| CIC: | Hospital UPN: | HSCT Date | | |
|---------------------|--------------------------|-----------|----|----|
| | | уууу | mm | dd |
| Patient Number in E | BMT database (if known): | | | |

DAY 0

MED-B GENERAL INFORMATION

| | TEAM | |
|---|---|---------------------------------------|
| EBMT Centre Identification Code (CIC) | | |
| Hospital | Unit | |
| Contact person: | | |
| e-mail | | |
| Date of this report | | |
| STUDY/TRIAL | | |
| Patient following national / international study / tr Name of study / trial | | ☐ Unknown |
| | PATIENT | |
| Unique Identification Code (UIC) | (to be entered only | 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 repatient and <u>not</u> to the transplant. | this item. | number or code as this belongs to the |
| Initials(first name(s) – surname | e(s)) Sex: | le □ Female |
| yyyy mm dd | (at birth) | io = romaio |
| ABO Group | Rh factor: Absent Pre | esent Not evaluated |
| | DISEASE | |
| Date of diagnosis : | · · ······ | |
| уууу тт | dd | |
| PRIMARY DISEASE DIAGNOSIS (CHECK THE DIS | SEASE FOR WHICH THIS TRANSPLANT WAS PERF | FORMED) |
| ☐ Primary Acute Leukaemia | ☐ Myeloma /Plasma cell disorder | ☐ Histiocytic disorders |
| ☐ Acute Myelogenous Leukaemia (AML) & related Precursor Neoplasms | ☐ Solid Tumour | ☐ Autoimmune disease |
| ☐ Precursor Lymphoid Neoplasms (old ALL) | ☐ Myelodysplastic syndromes / | ☐ Juvenile Idiopathic Arthritis |
| ☐ Therapy related myeloid neoplasms (old Secondary Acute Leukaemia) | Myeloproliferative neoplasm ☐ MDS | (JIA) ☐ Multiple Sclerosis |
| ☐ Chronic Leukaemia | ☐ MDS/MPN | ☐ Systemic Lupus |
| □ Chronic Myeloid Leukaemia (CML)□ Chronic Lymphocytic Leukaemia (CLL) | ☐ Myeloproliferative neoplasm | ☐ Systemic Sclerosis |
| ☐ Lymphoma ☐ Non Hodgkin | ☐ Bone marrow failure including Aplastic anaemia | ☐ Haemoglobinopathy |
| ☐ Hodgkin's Disease | ☐ Inherited disorders ☐ Primary immune deficiencies ☐ Metabolic disorders | |
| ☐ Other diagnosis, specify: | | |

yyyy mm

dd

DAY 0

MED-B

| | | AL AIVITL | פופטעוע | |
|---------------------------------------|---------------------|--------------------------|----------------------|-----------------|
| | INITIAL | DIAGNOSIS | | |
| Has the information requested in this | | | | s patient? |
| ☐ Yes: go to page 4, <i>Pre-H</i> \$ | SCT Treatment | ☐ No: proceed wi | th this section. | |
| EVIDENCE OF UNDERLYING PLA | ASMA CELL DIS | ORDER | | |
| □ No | | Select one as applicable | Select one as | • |
| ☐ Yes | Ī | · · | applicable | , |
| ☐ Monoclonal Gammo | pathy | ☐ IgG | ☐ Kappa | |
| ☐ Multiple Myeloma | | │ □ IgA □ IgD | ☐ Lambda ☐ Absent | |
| ☐ Other B-cell maligna | | ☐ IgE | ☐ Not evalu | uated |
| | | ☐ IgM | | |
| | | ☐ Absent | | |
| | | ☐ Not evaluated | | |
| | | | | |
| Stage Untreated (Salmon and D | Ourie) III | | | |
| A 🗆 🗀 | _ | | | |
| в 🗆 🗆 | -] | | | |
| DIAGNOSIS OF AMYLOIDOSIS Methods | | | | |
| Hereditary Amyloidosis | ☐ Exclu | ided Not evaluated | | |
| Positive immunohistochemistry | □ No | ☐ Yes | ☐ Not evaluated | |
| CLINICAL AND LABORATORY DA | ATA | | | |
| Hb (g/dL) | | | | ☐ Not evaluated |
| Serum creatinine | | Units: 🗖 | µmol/L □ mg/dL | ☐ Not evaluated |
| Creatinine cleara | ince (mL/min) | | | ☐ Not evaluated |
| Total urinary prot | tein excretion (mg/ | /24 h) | | ☐ Not evaluated |
| Total urinary albu | umin excretion (mg | g/24 h) | | ☐ Not evaluated |
| Serum calcium (r | mmol/L) | | | ☐ Not evaluated |
| Serum albumin (| g/L) | | | ☐ Not evaluated |
| Serum alkaline p | hosphatase (IU/L) | | | ☐ Not evaluated |
| Serum bilirubin | | Units: 🗖 / | µmol/L □ mg/dL | ☐ Not evaluated |
| Serum NT-pro-Bl | NP (ng/L) | | | ☐ Not evaluated |
| Serum c-Troponi | n T <i>(μg/L)</i> | | | ☐ Not evaluated |
| | | | | |
| Bone marrow investigations | | | | |
| BM aspirate: % plasmacytosis | | ☐ Not evaluated | | |
| BM trephine: % plasmacytosis | | ☐ Not evaluated | | |

| | | | | | | | | уууу | mm | dd |
|---|------------|---------------------|--------------|-------------|----------|----------------------|------------|-------------|---------|-----|
| Immunoglobulins | | | | | | | | | | |
| Monoclonal Ig in serum | (g/L) | | | | | | | | | |
| Immunofixation of serum | า | ☐ Ne | gative | ☐ Pos | sitive | ☐ Not eva | aluated | ☐ Unknow | /n | |
| Free light chains in seru | m: | | | | | | | | | |
| Kappa light chains | (mg/L) | | | ☐ Not | evalua | ed. | | | | |
| Lambda light chain | s (mg/L) | | | ☐ Not | evalua | ed | | | | |
| Immunofixation of urine | | ☐ Ne | gative | ☐ Pos | sitive | ■ Not eva | aluated | ☐ Unknow | /n | |
| Monoclonal light ch | nains in u | ırine <i>(g/</i> 24 | h) | | | | | | | |
| Serum β2 microglobulin | (mg/L) | | | | | | | | | |
| Bone structure (X-ray) | [| ☐ Norma | ı 🗆 | Lytic lesi | on pres | ent | □ No | t evaluated | ☐ Unkno | own |
| Typical clinical sympton | าร | | | | | | | | | |
| Macroglossy | _ | ☐ Absent | | Present | | Not evalua | ted | ☐ Unknown | | |
| Periorbital bleeding | | ☐ Absent | | Present | | Not evalua | | Unknown | | |
| Shoulder pad sign | _ | ☐ Absent | | Present | | Not evalua | | ☐ Unknown | | |
| 1 11 11 1 | | | | | | | | | | |
| ORGAN INVOLVEMEN | T HNTR | EATED | | | | | | | | |
| ORGAN INVOLVENIEN | II ONTIN | Do | ominant | | ditional | | | | | |
| | | orga | n(s) involv | /ed i | nvolven | nent | Biopsy | No involv | | |
| Soft Tissues | | | | | | | | | | |
| Gastrointestinal Tra | act | | | | | | | | | |
| Heart | | | | | | | | | | |
| Liver | | | | | | | | | | |
| Kidney | | | | | | | | | | |
| Peripheral nerves | | | | | | | | | | |
| Autonomic nerves | | | | | | | | | | |
| Other | | | | | | | | | | |
| Specify | | | | | | | | | | |
| ORGAN-SPECIFIC DATA UN | ITREATED | | | | | | | | | |
| Liver | | | | | | | | | | |
| Liver span in ultrasound | or CT so | an (cm cr | aniocaudal d | liameter) | | | ☐ Not | t evaluated | | |
| Heart | | | | | | | | | | |
| NYHA class | | | Пι | ПΠ | ΠШ | □ı∨ | ☐ Unl | known | | |
| | fraction / | (07) | | | | t evaluated | | KIIOWII | | |
| Left ventricular ejection finterventricular septal wa (mean number of mm in ed | all thickn | ess | | | | t evaluated | | | | |
| Gastrointestinal | | | | | | | | | | |
| Weight loss | ☐ No | ☐ Yes | s 🗖 | Not eval | uated | ☐ Unk | nown | | | |
| Malabsorption | ☐ No | ☐ Yes | s 🗖 | Not eval | uated | ☐ Unk | nown | | | |
| GI bleeding | ☐ No | ☐ Yes | _ | Not eval | | ☐ Unk | | | | |
| Other evidence of gastro | ointestina | ıl involver | nent: | | | | | | | |
| | | | | | | | | | | |
| Peripheral neuropathy | | | | | | | | . 🗖 | | |
| Neurological exam If abnormal: | ☐ Norr | nal | ☐ Abno | rmal | LI No | ot evaluate | d or faile | ed 🛘 Unknow | n | |
| Specify abnormality | y | | | | | | | | | |
| PNP severity | ☐ grad | le I | ☐ grade | e II | ☐ gr | ade III | ☐ gra | de IV | | |
| Autonomic neuroneth | , | | | | | | | | | |
| Autonomic neuropathy Orthostatic hypotension | | | □ No | г | Not a | valuated | □ Unl | (nown | | |
| Intractable diarrhoea | ☐ Yes | | | | | valuated valuated | Unk | | | |
| Inflexible pulse rate | ☐ Yes | | □ No | _ | _ | valuated | Unk | | | |
| · | | | | | | | | - · | | |
| Other sites Clinical evidence for inve | nlvamant | of other | eitae: | | | | | | | |

Hospital Unique Patient Number (UPN): HSCT Date

| | | | | уууу | mm dd | |
|--|--|---|--|--------------------|-------------|--|
| | F | PRE-HSCT | TREATMENT | | | |
| | n pertains to a seconst reported HSCT. | nd or subseque | ent HSCT whether the | patient had therap | y should be | |
| WAS THE PATIE ☐ No ☐ Yes: | NT TREATED BEFO | RE THE HSCT | PROCEDURE? | | | |
| Date starte | ed yyyy n | nm dd | | | | |
| Modality: | Chemotherapy | □ No □ Ye | es: Chemotherapy regim Number of cycles | nen | | |
| | Other | | | | | |
| | | H | SCT | | | |
| HSCT TYPE ☐ Alloger | | | | | | |
| | STATUS OF | DISEASE A | AT COLLECTION | N (AUTOGRAFTS ON | LY) | |
| Haematological s | tatus | MOBILISING CHE | MOTHERAPY AND/OR G | ROWTH FACTOR IF | USED | |
| □ Complete ren | nission (CR) Number | 1st 2nd 3rd or higher of this partial 1st 2nd 2nd | ÐΓ REMISSION | | | |
| ☐ Minimal respo ☐ Stable diseas ☐ Progression ☐ Unknown | | □ 3 rd or high | er | | | |
| Organ status | ☐ Untreated | ☐ Response | ☐ No change | ☐ Progression | ☐ Unknown | |

Hospital Unique Patient Number (UPN): HSCT Date

| CIC: | Hospital Unique Patient Number (UPN): | HSCT Date | | · |
|------|---------------------------------------|-----------|----|----|
| | | 1000/ | mm | 44 |

STATUS OF DISEASE AT START OF CONDITIONING FOR BMT

| Haematological status | 1 | | | | | | | |
|-------------------------|------------------|---------------------------|---------------------|---------------------|---------|----------|------|--------|
| Untreated / At diag | nosis | | | | | | | |
| ☐ Complete remission | n (CR) Nимве | R OF THIS COMPL | ETE REMISSION | | | | | |
| | | □ 1 st | | | | | | |
| | | 2 nd | | | | | | |
| | | ☐ 3 rd or higl | ner | | | | | |
| □ PR | Numbe | R OF THIS PARTIA | L REMISSION | | | | | |
| | | ☐ 1 st | | | | | | |
| | | \square 2 nd | | | | | | |
| | | ☐ 3 rd or higl | her | | | | | |
| ☐ Minimal response | | | | | | | | |
| ☐ Stable disease (no | change) | | | | | | | |
| □ Progression | | | | | | | | |
| ☐ Unknown | | | | | | | | |
| | | | п., | | | | п | |
| Organ status | ☐ Untreated | ☐ Response | ⊔ No | change | ☐ Progr | ession | ⊔ Ur | ıknown |
| | | | | | | | | |
| | | | | | | | | |
| CLINICAL AND LABOR | RATORY DATA | A | | | | | | |
| Hb (g/dL) | | | | | □и | ot evalu | ated | |
| Serum creatinine | | l | Jnits: 🗖 μma | ol/L 🗖 mg/dL | □и | ot evalu | ated | |
| Creatinine clearance | (mL/min) | | - | _ | □и | ot evalu | ated | |
| Total urinary protein e | | h) | | | ПΝ | ot evalu | ated | |
| Total urinary albumin | · - | | | | □и | ot evalu | ated | |
| Serum calcium (mmol/ | | | _ | | | ot evalu | | |
| Serum albumin (g/L) | _, | | | | | ot evalu | | |
| Serum alkaline phospl | hatase /III/II | | | | | ot evalu | | |
| Serum bilirubin | natase (10/L) | | Jnits: □ μmo | 1/1 \(\pi \) ma/dl | | ot evalu | | |
| | (1.) | | Jilis. 🗀 pino | n/L ப Ing/aL | | | | |
| Serum NT-pro-BNP (n | | | | | | ot evalu | | |
| Serum c-Troponin T (µ | ug/L) | | | | ⊔N | ot evalu | ated | |
| Bone marrow investig | ations | | | | | | | |
| BM aspirate: % plasm | | | ☐ Not evalua | ated | | | | |
| BM trephine: % plasm | acytosis | | ☐ Not evalua | ated | | | | |
| | • | | | | | | | |
| Immunoglobulins | | | | | | | | |
| Monoclonal Ig in serur | m <i>(g/L)</i> | | | | | | | |
| Immunofixation of serv | um 🛚 🖺 | ☐ Negative | ☐ Positive | □ Not eval | uated | ☐ Unk | nown | |
| Free light chains in se | | | _ | | | | | |
| Kappa light chair | | | ☐ Not evalua | | | | | |
| Lambda light cha | | | ☐ Not evalua | | | _ | | |
| Immunofixation of urin | | Negative | ☐ Positive | □ Not eval | uated | ☐ Unk | nown | |
| Monoclonal light | | (g/24 h) | | | | | | |
| Serum β2 microglobul | ın <i>(mg/L)</i> | | | | | | | |

| CIC: Hospital Uniqu | ue Patient Numb | er (UPN): | I | HSCT Date | | |
|--|--------------------|--------------------------|--------------------------------|----------------------|---------------|---------|
| | | , | | | уууу г | mm dd |
| | | | | | | |
| ORGAN INVOLVEMEN | | Dania ant | A -1-1:4:1 | _ | | |
| | | Dominant gan(s) involved | Additional orga involvement | | No involve | ment |
| Soft Tissues | - (| | | | | |
| Gastrointestinal Tr | act | | | | | |
| Heart | | | | | | |
| Liver | | | | | | |
| Kidney | | | | | | |
| Peripheral nerves | | | | | | |
| Autonomic nerves | | | | | | |
| Other | | | | | | |
| Specify | | | | | | |
| | | | | | | |
| ORGAN-SPECIFIC DATA AT | HSCT | | | | | |
| Liver | | | | | | |
| Liver span in ultrasound | or CT scan (cm | craniocaudal diame | er) | Not e | valuated | |
| Heart | | | | | | |
| NYHA class | | | ı 🗆 III 🖸 | IV 🗖 Unkno | own | |
| Left ventricular ejection | fraction (%) | | ■ Not eva | aluated | | |
| Interventricular septal w (mean number of mm in e | | | ☐ Not eva | aluated | | |
| Gastrointestinal | | | | | | |
| Weight loss | □ No □ Y | es 🔲 Not e | evaluated [| Unknown | | |
| Malabsorption | □ No □ Y | es 🔲 Not e | evaluated [| Unknown | | |
| GI bleeding | □ No □ Y | es 🔲 Not e | evaluated [| Unknown | | |
| Other evidence of gastr | ointestinal involv | ement: | | | | |
| | | | | | | |
| Peripheral neuropathy | , | | | | | |
| Neurological exam | □ Normal | ☐ Abnorma | ☐ Not ev | aluated or failed | ☐ Unknown | |
| If abnormal: | | | | | | |
| , , | ty | | | | | |
| PNP severity | ☐ grade I | ☐ grade II | ☐ grade | III ☐ grade | IV L I | Unknown |
| Autonomic neuropath | у | | | | | |
| Orthostatic hypotension | | ☐ No | □ Not evalua | ated 🗖 Unkno | own | |
| Intractable diarrhoea | ☐ Yes | □ No | ☐ Not evalua | | | |
| Inflexible pulse rate | ☐ Yes | ☐ No | ☐ Not evalua | ated \square Unkno | own | |
| Other sites | | | | | | |
| Clinical evidence for inv | olvement of othe | er sites: | | | | |
| | | | | | | |
| | | | | | | |
| | FΩ | RMS TO B | E FILLED I | N | | |
| Type of user | 10 | TANIO TO D | | 11 4 | | |
| TYPE OF HSCT | | • | | | | |
| ☐ AUTOgraft, proceed | _ | _ | | | | |
| ☐ ALLOgraft or Synge | | _ | - | | | |
| If Other: | , conta | ct the EBMT Ce | ntrai Registry Of | TICE for instructio | ns | |

DAY 100

MED-B AL AMYLOIDOSIS

| Unique Identification | Code (UIC) | | | | (if kn | own) |
|-----------------------|--------------|-------------|----------------|-----------------|--------------|--------------------|
| Date of this report | | mm | dd | | | |
| Hospital Unique Patie | ent Number | | | | | |
| Initials: | (first r | name(s)_s | urname(s)) | | | |
| Date of birth | | | | | | |
| | УУУУ | mm | dd | | | |
| Sex: | ☐ Male | ☐ Fema | ale | | | |
| Date of the most rece | ent transpla | nt before t | this follow up | : <i>уууу</i> | mm do | |
| S | TATUS | OF DIS | SEASE A | T 100 E | DAYS AF | TER HSCT |
| BEST HAEMAT | OLOGICAL | RESPO | NSE TO HS | CT AT 10 | DAYS | |
| ☐ CR1 | ☐ CR2 | 2 | □ >CR2_ | | | |
| ☐ PR1 | ☐ PR2 | ! | □ >PR2 | | MR | |
| ☐ No change | e 🗖 Prog | gression | ☐ Not eval | uable \square | Unknown | |
| DATE RESPONSE ACHIE | EVED OR ASS | ESSED : | уууу | mm | | |
| CLINICAL AND LA | BORATORY | DATA | | | | |
| Hb (g/dL) | | | | | | ☐ Not evaluated |
| Serum creatinine | | | υ | Jnits: 🗖 μι | mol/L 🗖 mg/a | IL ☐ Not evaluated |
| Creatinine clearance | ce (mL/min) | | | | | □ Not evaluated |
| Total urinary protein | n excretion | (mg/24 h) | | | | ☐ Not evaluated |
| Total urinary album | in excretion | (mg/24 h) | | | | ☐ Not evaluated |
| Serum calcium (mn | nol/L) | | | | | ☐ Not evaluated |
| Serum albumin (g/L | _) | | | | | ☐ Not evaluated |
| Serum alkaline pho | sphatase (/ | U/L) | | | | ☐ Not evaluated |
| Serum bilirubin | | | ι | Jnits: 🗖 μι | mol/L□ mg/a | IL □ Not evaluated |
| Serum NT-pro-BNF | o (ng/L) | | | | | ☐ Not evaluated |
| Serum c-Troponin | | | | | | ☐ Not evaluated |
| | | | | | | |
| Bone marrow inves | tigations | | | | | |
| BM aspirate: % pla | _ | | | ☐ Not eva | luated | |
| BM trephine: % pla | | | | ☐ Not eva | lluated | |

| CIC: Hospital Unio | que Patient | Number (UF | 'N): | | HSCT Date | | | |
|--|------------------|---------------------|------------------|---------|------------------|------------|---------|------|
| • | • | , | , | | | уууу | mm | dd |
| Immunoglobulins | | | | | | | | |
| Monoclonal Ig in serun | n <i>(g/L</i>) | | | | | | | |
| Immunofixation of seru | | ☐ Negativ | re 🗖 Pos | itive | ■ Not evaluated | ☐ Unk | nown | |
| Free light chains in se | rum: | · · | | | | | | |
| Kappa light chain | is (mg/L) | | . 🗆 Not | evalua | ted. | | | |
| Lambda light cha | ins (mg/L) | | 🗆 Not | evalua | ted | | | |
| Immunofixation of urin | е | □ Negative | re 🗖 Pos | itive | ■ Not evaluated | ☐ Unk | nown | |
| Monoclonal light | | ine <i>(g/24 h)</i> | | | | | | |
| Serum β2 microglobuli | in <i>(mg/L)</i> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ORGAN-SPECIFIC RE | CDONCEC | AT 100 DA | VO AFTED LIG | сст | | | | |
| Kidney | SPUNSES | AI IUU DA | YS AFIER IN | 3C I | | | | |
| Renal response | ☐ Respo | nnee | □ No respo | neo/eta | able disease 🔲 P | rogressive | disassa | |
| iteriai response | ☐ Not ev | | ☐ Not evalu | | □ Not applicab | - | Unkn | OWD |
| | □ Not e | valuable | □ Not evalu | iaieu | ■ Not applicab | ie | LI OHKH | OWII |
| Liver | | | | | | | | |
| Liver span in ultrasour | nd or CT sca | an (cm cranioc | audal diameter) | | | evaluated | l | |
| | | , | , | | | | | |
| Hepatic response | ☐ Respo | onse | ☐ No respo | nse/sta | able disease 🔲 P | rogressive | disease | |
| | ☐ Not ev | valuable | □ Not evalu | ıated | □ Not applicab | le | ☐ Unkn | own |
| | | | | | | | | |
| Heart | | _ | _ | _ | | | | |
| NYHA class | | | I 🗆 II | | | nown | | |
| Left ventricular ejection | | | | | ot evaluated | | | |
| Interventricular septal (mean number of mm in | | | | ⊔ No | ot evaluated | | | |
| Cardiac response | Respo | | ☐ No respo | nse/sta | ble disease | rogressive | disease | |
| Caraiao respense | ☐ Not ev | | ☐ Not evalu | | ☐ Not applicab | • | Unkn | own |
| | | valuable | | iaioa | _ Not applicab | | _ 0 | •••• |
| Gastrointestinal | | | | | | | | |
| Weight loss | ☐ No | ☐ Yes | ☐ Not evalu | uated | ☐ Unknown | | | |
| Malabsorption | ☐ No | ☐ Yes | ■ Not evalu | uated | ■ Unknown | | | |
| GI bleeding | ☐ No | ☐ Yes | ■ Not evaluation | uated | ☐ Unknown | | | |
| | | | | | | | | |
| | | | | | | | | |
| GI response | Respo | | ☐ No respo | | | rogressive | _ | |
| | ☐ Not ev | valuable | ☐ Not evalu | ıated | ☐ Not applicab | le | ☐ Unkn | own |
| Parinharal nauranathy | | | | | | | | |
| Peripheral neuropathy (Compare current situation | | n before HSC1 | ¯) | | | | | |
| Neurological exam | ☐ Impro | | Worsened | ΠU | nchanged 🛭 Unk | nown | | |
| PNP severity | ☐ grade | | grade II | | rade III 🔲 grad | le IV | | |
| , | Ü | | J | J | 3 | | | |
| PN response | ☐ Resp | onse | ☐ No respo | nse/sta | able disease | rogressive | disease | |
| | ☐ Not ev | valuable | ■ Not evaluation | ıated | ☐ Not applicab | le | ☐ Unkn | own |
| | | | | | | | | |
| Autonomic neuropat | hv | | | | | | | |
| A N I | | | | | – | | | |
| AN response | ☐ Respo | | ☐ No respo | | able disease | rogressive | disease | |

| CIC: | Hospital Unique Patient Number (UPN): HSCT Date | | | | |
|-------|---|------|----|----|--|
| | . , , | уууу | mm | dd | |
| Evid | ence of new organ involvement Clinical evidence for involvement of new sites: | | | | |
| Karno | FSKY: | | | | |
| | FORMS TO BE FILLED IN | | | | |
| Түре | OF HSCT | | | | |
| ΠА | UTOgraft, proceed to Autograft day 100 form | | | | |
| ПА | LLOgraft or Syngeneic graft, proceed to Allograft day 100 form | | | | |

| CIC: | Hospital UPN: | HSCT Date | | |
|-------------------|---------------------------|-----------|----|----|
| | | уууу | mm | do |
| Patient Number in | EBMT database (if known): | | | |

FOLLOW UP

MED-B AL AMYLOIDOSIS

| Unique Identificati | ion Code (U | IC) | | | | (if kno | wn) | | |
|--|----------------------------|--|-----------------|-------------------------|-------|----------------------|---------|-----------|---|
| Date of this report | t | | | | | | | | |
| Patient following r | | ernational stud | | | No | ☐ Yes | | Unknown | |
| Hospital Unique F | | | | | | | | | |
| | | | | | | | | | |
| Initials: | (IIIS | st name(s)_sur | name(s) |) | | | | | |
| Date of birth | уууу | | Id | | | | | | |
| Sex: (at birth) | ☐ Male | ☐ Female |) | | | | | | |
| Date of the most i | ecent transp | plant before this | s follow (| - | | mm dd | | | |
| | | PAT | IENT | ΓLAS | ST SE | EEN | | | |
| DATE OF LAST | CONTACT | | уууу | mm | dd | | | | |
| Complete haema obtained after the of additional disc | e HSCT in t ease treatm | he absence | | Yes, da No Unknow | 'n | уууу | mm | dd | |
| ANSWER IF PATIENT ACUTE GRAFT VE | | | | | | | | | |
| Maximum grade | grade (| O (Absent) | grade I | ☐ grad | e II | grade III | ☐ grade | e IV | d |
| | If present: | ☐ New onset | □R | Recurrent | | Persisten | t | | |
| | Reason: | ☐ Tapering | | LI | | l Unexplain | ned | | |
| | nset of this e | episode: | <i>уууу</i> | mm | dd | | ☐ Not a | pplicable | |
| Stage: Skin Liver Lower G Upper G Other sit | | □ 0 (none) □ 0 (none) □ 0 (none) □ 0 (none) □ No | | | | □ IV □ IV □ IV | | | |
| Resolu □ No | | es: Date of | resolutio | n: | | mm | dd | | |

| | | | УУУУ | mm | |
|---|---|--|-----------------|-----------|---------------|
| | | | | | |
| 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 | dd | | | | |
| ☐ Present continuously since last repo | rted episode | | | | |
| Maximum extent during this period ☐ Limited | □ Extensive □ U | Jnknown | | | |
| Maximum NIH score during this period | ☐ Moderate ☐ Severe | □ Not evalua | tod | | |
| Organs affected ☐ Skin ☐ | Gut Liver Lung Other, specify | | l outh | | |
| ☐ Resolved: Date of resolution: | | | | | |
| OTHER COMPLIC | CATIONS SINCE LA | ST REPORT | | | |
| PLEASE USE THE DOCUMENT "DEFINITIONS OF INFECTIONS | OUS DISEASES AND COMPLICATIONS | AFTER STEM CELL TRA | ANSPLANTATI | ON" TO FI | _ LL THESE |
| INFECTION RELATED COMPLICATIONS No complications Yes | | | | | |
| Туре | Pathogen | | | | |
| туре | | | ata | | |
| | Use the list of pathogens listed after this table for guidance. Use "unknown" if necessary. | Provide different date. of the same complic | | | |
| Bacteraemia / fungemia / viremia / parasites | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| Bacteraemia / fungemia / viremia / parasites | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| Bacteraemia / fungemia / viremia / parasites Systemic Symptoms of Infection | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| SYSTEMIC SYMPTOMS OF INFECTION | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| SYSTEMIC SYMPTOMS OF INFECTION | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| Systemic Symptoms of Infection Septic shock | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| Systemic Symptoms of Infection Septic shock | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| SYSTEMIC SYMPTOMS OF INFECTION Septic shock ARDS | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| SYSTEMIC SYMPTOMS OF INFECTION Septic shock ARDS | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| Systemic Symptoms of Infection Septic shock ARDS Multiorgan failure due to infection | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |
| SYSTEMIC SYMPTOMS OF INFECTION Septic shock ARDS Multiorgan failure due to infection ENDORGAN DISEASES | Use the list of pathogens listed after this table for guidance. | Provide different date. | s for different | | |

Hospital Unique Patient Number (UPN): HSCT Date

mm

dd

| CIC: | Hospital UPN: | HSCT Date | | | | |
|---------------------|--------------------------|---------------|-----|----|------|----|
| | | | УУУ | У | mm | dd |
| Patient Number in E | BMT database (if known): | | | | | |
| Hepatitis | | | | | | |
| | | | | | | |
| | | | | | | |
| CNS infection | | | | | | |
| | | | | | | |
| | | | | | | |
| Gut infection | | | | | | |
| | | | | | | |
| | | | | | | |
| Skin infection | | | | | | |
| | | | | | | |
| | | | | | | |
| Cystitis | | | | | | |
| | | | | | | |
| | | | | | | |
| Retinitis | | | | | | |
| | | | | | | |
| | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | dd | mm | уууу | |

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

| Туре | D PATHOGENS (Use this table for guidan Pathogen | Type | Pathogen |
|-----------|---|---------|--|
| Bacteria | | Viruses | |
| | S. pneumoniae | | HSV |
| | Other gram positive (i.e.: other | | VZV |
| | streptococci, staphylococci, listeria) | | EBV |
| | Haemophilus influenzae | | CMV |
| | Other gram negative (i.e.: E. coli | | HHV-6 |
| | klebsiella, proteus, serratia, 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 Unique Pa | atient Nur | mber (L | JPN): | H | ISCT Date | | | |
|------------|--------------------------------------|------------|------------|-------|------|-----------|------|----|----|
| | | | | | | | уууу | mm | dd |
| | No complications Yes | COMPLI | CATIO | NS | | | | | |
| | eck all that are for this period) | CTC gr | ade 2 3 | 3 4 | Date | Comments | | | |
| Cardiovas | scular | | | | | | | | |
| Dermatolo | ogic | | | | | | | | |
| Gastrointe | estinal | | | | | | | | |
| Haemorrh | nage | | | | | | | | |
| Hepatic | | | | | | | | | |
| Neurologi | С | | | | | | | | |
| Pulmonar | у | | | | | | | | |
| Renal | | | | | | | | | |
| Other: | | | | | | | | | |

| (ALLOS ONLY) | | NI AN | ID HAEMOPOIETIC C | HIMAERISM | | | |
|-----------------|------------|--------|--------------------------------------|-----------------------------------|-----------------------------|-------------|---------------|
| Graft loss | | | | | | | |
| □ No | O | es | ☐ Not evaluated | | | | |
| Overell ship | | | full (daman, OF 04) | | ☐ Mixed (n | - uti- 1) | |
| Overall chin | naerisin | _ | ull (donor <u>></u> 95 %) | | ☐ Mixed (pa | аптат) | |
| | | ЦA | utologous reconstitutio | n <i>(recipient <u>></u>95</i> | 5 %) | | |
| | | | lot evaluated | | | | |
| | | | | | | | |
| | | | SULTS OF ALL TESTS DONE | | | | |
| SPLIT THE RES | SULTS BY D | ONOR | AND BY THE CELL TYPE O | N WHICH THE T | EST WAS PERFORMED IF A | APPLICABLE | |
| COPY THIS TAE | BLE AS MAN | MIT YN | ES AS NECESSARY. | | | 1 | |
| | | | Identification of | Number in | 0-11 (| 0, | |
| | | | donor or Cord Blood Unit given by | the infusion order | Cell type on which test was | % Donor | |
| Date | of test | | the centre | (if applicable) | performed | cells | Test used |
| | | | | | ВМ | % | |
| | | | | | ☐ PB mononuclear cells | (PBMC) | ☐ FISH |
| _ | | | | | _ | % | ☐ Molecular |
| УУУУ | mm | dd | | | T-cell | % | ☐ Cytogenetic |
| | | | | □ N/A | ☐ B-cells | % | ☐ ABO group |
| | | | | | Red blood cells | % | Other: |
| | | | | | ☐ Monocytes | % | unknown |
| | | | | | ■ PMNs (neutrophils) | % | □ dikilowii |
| | | | | | Lymphocytes, NOS | % | |
| | | | | | ☐ Myeloid cells, NOS | % | |
| | | | | | Other, specify: | 0.4 | |
| | | | | | □ BM | % | |
| | | | | | | % | ☐ FISH |
| | | | | | ☐ PB mononuclear cells | (PBIVIC) | ☐ Molecular |
| <i>yyyy</i> | · mm | dd | | | ☐ T-cell | % | ☐ Cytogenetic |
| ,,,, | | | | □ N/A | ☐ B-cells | % | ☐ ABO group |
| | | | | | ☐ Red blood cells | % | Other: |
| | | | | | ☐ Monocytes | % | unknown |
| | | | | | ☐ PMNs (neutrophils) | % | L UTKHOWH |
| | | | | | ☐ Lymphocytes, NOS | % | |
| | | | | | ☐ Myeloid cells, NOS | % | |
| | | | | | ☐ Other, specify: | | |
| | | | | | | % | |
| | | | | | □ вм | % | ☐ FISH |
| | | | | | ☐ PB mononuclear cells | (PBMC) % | ☐ Molecular |
| | · mm | dd | | | ☐ T-cell | % | ☐ Cytogenetic |
| уууу | 111111 | uu | | □ N/A | ☐ B-cells | % | ☐ ABO group |
| | | | | | Red blood cells | % | Other: |
| | | | | | ☐ Monocytes | % | |
| | | | | | ☐ PMNs (neutrophils) | % | ☐ unknown |
| | | | | | ☐ Lymphocytes, NOS | % | |
| | | | | | ☐ Myeloid cells, NOS | % | |
| | | | | | | | |

Hospital Unique Patient Number (UPN): HSCT Date.......

dd

mm

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| CIC: | Hospital Unique Patient | Number (U | PN): | | HSCT D | ate | | | |
|------------|---|---------------|--------------|-------------------------------------|-------------|--------------|----------------|------------|------------------|
| | | | | | | | УУУУ | mm | dd |
| | DARY MALIGNANCY, LYI reviously reported | MPHOPRO | LIFERATI | /E OR M YE | LOPROLIF | RATIVE D | ISORDER [| DIAGNOS | SED |
| ☐ Y | es, date of diagnosis: | <i>уууу</i> | mm | dd | | | | | |
| | Diagnosis: AML | ☐ MDS | ☐ Lymp | hoproliferativ | ve disorder | | Other | | |
| IF THE PA | TIENT HAS RECEIVED AN ALLC | GRAFT PRIO | R TO THE DIA | AGNOSIS OF A | CUTE LEUKAE | EMIA, ANSWE | ER THE FOLLO | WING QUE | ESTION |
| □ No | Is this secondary malig | nancy a do | nor cell leu | ıkaemia? 🛭 | □ No | ☐ Yes | ☐ Not ap | oplicable | |
| | | | | | | | | | |
| | ADDITION | AL THE | RAPIES | SINCE | LAST F | OLLOV | V UP | | |
| Tro | PNAL TREATMENT eatment given since last re No Yes: Date started: Unknown | | mm dd | | | | | | _ |
| Cell thera | ару | | | | | | | | |
| | isease treatment include ac No Yes: Is this cell infusion ac <i>An allo boos</i> | n allogeneid | boost? | (excluding a □ No om the same | □ Yes | conditionin | g, with no evi | dence of g | graft rejection. |
| | Is this cell infusion a | an autologo | us boost? | □ No | □ Yes | | | | |
| | ☐ If cell infusion is no | nt a hoost in | olease comr | olete CELLIII | AD THEDADV | on the follo | wing nage | | |

| CIC: | Hospital UPN: | | HSCT D | ate | | | | |
|-----------------------------|---------------------------------|--|----------------------------|-----------------|---|----------------|-------------|--|
| CELLULAR | THERAPY | wn): | | | уууу | mm | dd | |
| <u>than one</u> necessar | regimen of cell thera Y. | efined as any number of by has been given since | | | | | | |
| □ I □ Yes: □ I | | pefore this cellular thera | іру | □ CR I | □ Not in CR | □ No | t evaluated | |
| | Type of cells (c | heck all that apply) | | | | | | |
| | ☐ Donor lymph | ocyte infusion (DLI) | | | | | | |
| | ☐ Mesenchyma | al cells | | | | | | |
| | ☐ Fibroblasts | | | | | | | |
| | ☐ Dendritic cel | ls | | | | | | |
| | ☐ NK cells | | | | | | | |
| | ☐ Regulatory T | -cells | | | | | | |
| | ☐ Gamma/delt | a cells | | | | | | |
| | Other | | | | | | | |
| | ☐ Unknown | | | | | | | |
| | | | | | | | | |
| | | Number of cells infused | | | | Ω | | |
| | | Nucleated (| cells (/kg*) (DLI only) | □ Not eva | |)° | | |
| | | CD 34+ | (cells/kg*) (DLI only) | □ Not eva | |) ⁶ | | |
| | | CD 3+ | (cells/kg*) (DLI only) | □ Not eva | |) ⁶ | | |
| | | Total number of cells in | nfused | | | | | |
| | | | (cells/kg*) n DLI only) | □ Not eva | |) ⁶ | | |
| | Chronological n | umber of this cell thera | py for this | patient | | | | |
| | □ Proph □ Treatr □ Loss/o | ed/protocol | _ N _ T _ T | | | nphoma | | |
| | (count only infusi | sions within 10 weeks | egimen and | - | | | | |
| | | rsus Host Disease (after | | | - | fusion / HS | SCT): | |
| | iviaximum grade | grade 0 (absent) grade 3 | ☐ grade☐ grade | | □ grade 2□ present, gr | rado untr | nown | |
| | | U grade o | – graut | , 'T | u picociii, gi | auc uliki | I VVIII | |

| Patient Number in EBMT database (if known): Chemo/ Iradiotherapy ADDITIONAL DISEASE TREATMENT given excluding cell. InFusion? No | | Hospital UPN: | | | HSCT Date | | | |
|--|---------------------------------|--|------------------------------|------------|----------------------------------|-----------------|---|--|
| ADDITIONAL DISEASE TREATMENT GIVEN EXCLUDING CELL INFUSION? NO Yes: Premptive / preventive (planned before the transplant took place) For relapse / progression or persistent disease (not planned) Date started Vincologiagent Vincologia | | | n): | | | уууу | mm | dd |
| Date started | | | EXCLUDII | NG CELL IN | FUSION? | | | |
| Date started | | | | | | | | |
| Chemo/drug/agent | | | - | | | - | ce) | |
| Radiotherapy No Yes Unknown Other treatment No Yes, specify: Unknown Unknown Unknown FIRST EVIDENCE OF DISEASE WORSENING SINCE LAST HSCT EVIDENCE OF DISEASE ACTIVITY Previously reported No Yes; date first noted: | I | | | | | | | |
| Radiotherapy No Yes, specify: Unknown Unknow | | | nt | | | | ☐ Unkno | own |
| Other treatment | (in | - · · · · · · · · · · · · · · · · · · · | | | П | | | |
| FIRST EVIDENCE OF DISEASE WORSENING SINCE LAST HSCT EVIDENCE OF DISEASE ACTIVITY Previously reported No Yes; date first noted: JWYY mm dd Continuous worsening since HSCT Unknown LAST DISEASE AND PATIENT STATUS HAEMATOLOGICAL DISEASE STATUS ORGAN RESPONSE Complete remission Response Partial remission Non Response Progression Not Response Progression Not evaluable Unknown Unknown Unknown Not evaluable Unknown Unknown Unknown Not evaluated Organization Not evaluated Creatinine clearance (mL/min) Not evaluated Organization Not evaluated Total urinary protein excretion (mg/24 h) Not evaluated Serum calcium (mmol/L) Not evaluated Serum albumin (g/L) Not evaluated Serum albumin (g/L) Not evaluated Serum albumin (g/L) Not evaluated Not evaluated Serum bilirubin Units: µmol/L mg/dL Not evaluated Not evaluated Not evaluated Not evaluated Not evaluated Serum bilirubin Units: µmol/L mg/dL Not evaluated Not eval | | Radiotherapy | ⊔ No | ⊔ Yes | ☐ Unknown | | | |
| FIRST EVIDENCE OF DISEASE WORSENING SINCE LAST HSCT EVIDENCE OF DISEASE ACTIVITY | Ot | ther treatment | ☐ No | ☐ Yes, s | pecify: | | Unknov | wn |
| EVIDENCE OF DISEASE ACTIVITY Previously reported No Yes; date first noted: yyyy mm dd Continuous worsening since HSCT Unknown LAST DISEASE AND PATIENT STATUS HAEMATOLOGICAL DISEASE STATUS Response Partial remission Response Progression Non Response Partial remission Non Response Progression Not evaluable Unknown Not evaluable Unknown Unknown Not evaluable Unknown Not evaluated Creatinine Units: | | Unknown | | | | | | |
| Previously reported No Yes; date first noted: YYYY mm dd | | FIRST EVIDENCE (| OF DIS | SEASE | WORSENING | SINCE | LAST HS | SCT |
| No Yes; date first noted: | EVIDEN | CE OF DISEASE ACTIVITY | | | | | | |
| □ Yes; date first noted: yyyy mm dd □ Continuous worsening since HSCT Unknown LAST DISEASE AND PATIENT STATUS HAEMATOLOGICAL DISEASE STATUS Complete remission □ Complete remission □ Partial remission □ Non Response □ Progression □ Not evaluable □ Unknown □ Not evaluable □ Unknown □ Unknown □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary protein excretion (mg/24 h) Serum calcium (mmol/L) Serum albumin (g/L) Serum alkaline phosphatase (IU/L) Serum bilirubin List □ μmol/L □ mg/dL Not evaluated Not e | ☐ Pr | eviously reported | | | | | | |
| Continuous worsening since HSCT | ☐ No |) | | | | | | |
| Continuous worsening since HSCT | ☐ Ye | es; date first noted: | | | | | | |
| LAST DISEASE AND PATIENT STATUS HAEMATOLOGICAL DISEASE STATUS Complete remission Partial remission Partial remission Stable disease Progression Not evaluable Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum albumin (g/L) Serum alkaline phosphatase (IU/L) Serum alkaline phosphatase (IU/L) Serum bilirubin Corean Response Response Progression Not evaluable Unknown Not evaluated | | | | mm | dd | | | |
| HAEMATOLOGICAL DISEASE STATUS Complete remission Partial remission Stable disease Progression Not evaluable Not evaluable Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum alkaline phosphatase (IU/L) Serum alkaline phosphatase (IU/L) Serum bilirubin Chasses Progression Not evaluable Unknown Not evaluated Serum calcium (mmol/L) Not evaluated Serum alkaline phosphatase (IU/L) Serum bilirubin Units: µmol/L mg/dL Not evaluated | | | CT | | | | | |
| HAEMATOLOGICAL DISEASE STATUS Complete remission Partial remission Non Response Progression Progression Not evaluable Not evaluable Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum alkaline phosphatase (IU/L) Serum bilirubin Complete remission Response Response Response Non Response Not evaluable Progression Not evaluable Units: µmol/L mg/dL Not evaluated Serum alkaline phosphatase (IU/L) Not evaluated Not evaluated | □ Un | nknown | | | | | | |
| HAEMATOLOGICAL DISEASE STATUS Complete remission Partial remission Non Response Non Response Progression Progression Not evaluable Not evaluable Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum alkaline phosphatase (IU/L) Serum bilirubin CRESPONSE Response Response Response Non Response Not evaluable Progression Not evaluable Units: µmol/L mg/dL Not evaluated | | | | | | | | |
| HAEMATOLOGICAL DISEASE STATUS Complete remission Partial remission Non Response Non Response Progression Progression Not evaluable Not evaluable Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum alkaline phosphatase (IU/L) Serum bilirubin CRESPONSE Response Response Response Non Response Not evaluable Progression Not evaluable Units: µmol/L mg/dL Not evaluated | | | | | | | | |
| □ Complete remission □ Response □ Partial remission □ Non Response □ Stable disease □ Progression □ Not evaluable □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Units: □ μmol/L □ mg/dL Serum creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Serum calcium (mmol/L) Serum alkaline phosphatase (lU/L) Serum bilirubin □ Not evaluated | | | | | | | | |
| □ Partial remission □ Non Response □ Stable disease □ Progression □ Not evaluable □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum albumin (g/L) Serum alkaline phosphatase (IU/L) Serum bilirubin □ Not evaluated □ No | | LAST D | ISEAS | SE AND | PATIENT ST | ATUS | | |
| Stable disease □ Progression □ Not evaluable □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Units: □ μmol/L □ mg/dL Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum albumin (g/L) Serum alkaline phosphatase (lU/L) Serum bilirubin □ Not evaluated □ Not evaluate | Наемат | | | SE AND |) PATIENT ST | | I RESPONSE | |
| □ Progression □ Not evaluable □ Not evaluable □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Units: □ μmol/L □ mg/dL Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum albumin (g/L) Serum alkaline phosphatase (IU/L) Serum bilirubin Units: □ μmol/L □ mg/dL Not evaluated | | TOLOGICAL DISEASE STAT | | SE AND | PATIENT ST | ORGAN | | |
| □ Progression □ Not evaluable □ Not evaluable □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) Serum creatinine Units: □ μmol/L □ mg/dL Serum creatinine Creatinine clearance (mL/min) Total urinary protein excretion (mg/24 h) Total urinary albumin excretion (mg/24 h) Serum calcium (mmol/L) Serum albumin (g/L) Serum alkaline phosphatase (IU/L) Serum bilirubin Units: □ μmol/L □ mg/dL Not evaluated | | TOLOGICAL DISEASE STAT | | SE AND | PATIENT ST | ORGAN | sponse | <u> </u> |
| □ Not evaluable □ Unknown CLINICAL AND LABORATORY DATA Hb (g/dL) □ Not evaluated Serum creatinine □ Units: □ μmol/L □ mg/dL □ Not evaluated Creatinine clearance (mL/min) □ Not evaluated Total urinary protein excretion (mg/24 h) □ Not evaluated Total urinary albumin excretion (mg/24 h) □ Not evaluated Serum calcium (mmol/L) □ Not evaluated Serum albumin (g/L) □ Not evaluated Serum alkaline phosphatase (IU/L) □ Not evaluated Serum bilirubin Units: □ μmol/L □ mg/dL □ Not evaluated | | TOLOGICAL DISEASE STAT Complete remission Partial remission | | SE AND | PATIENT ST | ORGAN | sponse n Response | <u> </u> |
| CLINICAL AND LABORATORY DATA Hb (g/dL) | | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease | | SE AND | PATIENT ST | ORGAN Res | sponse n Response ogression | <u> </u> |
| CLINICAL AND LABORATORY DATA Hb (g/dL) | | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression | | SE AND | PATIENT ST | ORGAN Res No | sponse n Response ogression t evaluable | <u> </u> |
| Hb (g/dL) | | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable | | SE AND | PATIENT ST | ORGAN Res No | sponse n Response ogression t evaluable | <u> </u> |
| Hb (g/dL) | | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable | | SE AND | PATIENT ST | ORGAN Res No | sponse n Response ogression t evaluable | Ē |
| Creatinine clearance (mL/min) \square Not evaluated Total urinary protein excretion $(mg/24 h)$ \square Not evaluated Total urinary albumin excretion $(mg/24 h)$ \square Not evaluated Serum calcium $(mmol/L)$ \square Not evaluated Serum albumin (g/L) \square Not evaluated Serum alkaline phosphatase (IU/L) \square Not evaluated Serum bilirubin \square Units: \square \square \square \square \square \square Not evaluated | | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown | US | SE AND | PATIENT ST | ORGAN Res No | sponse n Response ogression t evaluable | <u> </u> |
| Creatinine clearance (mL/min) \square Not evaluated Total urinary protein excretion $(mg/24 h)$ \square Not evaluated Total urinary albumin excretion $(mg/24 h)$ \square Not evaluated Serum calcium $(mmol/L)$ \square Not evaluated Serum albumin (g/L) \square Not evaluated Serum alkaline phosphatase (IU/L) \square Not evaluated Serum bilirubin \square Units: \square \square \square \square \square \square Not evaluated | CLINICA | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown | US | SE AND | PATIENT ST | ORGAN Res No | sponse n Response ogression t evaluable known | |
| Total urinary protein excretion $(mg/24 \ h)$ \square Not evaluated Total urinary albumin excretion $(mg/24 \ h)$ \square Not evaluated Serum calcium $(mmol/L)$ \square Not evaluated Serum albumin (g/L) \square Not evaluated Serum alkaline phosphatase (IU/L) \square Not evaluated Serum bilirubin \square Units: \square \square \square \square \square \square Not evaluated | CLINICA | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA D (g/dL) | US | | | ORGAN Res Nos | sponse n Response ogression t evaluable known | ated |
| Total urinary albumin excretion (mg/24 h) | CLINICA Hts | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA O (g/dL) Perum creatinine | US | | Units: □ <i>μmol/L</i> □ | ORGAN Res Nos | sponse n Response ogression t evaluable known Not evaluable | ated ated |
| Serum calcium $(mmol/L)$ \square Not evaluated Serum albumin (g/L) \square Not evaluated Serum alkaline phosphatase (IU/L) \square Not evaluated Serum bilirubin \square Units: \square \square \square \square Not evaluated | CLINICA Ht Se | Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA o (g/dL) erum creatinine reatinine clearance (mL/min) | TUS | | Units: □ <i>μmol/L</i> □ | ORGAN Res Nos | sponse n Response ogression t evaluable known Not evaluable Not evaluable | ated ated ated |
| Serum albumin (g/L) \square Not evaluated Serum alkaline phosphatase (IU/L) \square Not evaluated Serum bilirubin \square Units: \square \square \square Not evaluated | CLINICA Htt | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA O (g/dL) Perum creatinine reatinine clearance (mL/min) Otal urinary protein excretion (in | TUS May 24 h) | | Units: □ μmol/L □ | ORGAN Res Nos | sponse n Response ogression t evaluable known Not evalua Not evalua Not evalua | ated ated ated ated |
| Serum alkaline phosphatase (IU/L) | CLINICA Ht Se Cr | Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA o (g/dL) erum creatinine reatinine clearance (mL/min) otal urinary protein excretion (notal urinary albumin excretion | TUS May 24 h) | | Units: □ <i>µmol/L</i> □ | ORGAN Res Nos | sponse n Response ogression t evaluable known Not evaluable Not evaluable Not evaluable | ated ated ated ated ated |
| Serum bilirubin Units: $\square \ \mu mol/L \square \ mg/dL$ Not evaluated | CLINICA Hk Se Cr To Se | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA O (g/dL) Perum creatinine reatinine clearance (mL/min) Otal urinary protein excretion (notal urinary albumin excretion erum calcium (mmol/L) | TUS May 24 h) | | Units: □ μmol/L □ | ORGAN Res Nos | sponse n Response ogression t evaluable known Not evalua Not evalua Not evalua Not evalua Not evalua Not evalua | ated ated ated ated ated ated |
| | CLINICA Htt See Cr To See See | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA o (g/dL) erum creatinine reatinine clearance (mL/min) otal urinary protein excretion (notal urinary albumin excretion erum calcium (mmol/L) erum albumin (g/L) | TUS mg/24 h) (mg/24 h) | | Units: | ORGAN Res Nos | sponse n Response ogression t evaluable known Not evaluable Not evaluable Not evaluable Not evaluable Not evaluable Not evaluable | ated ated ated ated ated ated ated |
| יוס-טווס (יושר (יושר פיזוער) וויס פוער וויס פוער וויס פוער פיזוער פיזוער פיזוער פיזוער פיזוער פיזוער פיזוער פי | CLINICA Hk Se Cr To Se Se Se | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown LAND LABORATORY DATA O (g/dL) Perum creatinine reatinine clearance (mL/min) Potal urinary protein excretion (notal urinary albumin excretion erum calcium (mmol/L) Perum albumin (g/L) Perum alkaline phosphatase (IL) | TUS mg/24 h) (mg/24 h) | | Units: | ORGAN Res | sponse n Response ogression t evaluable known Not evalua | ated ated ated ated ated ated ated ated |
| Serum c-Troponin T (µg/L) | CLINICA Ht Se Cr To Se Se Se Se | TOLOGICAL DISEASE STAT Complete remission Partial remission Stable disease Progression Not evaluable Unknown CAND LABORATORY DATA CO (g/dL) Perum creatinine Treatinine clearance (mL/min) Otal urinary protein excretion (interpretation of the content of the con | TUS mg/24 h) (mg/24 h) | | Units: | ORGAN Res | sponse n Response ogression t evaluable known Not evalua | ated ated ated ated ated ated ated ated |

| CIC: Hospital Unio | que Patient Number (L | JPN): | HSCT Date | | | |
|---|-----------------------|------------------|-------------------|-------------------|-------------|----|
| | | | | уууу | mm | dd |
| Bone marrow investiga | ations | | | | | |
| BM aspirate: % plasma | acytosis | | aluated | | | |
| BM trephine: % plasma | acytosis | | aluated | | | |
| Immunoglobulins Monoclonal Ig in serun | n <i>(g/L)</i> | | | | | |
| Immunofixation of seru | · - · | tive | e 🛘 Not evaluated | I ☐ Unknown | | |
| Free light chains in ser | | _ | | | | |
| Kappa light chain | | | | | | |
| Lambda light chai | | | | | | |
| Immunofixation of uring | e | | e | I ☐ Unknown | | |
| Serum β2 microglobuli | · - · | | | | | |
| σοια ρ <u>-</u> οιο g.ουσ | (9, =) | | | | | |
| ORGAN-SPECIFIC RESP | ONSES AT THIS FOLLO | W LIP | | | | |
| Renal response | Response | | e/stable disease | Progressive disea | ase | |
| . 10.10 100p000 | ☐ Not evaluable | ☐ Not evaluate | _ | - | Jnknown | |
| | | | | | | |
| Liver | | | _ | | | |
| Liver span in ultrasoun | | | | ot evaluated | | |
| Hepatic response | Response | | | Progressive disea | | |
| | ☐ Not evaluable | ☐ Not evaluate | ed 🔲 Not applic | able 📙 U | Jnknown | |
| Heart | | | | | | |
| NYHA class | Γ |] | ılı 🗆 IV 🔲 U | nknown | | |
| Left ventricular ejection | n fraction (%) | | Not evaluated | | | |
| Interventricular septal (mean number of mm in | | <u> </u> | Not evaluated | | | |
| Cardiac response | □ Response | □ No response | e/stable disease | Progressive disea | ase | |
| Cardido responso | ☐ Not evaluable | ☐ Not evaluate | | • | Jnknown | |
| | | | | | | |
| Gastrointestinal | | | | | | |
| Weight loss | □ No □ Yes | ☐ Not evaluate | ed 🛘 Unknown | | | |
| Malabsorption | □ No □ Yes | ☐ Not evaluate | ed Unknown | | | |
| GI bleeding | □ No □ Yes | ☐ Not evaluate | ed 🔲 Unknown | | | |
| GI response | ☐ Response | □ No response | e/stable disease | Progressive disea | 200 | |
| Orresponse | ☐ Not evaluable | ☐ Not evaluate | | | Jnknown | |
| | _ Not evaluable | _ 1101 014144 | | _ 0 | , maio 1111 | |
| Peripheral neuropathy | | O.T.\ | | | | |
| (Compare current situation | | | l Worsened □ U | nchanged 🔲 U | Jnknown | |
| Neurological exam | | | | ade IV | IIKIIOWII | |
| PNP severity | □ grade r □ | i grade ii ii ii | ⊐ grade iii | aue iv | | |
| PN response | ☐ Response | ☐ No response | e/stable disease | Progressive disea | ase | |
| | ☐ Not evaluable | ☐ Not evaluate | ed | able 🔲 U | Jnknown | |
| | | | | | | |
| | | | | | | |
| Autonomic neuropati | - | | ./ | D | | |
| AN response | ☐ Response | | | Progressive disea | | |
| | ☐ Not evaluable | ☐ Not evaluate | ed | able 🔟 U | Jnknown | |
| Evidence of new orga | an involvement | w sites: | | | | |

| CIC: | Hospital Unique Pa | atient Number (UP | N): | HSCT Date | | | |
|-------|--|----------------------|-------------------|---------------------|-----------|--------|----|
| | | | | | уууу | mm | dd |
| PREGN | ANCY AFTER HSCT | | | | | | |
| - | ient or partner become ⊒ No | e pregnant after thi | is HSCT? | | | | |
| | ☐ Yes: Did the pregnal☐ Unknown | ncy result in a live | birth? □ No □ Yes | □ Unknown | | | |
| | VAL STATUS Alive Dead PERFORMANCE SCORI | € (if alive) | | | | | |
| | Type of score used | ☐ Karnofsky | Score 100 (Noi | mal, NED) | ☐ Not eva | luated | |
| | | ☐ Lansky | ☐ 90 (Norn | nal activity) | ☐ Unknov | vn | |
| | | | □ 80 (Norm | nal with effort) | | | |
| | | | ☐ 70 (Care | es for self) | | | |
| | | | ☐ 60 (Requ | uires occasional as | sistance) | | |
| | | | _ ` . | uires assistance) | | | |
| | | | ☐ 40 (Disa — | • | | | |
| | | | • | erely disabled) | | | |
| | | | ☐ 20 (Very | • | | | |
| | | | ☐ 10 (Mori | hund) | | | |

| CIC: | Hospital UPN: I | HSCT Date | | | | |
|----------|--|-----------|------------|-----|---------|----|
| | ber in EBMT database (if known): E OF DEATH (check only one main cause) | | <i>y</i>) | VYY | mm | dd |
| | Relapse or progression / persistent disease | | | | | |
| | Secondary malignancy (including lymphoproliferative disc | ease) | | | | |
| | HSCT related cause | , | | | | |
| | Cell therapy (non HSCT) Related Cause (if applicable) | | | | | |
| | Other: | | | | | |
| _ | Jnknown | | | | | |
| | tributory Cause of Death (check as many as appropria | nte): | | | | |
| | | | Yes | No | Unknown | |
| | GvHD (if previous allograft) | | | | | |
| | Interstitial pneumonitis | | | | | |
| | Pulmonary toxicity | | | | | |
| | Infection | | | | | |
| | bacterial | | | | | |
| | viral | | | | | |
| | fungal | | | | | |
| | parasitic | | | | | |
| | Rejection / poor graft function | | | | | |
| | History of severe Veno-Occlusive disorder (VOD) | | | | | |
| | Haemorrhage | | | | | |
| | Cardiac toxicity | | | | | |
| | Central nervous system toxicity | | | | | |
| | Gastro intestinal toxicity | | | | | |
| | Skin toxicity | | | | | |
| | Renal failure | | | | | |
| | Multiple organ failure | | | | | |
| | Other: | | | | | _ |
| | ADDITIONAL NOTES IF | APPLICA | BLE | | | |
| COMMENTS | | | | | | |
| | | | | | | |
| | IDENTIFICATION & S | SIGNATUR | RE | | | |
| | | | | | | |
| | | | | | | |