# 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: ____________________________________________
<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYMPHOMAS (main disease code 3)</td>
</tr>
<tr>
<td>Hodgkin Lymphomas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Nodular lymphocyte predominant</td>
</tr>
<tr>
<td>☐ Classical predominant</td>
</tr>
<tr>
<td>☐ Other, specify:__________________</td>
</tr>
</tbody>
</table>
# ALL LYMPHOMAS

## Treatment Pre-HSCT

<table>
<thead>
<tr>
<th>Treatment pre-HSCT</th>
<th>Enter first day of treatment and mark all drugs from that date until conditioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
<td>□ Yes Date of treatment: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drugs given</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibodies:</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radioimmunotherapy:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bexxar (CD20) (radiolabelled MoAB)</td>
<td></td>
</tr>
<tr>
<td>□ Zevalin (CD20) (radiolabelled MoAB)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific inhibitors:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ABT-199 (BCL2-Inhibitor)</td>
<td></td>
</tr>
<tr>
<td>□ Crizotinib (ALK-Inhibitor)</td>
<td></td>
</tr>
<tr>
<td>□ CC-292 (B cell receptor kinase inhibitor)</td>
<td></td>
</tr>
<tr>
<td>□ Ibrutinib (B cell receptor kinase inhibitor)</td>
<td></td>
</tr>
<tr>
<td>□ Idelalisib (B cell receptor kinase inhibitor)</td>
<td></td>
</tr>
<tr>
<td>□ other inhibitor, specify____________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bortezomib (Velcade)</td>
<td></td>
</tr>
<tr>
<td>□ Lenalidomide (Revlimid)</td>
<td></td>
</tr>
<tr>
<td>□ Other, specify ______________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relapse/progression under this drug</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alemtuzumab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brentuximab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obinutuzumab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ofatumumab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rituximab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bexxar (CD20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zevalin (CD20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABT-199 (BCL2-Inhibitor)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Idelalisib (B cell receptor kinase inhibitor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other inhibitor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bortezomib (Velcade)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenalidomide (Revlimid)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ALL LYMPHOMAS

Status at HSCT

Date of HSCT: yyyy-mm-dd

Number of prior lines of treatment

☐ 1  ☐ 2  ☐ 3 or more:___  ☐ none  ☐ Unknown

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

Technique used for disease assessment:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CT scan done</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>PET</td>
<td>Negative</td>
<td>Positive</td>
</tr>
</tbody>
</table>

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
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></td>
<td>Indicate type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflammatory 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 × ULN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>moderate/severe</td>
<td>Liver cirrhosis, bilirubin greater than 1.5 × ULN, or AST/ALT greater than 2.5 × 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>severe</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……………………………………
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

<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>

0=match; 1=one mismatch; 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 any of the above codes 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

□ Age at time of donation
(if date of birth not provided)

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 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
    - [ ] CD34+ enrichment

**Genetic manipulation**

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

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
    - [ ] CD34+ enrichment

**Genetic manipulation**

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

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
    - 0 = 1 HLA locus mismatch
    - >=2 HLA loci mismatch

**HLA MISMATCHES BETWEEN DONOR AND PATIENT** *(Mismatched relatives only)*

**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>

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

- Unrelated donor

**Donor information**

- Date of birth: *
- Age at time of donation: *(if date of birth not provided)*
- 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
- [x] Yes

**Negative:**

- [ ] No
- [ ] Yes

**Positive:**

- [ ] 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

**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
- [x] Yes

**Negative:**

- [ ] No
- [ ] Yes

**Positive:**

- [ ] 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

**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 | |  
| yyyy - mm - dd |

| 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  
> (Usually Paed Inherited Disorders only) Go to GvHD Prophylaxis
- Yes

**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>mg/m²</td>
<td>mg/kg</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>□ Bexar (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 (mabthera, antiCD20)</td>
<td>mCi</td>
<td>MBq</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 (radio labelled 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>mg/m²</td>
<td>mg/kg</td>
</tr>
<tr>
<td>□ Other, specify</td>
<td>mg/m²</td>
<td>mg/kg</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 4 days, total dose to report is 16mg/kg

**AUC = Area under the curve**
Total Body Irradiation (TBI)  □ No    □ Yes  : Total prescribed radiation dose as per protocol ........................................ Gy
Number of fractions ................................ over ................................ radiation days

TLI, TNI, TAI  □ No    □ Yes  : Total prescribed radiation dose as per protocol ........................................ Gy
(lymphoid, nodal, abdominal)

GvHD prophylaxis or preventive treatment  (Allografts only)
□ No    □ Yes

If Yes:  □ Drugs (Immunosuppressive chemotherapeutics)
         □ ALG, ALS, ATG, ATS :  (given after day 0) Animal origin:   □ Horse   □ Rabbit   □ Other, specify ........................................
         □ Anti CD25(MoAB in vivo)
         □ Campath  (MoAB in vivo; can be  "in the bag")
         □ Systemic corticosteroids
         □ Cyclosporine
         □ Cyclophosphamide  (given after day 0)
         □ 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

Survival Status on date of HSCT
□ Alive    □ Dead
□ Patient died between administration of the preparative regimen and date of HSCT

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 ..................................................