CIC:	Hospital UPN:		HSCT Date		
			уууу	mm	da
Patient Number in E	BMT database (if known	າ):			

DAY 0

MED-B GENERAL INFORMATION

	TEAM	
EBMT Centre Identification Code (CIC)		
Hospital		
Contact person:		
e-mail		
Date of this report yyyy mm da		
STUDY/TRIAL		
Patient following national / international study / tri	ial: ☐ No ☐ Yes	□ Unknown
Name of study / trial		
	PATIENT	
Unique Identification Code (UIC)	(to be entered only	y if patient previously reported)
Hospital Unique <u>Patient</u> Number or Code (UPI Compulsory, registrations will not be accepted without All transplants performed in the same patient must be r to the patient and <u>not</u> to the transplant.	this item.	on number or code as this belongs
Initials (first name(s)	- surname(s))	
Date of birth	Sex: M d (at birth)	ale
ABO Group	Rh factor: Absent P	resent Not evaluated
	DISEASE	
	DISEASE	
Date of diagnosis : mm	 dd	
PRIMARY DISEASE DIAGNOSIS (CHECK THE DIS	SEASE FOR WHICH THIS TRANSPLANT WAS PEF	RFORMED)
 □ Primary Acute Leukaemia □ Acute Myelogenous Leukaemia (AML) & related Precursor Neoplasms □ Precursor Lymphoid Neoplasms (old ALL) 	 ☐ Myeloma /Plasma cell disorder ☐ Solid Tumour ☐ Myelodysplastic syndromes / 	☐ Histiocytic disorders ☐ Autoimmune disease ☐ Juvenile Idiopathic Arth (JIA)
Therapy related myeloid neoplasms (old Secondary Acute Leukaemia)	Myeloproliferative neoplasm ☐ MDS	☐ Multiple Sclerosis
☐ Chronic Leukaemia ☐ Chronic Myeloid Leukaemia (CML) ☐ Chronic Lymphocytic Leukaemia (CLL)	☐ MDS/MPN ☐ Myeloproliferative neoplasm	☐ Systemic Lupus ☐ Systemic Sclerosis
□ Lymphoma □ Non Hodgkin □ Hodgkin's Disease □ Other diagnosis, specify:	 □ Bone marrow failure including Aplastic anaemia □ Inherited disorders □ Primary immune deficiencies □ Metabolic disorders 	☐ Haemoglobinopathy

Patient Number in	EBINT database (if Kr	own):				
		MED-B				
DA	Y 0	SYSTEMIC LUP ERITHEMATOSUS (= /	
		LKITHEIMATUSUS	<u> </u>	<u> </u>	- /	
Name of Referring	Physician					
Address						_
Fax		Email				_
		INITIAL DIAGNOSIS				
		HALL BIMONOGO				
Has the informat	ion requested in thi	s section been submitted with a previous transplant registr	ation	?		
☐ Yes: pro	ceed to "Status of D	Disease at mobilisation" on page 4	oroce	ed wit	h this se	ection
DIAGNOSTIC C	RITERIA FOR SY	STEMIC LUPUS ERYTHEMATOSUS				
Criterion	Definition		Yes		Not aluated	Unknown
Malar rash	Fixed erythema, f	lat or raised, over the malar eminences, tending to spare				
[250]	the nasolabial					
Discoid rash [251]	-	sed patches with adherent keratotic scaling and follicular phic scarring may occur in older lesions				
Photosensitivity		sult of unusual reaction to sunlight, by patient history or	П	П	П	П
[253]	physician obs		L			
Oral ulcers [252]	Oral or nasophary physician	yngeal ulceration, usually painless, observed by a				
Arthritis [226]		itis involving two or more peripheral joints, characterized	П			
	· ·	s, swelling or effusion	L			
Serositis [225]		vincing history of pleuritic pain or rub heard by a vidence of pleural effusion ~OR~				
		ocumented by ECG or rub or evidence of pericardial				
_	effusion		_			
Renal disorder [213]		einuria >0.5 grams per day or >3+ on urine dipsCheck if of performed ~OR~				
	b) Cellular casts - mixed	- may be red cell, hemoglobulin, granular, tubular or				
Neurologic disorder [221]		ne absence of offending drugs or known metabolic s; e.g., uremia, ketoacidosis or electrolyte imbalance				
		the absence of offending drugs or known metabolic				

Hospital UPN:

HSCT Date..... - -

уууу

a) Hemolytic anemia - with reticulocytosis ~OR~

offending drugs

b) Thrombocytopenia – <100,000/mm $_{\mbox{\scriptsize 3}}$ platelets in the absence of

Hematologic

disorder [230]

Patient Number in EBMT database (if known):	CIC:	Hospital UPN:		HSCT D	ate			 dd			
Immunologic a) Anli-DNA: antibody to native DNA in abnormal titer ~OR~ b) Anti-Sm: presence of antibody to Sm nuclear antigen ~OR~ c) Positive finding of antiphospholipid antibodies based on (1) an abnormal serum flevel of 1gG or 1gM antibodies (2) a positive test result for lupus anticoagulant using a standard method, or (3) a false positive serologic test for Syphilis known to be positive for at least 6 months and confirmed by <i>Treponema pallidum</i> immobilisation or fluorescent treponemal antibody absorption test ~OR d) False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test ~OR d) False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test ~OR fluorescent treponemal antibody	Patient Number in	EBMT database (if known):			уууу	11111	,	uu			
disorder (254) b) Anti-Sm: presence of antibody to Sm nuclear antigen -OR- c) Positive finding of antiphospholipid antibodes based on (1) an abnormal serum level of 1gG or (gM anticardiolipin antibodies, (2) a positive test result for lupus antiboagulant using a standard method, or (3) a false positive serologic test for syphilis known to be positive for at least 6 months and confirmed by <i>Treponema pallidum</i> immobilisation or fluorescent treponemal antibody absorption test -OR d) False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test Antinuclear antibody (ANA) test Normal Elevated Not evaluated Unknown	Criterion	Definition				Yes			Unknown		
An abnormal titer of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with "drug-induced lupus" syndrome FIRST LINE THERAPIES	Immunologic disorder [254]	b) Anti-Sm: presence of antibody to Sm nuclear antigen ~OR~ c) Positive finding of antiphospholipid antibodies based on (1) an abnormal serum level of IgG or IgM anticardiolipin antibodies, (2) a positive test result for lupus anticoagulant using a standard method, or (3) a false positive serologic test for Syphilis known to be positive for at least 6 months and confirmed by <i>Treponema pallidum</i> immobilisation or fluorescent treponemal antibody absorption test ~OR d) False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilisation or									
THERAPIES No - Proceed to "Date of transplant" Yes:	An abnormal titer of	An abnormal titer of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with "drug-induced lupus" syndrome									
No − Proceed to "Date of transplant" Yes: Drugs: (including antibodies, GF, hormones, etc.) Androgen Anti-malarials Yes No Unknown Azathioprine Corticosteroids Yes No Unknown Cyclophosphamide Yes No Unknown Cyclosporine Yes No Unknown Mycophenolate mofetil Yes No Unknown Intravenous immune globulin (IVIG) Yes No Unknown Other Yes No Unknown Lymphocytopheresis Yes No Unknown DATE OF HSCT DATE OF TRANSPLANT: "Yes No Unknown Date of Transplant: "Yes No Unknown Unkn		FIRST	INE IH	IEKAPI	ES						
Drugs: (including antibodies, GF, hormones, etc.) Androgen		to "Date of transplant"									
Drugs: (including antibodies, GF, hormones, etc.) Androgen	Date st	arted									
Yes		yyyy mm d	d								
Azathioprine Yes No Unknown Corticosteroids Yes No Unknown Cyclophosphamide Yes No Unknown Cyclosporine Yes No Unknown Mycophenolate mofetil Yes No Unknown Intravenous immune globulin (IVIG) Yes No Unknown Other Yes No Unknown Lymphocytopheresis Yes No Unknown Plasmapheresis Yes No Unknown Other, specify:	(includin	=	☐ Yes	□ No	☐ Unknown						
Corticosteroids	Anti	-malarials	☐ Yes	□ No	Unknown						
Cyclosporine	Aza	thioprine	☐ Yes	□ No	☐ Unknown						
Cyclosporine	Cor	ticosteroids	☐ Yes	□ No	☐ Unknown						
Mycophenolate mofetil	Сус	lophosphamide	☐ Yes	□ No	☐ Unknown						
Intravenous immune globulin (IVIG)	Сус	losporine	☐ Yes	□ No	☐ Unknown						
Other Yes No Unknown Lymphocytopheresis Yes No Unknown Plasmapheresis Yes No Unknown Other, specify:	Мус	cophenolate mofetil	☐ Yes	□ No	☐ Unknown						
Lymphocytopheresis	Intra	avenous immune globulin (IVIG)	☐ Yes	□ No	☐ Unknown						
Plasmapheresis	Oth	er	☐ Yes	□ No	☐ Unknown						
Other, specify:	Lympho	ocytopheresis	☐ Yes	□ No	☐ Unknown						
DATE OF TRANSPLANT:	Plasma	pheresis	☐ Yes	□ No	☐ Unknown						
DATE OF TRANSPLANT :	Other, s	specify:									
DATE OF TRANSPLANT :											
DATE OF TRANSPLANT :											
		DA	TE OF H	HSCT							
	DATE OF TI										
TRANSPLANT TYPE Allogeneic: Proceed to Status of disease at HSCT on page 7			EATHSCT on	page 7							
Autologous: Date of 1 st collection or pheresis	☐ Auto	logous: Date of 1 st collection or pl									

CIC:				HSCT Date			 nm	 dd
Patient Nu	mber in EBMT database (if known):						
	STATUS	S OF DISEAS	E AT M	OBILISATI	ON			
Evaluation	should be performed <	4 weeks prior to mob	oilisation fo	r stem cell collec	tion.			
LUPUS	IEPHRITIS							
Was lupu	s nephritis present at a	ny time prior to mob	ilisation?					
□Yes:	Renal biopsy done?	☐ Yes, date of mo☐ No☐ Unknown	ost recent r	enal biopsy:	 <i>уууу</i>	 mm	 dd	
	Classify abnormality (check one only):	Grade H	istology				
			Пι	Normal				
			ΠП	Mesangial				
				Focal prolifera	tive			
			□IV	Diffuse prolifer	ative			
			□∨	Membranous				
□ No			☐ Other					
Unkr	nown							
SLEDA	I (Systemic Lupu	s Erythematosı	us Disea	se Activity I	ndex) s	core		
Criterion	Definition	١			Yes	No N eval	lot Unk uated	n Sc

Criterion	Definition	Yes	No e	Not valuated	Score
Seizures [255]	Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage.				8
Psychosis [256]	Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes.				8
Organic brain syndrome [257]	Altered mental function with impaired orientation, memory or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes.				8
Visual disturbance [109]	Retinal and eye changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis or episcleritis. Exclude hypertension, infection or drug causes.				8
Cranial nerve disorder [258]	New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.				8
Lupus headache [259]	Severe, persistent headache: may be migrainous, but must be nonresponsive to narcotic analgesia.				8
CVA [260]	New onset of cerebrovascular accident(s). Exclude arteriosclerosis or hypertensive causes.				8
Vasculitis [234]	Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages or biopsy or angiogram proof of vasculitis.				8
Arthritis [226]	More than 2 joints with pain and signs of inflammation (i.e., tenderness, swelling or effusion).				4
Myositis [261]	Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/aldolase or electromyogram				4

CIC: H	lospital UPN:		HS	SCT Date					
Patient Number in EBN	MT database (if known):			′уу		mm	da	
Criterion	Definition				Yes	No	Not valuate		Score
	changes or	a biopsy showi	ng myositis.				raraato		
Urinary casts [262]	Heme-granular or	red blood cell	casts.		Ь				4
Hematuria [263]	>5 red blood cells or other cau	se.							4
Proteinuria [264]	>0.5 gm/24 hours gm/24 hour	S.							4
Pyuria <i>[265]</i>	>5 white blood ce	lls/high power	field. Exclud	le infection.					4
New rash [249]	Ongoing inflamma	atory lupus ras	h.						2
Alopecia [266]	Ongoing abnorma	l, patchy or dif	fuse loss of	hair due to active	6				2
Mucosal ulcers [252]	Ongoing oral or n	asal ulceration	s due to act	ive lupus.					2
Pleurisy [267]	effusion or n	assic and severe pleuritic chest pain or pleural rub or effusion or new pleural thickening due to lupus.							2
Pericarditis [268]	Classic and sever	e pericardial p ogram confirma		effusion or					2
Low complement [269]	Decrease in CH56 for testing la	0, C3 or C4 be		er limit of normal					2
Increased DNA binding [270]		>25% binding by Farr assay or above normal range for testing laboratory.							2
Fever [271]	>38°C. Exclude ir	fectious cause) .						1
Thrombocytopenia [272]	<100,000 platelet	s/mm 3 (x 10 9 /	'L).						1
Leukopenia [273]	<3,000 white bloc causes.	d cells/mm 3 (x	10 9/L). Ex	clude drug					1
				DISACTIN TOTA	L SL	.ED/	AI Sco	ORE =	
LABORATORY VA	LUES								
Haemoglobin				Not evaluated	Un	know	'n		
Erythrocyte sedimen	ntation rate		mm/hr						
Platelets			10 ⁹ / I						
WBC			10 ⁹ / I						
Serum creatinine			μmol/l						
Creatinine clearance	e		ml/min						
Total urinary protein	excretion		mg/24hr						
CH50 Complement ompo	nent C3 reduced	No 	Yes	Not evaluated		Uni	known		

CIC: Hospi	tal UPN:			HSC	T Date			
Patient Number in EBMT da	atabase (if kr	nown):				уууу	mm	dd
Antibodies studied		□ No		⁄es	☐ Unkı	nown		
If yes:								
anti-dsDNA		□ Normal	☐ Ele	vated	☐ Not ev	aluated	☐ Unkn	own
anti-cardiolipin IgG		□ Normal	☐ Ele	vated	☐ Not ev	aluated	☐ Unkn	own
anti-cardiolipin IgM		□ Normal	☐ Ele	vated	☐ Not ev	aluated	☐ Unkn	own
antinuclear antibody	(ANA) test	■ Normal	☐ Ele	vated	■ Not ev	aluated	☐ Unkn	own
anti-Sm		■ Normal	☐ Ele	vated	■ Not ev	aluated	☐ Unkn	own
anti-SSA (anti-Ro)		■ Normal	☐ Ele	vated	■ Not ev	aluated	☐ Unkn	own
anti-SSB (anti-La)		■ Normal	☐ Ele	vated	■ Not ev	aluated	☐ Unkn	own
lupus-anticoagulant		■ Normal	☐ Ele	vated	□ Not ev	aluated	☐ Unkn	own
SF-36™ Health Surve If yes, score rep	-	ransform (range 0-1		☐ Yes		□ Unknov		
Partial score:	Physical F	unctioning:				☐ Not e	evaluated	☐ Unknown
	Role Func	tioning-Physic	cal:			☐ Not e	evaluated	☐ Unknown
	Role Func	tioning-Emoti	onal:			☐ Not e	evaluated	☐ Unknown
	Social Fun	ctioning:				☐ Not e	evaluated	☐ Unknown
	Bodily Pair	າ:				☐ Not e	evaluated	☐ Unknown
	Mental Hea	alth:				☐ Not e	evaluated	☐ Unknown
	Vitality:					☐ Not e	evaluated	☐ Unknown
	General H	ealth:				☐ Not e	valuated	☐ Unknown
HEALTH ASSESSMENT	QUESTIONN	IAIRE (HAQ)			No	Yes	Unknow	/n
Did the patient comp	lete a Healt	h Assessmer	nt Questio	nnaire (H	IAQ)? 🗖]
	tient's score							
	orst possible st possible							
ье	ar hossinie	SCUIE.						

	lospital UPN:		HSCT Date	 <i>уууу</i>		 mm	 a	 'd
Patient Number in EBN	MT database (if known):							
	STATUS OF DIS	SEASE A	AT HSCT					
Evaluation should be p	performed <2 weeks prior to condition	oning;						
	FOR ALLOGENEIC HSCT present at anytime prior to HSC		enal biopsy: <i>yy</i>		 mm		 dd	
Classify a	abnormality (check one only):	Grade H	listology					
			Normal Mesangial Focal proliferative Diffuse proliferative Membranous					
□ No □ Unknown SLEDAI (SYSTEI	MIC LUPUS ERYTHEMATOSU Definition		E ACTIVITY INDE		ORE No	Not	Unkn	Score
Citterion	Recent onset (last 10 days). E	Evaluda mat	rabalia infactious o			valuate		3001e
Seizures [255]	drug cause, or seizure d damage.	ue to past i	rreversible CNS	<u> </u>				8
Psychosis [256]	Altered ability to function in no disturbance in the perce hallucinations, incoherer impoverished thought co bizarre, disorganized or uremia and drug causes	ption of real nce, marked ontent, mark catatonic be	lity. Include I loose associations Led illogical thinking Chavior. Exclude	J,				8
Organic brain syndrome [257]	Altered mental function with ir other intellectual function fluctuating clinical featur consciousness with reduinability to sustain attent 2 of the following: percel speech, insomnia or day or decreased psychomo infectious or drug cause:	n, with rapides. Include uced capacition to environtual disturbitime drows tor activity.	I onset and clouding of ty to focus and comment, plus at lead cance, incoherent iness or increased	st L				8
Visual disturbance [109]	Retinal and eye changes of S retinal hemorrhages, sei the choroid, optic neuriti Exclude hypertension, ir	rous exudat s, scleritis o	e or hemorrhages i r episcleritis.	г П				8
Cranial nerve disorder [258]	New onset of sensory or moto nerves. Include vertigo of							8
Lupus headache [259]	Severe, persistent headache: be nonresponsive to nar							8
CVA [260]	New onset of cerebrovascular arteriosclerosis or hyper							8
Vasculitis [234]	Ulceration, gangrene, tender to infarction, splinter hemo proof of vasculitis.	finger nodul rrhages or b	es, periungual piopsy or angiogran					8
Arthritis [226]	More than 2 joints with pain a tenderness, swelling or e		inflammation (i.e.,	þ				4
Myositis [261]	Proximal muscle aching/weak creatine phosphokinase/ changes or a biopsy sho	ness, assoc aldolase or	electromyogram					4
Urinary casts [262]	Heme-granular or red blood c			Ь				4
Hematuria [263]	>5 red blood cells/high power	field. Exclu	de stone, infection					4

CIC: H	lospital UPN:		H	SCT Date					
Patient Number in EBN	/IT database (if k	nown):		уу.	уу		mm	do	'
Criterion	Definition				Yes		Not valuate	Unkn d	Score
	or other >0.5 am/24 h		set or recent inc	rease of >0.5					
Proteinuria [264]	gm/24	nours.							4
Pyuria <i>[</i> 265]			wer field. Exclud	de infection.					4
New rash [249]		mmatory lupus							2
Alopecia [266]	lupus.	-		hair due to active					2
Mucosal ulcers [252]			ations due to act	•					2
Pleurisy [267]			chest pain or plot thickening due						2
Pericarditis [268]	Classic and s	assic and severe pericardial pain or rub or effusion or electrocardiogram confirmation.							2
Low complement [269]	Decrease in (crease in CH50, C3 or C4 below the lower limit of normal for testing laboratory.							2
Increased DNA binding [270]		% binding by Farr assay or above normal range for testing laboratory.							2
Fever [271]	>38°C. Exclu	de infectious ca					1		
Thrombocytopenia [272]	<100,000 pla	:100,000 platelets/mm 3 (x 10 9/L).							1
Leukopenia [272]	<3,000 white causes.	blood cells/mm	า з (x 10 9 /L). Ex	clude drug					1
				DISACTIN TOTA	L SL	.ED	AI Sc	ORE =	
LABORATORY VA Haemoglobin Platelets WBC Erythrocyte sedimer Serum creatinine Creatinine clearance Total urinary protein	ntation rate		Units g/dL 10 ⁹ / l 10 ⁹ / l mm/hr μmol/l mg/24hr	Not evaluated	Un	know	vn		
CH50 Complement Complement compo Complement compo	nent C3 reduce		Yes	Not evaluated □ □ □			known	1	
Antibodies studied If yes: anti-dsDNA anti-cardiolipin lg anti-cardiolipin lg	gG gM	□ No □ Normal □ Normal □ Normal	☐ Yes ☐ Elevated ☐ Elevated ☐ Elevated	☐ Unknown ☐ Not evaluat ☐ Not evaluat ☐ Not evaluat	ed		Unkno Unkno Unkno	wn	
antinuclear antib anti-Sm anti-SSA (anti-R anti-SSB (anti-La lupus-anticoagul	o) a)	□ Normal □ Normal □ Normal □ Normal □ Normal	☐ Elevated ☐ Elevated ☐ Elevated ☐ Elevated ☐ Elevated ☐ Elevated	☐ Not evaluat	ed ed ed		Unkno Unkno Unkno Unkno Unkno	wn wn wn	

CIC: Hospi	ital UPN:		HSCT Date			
Patient Number in EBMT d	atabase (if known):			УУУУ	mm	dd
	,					
PATIENT'S SELF ASSES	SSMENT PRIOR TO	CONDITIONI	NG			
HEALTH SURVEY						
SF-36™ Health Surve	ey completed	☐ No	☐ Yes	☐ Unknown		
If yes, score rep	ported as: Transf (range	ormed Score 0-100)	☐ Raw score	☐ Unknown		
Partial score:	Physical Functioning	j:		D Not eval	uated [Unknown
	Role Functioning-Ph	ysical:		D Not eval	uated [Unknown
	Role Functioning-En	notional:		D Not eval	uated [Unknown
	Social Functioning:			D Not eval	uated [Unknown
	Bodily Pain:			D Not eval	uated [Unknown
	Mental Health:			Not eval	uated [Unknown
	Vitality:			Not eval	uated [Unknown
	General Health:			D Not eval	uated [Unknown
HEALTH ASSESSMENT	QUESTIONNAIRE (H.	AQ)	N	lo Yes L	Jnknown	1
	olete a Health Assessi	•	naire (HAQ)?			
	tient's score:					
	orst possible score: est possible score:					
De	st possible scole.					
	EODI	40 TO DE				
	FORI	MS TO BE	FILLED IN			
TYPE OF HSCT						
☐ AUTOgraft, procee	ed to Autograft day () form				
☐ ALLOgraft or Synge If ☐ Other:				ce for instruction	าร	

CIC:	Hospital UPN:	 HSCT Date	·	
		уууу	mm	da
Patient Number in El	BMT database (if known):	 		

FOLLOW UP

MED-B SYSTEMIC LUPUS ERITHEMATOSUS (SLE)

Unique Identificati	on Code (U	JIC)				(if know	n)	
Date of this report								
Patient following n	<i>yyyy</i> ational / int		<i>dd</i> / trial:] No	☐ Yes	☐ Unl	known
Name of study / tri								
Hospital Unique P	atient Num	ber						
Initials:	(fir	st name(s)_surr	name(s))				
Date of birth		mm dd						
Sex: (at birth)	☐ Male	☐ Female						
Date of the most r	ecent trans	plant before this	follow		 УУУ	mm dd		
		PAT	IEN	ΓLA	ST S	SEEN		
DATE OF LAST	CONTACT			 mm		 Id		
	Co	omplication	s afte	er Tra	nspla	int (Allogra	afts)	
ANSWER IF PATIENT ACUTE GRAFT VE								
Maximum grade	☐ grade	0 (Absent) 🗖 g	grade I	☐ gra	de II	☐ grade III	☐ grade IV ☐	Not evaluated
	If present	: New onset	□F	Recurrer	nt	☐ Persistent		
	Reason:	☐ Tapering		DLI		☐ Unexplaine	ed	
1	Date onset (if new or red	of this episode: current)			 mm	 dd	☐ Not	applicable
Stage: Skin Liver Lower GI Upper GI Other site		☐ 0 (none) ☐ 0 (none) ☐ 0 (none) ☐ 0 (none) ☐ No	□ □ □ □ □ Yes		 	□IV		
Resolu □ No		es: Date of r	esolutio	on:		 mm	 dd	

CIC: Hospital UPN:	HSCT Date	
Patient Number in EBMT database (if known):		yyyy mm dd
ANSWER IF PATIENT HAS HAD AN ALLOGRAFT AT AN CHRONIC GRAFT VERSUS HOST DISEASE (C		
Presence of cGvHD □ No		
☐ Yes: ☐ First episode ☐ Recurrence		
Date of onset yyyyy mm		
☐ Present continuously since last repo	rted episode	
Maximum extent <u>during this period</u> ☐ Limited	□ Extensive □ l	Jnknown
Maximum NIH score <u>during this period</u> ☐ Mild [□ Not evaluated
Organs affected ☐ Skin ☐ Eyes ☐		☐ Mouth ☐ Unknown
☐ Resolved: Date of resolution:		
LATE GRAFT FAILURE No [,	
	CATIONS SINCE LA	
PLEASE USE THE DOCUMENT " <u>DEFINITIONS OF INFECTI</u> THESE ITEMS.	OUS DISEASES AND COMPLICATION	S AFTER STEM CELL TRANSPLANTATION" TO FI
INFECTION RELATED COMPLICATIONS		
☐ No complications ☐ Yes		
Туре	Pathogen Use the list of pathogens listed after this table for guidance. Use "unknown" if necessary.	Date Provide different dates for different episodes of the same complication if applicable.
Bacteremia / fungemia / viremia / parasites		
SYSTEMIC SYMPTOMS OF INFECTION		
Septic shock		
ARDS		
Multiorgan failure due to infection		
Walitorgan failure due to infection		
ENDORGAN DISEASES		
Pneumonia		

CIC:	Hospital UPN:	HSCT Date			
Patient Number in El	BMT database (if known):		УУУУ	mm	dd

Туре	Pathogen Use the list of pathogens listed after this table for guidance. Use "unknown" if necessary.	Provide different dates for different episodes of the same complication if applicable.
Hepatitis		
CNS infection		
Gut infection		
Skin infection		
Cystitis		
Retinitis		
0.1		
Other:votincom		
		yyyy mm dd

DOCUMENTED PATHOGENS (Use this table for guidance on the pathogens of interest)

Type	TED PATHOGENS (Use this table fo Pathogen	r guidance d Type	Pathogen
Bacteria		Viruses	
	S. pneumoniae		HSV
	Other gram positive (i.e.: other streptococci, staphylococci, listeria		VZV
)		EBV
	Haemophilus influenzae		CMV
	Other gram negative (i.e.: E. coli klebsiella, proteus, serratia,		HHV-6
	pseudomonas)		RSV
	Legionella sp		Other respiratory virus
	Mycobacteria sp		(influenza, parainfluenza, rhinovirus)
	Other:		Adenovirus
Fungi			HBV
	Candida sp		HCV
	Aspergillus sp		HIV
	Pneumocystis carinii		Papovavirus
	Other:		Parvovirus
Parasites			Other:
	Toxoplasma gondii		
	Other:		

CIC: Hospital UPN:			HSCT Date	e				
Patient Number in EBMT database (if known):					УУУУ	1	nm	dd
Talletit Number in Edivir database (ii known)								
NON INFECTION RELATED COMPLICATION	S							
■ No complications								
☐ Yes								
Type (Check all that are applicable for this paried)	Yes	No	Unknown	Date				
Type (Check all that are applicable for this period)	162	NO	Ulikilowii	Date				
Idiopathic pneumonia syndrome								
VOD								
Cataract								
Haemorrhagic cystitis, non infectious								
ARDS, non infectious								
Multiorgan failure, non infectious								
HSCT-associated microangiopathy								
Renal failure requiring dialysis								
Haemolytic anaemia due to blood group								
Aseptic bone necrosis								
Other: VOTCOMPS								
					VVV	mm	dd	

CIC: Hospital U	JPN:	I	HSCT Date		
Patient Number in EBMT datab	assa (if known):		уууу		mm dd
Talletit Nutriber in Ebivit datas	ase (ii kilowii)				
GRAFT ASSESSMENT AN	ND HAEMOPOIETIC C	HIMAERISM			
(ALLOS ONLY)					
Graft loss					
□ No □ Yes	□ Not evaluated				
O	5-II () 05 0()		□ Missa d /	e 0	
<u> </u>	ull (donor <u>></u> 95 %)		☐ Mixed (µ	раптат)	
	utologous reconstitutio	n <i>(recipient <u>></u>9</i>	5 %)		
	lot evaluated				
INDICATE THE DATE(S) AND RE	SULTS OF ALL TESTS DON	E FOR ALL DONG	ORS.		
SPLIT THE RESULTS BY DONOR	AND BY THE CELL TYPE O	N WHICH THE T	EST WAS PERFORMED IF	APPLICABL	E.
COPY THIS TABLE AS MANY TIM	ES AS NECESSARY.	T	T		T
	Identification of	Number in	0.114	0.4	
	donor or Cord	the infusion	Cell type on which test was	% Donor	
Date of test	Blood Unit given by the centre	order (if applicable)		Donor cells	Test used
Date of test	the centre	(п аррпсаые)	BM	%	rest useu
			☐ PB mononuclear cell		☐ FISH
			- 1 B mononacical con	%	☐ Molecular
yyyy mm dd			☐ T-cell	%	☐ Cytogenetic
yyyy mm dd		□ N/A	☐ B-cells	%	☐ ABO group
		,, .	☐ Red blood cells	%	Other:
			☐ Monocytes	%	
			☐ PMNs (neutrophils)		☐ unknown
			☐ Lymphocytes, NOS		
			☐ Myeloid cells, NOS	%	
			Other, specify:	70	
			Curici, specify.	%	
			□вм	%	
			☐ PB mononuclear cell		☐ FISH
				%	☐ Molecular
yyyy mm dd			☐ T-cell	%	☐ Cytogenetic
		□ N/A	☐ B-cells	%	☐ ABO group
			☐ Red blood cells	%	Other:
			■ Monocytes	%	
			☐ PMNs (neutrophils)	%	☐ unknown
			☐ Lymphocytes, NOS	%	
			☐ Myeloid cells, NOS	%	
			☐ Other, specify:		
				%	
			□ BM	%	
			☐ PB mononuclear cell	,	FISH
			_	%	☐ Molecular
yyyy mm dd		□ A1/A	T-cell	%	Cytogenetic
		□ N/A	☐ B-cells	%	ABO group
			Red blood cells	%	☐ Other:
			☐ Monocytes	%	unknown
			PMNs (neutrophils)	%	
			Lymphocytes, NOS	%	
			☐ Myeloid cells, NOS	%	
			Other, specify:		
				%	

CIC: Hospital UPN:			HSCT Date	e			
Patient Number in EBMT database (if kn	nown):				уууу	mm	dd
SECONDARY MALIGNANCY, LY	MPHOPRO	LIFERATIVE O	R M YELO	PROLIF	FRATIVE D	ISORDER I	DIAGNOSED
☐ Previously reported							
☐ Yes, date of diagnosis:	уууу	odd					
Diagnosis: AML	☐ MDS	☐ Lymphopro	oliferative o	disorder		ther	
IF THE PATIENT HAS RECEIVED AN ALLO	OGRAFT PRIOF	R TO THE DIAGNO	SIS OF ACUT	TE LEUKA	EMIA, ANSWE	ER THE FOLLO	OWING
Is this secondary	malignancy	a donor cell leu	ukaemia?	□ No	Yes	☐ Not a	pplicable
ADDITIONAL DIS		TREATME .UDES CELI			AST FO	LLOW	JP
Was any additional treatment	given for t	the disease in	ndication	for tra	nsplant		
□ No							
☐ Yes: Start date of the add	litional treatr	ment since last	report:			 Id	
☐ Unknown				УУУУ	mm c	iu	
-Cell therapy							
Did the disease treatment include a	dditional cel	l infusions (exc	luding a ne	w HSCT)			
☐ Yes: Is this cell in		-		□ No	□ Yes		
		of cells from the s ils > 5 x 10e9), w					
Is this cell in	nfusion an a	utologous boos	it?	□ No	□ Yes		
☐ If cell infusion is <u>n</u>	<u>ot</u> a boost, p	lease complete	CELLULA	AR THE	RAPY on t	he following	ı page

CIC: H	ospital UPN:		HSCT D	ate		
Patient Number in EBM	IT database (if kno	wn):		уу	ryy mm	dd
	imen is defined a	ns any number of infusion been given since last rep				
Date of first infusion:	ууу	ry mm dd				
Disease status befor	e this cellular the	erapy 🗖 CR	□ Not in	n CR 🔲	Not evaluated	□ Unknown
Source of ce (check all that		Auto				
	Type of cells (c	check all that apply)				
	☐ Donor lymph	nocyte infusion (DLI)				
	☐ Mesenchym	al cells				
	☐ Fibroblasts					
	☐ Dendritic cel	ls				
	☐ NK cells					
	☐ Regulatory 1	Γ-cells				
	☐ Gamma/delt	a cells				
	☐ Other					
	☐ Unknown					
	- CHRIOWH					
	L Offictiown	Number of cells infused	by type			
	- Chikilowii	Number of cells infused	ells (/kg*)		x 10 ⁸	7
	_ Onklown	Nucleated ce		□ Not evalu	uated	
	_ Onklown	Nucleated ce (L CD 34+ (c	ells (/kg*) DLI only)	☐ Not evalu	x 10 ⁶ uated	
	- CHINIOWII	Nucleated ce (I CD 34+ (c) (I) CD 3+ (c) (I)	ells (/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only)	Not evaluunknown	x 10 ⁶ uated x 10 ⁶ uated	
	- Chikirowii	CD 34+ (c) (l) CD 3+ (c) (l) Total number of cells info	cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*)	Not evaluunknown	x 10 ⁶	
		CD 34+ (c) CD 3+ (c) CD 3+ (c) (L) Total number of cells infe	cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*)	Not evaluunknown	x 10 ⁶	
Chronologic		CD 34+ (c) CD 3+ (c) CD 3+ (c) (L) Total number of cells infe	cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only)	Not evalue unknown Not evalue unknown Not evalue unknown Not evalue unknown	x 10 ⁶	
Chronologic	ral number of this Indication (chec □ Plann □ Proph □ Treat □ Treat	Nucleated ce (I) CD 34+ (c) (I) CD 3+ (c) (I) Total number of cells info All cells (c) (non I) s cell therapy for this patiency ck all that apply) ied/protocol	cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) used cells/kg*) DLI only) and cells/kg*) DLI only)	Not evalue unknown Treatment for dixed chimae reatment of oss/decreas	x 10 ⁶ ated	oma
Chronologic	al number of this Indication (chec	Nucleated ce (I CD 34+ (c) (I CD 3+ (c) (I Total number of cells info All cells (c) (non I s cell therapy for this patie ck all that apply) ped/protocol pylactic ment of aGvHD ment viral infection	ells (/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) used cells/kg*) DLI only) and cells/kg*) DLI only)	Not evalue unknown Treatment for dixed chimae reatment of coss/decreas	x 10 ⁶ ated r disease erism cGvHD ated chimaerism rLD, EBV lymph	oma
Chronologic	al number of this Indication (checount only infusion) Indication (checount only infusion) Indication (checount only infusion)	Nucleated ce (I) CD 34+ (c) (I) CD 3+ (c) (I) Total number of cells info All cells (c) (non I) s cell therapy for this patie ck all that apply) ted/protocol hylactic ment of aGvHD ment viral infection r, specify	ells (/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) used cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only)	Not evalue unknown reatment for dixed chimae reatment of oss/decreas reatment PT	x 10 ⁶ uated	
Chronologic	Indication (checonomic proprime) Treating Other Number of infurice (count only infusion of the count of t	CD 34+ (c) CD 34+ (c) CD 3+ (c) (d) Total number of cells info All cells (c) (non l) s cell therapy for this patie ck all that apply) ned/protocol nylactic ment of aGvHD ment viral infection r, specify	ells (/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) used cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only) cells/kg*) DLI only)	Not evalue unknown reatment for dixed chimate freatment of coss/decrease freatment PT given for the son but before	x 10 ⁶ uated	

ANNUAL FOLLOW UP: SLE EBMT MED-B 2016 – 18/09/2018 - p. 16

CIC: F	Hospital UPN: HSCT Date HSCT Date					
Patient Number in EBN	MT database (if known):	ууу		mm	aa	'
-Chemo / radiothe Additional DISEA	AT database (if known):			<i>mm</i>	da	
	Other treatment No Yes, specify:		[☐ Unkr	iown	
☐ Unknow	vn					
EIDCT	EVIDENCE OF DISEASE MODSEMING SH	NICE	= I ^	OT L	лост	
	EVIDENCE OF DISEASE WORSENING SI	NCE	_ L <i>F</i>	101 F	1001	
□ Previously repo □ No □ Yes; date first r	orted					
☐ Continuous wo	rsening since HSCT					
☐ Continuous wo	rsening since HSCT LAST DISEASE AND PATIENT STATU	JS				
			No	Not valuated		Score
SLEDAI (SYSTER	LAST DISEASE AND PATIENT STATUMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX Definition Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage.) sc	No	Not valuated		Score 8
SLEDAI (SYSTER	LAST DISEASE AND PATIENT STATUMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX Definition Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage. Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes.) sc	No e\	valuated		
SLEDAI (SYSTER Criterion Seizures [255]	LAST DISEASE AND PATIENT STATUMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX Definition Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage. Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes. Altered mental function with impaired orientation, memory or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes.) SCO Yes	No ev	valuated		8
SLEDAI (SYSTER Criterion Seizures [255] Psychosis [256] Organic brain	LAST DISEASE AND PATIENT STATUMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX Definition Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage. Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes. Altered mental function with impaired orientation, memory or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes. Retinal and eye changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis or episcleritis. Exclude hypertension, infection or drug causes.) SCO Yes	No ev	valuated		8
SLEDAI (SYSTER Criterion Seizures [255] Psychosis [256] Organic brain syndrome [257]	LAST DISEASE AND PATIENT STATUMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX Definition Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage. Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes. Altered mental function with impaired orientation, memory or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes. Retinal and eye changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis or episcleritis. Exclude hypertension, infection or drug causes. New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.) SCO Yes	No ev	Caluated		8 8
SLEDAI (SYSTER Criterion Seizures [255] Psychosis [256] Organic brain syndrome [257] Visual disturbance [109] Cranial nerve	LAST DISEASE AND PATIENT STATUMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX Definition Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage. Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes. Altered mental function with impaired orientation, memory or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes. Retinal and eye changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis or episcleritis. Exclude hypertension, infection or drug causes. New onset of sensory or motor neuropathy involving cranial) SCO Yes				8 8 8

arteriosclerosis or hypertensive causes.

8

CVA [260]

CIC: H	HSCT Date HSCT Date					
Patient Number in EBI	yy, MT database (if known):	уу		mm	da	1
Criterion	Definition	Yes	No e	Not valuated	Unkn I	Score
Vasculitis [234]	Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages or biopsy or angiogram proof of vasculitis.					8
Arthritis [226]	More than 2 joints with pain and signs of inflammation (i.e., tenderness, swelling or effusion).					4
Myositis [261]	Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/aldolase or electromyogram changes or a biopsy showing myositis.					4
Urinary casts [262]	Heme-granular or red blood cell casts.					4
Hematuria [263]	>5 red blood cells/high power field. Exclude stone, infection or other cause.					4
Proteinuria [264]	>0.5 gm/24 hours. New onset or recent increase of >0.5 gm/24 hours.					4
Pyuria <i>[265]</i>	>5 white blood cells/high power field. Exclude infection.					4
New rash [249]	Ongoing inflammatory lupus rash.					2
Alopecia [266]	Ongoing abnormal, patchy or diffuse loss of hair due to active lupus.					2
Mucosal ulcers [252]	Ongoing oral or nasal ulcerations due to active lupus.					2
Pleurisy [267]	Classic and severe pleuritic chest pain or pleural rub or effusion or new pleural thickening due to lupus.					2
Pericarditis [268]	Classic and severe pericardial pain or rub or effusion or electrocardiogram confirmation.					2
Low complement [269]	Decrease in CH50, C3 or C4 below the lower limit of normal for testing laboratory.					2
Increased DNA binding [270]	>25% binding by Farr assay or above normal range for testing laboratory.					2
Fever [271]	>38°C. Exclude infectious cause.					1
Thrombocytopenia [272]	<100,000 platelets/mm 3 (x 10 9 /L).					1
Leukopenia [272]	<3,000 white blood cells/mm 3 (x 10 9/L). Exclude drug causes.					1
	disactin Tota	L SL	.ED	AI Sco	RE =	
Laboratory						
LABORATORY VA Haemoglobin	LUES Units Not evaluated g/dL	U	nkno	own		
Platelets	10 ⁹ / I					

LABORATORY VALUES Haemoglobin		Units g/dL	Not evaluated □	Unknown
Platelets		10 ⁹ / I		
WBC		10 ⁹ / I		
Erythrocyte sedimentation rate		mm/hr		
Serum creatinine		μmol/l		
Creatinine clearance		ml/min		
Total urinary protein excretion		mg/24hr		
	No	Yes	Not evaluated	Unknown
CH50 Complement reduced				
Complement component C3 reduced				
Complement component C4 reduced				

CIC: Hospital UPN: HSCT Date	
Patient Number in EBMT database (if known):	dd
Antibodies studied ☐ No ☐ Yes ☐ Unknown	
If yes:	
anti-dsDNA ☐ Normal ☐ Elevated ☐ Not evaluated ☐ Unkn	
anti-cardiolipin IgG ☐ Normal ☐ Elevated ☐ Not evaluated ☐ Unkn	
anti-cardiolipin IgM	
antinuclear antibody (ANA) test Normal Elevated Not evaluated Unkn	
anti-Sm ☐ Normal ☐ Elevated ☐ Not evaluated ☐ Unkn	
anti-SSA (anti-Ro) ☐ Normal ☐ Elevated ☐ Not evaluated ☐ Unkn	
anti-SSB (anti-La) ☐ Normal ☐ Elevated ☐ Not evaluated ☐ Unkn	
lupus-anticoagulant ☐ Normal ☐ Elevated ☐ Not evaluated ☐ Unkn	own
PATIENT'S SELF ASSESSMENT AT THIS FOLLOW UP	
HEALTH SURVEY	
SF-36™ Health Survey completed ☐ No ☐ Yes ☐ Unknown	
If yes, score reported as: ☐ Transformed Score ☐ Raw score ☐ Unknown (range 0-100)	
Partial score: Physical Functioning: Not evaluated	☐ Unknown
Role Functioning-Physical: Not evaluated	Unknown
Role Functioning-Emotional: Not evaluated	☐ Unknown
Social Functioning:	Unknown
Bodily Pain:	☐ Unknown
Mental Health:	Unknown
	Unknown
General Health:	☐ Unknown
HEALTH ASSESSMENT QUESTIONNAIRE (HAQ) No Yes Unknow	n
Did the patient complete a Health Assessment Questionnaire (HAQ)? □ □ □	
Patient's score:	
Worst possible score:	
Best possible score:	
PRECNAMOV AFTER HOOT	
PREGNANCY AFTER HSCT	
Has patient or partner become pregnant after this HSCT?	

CIC: Hosp	ital UPN:	HSCT Date				
Patient Number in EBMT d	latabase (if known):		уууу і	mm	dd	
SURVIVAL STATUS Alive Dead	,					
PERFORMANCE SCORE Type of score		DRE 100 (Normal, NED) 90 (Normal activity) 80 (Normal with efformal of the following of the	ort) ional assistand ance)	Not eva		
MAIN CAUSE OF DEATH	(check only one main cause)					
☐ Relapse or p	rogression / persistent disease					
☐ Secondary m	nalignancy (including lymphoprolife	erative disease)				
☐ HSCT related	d cause					
☐ Cell therapy	(non HSCT) Related Cause (if a	applicable)				
☐ Other:						
☐ Unknown						
	ibutory Cause of Death (check	as many as appropriate):				
	0.410 (6 1 1 6)			es No	Unknown	
	GvHD (if previous allograft)					
	Interstitial pneumonitis					
	Pulmonary toxicity Infection					
	bacterial				=	
	viral				=	
	fungal					
	parasitic			1 1		
	Rejection / poor graft function	n		5 F	i i	
	History of severe Veno-Occli					
	Haemorrhage					
	Cardiac toxicity					
	Central nervous system toxic	city				
	Gastro intestinal toxicity					
	Skin toxicity					
	Renal failure					
	Multiple organ failure			Ш Ш	Ш	
	Other:					
	ADDITIONAL NO	TES IF APPLICAB	LE			
COMMENTS						
	IDENTIFICATION	N & SIGNATURE				
	DEITH IOM					