BM  PB, please fill “Donor 1 – Product Number 1 AND 2” on next page)
Donor 1 - Product Number 1

If more than one stem cell product, this is the FIRST product infused from this donor

Source of Stem Cells for this product, select only one

- Bone marrow
- Peripheral blood
- Cord blood
- Other: __________________________

Graft manipulation ex-vivo of this product including T-cell depletion other than for RBC removal or volume reduction

- No
- Yes

Negative: No Yes

- T-cell (CD3+) depletion (do not use for "Campath in bag")
- T-cell receptor αβ depletion
- B-cell depletion (CD19+) by MoAB
- NK cell depletion by MoAB
- Other: ________________________________________________

Positive: No Yes

Genetic manipulation

- No
- Yes

Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

Donor 1 - Product Number 2

If more than one stem cell product, this is the SECOND product infused from this donor

Source of Stem Cells for this product, select only one

- Bone marrow
- Peripheral blood
- Cord blood
- Other: __________________________

Graft manipulation ex-vivo of this product including T-cell depletion other than for RBC removal or volume reduction

- No
- Yes

Negative: No Yes

- T-cell (CD3+) depletion (do not use for "Campath in bag")
- T-cell receptor αβ depletion
- B-cell depletion (CD19+) by MoAB
- NK cell depletion by MoAB
- Other: ________________________________________________

Positive: No Yes

Genetic manipulation

- No
- Yes

Please enter the LABORATORY RESULTS WITH HLA TYPING into the database
Donor 2

**HLA MATCH TYPE** *(DONOR RELATION WITH PATIENT)*

- [ ] HLA - Identical sibling *(may include non-monozygotic twin)*
- [ ] Syngeneic *(monozygotic twin)*
- [ ] HLA - Matched other relative
- [ ] HLA - Mismatched relative

**Degree of mismatch**

- [ ] 1 HLA locus mismatch
- [ ] >=2 HLA loci mismatch

**Complete number of mismatches inside each box**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>DRB1</th>
<th>DQB1</th>
<th>DPB1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Antigenic**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Allelic**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

0=match; 1=one mismatch; 2=2 mismatches; N/E=not evaluated

- [ ] Unrelated donor

**ION code of the Donor Registry or CB Bank** .................................

**BMDW code of the Donor Registry or CB Bank** *(If ION code is unknown) (up to 4 characters)* .................................

**Name of Donor Registry/ CB Bank** *(If any of the above codes is unknown)......................................................................................

**Donor centre name** *(if applicable, optional)* .................................

**Donor ID given by the Donor Registry or the CB Bank listed above** .................................

**Patient ID given by the Donor Registry or the CB Bank listed above** .................................

→ Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

**Donor information**

**Date of birth** ................................. **OR** **Age at time of donation** *(if date of birth not provided)*

**yyyy - mm - dd** ................................. **year(s)** ................................. **month(s)**

**Donor Sex**

- [ ] Male
- [ ] Female

**Donor CMV status**

- [ ] Negative
- [ ] Positive
- [ ] Not evaluated
- [ ] Unknown

**Did this donor provide more than one stem cell product?**

- [ ] No *(please fill “Donor 1 – Product Number 1” on next page)*
- [ ] Yes: Number of different stem cell products infused from this donor .................................

*(If 2 products e.g. BM PB, please fill “Donor 1 – Product Number 1 AND 2” on next page)*
Donor 2 - Product Number 1

If more than one stem cell product, this is the FIRST product infused from this donor

**Source of Stem Cells for this product, select only one**
- [ ] Bone marrow
- [ ] Peripheral blood
- [ ] Cord blood
- [ ] Other source

Graft manipulation ex-vivo including T-Cell depletion

*other than for RBC removal or volume reduction*
- [ ] No
- [ ] Yes

Negative: [ ] No  [ ] Yes

- [ ] T-cell (CD3+) depletion (do not use for "Campathbag")
- [ ] T-cell receptor αβ depletion
- [ ] B-cell depletion (CD19+) by MoAB
- [ ] NK cell depletion by MoAB
- [ ] Other

Positive: [ ] No  [ ] Yes

- [ ] CD34+ enrichment

Genetic manipulation [ ] No  [ ] Yes

Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

Donor 2 - Product Number 2

If more than one stem cell product, this is the SECOND product infused from this donor

**Source of Stem Cells for this product, select only one**
- [ ] Bone marrow
- [ ] Peripheral blood
- [ ] Cord blood
- [ ] Other source

Graft manipulation ex-vivo including T-Cell depletion

*other than for RBC removal or volume reduction*
- [ ] No
- [ ] Yes

Negative: [ ] No  [ ] Yes

- [ ] T-cell (CD3+) depletion (do not use for "Campathbag")
- [ ] T-cell receptor αβ depletion
- [ ] B-cell depletion (CD19+) by MoAB
- [ ] NK cell depletion by MoAB
- [ ] Other

Positive: [ ] No  [ ] Yes

- [ ] CD34+ enrichment

Genetic manipulation [ ] No  [ ] Yes

Please enter the LABORATORY RESULTS WITH HLA TYPING into the database
HSCT (Continued)

Chronological number of HSCT for this patient?  |  
If >1, date of last HSCT before this one  

If >1, type of last HSCT before this one  
[ ] Allo  [ ] Auto

If >1 and Allograft, Was the same donor used for all prior and current HSCTs?  
[ ] No  [ ] Yes

If >1, was last HSCT performed at another institution?  
[ ] No  [ ] Yes: CIC if known  
Name of the institution  
City  

If >1, please submit an [Annual follow up form] before proceeding, giving the date of the subsequent transplant as the date of last contact  
(This is so we can capture relapse data and other events between transplants).

HSCT part of a planned multiple (sequential) graft protocol (program)?
[ ] No  [ ] Yes

Preparative Regimen

Preparative (conditioning) regimen given?
[ ] No  [ ] Yes

(Usually Paed Inherited Disorders only) Go to GvHD Prophylaxis

Was this intended to be myeloablative? (allo only)
[ ] Yes  [ ] No: Reason

[ ] Age of recipient  
[ ] Comorbid conditions  
[ ] Prior HSCT  
[ ] Protocol driven  
[ ] Other, specify  

Drugs
[ ] No  [ ] Yes  [ ] Unknown

(include any active agent be it chemo, monoclonal antibody, polyclonal antibody, serotherapy, etc.)
### Specification and dose of the preparative regimen

#### TOTAL PRESCRIBED CUMULATIVE DOSE*

#### as per protocol:

<table>
<thead>
<tr>
<th>DRUG (given before day 0)</th>
<th>DOSE</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ara-C (cytarabine)</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>□ ALG, ATG (ALS/ATS)</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>Animal origin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Horse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Rabbit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other, specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Bleomycin</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Busulfan</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Both</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ BCNU</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Bexxar (radio labelled MoAB)</td>
<td>mCi</td>
<td>MBq</td>
</tr>
<tr>
<td>□ CCNU</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Campath (AntiCD 52)</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Carboplatin</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Cisplatin</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Clofarabine</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Corticosteroids</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Cyclophosphamide</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Daunorubicin</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Doxorubicin (adriamycine)</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Epirubicin</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Etoposide (VP16)</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Fludarabine</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Gemtuzumab</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Idarubicin</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Ifosfamide</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Imatinib mesylate</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Melphalan</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Mitoxantrone</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Paclitaxel</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Rituximab (mbthera, antiCD20)</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Teniposide</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Thiotepa</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Treosulphan</td>
<td>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Zevalin (radiolabelled MoAB)</td>
<td>mCi</td>
<td>MBq</td>
</tr>
<tr>
<td>□ Other radiolabelled MoAB</td>
<td>mCi</td>
<td>MBq</td>
</tr>
<tr>
<td>Specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other MoAB, specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Report the total prescribed cumulative dose as per protocol. Multiply daily dose in mg/kg or mg/m² by the number of days; e.g. for Busulfan given 4mg/kg daily for 4days, total dose to report is 16mg/kg

**AUC = Area under the curve
Hospital UPN:  
Patient UIC:  
HSCT Date:  

Total Body Irradiation (TBI)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

: Total prescribed radiation dose as per protocol  
Number of fractions over radiation days  

TLI, TNI, TAI  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

: Total prescribed radiation dose as per protocol  

(lymphoid, nodal, abdominal)  

GvHD prophylaxis or preventive treatment  
(Allografts only)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Yes:  

Drugs (Immunosuppressive chemo)  

<table>
<thead>
<tr>
<th></th>
<th>Horse</th>
<th>Rabbit</th>
<th>Other, specify</th>
</tr>
</thead>
</table>
| ALG, ALS, ATG, ATS:  
Anti CD25(MoAB in vivo)  
Systemic corticosteroids  
Cyclosporine  
Cyclophosphamide  
Etanercept (MoAB in vivo)  
FK 506 (Tacrolimus, Prograf)  
Infliximab (MoAB in vivo)  
Methotrexate  
Mycophenolate (MMF)  
Sirolimus  
Other monoclonal antibody (in vivo), specify  
Other agent (in vivo), specify |

Extracorporeal photopheresis (ECP)  

Other, specify |

Survival Status on date of HSCT  

<table>
<thead>
<tr>
<th></th>
<th>Alive</th>
<th>Dead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Main Cause of Death  
(check only one main cause):  

Relapse or Progression/Persistent disease  
HSCT Related Cause  
Unknown  
Other |

Contributory Cause of Death  
(check as many as appropriate):  

GVHD  
Interstitial pneumonitis  
Pulmonary toxicity  
Infection:  
bacterial  
| viral |  
| fungal |  
| parasitic |  
| Unknown |  
Rejection/Poor graft function  
History of severe Veno occlusive disorder (VOD)  
Haemorrhage  
Cardiac toxicity  
Central nervous system (CNS) toxicity  
Gastrointestinal (GI) toxicity  
Skin toxicity  
Renal failure  
Multiple organ failure  
Other, specify |
### ACUTE LEUKAEMIAS (main disease code 1)
**Acute Myeloid leukaemia (AML) (1 of 4)**

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classification:</strong></td>
</tr>
<tr>
<td>AML with recurrent genetic abnormalities</td>
</tr>
<tr>
<td>- AML with t(8;21)(q22;q22); RUNX1-RUNX1T1</td>
</tr>
<tr>
<td>- AML with inv(16)(p13.1;q22) or t(16;16)(p13.1;q22); CBFB-MYH11</td>
</tr>
<tr>
<td>- Acute promyelocytic leukaemia with t(15;17)(q22;q12); PML/RARA</td>
</tr>
<tr>
<td>- AML with t(9;11) (p22;q23); MLLT3-MLL</td>
</tr>
<tr>
<td>- AML with t(6;9) (p23;q24); DEK-NUP214</td>
</tr>
<tr>
<td>- AML with inv(3) (q21;q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1</td>
</tr>
<tr>
<td>- AML (megakaryoblastic) with t(1;22) (p13;q13); RBM15-MKL1</td>
</tr>
<tr>
<td>- AML with myelodysplasia related changes</td>
</tr>
</tbody>
</table>

(Old "Acute leukaemia transformed from MDS or MDS/MPN"):
- Was there a previous diagnosis of MDS or MDS/MPN?
  - No ➔ Continue to Predisposing condition below
  - Yes ➔ Fill in the MYELODYSPLASTIC SYNDROME (MDS) or MDS/MPN until status at HSCT, then continue with Predisposing Condition below

| AML not otherwise categorised (NOS) |
| - AML with minimal differentiation (FAB M0) |
| - AML without maturation (FAB M1) |
| - AML with maturation (FAB M2) |
| - Acute myelomonocytic leukaemia (FAB M4) |
| - Acute monoblastic and monocytic leukaemia (FAB M5) |
| - Acute erythroid leukaemia (FAB M6) |
| - Acute megakaryoblastic leukaemia (FAB M7) |
| - Acute basophilic leukaemia |
| - Acute panmyelosis with myelofibrosis |
| - Myeloid sarcoma (Granulocytic sarcoma) |
| - Myeloid proliferations related to Down syndrome |
| - Blastic plasmacytoid dendritic cell neoplasm (BPDCN) |
| - Therapy related myeloid neoplasia (old "Secondary Acute Leukaemia") |

**Related to prior treatment but NOT after a previous diagnosis of MDS or MDS/MPN.**

### Predisposing Condition?

*Skip this question if the AML is a Therapy related neoplasia*

Did the recipient have a predisposing condition prior to the diagnosis of leukaemia?  
- No  
- Yes:  
  - Aplastic anaemia  
  - Fanconi anaemia  
  - Bloom syndrome  
  - Unknown

### Donor Cell Leukaemia?

**IF THE PATIENT HAS RECEIVED AN ALLOGRAFT PRIOR TO THE DIAGNOSIS OF ACUTE LEUKAEMIA, ANSWER THE FOLLOWING QUESTION**

**Is this a donor cell leukaemia**  
- No  
- Yes  
- Not evaluated
### ACUTE LEUKAEMIAS (main disease code 1)
**Acute Myeloid leukaemia (AML) (2 of 4)**

#### Chromosome Analysis at Diagnosis

**Chromosome analysis at diagnosis** (All methods including FISH)
- [ ] Done: normal
- [ ] Done: abnormal
- [ ] Not done or failed
- [ ] Unknown

If abnormal:
- **Complex karyotype:**
  - [ ] No
  - [ ] Yes
  - [ ] Unknown

- **Monosomal karyotype:**
  - [ ] No
  - [ ] Yes
  - [ ] Unknown

(3 or more abnormalities)

(>= 2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality)

You can transcribe the complete karyotype: ..............................................................

**OR**

Indicate below those abnormalities that have been **evaluated** and whether they were **Absent** or **Present**

<table>
<thead>
<tr>
<th>Abnormality Type</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>t(15;17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(8;21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inv(16)/t(16;16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11q23 abnormality type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(9;11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(11;19)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(10;11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(6;11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn(11q23), specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3q26 (EVI1) abnormality type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inv(3)/t(3;3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(2 ;3)(p21 ;q26)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other t(3q26)/EVI1 rearrangement, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(6;9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abn 5 type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del (5q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>monosomy 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>add(5q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn(5q); please specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abn 7 type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del(7q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>monosomy 7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>add(7q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn(7q); please specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abn(17p)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(1;22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trisomy 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify………………………………………………</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(3 or more abnormalities)

Complex karyotype:  
- [ ] No
- [ ] Yes
- [ ] Unknown

Monosomal karyotype:  
- [ ] No
- [ ] Yes
- [ ] Unknown

(>= 2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality)
### Molecular Markers at Diagnosis

Indicate below those abnormalities that have been **evaluated** and whether they were **Absent** or **Present**.

<table>
<thead>
<tr>
<th>Marker</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>AML1-ETO (RUNX1/RUNXT1) Molecular product of t(8;21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBFB-MYH11 Molecular product of inv(16)(p13.1;q22) or (16;16)(p13.1;q22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PML-RARα Molecular product of t(15;17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLL-rearrangement/mutation: Fill only if 11q23 abnormality is Present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLLT3(AF9)-MLL molecular product of t(9;11)(p22;q23)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLL-PTD (partial tandem duplication)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLLT4(AF6)-MLL molecular product of t(6;11)(q27;q23)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELL-MLL: molecular product of t(11;19)(q23;p13.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLLT1(AF4)-MLL: molecular product of t(11;19)(q23;p13.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLLT10(AF10)-MLL: molecular product of t(10;11)(p12;q23)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other MLL-rearrangement, specify: _ _ _ _ __ _ _ _ __ _ _ _ _</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEK-NUP214(CAN) molecular product of translocation t(6;9)(p23;q34)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RPN1-EVI1 molecular product of inv(3)(q21q26.2) or t(3;3)(q21q26.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RBM15-MKL1 molecular product of translocation t(1;22)(p13;q13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPM1 mutation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEBPA mutation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLT3-ITD (internal tandem duplication)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNMT3A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASXL1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TP53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUNX1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c-KIT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify _ _ _ _ __ _ _ _ _</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Involvement at Diagnosis

Indicate below those abnormalities that have been **evaluated** and whether they were **Absent**, **Present**, or **Not evaluated**.

<table>
<thead>
<tr>
<th>Location</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone marrow</td>
<td>No</td>
<td>Yes</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>CNS</td>
<td>No</td>
<td>Yes</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Testis/ovary</td>
<td>No</td>
<td>Yes</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td>Yes, specify ………………………………</td>
<td></td>
</tr>
</tbody>
</table>
### ACUTE LEUKAEMIAS (main disease code 1)
Primary Acute Myeloid leukaemia (AML) (4 of 4)

**Status at HSCT**

**Date of this HSCT:**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
<th>TYPE OF REMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary induction failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete haematological remission (CR)</td>
<td>1st</td>
<td>CYTOGENETICS REMISSION</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Relapse</td>
<td>1st</td>
<td>□ Not Evaluated</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>□ Not Applicable*</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

**Molecular Remission**

*No abnormalities detected prior to this time point*

**Date of last relapse before this HSCT:**

(If applicable)
**ACUTE LEUKAEMIAS (main disease code 1)**

Precursor lymphoid neoplasms (old ALL) (1 of 3)

### Disease

<table>
<thead>
<tr>
<th>Date of initial diagnosis</th>
<th>yyyy - mm - dd</th>
</tr>
</thead>
</table>

**Classification:**

- B lymphoblastic leukaemia/lymphoma (old Precursor B-cell ALL)
  - with t(9;22)(q34;q11.2); BCR-ABL1
  - with t(v;11q23); MLL rearranged
  - with t(1;19)(q23;p13.3); E2A-PBX1
  - with t(12;21)(p13;q22); TEL-AML1 (ETV-RUNX1)
  - with hyperdiploidy
  - with hypodiploidy
  - with t(5;14)(q31;q32); IL3-IGH
  - Not otherwise specified (NOS)
  - Other: ___________________________

- T lymphoblastic leukaemia/lymphoma (old Precursor T-cell ALL)

### Secondary Origin?

**Secondary origin**

- Related to prior exposure to therapeutic drugs or radiation
  - No
  - Yes
  - Unknown

*IF THE PATIENT HAS RECEIVED AN ALLOGRAFT PRIOR TO THE DIAGNOSIS OF ACUTE LEUKAEMIA, ANSWER THE FOLLOWING QUESTION*

**Is this a donor cell leukaemia**

- No
- Yes
- Not evaluated
ACUTE LEUKAEMIAS (main disease code 1)
Precursor lymphoid neoplasms (old ALL) 2 of 3

Chromosome Analysis at Diagnosis

**Chromosome analysis at diagnosis**
(All methods including FISH)

- [ ] Not done or failed
- [ ] Done: Normal
- [ ] Done: Abnormal
- [ ] Unknown

If abnormal:

**Complex karyotype:**
(3 or more abnormalities)

- [ ] No
- [ ] Yes
- [ ] Unknown

You can transcribe the complete karyotype:

```

```

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>t(9;22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11q23 abnormalities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill only if 11q23 abnormalities is Present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(4;11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn(11q23); please specify: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(12;21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperdiploidy (&gt;46 chromosomes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill only if hyperdiploidy is Present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 – 66 chromosomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trisomy: Specify extra chromosome: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other hyperdiploid karyotype ............... number of chromosomes ...............</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypodiploidy (&lt;46 chromosomes): specify the number of missing chromosomes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low hypodiploid, 32-39 chromosomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Near haploid, 24-31 chromosomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monosomy. Specify: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, number of chromosomes __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(5;14)(q31;q32)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(1;19)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trisomy 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Molecular Markers at Diagnosis

**Marker analysis**

- [ ] Not evaluated
- [ ] Evaluated: Absent
- [ ] Evaluated: Present
- [ ] Unknown

Indicate below those markers that have been evaluated and whether they were Absent or Present

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCR-ABL molecular product of t(9;22)(q34;q11.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLL-rearrangement/mutation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill only if MLL-rearrangement/mutation is Present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFF1(AF4)-MLL molecular product of t(4;11)(q21;q23)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLLT1(ENL)-MLL molecular product of t(11;19)(q23;p13.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MLLT3(AF9)-MLL molecular product of t(9;11)(p22;q22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other MLL-rearrangement, specify: .....................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEL(ETV6)-AML1(RUNX1) molecular product of t(12;21)(p13;q22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IL3-IGH molecular product of translocation t(5;14)(q31;q32)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCF3-PBX1 Molecular product of translocation (1;19)(q23;p13.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IKZF1 (IKAROS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTCH1 &amp; FBXW7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Status at HSCT

**Date of this HSCT:**  \( yyyy - mm - dd \)

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
<th>TYPE OF REMISSION</th>
<th>CYTOGENETIC REMISSION</th>
<th>MOLECULAR REMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary induction failure</td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Complete haematological remission (CR)</td>
<td>1st</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td></td>
<td>Not evaluated</td>
<td>Not evaluated</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td></td>
<td>Not Applicable*</td>
<td>Not Applicable*</td>
</tr>
<tr>
<td>Relapse</td>
<td>1st</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*No abnormalities detected prior to this time point
Classification:
Acute Leukaemias of ambiguous lineage
- Acute undifferentiated leukaemia
- Mixed phenotype NOS
  - Mixed phenotype B/myeloid, NOS
  - Mixed phenotype T/myeloid, NOS
- Natural killer (NK)- cell lymphoblastic leukaemia/lymphoma
- Other, specify

Secondary Origin?
- Related to prior exposure to therapeutic drugs or radiation
  - No
  - Yes
  - Unknown

Is this a donor cell leukaemia
- No
- Yes
- Not evaluated

Status at HSCT
- Date of this HSCT

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
<th>TYPE OF REMISSION</th>
<th>CYTOGENETIC REMISSION</th>
<th>MOLECULAR REMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary induction failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete haematological remission (CR)</td>
<td></td>
<td>1st</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd or higher</td>
<td>Not evaluated</td>
<td>Not evaluated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not Applicable*</td>
<td>Not Applicable*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Relapse</td>
<td></td>
<td>1st</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd or higher</td>
<td>Not evaluated</td>
<td>Not evaluated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not Applicable*</td>
<td>Not Applicable*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

* No abnormalities detected prior to this time point
CHRONIC LEUKAEMIAS (main disease code 2)
Chronic Myelogenous Leukaemias (CML)

Disease

Date of Initial Diagnosis: ............................  yyyy - mm - dd

Classification: (CMML is not a CML but MDS/MPN)
At least one investigation must be positive

Translocation (9;22)  □ Absent  □ Present  □ Not evaluated
bcr-abl  □ Absent  □ Present  □ Not evaluated

Treatment Pre-HSCT

Treatment pre-HSCT (primary treatment)

□ No  - Includes supportive care or treatment without Tyrosine Kinase Inhibitor (TKI) or chemotherapy
□ Yes  Date Treatment started  .............................  yyyy - mm - dd

Tyrosine Kinase Inhibitor (TKI):  □ No  □ Yes
  □ Imatinib mesylate
  □ Nilotinib
  □ Dasatinib
  □ Bosutinib
  □ Ponatinib
  □ Other TKI, specify: ____________

□ Other chemotherapy, specify:__________

Status at HSCT

Date of this HSCT: ............................  yyyy - mm - dd

<table>
<thead>
<tr>
<th>PHASE</th>
<th>NUMBER</th>
<th>TYPE OF REMISSION</th>
<th>TYPE OF REMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Chronic phase (CP)</td>
<td>1st</td>
<td>HAEMATOLOGICAL</td>
<td>CYTOGENETIC</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Not evaluated</td>
<td>□ Not evaluated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>□ Accelerated phase</td>
<td>1st</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Blast crisis</td>
<td>1st</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* No abnormalities detected prior to this time point
# CHRONIC LEUKAEMIAS (main disease code 2)

## Chronic Lymphocytic leukaemias (CLL)

### Date of Initial Diagnosis

**yyyy - mm - dd**

### Classification:

- [ ] Chronic lymphocytic leukaemia (CLL)/small lymphocytic lymphoma
- [ ] Richter’s syndrome

Transformed from a previously known CLL:

- [ ] Yes : Date of original CLL diagnosis **yyyy - mm - dd**
- [ ] No : Primary Richter (without previous known diagnosis of CLL)

### Chromosome Analysis at Diagnosis

(All methods including FISH)

<table>
<thead>
<tr>
<th>Chromosome</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not done or failed</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trisomy 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Del 13q14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Del 11q22-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del(17p)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td>_ _ _ _ _ _ _ _ _ _</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Molecular Markers at Diagnosis

TP53 mutations

- [ ] Absent
- [ ] Present
- [ ] Not evaluated

### Treatment Pre-HSCT

**Treatment pre-HSCT (primary treatment)**

- [ ] No
- [ ] Yes : Date Treatment started **yyyy - mm - dd**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Date started</th>
<th>Date ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Status at HSCT

**Date of this HSCT:  **

- [ ] Complete remission (CR)
- [ ] Partial remission (PR)
- [ ] Stable disease (SD)
- [ ] Untreated Relapse
- [ ] Progression (PD)
- [ ] Never treated

<table>
<thead>
<tr>
<th>STATUS</th>
<th>Minimal residual disease (MRD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission (CR)</td>
<td>[ ] Negative  [ ] Positive  [ ] Not evaluated</td>
</tr>
<tr>
<td>Partial remission (PR)</td>
<td></td>
</tr>
<tr>
<td>Stable disease (SD)</td>
<td></td>
</tr>
<tr>
<td>Untreated Relapse</td>
<td></td>
</tr>
<tr>
<td>Progression (PD)</td>
<td></td>
</tr>
<tr>
<td>Never treated</td>
<td></td>
</tr>
</tbody>
</table>
CHRONIC LEUKAEMIAS (main disease code 2)
Prolymphocytic leukaemias (PLL & Other)

Disease

Date of Initial Diagnosis:  

Prolymphocytic Leukaemia (PLL)  
- PLL, B-cell
- PLL, T-cell

Hairy Cell Leukaemia

Other, specify __________________________

PLL only  Chromosome Analysis at Diagnosis

Chromosomal Analysis (All methods including FISH)

- Normal
- Abnormal
- Not done or failed
- Unknown

<table>
<thead>
<tr>
<th>Chromosome Abnormality</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>inv(14)/t(14;14) (q11q32)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del(14)(q12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(11;14)(q23;q11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(7;14)(q32.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(X;14)(q35;q11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>idic(8) (p11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

T-cell PLL only  Immunophenotyping

Immunophenotyping of T-cells

NOTE: TdT (Terminal deoxynucleotidyl transferase) must be negative

- CD4+
- CD8+

Lymphocyte count .............................. 10^9 cells/L

Status at HSCT

Date of this HSCT:  

STATUS:
- Complete remission (CR)
- Partial remission (PR)
- Stable disease (SD)
- Untreated Relapse
- Progression (PD)
- Never treated
### B-Cell Neoplasms

- **Splenic marginal zone lymphoma**
- **Extranodal marginal zone lymphoma of mucosa associated lymphoid tissue (MALT)**
- **Nodal marginal zone lymphoma**
- **Lymphoplasmacytic lymphoma (LPL)**
- **Waldenstrom macroglobulinaemia (LPL with monoclonal IgM)**
- **Follicular lymphoma**
- **Primary cutaneous follicle centre lymphoma**
- **Mantle cell lymphoma**
- **Diffuse large B-cell lymphoma (DLBCL), (NOS)**
- **T-cell/histiocyte rich large B cell lymphoma**
- **Primary DLBCL of the CNS**
- **Primary cutaneous DLBCL, leg type**
- **EBV positive DLBCL of the elderly**
- **DLBCL associated with chronic inflammation**
- **Lymphomatoid granulomatosis**
- **Primary mediastinal (thymic) large B-cell lymphoma**
- **Intravascular large B-cell lymphoma**
- **ALK positive large B-cell lymphoma**
- **Plasmablastic lymphoma**
- **Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease**
- **Primary effusion lymphoma (PEL)**
- **Burkitt lymphoma (BL)**
- **B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma (Intermediate DLCBL/BL)**
- **B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma (Intermediate DLCBL/HD)**
- **Other B-cell, specify: ____________________________**

#### International Prognostic Scoring System for Waldenström’s Macroglobulinemia (ISSWM)
- Low risk (0-1 score points except age >65) □
- Intermediate risk (score 2 or age >65 alone) □
- High risk (3-5) □
- Not evaluated □

#### Grading
- **International Prognostic Index (IPI)**
  - Low risk (0-1 score points) □
  - Low-Intermediate risk (2) □
  - Intermediate risk (3) □
  - High risk (4-5) □
  - Not evaluated □

#### Prognostic score (FLIPI)
- Low risk □
- Intermediate risk □
- High risk □
- Not evaluated □

#### KI-67 (Proliferation index) __ __ % Positive □

#### Date of Initial Diagnosis: ………. yyyy - mm - dd ………..
LYMPHOMAS (main disease code 3)
T-Cell Non Hodgkin Lymphomas (NHL)

Disease

Date of Initial Diagnosis:  

<table>
<thead>
<tr>
<th>Mature T-cell &amp; NK-cell Neoplasms</th>
<th>ISCL/EORTC</th>
<th>International Prognostic Index (IPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ T-cell large granular lymphocytic leukaemia</td>
<td>I A</td>
<td>Low risk (0-1 score points)</td>
</tr>
<tr>
<td>☐ Aggressive NK-cell leukaemia</td>
<td>I B</td>
<td>Low-Intermediate risk (2)</td>
</tr>
<tr>
<td>☐ Systemic EBV positive T-cell lymphoproliferative disease of childhood</td>
<td>II A</td>
<td>High-intermediate risk (3)</td>
</tr>
<tr>
<td>☐ Hydroa vacciniforme-like lymphoma</td>
<td>II B</td>
<td>High risk (4 or 5)</td>
</tr>
<tr>
<td>☐ Adult T-cell leukaemia/lymphoma</td>
<td>III A</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>☐ Extranodal NK/T-cell lymphoma, nasal type</td>
<td>III B</td>
<td></td>
</tr>
<tr>
<td>☐ Enteropathy-associated T-cell lymphoma</td>
<td>IVA1</td>
<td></td>
</tr>
<tr>
<td>☐ Hepatosplenic T-cell lymphoma</td>
<td>IVA2</td>
<td></td>
</tr>
<tr>
<td>☐ Subcutaneous panniculitis-like T-cell lymphoma</td>
<td>IVB</td>
<td></td>
</tr>
<tr>
<td>☐ Mycosis fungoides (MF)</td>
<td>Not evaluated</td>
<td></td>
</tr>
<tr>
<td>☐ Sézary syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Lymphomatoid papulosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Primary cutaneous anaplastic large cell lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Primary cutaneous gamma-delta T-cell lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Primary cutaneous CD8 positive aggressive epidermotropic cytotoxic T-cell lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Primary cutaneous CD4 positive small/medium T-cell lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Peripheral T-cell lymphoma NOS (PTCL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Angioimmunoblastic T-cell lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Anaplastic large-cell lymphoma (ALCL), ALK-positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Anaplastic large-cell lymphoma (ALCL), ALK-negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other T-cell, specify:________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LYMPHOMAS (main disease code 3)

Hodgkin Lymphomas

Disease

Date of Initial Diagnosis: ........................................

___-___-____

Classification:

☐ Nodular lymphocyte predominant
☐ Classical predominant
☐ Other, specify: ____________________
## Treatment Pre-HSCT

### Enter first day of treatment and mark all drugs from that date until conditioning

<table>
<thead>
<tr>
<th>Drugs given</th>
<th>Date of treatment: yyyy-mm-dd</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antibodies:</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Alemtuzumab (MabCampath) (CD52)</td>
<td></td>
</tr>
<tr>
<td>☐ Brentuximab (Adcetris) (CD30)</td>
<td></td>
</tr>
<tr>
<td>☐ Obinutuzumab (Gyzeva) (CD20)</td>
<td></td>
</tr>
<tr>
<td>☐ Ofatumumab (Azerra) (CD20)</td>
<td></td>
</tr>
<tr>
<td>☐ Rituximab (Mabthera) (CD20)</td>
<td></td>
</tr>
<tr>
<td>☐ other antibody, specify______________</td>
<td></td>
</tr>
<tr>
<td><strong>Radioimmunotherapy:</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Bexxar (CD20) (radiolabelled MoAB)</td>
<td></td>
</tr>
<tr>
<td>☐ Zevalin (CD20) (radiolabelled MoAB)</td>
<td></td>
</tr>
</tbody>
</table>

### Relapse/progression under this drug

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABT-199 (BCL2-Inhibitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crizotinib (ALK-Inhibitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC-292 (B cell receptor kinase inhibitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibrutinib (B cell receptor kinase inhibitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idelalisib (B cell receptor kinase inhibitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other inhibitor, specify______________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other:

| | |
| ☐ Bortezomib (Velcade) | |
| ☐ Lenalidomide (Revlimid) | |
| ☐ Other, specify _________________________ | |
Please complete this section for patients given HSCT for the following types of B-cell NHL:

- Mantle cell lymphoma
- Waldenstrom macroglobulinaemia
- Burkitt lymphoma OR "Intermediate DLBCL/ Burkitt Lymphoma"

### Chromosome Analysis at any time before HSCT

**Date of this HSCT**

<table>
<thead>
<tr>
<th>Abnormality</th>
<th>Absent</th>
<th>Present</th>
<th>FISH used</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>del 17p</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>t(2;8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(8;14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(8;22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(14;18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>myc rearrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCL-2 rearrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCL-6 rearrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If abnormal, please complete this table according to the type of lymphoma diagnosed.

### Immunophenotyping at any time before HSCT

**Immunophenotyping done?**

<table>
<thead>
<tr>
<th>Phenotype</th>
<th>Present</th>
<th>Absent</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mantle cell lymphoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOX 11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burkitt Lymphoma or &quot;Intermediate DLBCL/ Burkitt Lymphoma&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Intermediate DLBCL/ Burkitt Lymphoma&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCL-2/IgH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCL-6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Molecular Markers at any time before HSCT

**Molecular marker analyses (i.e. PCR) at any time before HSCT**

<table>
<thead>
<tr>
<th>Marker</th>
<th>Present</th>
<th>Absent</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mantle cell lymphoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TP53 mutation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burkitt Lymphoma or &quot;Intermediate DLBCL/ Burkitt Lymphoma&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>myc rearrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Intermediate DLBCL/ Burkitt Lymphoma&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCL-2 rearrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCL-6 rearrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REGISTRATION: HISTORY UP TO HSCT – SELECTED B-CELL LYMPHOMAS
ALL LYMPHOMAS

Status at HSCT

Date of this HSCT: .......... yyyy - mm - dd ........

Number of prior lines of treatment
☐ 1  ☐ 2  ☐ 3 or more:___ ☐ none  ☐ Unknown

(see date of diagnosis if 1st transplant, or since last reported transplant)

Technique used for disease assessment:

☐ CT scan done
☐ No  ☐ Yes

☐ PET
☐ Negative  ☐ Positive  ☐ Not evaluated

STATUS

☐ Never treated
☐ Complete remission (CR)
   ☐ Unconfirmed (CRU*)  ☐ Confirmed
   *CRU – complete response with persistent scan abnormalities of unknown significance

☐ Partial response (PR) – (with or without a prior CR)
☐ Stable disease
☐ Untreated relapse (from a previous CR) / untreated progression (from a previous PR)
☐ Chemorefractory relapse or progression, including primary refractory disease
☐ Disease status unknown

Was this patient refractory to any line of chemotherapy before this HSCT? ☐ No  ☐ Yes

Number of Complete (CR, CRu) achieved by the patient prior to this HSCT: ___________________
Count all CR including this one if applicable

Number of Partial remissions (PR) achieved by the patient prior to this HSCT: ___________________
Count all PR including this one if applicable
### MYELODYSPLASTIC SYNDROME (MDS) (main disease code 6)

#### Disease

Date of Initial Diagnosis: 

YYYY - MM - DD

Select only one

**WHO Classification at diagnosis:**

- [ ] Refractory anaemia (without ring sideroblasts) (RA)
- [ ] RA with ring sideroblasts (RARS)
- [ ] MDS associated with isolated del(5q)
- [ ] Refractory cytopenia with multilineage dysplasia (RCMD)
- [ ] RCMD with ringed sideroblasts (RCMD-RS)
- [ ] RA with excess of blasts-1 (RAEB-1)
- [ ] RA with excess of blasts-2 (RAEB-2)
- [ ] Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC))
- [ ] MDS Unclassifiable (MDS-U)

#### Secondary Origin?

**Therapy related MDS:**

- [ ] Yes: Disease related to prior exposure to therapeutic drugs or radiation
- [ ] No
- [ ] Unknown

IF THE PATIENT HAS RECEIVED AN ALLOGRAFT PRIOR TO THE DIAGNOSIS OF MDS, ANSWER THE FOLLOWING QUESTION

**Is this a donor cell leukaemia**

- [ ] No
- [ ] Yes
- [ ] Not evaluated
MYELODYSPLASTIC SYNDROME (MDS)(main disease code 6)

Chromosome Analysis at Diagnosis

Chromosome analysis at diagnosis (All methods including FISH)

- Normal
- Abnormal
- Not done or failed
- Unknown

If abnormal:

- Complex karyotype:
  - No
  - Yes
  - Unknown

(3 or more abnormalities)

You can transcribe the complete karyotype:

OR

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present:

<table>
<thead>
<tr>
<th>Abnormality</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>del Y (-Y)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abn 5 type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill only if abn 5 is Present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del 5q (5q-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn 5, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del 20q (20q-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abn 7 type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill only if abn 7 is Present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del 7q (7q-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn 7, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abn 3 type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill only if abn 3 is Present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inv(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t(3q;3q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del(3q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other abn 3, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>del11q</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trisomy 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trisomy 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i(17q)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Molecular Markers at Diagnosis

Marker analysis at diagnosis

- Not evaluated
- Evaluated: Absent
- Evaluated: Present
- Unknown

If you are entering an AML with myelodysplasia related changes, return to the Acute Leukaemia to continue
### Status at HSCT

**Date of this HSCT:** \[yyyy - mm - dd\]

**WHO Classification at HSCT:**
- [ ] Refractory anaemia (RA) (without ring sideroblasts)
- [ ] RA with ring sideroblasts (RARS)
- [ ] MDS associated with isolated del(5q)
- [ ] Refractory cytopenia with multilineage dysplasia (RCMD)
- [ ] RCMD with ringed sideroblasts (RCMD-RS)
- [ ] RA with excess of blasts-1 (RAEB-1)
- [ ] RA with excess of blasts-2 (RAEB-2)
- [ ] Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC))
- [ ] MDS Unclassifiable (MDS-U)

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated with chemotherapy:</td>
<td></td>
</tr>
<tr>
<td>- Primary refractory phase (no change)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete remission (CR)</td>
<td>1st</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement but no CR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Relapse (after CR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Progression/worse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>3rd or higher</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Never treated (Supportive care or treatment without chemotherapy)</td>
<td></td>
</tr>
</tbody>
</table>
COMBINED MYELODYPLASTIC SYNDROME/ MYELOPROLIFERATIVE NEOPLASM (MDS/MPN) (main disease code 6)

Disease

Date of initial diagnosis ...........................................

Classification:

☐ Chronic myelomonocytic leukaemia (CMMoL, CMML)
☐ Juvenile myelomonocytic leukaemia (JCMML, JCMML, JCMM)
☐ Atypical CML (t(9;22) negative and BCR-ABL1 negative)

Therapy related MDS/ MPN:

☐ Yes: Disease related to prior exposure to therapeutic drugs or radiation
☐ No
☐ Unknown

Chromosome Analysis at Diagnosis

Chromosome analysis at diagnosis (All methods including FISH)

☐ Abnormal □ Normal □ Not done or failed □ Unknown

If abnormal:

Complex karyotype: □ No □ Yes □ Unknown

(3 or more abnormalities)

You can transcribe the complete karyotype: ..............................................................................................................................

OR

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present

<table>
<thead>
<tr>
<th>Abn 1, specify</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abn 5, specify</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Abn 7, specify</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>trisomy 8</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>trisomy 9</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Del 20</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Del 13</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Other, specify</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
</tbody>
</table>

Molecular Markers at Diagnosis

☐ Not evaluated □ Evaluated: Absent □ Evaluated: Present □ Unknown

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present

<table>
<thead>
<tr>
<th>Marker</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCR-ABL; molecular product of t(9;22)(q34;q11.2)</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>JAK2 mutation</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>FIP1L1-PDGFR</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>PTPN-11</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>K-RAS</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>N-RAS</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>CBL</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Other</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
</tbody>
</table>
**COMBINED MYELODYPLASTIC SYNDROME/ MYELOPROLIFERATIVE NEOPLASM (MDS/MPN) (main disease code 6)**

## Status at HSCT

**Date of this HSCT:**

*yyyy - mm - dd*

### WHO Classification at HSCT:

- [ ] Chronic myelomonocytic leukaemia (CMMoL, CMML)
- [ ] Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMMML)
- [ ] Atypical CML (tt(9;22) negative and BCR-ABL1 negative)

### STATUS

#### CMML/ Atypical CML

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated with chemotherapy:</td>
<td></td>
</tr>
<tr>
<td>- Primary refractory phase (no change)</td>
<td></td>
</tr>
<tr>
<td>[ ] Complete remission (CR)</td>
<td>[ ] 1st</td>
</tr>
<tr>
<td>[ ] Improvement but no CR</td>
<td>[ ] 2nd</td>
</tr>
<tr>
<td>[ ] 3rd or higher</td>
<td></td>
</tr>
<tr>
<td>[ ] Relapse (after CR)</td>
<td>[ ] 1st</td>
</tr>
<tr>
<td>[ ] Progression/worse</td>
<td>[ ] 2nd</td>
</tr>
<tr>
<td>[ ] Never treated (Supportive care or treatment without chemotherapy)</td>
<td>[ ] 3rd</td>
</tr>
<tr>
<td>[ ] 3rd or higher</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----</td>
</tr>
<tr>
<td>Date of Initial Diagnosis:</td>
<td>yyyy-mm-dd</td>
</tr>
</tbody>
</table>

- **Primary myelofibrosis** *(Chronic idiopathic myelofibrosis; fibrosis with myeloid metaplasia)*
- Polycythaemia vera
- Essential or primary thrombocythaemia
- Hyper eosinophilic syndrome (HES)
- Chronic eosinophilic leukaemia (CEL)
- Chronic neutrophilic leukaemia
- Systemic mastocytosis
- Mast cell leukaemia
- Mast cell sarcoma
- MPN not otherwise specified
- Other, specify: ___________________________
- Myeloid and lymphoid neoplasms with FGFR1 abnormalities *(Stem cell leukaemia-lymphoma syndrome, 8p11 syndrome)*

**Secondary Origin?**

- **Secondary origin:**  
  - Yes: Disease related to prior exposure to therapeutic drugs or radiation
  - No
  - Unknown

**Risk Score**

**IPSS Risk score for Myelofibrosis**

- Low risk
- Intermediate-1
- Intermediate-2
- High risk
- Not Evaluated
- Unknown
### Chromosome Analysis at Diagnosis

**Chromosome analysis at diagnosis**

- [ ] Not done or failed
- [ ] Done: Normal
- [ ] Done: Abnormal
- [ ] Unknown

If abnormal:
- [ ] No
- [ ] Yes
- [ ] Unknown

You can transcribe the complete karyotype:

---

**Indicate below those abnormalities that have been evaluated and whether they were Absent or Present**

<table>
<thead>
<tr>
<th>Abn 1, specify ......................................................</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abn 5, specify ......................................................</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Abn 7, specify ......................................................</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>trisomy 8</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>trisomy 9</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Del 20</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Del 13</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Other, specify ......................................................</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
</tbody>
</table>

**OR**

**Indicate below those markers that have been evaluated and whether they were Absent or Present**

<table>
<thead>
<tr>
<th>BCR-ABL</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAK2 mutation</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>cMPL mutation</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Cal Reticulin mutation</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>FIP1L1-PDGFR</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Other, specify ...........................................</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
</tbody>
</table>
MYELOPROLIFERATIVE NEOPLASMS (MPN) (main disease code 6)

Status at HSCT

Date of this HSCT: 

WHO Classification at HSCT:

- Primary myelofibrosis  
  
  (Chronic idiopathic myelofibrosis; fibrosis with myeloid metaplasia)

- Polycythaemia vera

- Essential or primary thrombocythaemia

- Hyper eosinophilic syndrome (HES)

- Chronic eosinophilic leukaemia (CEL)

- Chronic neutrophilic leukaemia

- Systemic mastocytosis

- Mast cell leukaemia

- Mast cell sarcoma

- Myeloid and lymphoid neoplasms with FGFR1 abnormalities  
  
  (Stem cell leukaemia-lymphoma syndrome, 8p11 syndrome)

- Transformed to myelofibrosis from PV/ET: Date of transformation

- Transformed to AML: Date of transformation

Risk Score

DIPSS Risk score for Myelofibrosis

- Low risk

- Intermediate-1

- Intermediate-2

- High risk

- Not Evaluated

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated with chemotherapy:</td>
<td></td>
</tr>
</tbody>
</table>
| Complete remission (CR) | 1st
| 2nd
| 3rd or higher |
| Improvement but no CR | 1st
| 2nd
| 3rd or higher |
| Relapse (after CR) | 1st
| 2nd
| 3rd or higher |
| Progression/worse |
| Never treated (Supportive care or treatment without chemotherapy) |
PLASMA CELL DISORDERS INCLUDING MULTIPLE MYELOMA (PCD)
(main disease code 4)

Date of Initial Diagnosis: ____________

Classification:
- □ Multiple myeloma (MM)
  - MM - heavy chain and light chain
  - MM - light chain
  - MM - non-secretory
- □ Plasma cell leukaemia
- □ Solitary plasmacytoma of bone
- □ Primary amyloidosis
- □ POEMS
- □ Monoclonal light and heavy chain deposition disease (LCDD/HCDD)
- □ Other, specify _______________________

Chromosome Analysis at Diagnosis (not for Primary amyloidosis)

Chromosome analysis at diagnosis (All methods including FISH)
- □ Normal
- □ Abnormal
- □ Not done or failed
- □ Unknown

If abnormal:
- Complex karyotype: □ No  □ Yes  □ Unknown

You can transcribe the complete karyotype: ____________________________________________________________

OR

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present

<table>
<thead>
<tr>
<th>Del 13q14</th>
<th>Absent</th>
<th>Present</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>t(11;14)</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>abn 17q</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>del 17p</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>t(4;14)</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>t(14;16)</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>1q amplification</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>myc rearrangement</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
<tr>
<td>Other, specify ________________________</td>
<td>Absent</td>
<td>Present</td>
<td>Not evaluated</td>
</tr>
</tbody>
</table>

Molecular Markers at Diagnosis (not for Primary amyloidosis)

Marker analysis at diagnosis
- □ Absent
- □ Present
- □ Not Evaluated
- □ Unknown
PLASMA CELL DISORDERS INCLUDING MULTIPLE MYELOMA (PCD)
(main disease code 4)

Status At HSCT

Date of this HSCT: 

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never treated</td>
<td></td>
</tr>
<tr>
<td>Stringent complete remission (sCR)</td>
<td>☐ 1st</td>
</tr>
<tr>
<td>Complete remission (CR)</td>
<td>☐ 2nd</td>
</tr>
<tr>
<td>Very good partial remission (VGPR)</td>
<td>☐ 3rd or higher</td>
</tr>
<tr>
<td>Partial remission (PR)</td>
<td></td>
</tr>
<tr>
<td>Relapse from CR (untreated)</td>
<td></td>
</tr>
<tr>
<td>Progression</td>
<td></td>
</tr>
<tr>
<td>No change / stable disease</td>
<td></td>
</tr>
</tbody>
</table>
### Bone Marrow Failure Syndromes Including Aplastic Anaemia (BMF)

**Disease**

Date of initial diagnosis: *yyyy - mm - dd*

**Classification:**

**Acquired:**
- Aplastic Anaemia (SAA),
- Amegakaryocytosis, acquired (not congenital)
- Acquired Pure Red Cell Aplasia (PRCA) (not congenital)
- Paroxysmal nocturnal haemoglobinuria (PNH)
- Acquired Pure White Cell Aplasia
- Other acquired cytopenic syndrome, specify: ________________________________

Etiology:
- Secondary to hepatitis
- Secondary to toxin/other drug
- Idiopathic
  - Other, specify: ________________________________

**Congenital:**
- Amegakaryocytosis / thrombocytopenia
- Fanconi anaemia
- Diamond-Blackfan anaemia (congenital PRCA)
- Shwachman-Diamond Syndrome
- Dyserythropoietic anaemia
- Dyskeratoris congenita
- Other congenital anaemia, specify: ________________________________

### Haemoglobinopathy

**Disease**

Date of initial diagnosis: *yyyy - mm - dd*

**Classification:**

**Acquired:**
- Thalassaemia
- Beta 0
- Beta +
- Beta E
- Beta S (sickle cell + thalassaemia)

% sickle cell = ........ ........

**HSCT**

Date of this HSCT: *yyyy - mm - dd*
**SOLID TUMOURS (main disease code 5)**

**Date of initial diagnosis**

**Classification:**

- Bone sarcoma (excluding Ewing sarcoma/PNET)
- Breast
- Central nervous system tumours (include CNS PNET)
- Colorectal
- Ewing sarcoma (ES)/PNET, extra-skeletal
- Ewing sarcoma(ES)/PNET, skeletal
- Germ cell tumour, extragonadal only
- Head and neck
- Hepatobiliary
- Kidney cancer excluding Wilms’ tumour
- Lung cancer, non-small cell
- Lung cancer, small cell
- Medulloblastoma
- Other, specify: __________________________

**TNM classification**

<table>
<thead>
<tr>
<th>Type:</th>
<th>Clinical</th>
<th>Pathological</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- Tumour
- Nodes
- Metastases*

* For metastases, 0 indicates “No metastasis”, 1 indicates “Metastasis” and X indicates “Not evaluable”

**Disease-specific staging**

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Not evaluated</th>
<th>unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Risk Factors/Staging at Diagnosis**

**Breast carcinoma only**

- Receptor status:
  - Estrogen (ER): [ ] Negative [ ] Positive [ ] Not evaluated
  - Progesteron (PgR): [ ] Negative [ ] Positive [ ] Not evaluated
  - HER2/neu (c-erb-B2): [ ] Negative [ ] Positive [ ] Not evaluated

### SOLID TUMOURS (main disease code 5)

#### Status At HSCT

**Date of this HSCT:** 

**Germ cell tumours**

Risk category at disease recurrence (or platinum refractoriness) following first line CT

- [ ] Very low
- [ ] Low
- [ ] Intermediate
- [ ] High
- [ ] Very High
- [ ] Not evaluated

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
<th>SENSITIVITY TO CHEMOTHERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjuvant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never treated (upfront)</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>Stable disease/no response</td>
<td>2nd</td>
<td></td>
</tr>
<tr>
<td>Complete remission (CR)</td>
<td>3rd or higher</td>
<td></td>
</tr>
<tr>
<td>Unconfirmed (CRU)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Partial response (PR1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progressive disease (PD)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organs involved** *(complete only if not in CR)*

- [ ] Nodes
- [ ] CNS
- [ ] Liver
- [ ] Bone
- [ ] Lung
- [ ] Soft Tissue
- Other, specify: .............................................................................................................................................

---

**All_Blank MED-A Form**

Page 42
### PRIMARY IMMUNE DEFICIENCIES (main disease code 8)

#### Disease

**Date of initial diagnosis:** ………………………

**Classification:**

- [ ] Absence of T and B cells SCID
- [ ] Absence of T, normal B cell SCID
- [ ] ADA deficiency (Adenosine deaminase deficiency)
- [ ] Ataxia telangiectasia
- [ ] Bare lymphocyte syndrome
- [ ] Cartilage hair hypoplasia
- [ ] CD 40 Ligand deficiency
- [ ] Chediak-Higashi syndrome
- [ ] Chronic granulomatous disease
- [ ] Common variable immunodeficiency
- [ ] DiGeorge anomaly
- [ ] Immune deficiencies, not otherwise specified

- [ ] Kostmann syndrome-congenital neutropenia
- [ ] Leukocyte adhesion deficiencies
- [ ] Neutrophil actin deficiency
- [ ] Omenn syndrome
- [ ] PNP deficiency Purine nucleoside phosphorylase deficiency
- [ ] Reticular dysgenesis
- [ ] SCID other, specify: ______________________________
- [ ] SCID, unspecified
- [ ] Wiskott Aldrich syndrome
- [ ] X-linked lymphoproliferative syndrome
- [ ] Other, specify: ______________________________

#### HSCT

**Date of this HSCT:** ………………………

### INHERITED DISORDERS OF METABOLISM (main disease code 8)

#### Disease

**Date of initial diagnosis:** ………………………

**Classification:**

- [ ] Adrenoleukodystrophy
- [ ] Aspartyl glucosaminuria
- [ ] B-glucuronidase deficiency (VII)
- [ ] Fucosidosis
- [ ] Gaucher disease
- [ ] Glucose storage disease
- [ ] Hunter syndrome (II)
- [ ] Hurler syndrome (IH)
- [ ] I-cell disease
- [ ] Krabbe disease (globoid leukodystrophy)
- [ ] Lesch-Nyhan (HGPRT deficiency)
- [ ] Mannosidosis
- [ ] Maroteaux-Lamy (VI)
- [ ] Inherited disorders of metabolism, not otherwise specified

- [ ] Metachromatic leukodystrophy
- [ ] Morquio (IV)
- [ ] Mucolipidoses, unspecified
- [ ] Mucopolysaccharidosis (V)
- [ ] Mucopolysaccharidosis, unspecified
- [ ] Niemann-Pick disease (Type A,B)
- [ ] Niemann-Pick disease (Type C,D,E)
- [ ] Neuronal ceroid – lipofuscinosis (Batten disease)
- [ ] Polysaccharide hydrolase abnormalities, unspecified
- [ ] Sanfilippo (III)
- [ ] Scheie syndrome (IS)
- [ ] Wolman disease
- [ ] Other, specify: ______________________________

#### HSCT

**Date of this HSCT:** ………………………
PLATELET AND OTHER INHERITED DISORDERS (main disease code 8)

### Disease

**Date of initial diagnosis:**  
__________

**Classification:**
- [ ] Glanzmann thrombasthenia
- [ ] Other inherited platelet abnormalities, specify: ____________
- [ ] Osteopetrosis (malignant infantile osteopetrosis)
- [ ] Other osteoclast defects, specify: ____________

**HSCT**

**Date of this HSCT:**  
__________

HISTIOCYTIC DISORDERS (main disease code 9)

### Disease

**Date of initial diagnosis:**  
__________

**Classification:**
- [ ] Histiocytic disorders, not otherwise specified
- [ ] Familial erythro/haemophagocytic lymphohistiocytosis (FELH)
- [ ] Langerhans Cell Histiocytosis  (*Histiocytosis-X*)
- [ ] Haemophagocytosis (reactive or viral associated)
- [ ] Histiocytic sarcoma  (*malignant histiocytosis*)
- [ ] Other, specify: ________________________________

**HSCT**

**Date of this HSCT:**  
__________
Date of initial diagnosis:  
yyyy - mm - dd

Classification:
- [ ] Systemic sclerosis (SS)
  - [ ] diffuse cutaneous
  - [ ] limited cutaneous
  - [ ] SSc sine scleroderma
  - [ ] Mixed Connective Tissue Disease (MCTD)
  - [ ] other, specify:_______________

Status at mobilisation:

Date of the first mobilisation:  
yyyy - mm - dd

Performance:  
Score

- [ ] 10
- [ ] 20
- [ ] 30
- [ ] 40
- [ ] 50
- [ ] 60
- [ ] 70
- [ ] 80
- [ ] 90
- [ ] 100

- [ ] Karnofsky
- [ ] Lansky

Creatinine clearance (Cockroft formula)  
___________ ml/min

Proteinuria  
___________ g/24hrs

Modified Rodnan Skin Score (0-51)  
___________

DLCO  
___________

Pulmonary Arterial Systolic Pressure [PASP]  
___________ mm Hg

GI involvement
- [ ] No
- [ ] Yes
- [ ] Not evaluated

Date of this HSCT:  
yyyy - mm - dd

- [ ] Systemic lupus erythematosus (SLE)

Status at mobilisation:

Date of the first mobilisation:  
yyyy - mm - dd

SLEDAI  
Score  
___________

Date of this HSCT:  
yyyy - mm - dd

- [ ] Polymyositis- dermatomyositis
- [ ] Sjögren syndrome
- [ ] Antiphospholipid syndrome
- [ ] Other type of connective tissue disease, specify:__________

Date of this HSCT:  
yyyy - mm - dd
### AUTOIMMUNE DISORDERS (main disease code 10)

#### VASCULITIS / ARTHRITIS / NEUROLOGICAL

**Date of initial diagnosis**

**Date of this HSCT:**

#### AUTOIMMUNE DISORDERS – VASCULITIS

- [ ] Wegener granulomatosis
- [ ] Classical polyarteritis nodosa
- [ ] Microscopic polyarteritis nodosa
- [ ] Churg-Strauss
- [ ] Giant cell arteritis
- [ ] Takayasu
- [ ] Behçet syndrome
- [ ] Overlap necrotising arteritis
- [ ] Other, specify: __________

**Date of this HSCT:**

#### AUTOIMMUNE DISORDERS – ARTHRITIS

- [ ] Rheumatoid arthritis
- [ ] Psoriatic arthritis/psoriasis
- [ ] Juvenile idiopathic arthritis (JIA), systemic (Still's disease)
- [ ] Juvenile idiopathic arthritis (JIA), articular: Onset
- [ ] Oligoarticular
- [ ] Polytarticular
- [ ] Juvenile idiopathic arthritis: other, specify: __________
- [ ] Other arthritis: ________________

**Date of this HSCT:**

#### AUTOIMMUNE DISORDERS – NEUROLOGICAL DISEASES

- [ ] MULTIPLE SCLEROSIS

  **Status at mobilisation:**

  **Date of the first mobilisation**

  **Status at mobilisation:**

  - [ ] primary progressive
  - [ ] secondary progressive
  - [ ] relapsing/remitting
  - [ ] other: ______________

  **EDSS (1-10)**

  - [ ] Not evaluated

  **Number of gadolinium enhancing lesions present on MRI Brain Scan:**

  - [ ] Not evaluated

- [ ] Myasthenia gravis
- [ ] Amyotrophic lateral sclerosis (ALS)
- [ ] Chronic inflammatory demyelinating polyneuropathy (CIDP)
- [ ] Neuromyelitis Optica (NMO)
- [ ] Other autoimmune neurological disorder, specify: ________________

**Date of this HSCT:**

**Page 46**

All_Blank MED-A Form
## AUTOIMMUNE DISORDERS (main disease code 10)

### OTHER AUTOIMMUNE DISORDERS

<table>
<thead>
<tr>
<th>Date of initial diagnosis:</th>
<th>yyyy-mm-dd</th>
</tr>
</thead>
</table>

### HAEMATOLOGICAL DISEASES

- Idiopathic thrombocytopenic purpura (ITP)
- Haemolytic anaemia
- Evan syndrome
- Autoimmune lymphoproliferative syndrome (primary diagnosis, not subsequent to transplant)
- Other haematological autoimmune disease, specify: _______________________

<table>
<thead>
<tr>
<th>Date of this HSCT:</th>
<th>yyyy-mm-dd</th>
</tr>
</thead>
</table>

### BOWEL DISEASE

- Crohn’s disease

  **Status at mobilisation:**

  - Date of the first mobilisation: yyyy-mm-dd
  - CDAI (0-700) _______
  - Serum albumin ________ g/L

- Ulcerative colitis
- Other autoimmune bowel disease, specify: _______________________

<table>
<thead>
<tr>
<th>Date of this HSCT:</th>
<th>yyyy-mm-dd</th>
</tr>
</thead>
</table>

### OTHER AUTOIMMUNE

- Grave’s disease
- Other autoimmune, specify: _______________________

<table>
<thead>
<tr>
<th>Date of this HSCT:</th>
<th>yyyy-mm-dd</th>
</tr>
</thead>
</table>
HSCT - Minimum Essential Data - A
SECOND REPORT - 100 DAYS AFTER HSCT

Disease

PRIMARY DISEASE DIAGNOSIS

Centre Identification

<table>
<thead>
<tr>
<th>EBMT Code (CIC):</th>
<th>Contact person:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital:</th>
<th>Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Patient Data

Date of this report:  

<table>
<thead>
<tr>
<th>Hospital Unique Patient Number/Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(Compulsory, registrations will not be accepted without this item)

<table>
<thead>
<tr>
<th>Initials: (first name(s)_family name(s))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>yyyy - mm - dd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of the transplant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>yyyy - mm - dd</td>
</tr>
</tbody>
</table>

Recovery

Absolute neutrophil count (ANC) recovery  

<table>
<thead>
<tr>
<th>Neutrophils ≥ 0.5 x 10^9/L; first of 3 consecutive values after 7 days without any transfusion containing neutrophils</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No: Date of last assessment:  yyyy - mm - dd</td>
</tr>
<tr>
<td>□ Yes: Date of ANC recovery:  yyyy - mm - dd</td>
</tr>
<tr>
<td>□ Never below</td>
</tr>
<tr>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

Platelet reconstitution  

<table>
<thead>
<tr>
<th>Platelets ≥ 20 x 10^9/L; first of 3 consecutive values after 7 days without transfusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes: Date Platelets ≥ 20 x 10^9/L  yyyy - mm - dd</td>
</tr>
<tr>
<td>□ Never below this level</td>
</tr>
<tr>
<td>□ Date unknown: patient discharged before levels reached</td>
</tr>
<tr>
<td>□ Date unknown: out-patient</td>
</tr>
<tr>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

Early graft loss  

<table>
<thead>
<tr>
<th>Engraftment followed by loss of graft within the first 100 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Unknown</td>
</tr>
</tbody>
</table>
Acute Graft Versus Host Disease (Allografts only)

Maximum Grade:

- 0 (none)
- I
- II
- III
- IV
- Present but grade unknown
- Not evaluated

Date of onset: yyyy - mm - dd

Stage:

- Skin:
  - 0 (none)
  - 1
  - 2
  - 3
  - 4

- Liver:
  - 0 (none)
  - 1
  - 2
  - 3
  - 4

- Lower GI tract:
  - 0 (none)
  - 1
  - 2
  - 3
  - 4

- Upper GI tract:
  - 0 (none)
  - 1

- Other site affected:
  - No
  - Yes

Additional Cell Infusions

(excluding a new HSCT)

- No
- Yes:
  - Is this cell infusion an allogeneic boost? Yes: - Skip Cell therapy table below
  - An allo boost is an infusion of cells from the same donor without conditioning, with no evidence of graft rejection.
  - Is this cell infusion an autologous boost? Yes: - Skip Cell therapy table below

If the cell infusion is not a boost fill in the Cell therapy section below:

**Cell therapy**

First date of the cell therapy infusion: yyyy - mm - dd

Source of cell(s):

- Allo
- Auto

Type of cell(s):

- Lymphocyte (DLI)
- Mesenchymal
- Fibroblasts
- Dendritic cells
- NK cells
- Regulatory T-cells
- Gamma/delta cells
- Other, specify

Chronological number of the cell infusion episode for this patient

Indication:

- Planned/protocol
- Prophylactic
- Treatment of GVHD
- Loss/decreased chimaerism
- Treatment PTLD, EBV lymphoma
- Other, specify

Number of infusions within 10 weeks

(count only infusions that are part of same regimen and given for the same indication)
Additional Disease Treatment

Additional disease treatment given (excluding cell infusion)
- No
- Yes:  Reason for this additional treatment
  - Prophylaxis / prevention (planned before the transplant took place)
  - For relapse / progression or persistent disease (not planned)

Date started  

Chemo/drug
- No
- Yes:  
  - Imatinib mesylate (Gleevec, Glivec)
  - Dasatinib (Sprycel)
  - Nilotinib (Tasigna)
  - Bortezomib (Velcade)
  - Lenalidomide (Revlimidi)
  - Rituximab (Rituxan, mabthera)
  - Velafermin (FGF)
  - Kepivance (KGF, palifermin)
  - Thalidomide
  - Eculizumab (Soliris)
  - Other drug/chemotherapy, specify 
  - Intrathecal:  No  Yes

Radiotherapy
- No
- Yes
- Unknown

Best disease status (response) after HSCT
(prior to any treatment modification in response to a post HSCT disease assessment)
This field is not mandatory for Inherited disorders
- CR achieved:  Date achieved:  
- Never in CR:  Date assessed:  
- Not evaluated

Last Contact Date for 100 day Assessment
If patient has died before this date, enter date of death, otherwise enter Date of HSCT + 100 DAYS APPROX.
- Day 100 assessment:  
- Date of death (if before day 100):  

Chronic GvHD at day 100 (Allografts)

Chronic Graft Versus Host Disease present between HSCT and 100 days or date of death
(allografts only)
- No (never)
- Yes:  Date of diagnosis of cGvHD  

Maximum extent during this period
- Limited
- Extensive
- Unknown

Maximum NIH score during this period
- Mild
- Moderate
- Severe
- Not calculated
Relapse/Progression

First Relapse or Progression after HSCT *(detected by any method)*

- No:
- Yes: Date first seen 
  - yyyy-mm-dd
- Continuous progression since HSCT

Relapse of Leukaemias

If Yes or Continuous and diagnosis is acute or chronic leukaemia, fill in the section below:

**Method of detection of the first relapse or progression after HSCT**

*Fill in only for acute and chronic leukaemias*

Relapse/progression detected by **clinical/haematological** method:

- No: Date assessed 
  - 
- Yes: Date first seen 
  - yyyy-mm-dd
- Not evaluated

Relapse/progression detected by **cytogenetic** method:

- No: Date assessed 
  - 
- Yes: Date first seen 
  - yyyy-mm-dd
- Not evaluated

Relapse/progression detected by **molecular** method:

- No: Date assessed 
  - 
- Yes: Date first seen 
  - yyyy-mm-dd
- Not evaluated

Disease assessment at 100 days (All diseases)

**Disease status when the patient was last seen before day 100 or date of death**

*(record the most recent status and date for each method, depending on the disease)*

Was disease detected by **clinical/haematological** method when the patient was last assessed before day 100 or date of death?

- No
- Yes

Last date assessed 
  - yyyy-mm-dd
- Not evaluated since HSCT was done
Disease Assessment at 100 days - Leukaemias

Was disease detected by cytogenetic/FISH method when the patient was last assessed before day 100 or date of death?
Fill in only for acute and chronic leukaemias

☐ No ☐ Yes: Was the presence of the disease considered relapse/progression since HSCT?  ☐ No  ☐ Yes:

Last date assessed  ..........................  yyyy - mm - dd

☐ Not evaluated since HSCT was done

Was disease detected by molecular method when the patient was last assessed before day 100 or date of death?
Fill in only for acute and chronic leukaemias

☐ No  ☐ Yes: Was the presence of the disease considered relapse/progression since HSCT?  ☐ No  ☐ Yes:

Last date assessed  ..........................  yyyy - mm - dd

☐ Not evaluated since HSCT was done

Survival Status at 100 days – All diseases

Survival Status last contact date at 100 day assessment

☐ Alive  ☐ Dead

Main Cause of Death  (check only one main cause)

☐ Relapse or Progression/Persistent disease
☐ Secondary malignancy
☐ HSCT Related Cause
☐ Unknown
☐ Other______________________________

Contributory Cause of Death (check as many as appropriate):

☐ GVHD
☐ Interstitial pneumonitis
☐ Pulmonary toxicity
☐ Infection:
  ☐ bacterial
  ☐ viral
  ☐ Fungal
  ☐ parasitic
  ☐ Unknown
☐ Rejection/Poor graft function
☐ History of severe Veno occlusive disorder (VOD)
☐ Haemorrhage
☐ Cardiac toxicity
☐ Central nervous system (CNS) toxicity
☐ Gastrointestinal (GI) toxicity
☐ Skin toxicity
☐ Renal failure
☐ Multiple organ failure
☐ Other, specify ........................................
HSCT - Minimum Essential Data - A FOLLOW UP REPORT - ANNUAL

Disease

PRIMARY DISEASE DIAGNOSIS

Centre Identification

EBMT Code (CIC): .......................................................... Contact person: ..........................................................
Hospital: ................................. Unit: ................................. Email: ..........................................................

Patient Data

Date of this report: ................................. yyyy-mm-dd
Patient following national / international study / trial:  □ No  □ Yes  □ Unknown

Name of study / trial ..............................................
Hospital Unique Patient Number/ Code: .................................
(Compulsory, registrations will not be accepted without this item)

Initials: ................................. ................................. (first name(s) _family name(s))
Date of birth: ................................. yyyy-mm-dd
Sex  □ Male  □ Female

Date achieved: ................................. yyyy-mm-dd
Date assessed: ................................. yyyy-mm-dd

Date of the most recent transplant before this follow up: ................................. yyyy-mm-dd

Date of Last Contact

Date of last follow up or death: ................................. yyyy-mm-dd

Best response after HSCT (CLL & Myeloma only)

Best disease status (response) after transplant
(prior to any treatment modification in response to a post HSCT disease assessment)

□ Continued complete remission (CCR)

□ CR achieved: Date achieved: ................................. yyyy-mm-dd

□ Never in CR: Date assessed: ................................. yyyy-mm-dd

□ Previously reported
### Complications after Transplant (Allografts)

If patient has had a previous allograft, fill in the following sections:

#### Acute Graft Versus Host Disease

**Allografts only**

**Maximum Grade:**

- ☐ 0 (none)
- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ Present but grade unknown
- ☐ Not evaluated

**Date of onset**

-  yyyy - mm - dd

**Stage:**

<table>
<thead>
<tr>
<th>Site</th>
<th>0 (none)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower GI tract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper GI tract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other site affected</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Chronic Graft Versus Host Disease present during this period

- ☐ No *(never)*
  - Yes: ☐ First episode since last HSCT

**Date of diagnosis of cGVHD:**

-  yyyy - mm - dd

- ☐ Recurrence

**Date first evidence of cGVHD during this period:**

-  yyyy - mm - dd

- ☐ Continuous since last reported episode

**Maximum extent during this period**

- ☐ Limited
- ☐ Extensive
- ☐ Unknown

**Maximum NIH score during this period**

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Not evaluated

- ☐ Resolved since last report *(currently absent)*

#### Late graft failure

- ☐ No
- ☐ Yes:
Secondary Malignancy

Did a secondary malignancy, lymphoproliferative or myeloproliferative disorder occur?

☐ No  ☐ Yes:

Date of diagnosis: ..............................................

yyyymmdd

Diagnosis: ........................................................................................................

Is this secondary malignancy a donor cell leukaemia?

☐ No  ☐ Yes  ☐ Not Applicable

Additional Disease Treatment including Cell Therapy

Was additional treatment given for the disease indication for transplant?

☐ No  ☐ Yes:  Start date of the additional treatment since last report  ..............

yyyymmdd

-Cell therapy

Did the disease treatment include additional cell infusions (excluding a new HSCT)

☐ No  ☐ Yes:  Is this cell infusion an allogeneic boost?

☐ No  ☐ Yes:

An allo boost is an infusion of cells from the same donor without conditioning, with no evidence of graft rejection.

Is this cell infusion an autologous boost?

☐ No  ☐ Yes:

☐ If cell infusion is not a boost, please attach the Cell Infusion (CI) sheet on the last page, completing as many sections as episodes of cell infusion that took place during this interval, then continue below

-Chemo / radiotherapy

Additional disease treatment given excluding cell infusion?

☐ No  ☐ Yes:

☐ Prophylaxis / preemptive/ preventive (planned before the transplant took place)

☐ For relapse / progression or persistent disease (not planned)

Date started  ..............

yyyymmdd

Chemotherapé

☐ No  ☐ Yes:

☐ Imatinib mesylate (Gleevec, Glivec)

☐ Dasatinib (Sprycel)

☐ Nilotinib (Tasigna)

☐ Bortezomib (Velcade)

☐ Lenalidomide (Revlimid)

☐ Rituximab (Rituxan, mabthera)

☐ Velafermin (FGF)

☐ Kepivance (KGF, palifermin)

☐ Thalidomide

☐ Eculizumab (Soliris)

☐ Other drug/chemotherapy, specify ........................................

Intrathetcal:  ☐ No  ☐ Yes

Radiotherapy

☐ No  ☐ Yes  ☐ Unknown

Relapse or Progression after HSCT

First Relapse or Progression after HSCT (detected by any method)

☐ No:

☐ Yes:  Date first seen  ..............

yyyymmdd

☐ Continuous progression since HSCT
Relapse of Leukaemias

If Yes or Continuous and diagnosis is acute or chronic leukaemia, fill in the section below:

Method of detection of the first relapse or progression after HSCT

Fill in only for acute and chronic leukaemias

Relapse/progression detected by clinical/haematological method:

- No: Date assessed
- Yes: Date first seen
- Not evaluated

Relapse/progression detected by cytogenetic method:

- No: Date assessed
- Yes: Date first seen
- Not evaluated

Relapse/progression detected by molecular method:

- No: Date assessed
- Yes: Date first seen
- Not evaluated

Last disease status – All diseases

Disease status when the patient was last assessed? (or date of death)
(record the most recent status and date for each method, depending on the disease)

Was disease detected by clinical/haematological method when the patient was last assessed or date of death?

- No
- Yes

Last date assessed

- Not evaluated since HSCT was done

Was disease detected by cytogenetic/FISH method when the patient was last assessed or date of death?

- No
- Yes

Last date assessed

- Not evaluated during this period

Was disease detected by molecular method when the patient was last assessed or date of death?

- No
- Yes

Last date assessed

- Not evaluated during this period
Pregnancy after HSCT

Has patient or partner become pregnant after this transplant?
- No
- Yes: Did the pregnancy result in a live birth?  
  - No  
  - Yes:  
  - Unknown  
- Unknown

Survival Status

- Alive  
- Dead  

Check here if patient lost to follow up  

Main Cause of Death  (check only one main cause)
- Relapse or Progression/Persistent disease  
- Secondary malignancy  
- HSCT Related Cause  
- Unknown  
- Other  

Contributory Cause of Death  (check as many as appropriate):
- GVHD  
- Interstitial pneumonitis  
- Pulmonary toxicity  
- Infection:
  - bacterial  
  - viral  
  - Fungal  
  - parasitic  
  - Unknown  
- Rejection/Poor graft function  
- History of severe Veno occlusive disorder (VOD)  
- Haemorrhage  
- Cardiac toxicity  
- Central nervous system (CNS) toxicity  
- Gastrointestinal (GI) toxicity  
- Skin toxicity  
- Renal failure  
- Multiple organ failure  
- Other:  

Secondary malignancy  

Page 57  
All_Blank MED-A Form
**CELL INFUSION (CI) SHEET**

### CELL INFUSION

**Date of first infusion:**  

**yyyy - mm - dd**

**Disease status before this CI**
- [ ] CR
- [ ] Not in CR
- [ ] Not evaluated

**Cell infusion (CI) regimen**  
*(not HSCT or autologous stem cell re-infusion)*

**Source of cell(s):**
- [ ] Allo
- [ ] Auto

**Type of cell(s):**
- Lymphocyte *(DLI)*
- Mesenchymal
- Fibroblasts
- Dendritic cells
- NK cells
- Regulatory T-cells
- Gamma/delta cells
- Other, specify ___________________

**Chronological number of CI for this patient** _____________

**Indication:**
- [ ] Planned/protocol
- [ ] Prophylactic
- [ ] Mixed chimaerism
- [ ] Loss/decreased chimaerism
- [ ] Treatment of aGvHD
- [ ] Treatment of cGvHD
- [ ] Treatment for disease
- [ ] Treatment PTLD, EBV lymphoma
- [ ] Other, specify: ___________________

**Number of infusions within 10 weeks** ________________

*(count only infusions that are part of same regimen and given for the same indication)*

**Acute Graft Versus Host Disease**  
*(after this infusion but before any further infusion / transplant):*

**Maximum Grade:**
- [ ] 0 (none)
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] Present but grade unknown

---

**CELL INFUSION**

**Date of first infusion:**  

**yyyy - mm - dd**

**Disease status before this CI**
- [ ] CR
- [ ] Not in CR
- [ ] Not evaluated

**Cell infusion (CI) regimen**  
*(not HSCT or autologous stem cell re-infusion)*

**Source of cell(s):**
- [ ] Allo
- [ ] Auto

**Type of cell(s):**
- Lymphocyte *(DLI)*
- Mesenchymal
- Fibroblasts
- Dendritic cells
- NK cells
- Regulatory T-cells
- Gamma/delta cells
- Other, specify ___________________

**Chronological number of CI for this patient** _____________

**Indication:**
- [ ] Planned/protocol
- [ ] Prophylactic
- [ ] Mixed chimaerism
- [ ] Loss/decreased chimaerism
- [ ] Treatment of aGvHD
- [ ] Treatment of cGvHD
- [ ] Treatment for disease
- [ ] Treatment PTLD, EBV lymphoma
- [ ] Other, specify: ___________________

**Number of infusions within 10 weeks** ________________

*(count only infusions that are part of same regimen and given for the same indication)*

**Acute Graft Versus Host Disease**  
*(after this infusion but before any further infusion / transplant):*

**Maximum Grade:**
- [ ] 0 (none)
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] Present but grade unknown