

# 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  
yyyy - mm - dd

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  
yyyy - mm - dd (at birth)

## Primary Disease Diagnosis

Date of initial diagnosis: \_\_\_\_\_  
yyyy - mm - dd

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

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

☐ Other diagnosis, specify: \_\_\_\_\_

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

### Disease

Date of Initial Diagnosis: \_\_\_\_\_  
 yyyy - mm - dd

#### 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 \_\_\_\_\_

Check light and heavy chain types →

Check light chain type only →

#### HEAVY CHAIN TYPE

- ☐ IgG
- ☐ IgA
- ☐ IgD
- ☐ IgE
- ☐ IgM (not Waldenstrom)

#### LIGHT CHAIN TYPE

- ☐ Kappa
- ☐ Lambda

#### Staging for Multiple myeloma only SALMON & DURIE STAGE (optional)

(PLEASE TICK EACH COLUMN)	
Stage	Symptoms
<input type="checkbox"/> I	<input type="checkbox"/> A
<input type="checkbox"/> II	<input type="checkbox"/> B
<input type="checkbox"/> III	

#### ISS STAGE

	$\beta 2$ - $\mu$ glob mg/L)	Albumin (g/L)
<input type="checkbox"/> I	< 3.5	>35
<input type="checkbox"/> II	< 3.5	< 35
	3.5 - < 5.5	any
<input type="checkbox"/> III	> 5.5	any

## 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
- (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**

Del 13q14	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(11;14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
abn 17q	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del 17p	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(4:14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(14:16)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
1q amplification	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
myc rearrangement	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other, specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated

## 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: \_\_\_\_\_  
yyyy - mm - dd

STATUS	NUMBER
<input type="checkbox"/> Never treated	
<input type="checkbox"/> Stringent complete remission (SCR) <input type="checkbox"/> Complete remission (CR) <input type="checkbox"/> Very good partial remission (VGPR) <input type="checkbox"/> Partial remission (PR) <input type="checkbox"/> Relapse from CR (untreated)	<input type="checkbox"/> 1st  <input type="checkbox"/> 2nd  <input type="checkbox"/> 3rd or higher
<input type="checkbox"/> Progression <input type="checkbox"/> No change / stable disease	

HSCT

Performance score

system used

☐ Karnofsky  
☐ Lansky

Score

☐ 10
☐ 20
☐ 30
☐ 40
☐ 50
☐ 60
☐ 70
☐ 80
☐ 90
☐ 100

Weight (kg): \_\_\_\_\_

Height (cm): \_\_\_\_\_

Comorbidity Index

Sorrer et al., Blood, 2005 Oct 15; 106(8): 2912-2919: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1895304/>

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

☐ No
☐ Yes

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

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 ☐ No ☐ Yes: Number of donors \_\_\_\_\_  
 (including multiple CB units)

## 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Antigenic
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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)  
 yyyy - mm - dd \_\_\_\_\_ 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  $\alpha\beta$  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 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  $\alpha\beta$  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

### 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

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

#### Complete number of mismatches inside each box

A	B	C	DRB1	DQB1	DPB1	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Antigenic
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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)  
 yyyy - mm - dd \_\_\_\_\_year(s) \_\_\_\_\_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 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  $\alpha\beta$  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  $\alpha\beta$  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 &gt;1, date of last HSCT before this one .....

yyyy - mm - dd

If &gt;1, type of last HSCT before this one

☐

Allo

☐

Auto

If &gt;1 and Allograft, Was the same donor used for all prior and current HSCTs?

☐

No

☐

Yes

If &gt;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:				
DRUG (given before day 0)	DOSE	UNITS		
<input type="checkbox"/> Ara-C (cytarabine)		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> ALG, ATG (ALS/ ATS) Animal origin: <input type="checkbox"/> Horse <input type="checkbox"/> Rabbit <input type="checkbox"/> Other, specify .....		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Bleomycin		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Busulfan <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Both		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	<input type="checkbox"/> mg x hr/L <input type="checkbox"/> micromol x min/L <input type="checkbox"/> mg x min/mL
<input type="checkbox"/> BCNU		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Bexxar (radio labelled MoAB)		<input type="checkbox"/> mCi	<input type="checkbox"/> MBq	
<input type="checkbox"/> CCNU		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Campath (AntiCD 52)		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Carboplatin		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	<input type="checkbox"/> mg x hr/L <input type="checkbox"/> micromol x min/L <input type="checkbox"/> mg x min/mL
<input type="checkbox"/> Cisplatin		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Clofarabine		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Corticosteroids		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Cyclophosphamide		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Daunorubicin		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Doxorubicin (adriamycine)		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Epirubicin		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Etoposide (VP16)		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Fludarabine		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Gemtuzumab		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Idarubicin		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Ifosfamide		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Imatinib mesylate		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Melphalan		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Mitoxantrone		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Paclitaxel		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Rituximab (mabthera, antiCD20)		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Teniposide		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Thiotepa		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Treosulphan		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Zevalin (radiolabelled MoAB)		<input type="checkbox"/> mCi	<input type="checkbox"/> MBq	
<input type="checkbox"/> Other radiolabelled MoAB Specify .....		<input type="checkbox"/> mCi	<input type="checkbox"/> MBq	
<input type="checkbox"/> Other MoAB, specify		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	
<input type="checkbox"/> Other, specify .....		<input type="checkbox"/> mg/m <sup>2</sup>	<input type="checkbox"/> mg/kg	

\*Report the total prescribed cumulative dose as per protocol. Multiply daily dose in mg/kg or mg/m<sup>2</sup> 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

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 chemo)

- ☐ 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 Venous occlusive disorder (VOD)
- ☐ Haemorrhage
- ☐ Cardiac toxicity
- ☐ Central nervous system (CNS) toxicity
- ☐ Gastrointestinal (GI) toxicity
- ☐ Skin toxicity
- ☐ Renal failure
- ☐ Multiple organ failure
- ☐ Other, specify .....