**FOR ALL DISEASES**

**MED-B ALLOGRAFT REGISTRATION – DAY 0**

### PATIENT

#### ANTIBODIES IN THE PATIENT

*before transplantation*

<table>
<thead>
<tr>
<th>Antibody</th>
<th>Negative</th>
<th>Positive</th>
<th>Not evaluated</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMV</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>EBV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBVs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBVc</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>HCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTLV.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ANTIGENS

*if testing applicable*

<table>
<thead>
<tr>
<th>Antigen</th>
<th>Negative</th>
<th>Positive</th>
<th>Not evaluated</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMV</td>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTLV.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PRE-TRANSPLANT HISTORY OF DOCUMENTED INVASIVE FUNGAL INFECTION SINCE INITIAL DIAGNOSIS

- [ ] No
- [ ] Yes:  
  - [ ] Candida
  - [ ] Aspergillus
  - [ ] Pneumocystis carinii
  - [ ] Other
  - [ ] Other: Specify ........................................
  - [ ] Unknown

#### PERFORMANCE SCORE

- Type of score used: [ ] Karnofsky
- [ ] Lansky

**Score** (For more detailed description, see manual)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Normal, NED</td>
</tr>
<tr>
<td>90</td>
<td>Normal activity; minor signs and symptoms of disease</td>
</tr>
<tr>
<td>80</td>
<td>Normal with effort</td>
</tr>
<tr>
<td>70</td>
<td>Cares for self, unable to perform normal activity</td>
</tr>
<tr>
<td>60</td>
<td>Requires occasional assistance</td>
</tr>
<tr>
<td>50</td>
<td>Requires considerable assistance</td>
</tr>
<tr>
<td>40</td>
<td>Requires special care; disabled</td>
</tr>
<tr>
<td>30</td>
<td>Severely disabled</td>
</tr>
<tr>
<td>20</td>
<td>Very sick</td>
</tr>
</tbody>
</table>

- [ ] Not evaluated
- [ ] Unknown

**Patient Weight (kg): ......**

**Height (cm): ......**
COMORBIDITY INDEX


Was there any clinically significant co-existing disease or organ impairment as listed below at time of patient assessment prior to the preparative regimen? ☐ No ☐ Yes, indicate each comorbidity below

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

Specify other additional major clinical abnormalities not listed above and present prior to the preparative regimen:

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

DONOR AND STEM CELL SOURCE

Multiple donors
(including multiple CB units)
☐ No
☐ Yes: Number of donors ........................................
**DONOR 1**

**HLA MATCH TYPE (DONOR RELATION WITH PATIENT)**
- [ ] HLA-identical sibling (may include non-monozygotic twin)
- [ ] Syngeneic (monozygotic twin)
- [ ] HLA-matched other relative
- [ ] HLA-mismatched relative: Degree of mismatch: [ ] 1 HLA locus mismatch
  [ ] >=2 HLA loci mismatch

Donor ID given by the centre: ____________________________

**HLA MISMATCHES BETWEEN DONOR AND PATIENT**
(Mismatched relatives only. If you are submitting the HLA typing results, you can skip this item)

<table>
<thead>
<tr>
<th>Complete number of mismatches inside each box</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>0=match; 1=one mismatch; 2=2 mismatches; N/E=not evaluated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antigenic</th>
<th>Allelic</th>
</tr>
</thead>
</table>

- [ ] Unrelated donor

BMDW code of the Donor Registry or Cord Blood Bank (up to 4 characters): ............

ION of the Donor Registry or Cord Blood Bank (up to 4 numbers): ............

Name of donor registry or Cord Blood Bank: ........................................

Donor centre name or code (if applicable): ........................................

Donor ID given by the Donor Registry or the Cord Blood Bank listed above: ...........

Patient ID given by the Donor Registry or the Cord Blood Bank listed above: ...........

**DONOR INFORMATION**

Blood group: [ ] A [ ] B [ ] AB [ ] O

Date of birth: yyyy mm dd OR Age at time of donation: years month

Sex: [ ] Male [ ] Female (at birth)

**STATUS OF THE DONOR OR CORD BLOOD UNIT BEFORE HSCT**

<table>
<thead>
<tr>
<th>SEROLOGY</th>
<th>ANTIGENS (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated [ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>CMV</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>EBV</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>HBVs</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated [ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>HBVc</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>HBVe</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated [ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>HCV</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated [ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>HTLV.I</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>Syphilis</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>[ ] Negative [ ] Positive [ ] Not evaluated</td>
</tr>
<tr>
<td>Other</td>
<td>[ ] Negative [ ] Positive Specify: ____________________________</td>
</tr>
</tbody>
</table>

**Did this donor provide more than one stem cell product FOR THIS TRANSPLANT?** (e.g. Bone Marrow, Peripheral Blood, Cord Blood product)

[ ] No

[ ] Yes: Number of different stem cell products infused from this donor: ____________________________
DONOR 1 – PRODUCT NUMBER 1

SOURCE OF STEM CELLS FOR THIS PRODUCT, SELECT ONLY ONE

- Bone Marrow
- Peripheral Blood
- Cord Blood
- Other: ...........................................

Date of collection, including cord blood: ............................ yyyy mm dd

Growth factors administered to the donor

- No
- Yes, specify: ...........................................
- Not applicable (Cord Blood)

MANIPULATION FOR THIS PRODUCT

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

- No
- Yes:
  - Negative
  - Positive
- No
- Yes:
  - T-cell (CD3+) depletion (do not use for “Campath in bag”)
  - T-cell receptor αβ depletion
  - B-cell depletion (CD19+) by MoAB
  - NK cell depletion by MoAB
  - Elutriation
  - Other: ..........................................................

Positive

- No
- Yes:
  - Monoclonal antibodies: CD34+ enrichment
    - Other
  - Other: ..........................................................

Expansion

- No
- Yes

Genetic manipulation

- No
- Yes

CELL COUNTS FOR THIS PRODUCT

Total number of Cells Infused (per kg of recipient body weight)

<table>
<thead>
<tr>
<th>Type</th>
<th>Counts</th>
<th>x10^5</th>
<th>x10^6</th>
<th>x10^7</th>
<th>x10^8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleated cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 34+ (cells/kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-cells (CD 3+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cells/kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(All products) Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

CORD BLOOD ONLY

CELL INFUSION METHOD FOR THIS PRODUCT

Route of infusion

- Intravenous (IV)
- intrabone / intramedullary
- Other, specify: ...........................................
- unknown

Infusion method

- DMSO
- Wash (Rubinstein/New York)
- Other, specify: ..................

CELL VIABILITY RESULTS AT HSCT CENTRE FOR THIS PRODUCT

Tests performed after thawing of an aliquot on:

- Contiguous segment
- Reference bag
- unknown

Method used

- 7-AAD
- Tryptan blue
- Acridine orange-ethidium iodide
- Acridine orange-ethidium bromide
- Other, specify ...............................
- unknown

Viability of all cells ................ %

Viability of CD34+ cells ............. %
### DONOR 1 – PRODUCT NUMBER 2

**SOURCE OF STEM CELLS FOR THIS PRODUCT, SELECT ONLY ONE**
- Bone Marrow
- Peripheral Blood
- Cord Blood
- Other: ..........................................

Date of collection, including cord blood: .......................... .......................... ..........................

Growth factors administered to the donor
- No
- Yes, specify: .................................................................
- Not applicable (Cord Blood)

**MANIPULATION FOR THIS PRODUCT**
Graft manipulation ex-vivo including T-cell depletion other than for RBC removal or volume reduction
- No
- Yes:
  - Negative
  - Yes:
    - T-cell (CD3+) depletion (do not use for "Campath in bag")
    - T-cell receptor αβ depletion
    - B-cell depletion (CD19+) by MoAB
    - NK cell depletion by MoAB
    - Other: ..............................................................................................
  - Positive
  - No
  - Yes:
    - Monoclonal antibodies: CD34+ enrichment
    - Other: ..............................................................................................

Expansion
- No
- Yes

Genetic manipulation
- No
- Yes

**CELL COUNTS FOR THIS PRODUCT**
Total number of Cells Infused (per kg of recipient body weight)

<table>
<thead>
<tr>
<th>Type</th>
<th>Counts</th>
<th>$10^5$</th>
<th>$10^6$</th>
<th>$10^7$</th>
<th>$10^8$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleated cells (kg)</td>
<td>........</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
</tr>
<tr>
<td>CD 34+ (cells/kg)</td>
<td>........</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
</tr>
<tr>
<td>T-cells (CD 3+) (cells/kg)</td>
<td>........</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
</tr>
</tbody>
</table>

(All products) Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

### CORD BLOOD ONLY

**CELL INFUSION METHOD FOR THIS PRODUCT**
Route of infusion
- Intravenous (IV)
- intrabone / intramedullary
- Other, specify: .................................................................  unknown

Infusion method
- DMSO
- Wash (Rubinstein/New York)
- Other, specify: ..........................................

**CELL VIABILITY RESULTS AT HSCT CENTRE FOR THIS PRODUCT**
Tests performed after thawing of an aliquot on:
- Contiguous segment
- Reference bag
- unknown

Method used
- 7-AAD
- Trypan blue
- Acridine orange-ethidium iodide
- Other, specify ..................................................  unknown

Viability of all cells .................. %
Viability of CD34+ cells ............. %
HLAGRAFT – DAY 0
EBMT MED-B 2015 – 23/01/2019 - p.6

CIC: ................ Hospital UPN: ____________________________ HSCT Date: ............... ....... ..............................

DONOR 2

HLA MATCH TYPE (DONOR RELATION WITH PATIENT)
☐ HLA-identical sibling (may include non-monozygotic twin)
☐ Syngeneic (monozygotic twin)
☐ HLA-matched other relative
☐ HLA-mismatched relative: Degree of mismatch ☐ 1 HLA locus mismatch ☐ >=2 HLA loci mismatch

Donor ID given by the centre ____________________________

HLA MISMATCHES BETWEEN DONOR AND PATIENT
(Mismatched relatives only. If you are submitting the HLA typing results, you can skip this item)

Complete number of mismatches inside each box

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

Antigenic

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Allelic

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

☐ Unrelated donor

BMDW code of the Donor Registry or Cord Blood Bank (up to 4 characters) ...... ...... ......

ION code of the Donor Registry or Cord Blood Bank (up to 4 characters) ...... ...... ......

Name of donor registry or Cord Blood Bank ................................................. ................. ................. .................

Donor centre name or code (if applicable) ................................................. (optional)

Donor ID given by the Donor Registry or the Cord Blood Bank listed above .........................

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

DONOR INFORMATION

Blood group: ☐ A ☐ B ☐ AB ☐ O

Date of birth: .......... ........ ........ ....... or Age at time of donation .......... years .......... month
(if date of birth not provided)

Sex: ☐ Male ☐ Female

STATUS OF THE DONOR OR CORD BLOOD UNIT BEFORE HSCT

SEROLOGY

<table>
<thead>
<tr>
<th>HIV</th>
<th>CMV</th>
<th>EBV</th>
<th>HBVs</th>
<th>HBVc</th>
<th>HBVe</th>
<th>HGV</th>
<th>HTLV.I</th>
<th>Sy Philis</th>
<th>Toxoplasmosis</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
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</tr>
<tr>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
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<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td></td>
</tr>
</tbody>
</table>

ANTIGENS (if applicable)

<table>
<thead>
<tr>
<th>HIV</th>
<th>CMV</th>
<th>EBV</th>
<th>HBVs</th>
<th>HBVc</th>
<th>HBVe</th>
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<th>Toxoplasmosis</th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
<td>☐ Negative</td>
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<td>☐ Negative</td>
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<td>☐ Negative</td>
<td></td>
</tr>
<tr>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td>☐ Not evaluated</td>
<td></td>
</tr>
</tbody>
</table>

Did this donor provide more than one stem cell product FOR THIS TRANSPLANT? (e.g. Bone Marrow, Peripheral Blood, Cord Blood product)

☐ No
☐ Yes: Number of different stem cell products infused from this donor .........................
**DONOR 2 – PRODUCT NUMBER 1**

**SOURCE OF STEM CELLS FOR THIS PRODUCT, SELECT ONLY ONE**
- Bone Marrow  
- Peripheral Blood  
- Cord Blood  
- Other:  

**Date of collection, including cord blood:**  

**Growth factors administered to the donor**
- No  
- Yes, specify:  
- Not applicable (Cord Blood)

**MANIPULATION FOR THIS PRODUCT**
- Graft manipulation ex-vivo including T-cell depletion other than for RBC removal or volume reduction  

**Expansion**
- No  
- Yes

**GENETIC MANIPULATION**
- No  
- Yes

**CELL COUNTS FOR THIS PRODUCT**
- Total number of Cells Infused (per kg of recipient body weight)

<table>
<thead>
<tr>
<th>Type</th>
<th>Counts</th>
<th>x 10^5</th>
<th>x 10^6</th>
<th>x 10^7</th>
<th>X10^8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleated cells (kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 34+ (cells/kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-cells (CD 3+) (cells/kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Cord Blood only) Please enter the LABORATORY RESULTS WITH HLA TYPING into the database

**CORD BLOOD ONLY**

**CELL INFUSION METHOD FOR THIS PRODUCT**
- Route of infusion  
- Other, specify:  
- unknown

**Infusion method**
- DMSO  
- Wash (Rubinstein/New York)  
- Other, specify:  

**CELL VIABILITY RESULTS AT HSCT CENTRE FOR THIS PRODUCT**
- Tests performed after thawing of an aliquot on:  
- Other, specify:  
- unknown

**Method used**
- 7-AAD  
- Tryptan blue  
- Acridine orange-ethidium iodide  
- Acridine orange-ethidium bromide  
- Other, specify  
- unknown

Viability of all cells  
Viability of CD34+ cells
DONOR 2– PRODUCT NUMBER 2

SOURCE OF STEM CELLS FOR THIS PRODUCT, SELECT ONLY ONE

- Bone Marrow
- Peripheral Blood
- Cord Blood
- Other: .................................

Date of collection, including cord blood: yyyy mm dd

Growth factors administered to the donor

- No
- Yes, specify: .................................
- Not applicable (Cord Blood)

MANIPULATION FOR THIS PRODUCT

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

- No
- Yes:
  - Negative:  No  Yes:
    - T-cell (CD3+) depletion (do not use for "Campath in bag")
    - T-cell receptor αβ depletion
    - B-cell depletion (CD19+) by MoAB
    - NK cell depletion by MoAB
  - Elutriation
  - Other: .................................

- Positive:  No  Yes:
  - CD34+ enrichment
  - Monoclonal antibodies
  - Other

Expansion

- No
- Yes

Genetic manipulation

- No
- Yes

CELL COUNTS FOR THIS PRODUCT

Total number of Cells Infused (per kg of recipient body weight)

<table>
<thead>
<tr>
<th>Type</th>
<th>Counts</th>
<th>x 10⁵</th>
<th>x 10⁶</th>
<th>x 10⁷</th>
<th>X10⁸</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleated cells (kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD 34+ (cells/kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-cells (CD 3+) (cells/kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(All products) Please enter the LABORATORY RESULTS WITH HLA TYPING into the database.

CORD BLOOD ONLY

CELL INFUSION METHOD FOR THIS PRODUCT

Route of infusion

- Intravenous (IV)
- Intrabone / intramedullary
- Other, specify: .................................
- unknown

Infusion method

- DMSO
- Wash (Rubinstein/New York)
- Other, specify: .................................

CELL VIABILITY RESULTS AT HSCT CENTRE FOR THIS PRODUCT

Tests performed after thawing of an aliquot on:

- Contiguous segment
- Reference bag
- unknown

Method used

- 7-AAD
- Tryptan blue
- Acridine orange-ethidium iodide
- Acridine orange-ethidium bromide
- Other, specify: .................................
- unknown

Viability of all cells ......... %

Viability of CD34+ cells ......... %
HSC TRANSPLANTATION

Chronological number of HSCT for this patient
If >1, date of last HSCT before this one: yyyy mm dd
If >1, type of last HSCT before this one: □ Allo □ Auto □ N/A
If >1 and Allograft, was the same donor used for all prior and current HSCTs? □ No □ Yes
If >1, was last HSCT performed at another institution? □ No □ Yes: CIC if known
Name of the institution
City

If >1, please submit a MED-A annual follow up before proceeding, giving the date of the subsequent transplant as the date of last contact. This is so we can capture relapse data and other events between transplants.

HSCT part of a multiple graft protocol (program)?
□ No
□ Yes: Type of multiple graft protocol
Graft number in the protocol out of total number of HSCTs in the program
□ Unknown

Reason for this transplant □ Relapse/progression after previous HSCT
□ Graft failure after allo BMT
□ Other, specify

PREPARATIVE TREATMENT (conditioning)

PREPARATIVE (CONDITIONING) REGIMEN GIVEN
□ No (Usually Paediatric Inherited Disorders only) CONTINUE TO PAGE 14
□ Yes: Was regimen intended to be myeloablative □ No:
Reason not myeloablative Main reason (tick only one) Additional reason (tick as many as necessary)
Age of recipient □ □
Comorbid conditions □ □
Prior HSCT □ □
Protocol driven □ □
Other, specify □ □
□ Yes
□ Unknown

Drugs □ No □ Yes □ Unknown
(include any active agent be it chemo, monoclonal antibody, polyclonal antibody, serotherapy, etc.)
### Specification and dose of the preparative regimen

**TOTAL PRESCRIBED CUMULATIVE DOSE**

Multiply daily dose in mg/kg or mg/m² by the number of days: e.g. Busulfan given 4mg/kg daily for 4 days, total dose to report is 16mg/kg. **Note: Only agents given BEFORE the date of the 1st cell infusion (Day 0) should be listed here.**

<table>
<thead>
<tr>
<th>DRUG (given before day 0)</th>
<th>DOSE</th>
<th>UNITS</th>
<th>Area under the curve (AUC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ara-C (cytarabine)</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ ALG, ATG Animal origin:</td>
<td>□ Horse □ Rabbit □ Other, specify...</td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Bleomycin</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Busulfan □ Oral □ IV □ Both</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ BCNU</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Bexxar (radiolabelled MoAB)</td>
<td></td>
<td>mCi</td>
<td>MBq</td>
</tr>
<tr>
<td>□ CCNU</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Campath (antiCD52)</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Carboplatin</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Cisplatin</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Clofarabine</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Corticosteroids</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Cyclophosphamide</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Daunorubicin</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Doxorubicin (adriamycin)</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Epirubicin</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Etoposide (VP16)</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Fludarabine</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Gemtuzumab</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Idarubicin</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Ifosfamide</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Imatinib mesylate</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Melphalan</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Mitoxantrone</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Paclitaxel</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Rituximab (mabthera, antiCD20)</td>
<td>mCi</td>
<td>MBq</td>
<td></td>
</tr>
<tr>
<td>□ Teniposide</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Thiopeta</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Treosulphan</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Zevalin (radiolabelled MoAB)</td>
<td>mCi</td>
<td>MBq</td>
<td></td>
</tr>
<tr>
<td>□ Other radiolabelled MoAB, specify</td>
<td>mCi</td>
<td>MBq</td>
<td></td>
</tr>
<tr>
<td>□ Other MoAB, specify</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
<tr>
<td>□ Other, specify</td>
<td></td>
<td>mg/m²</td>
<td>mg/Kg</td>
</tr>
</tbody>
</table>

**TBI**

☐ No ☐ Yes ☐ Unknown

**Total dose (Gy):** ... ... ... ... ...

**Number of fractions**: ... ... over ... ... radiation days

**TLI / TNI / TAI**

☐ No ☐ Yes: Total dose (Gy): ... ... ... ... ☐ Unknown

**Local radiotherapy**

☐ No ☐ Yes ☐ Unknown
GvHD PREVENTION IN THE RECIPIENT

☐ No
☐ Yes: ☐ Drugs (Immunosuppressive chemo)
       ☐ ALG, ALS, ATG, ATS (given after day 0): Animal origin: ☐ Horse ☐ Rabbit ☐ Other, specify: ........
       ☐ Anti CD25 (MoAB in vivo)
       ☐ Campath (MoAB in vivo; can be "in the bag")
       ☐ Systemic corticosteroids
       ☐ Cyclosporine
       ☐ Cyclophosphamide (given after day 0)
       ☐ Etanercept (MoAB in vivo)
       ☐ FK 506 (Tacrolimus, Prograf)
       ☐ Infliximab (MoAB in vivo)
       ☐ Methotrexate
       ☐ Mycophenolate (MMF)
       ☐ Sirolimus
       ☐ Other monoclonal antibody (in vivo), specify: ..................................................
       ☐ Other agent (in vivo), specify: ..........................................................
       ☐ Extra-corporeal photopheresis (ECP)
       ☐ Other: ........................................................................................................

SURVIVAL STATUS ON DATE OF HSCT

☐ Alive
☐ Dead
☐ Patient died between administration of the preparative regimen and date of HSCT

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

☐ Relapse or Progression/Persistent disease ☐ HSCT Related Cause
☐ Unknown
☐ Other: ..........................................................

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

(check as many as appropriate) 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 APPLICABLE
MED-B ALLOGRAFT REGISTRATION – DAY 100

FOR ALL DISEASES

Unique Identification Code (UIC)............. (if known)

Hospital Unique Patient Number

Initials: ............._.............. (first name(s)_surname(s))

Date of birth

Date of the most recent transplant before this follow up:

RECOVERY and GRAFT PERFORMANCE

Absolute neutrophil count (ANC) recovery (Neutrophils ≥0.5x10^9/L)

- No: Date of last assessment: ........... * ............ * ............
- Yes: Date of ANC recovery: ........... * ............ * ............

Platelet recovery

Platelets ≥20 x 10^9/L; (first of 3 consecutive values after 7 days without transfusion)

- No
- Yes: Date Platelets ≥ 20 x 10^9/L ........... * ............ * ............

Platelets ≥50 x 10^9/L; (first of 3 consecutive values after 7 days without transfusion)

- No
- Yes: Date Platelets ≥ 50 x 10^9/L ........... * ............ * ............

Date last platelet transfusion: ........... * ............ * ............

Early graft loss (Engraftment followed by loss of graft within the first 100 days)

- No
- Yes: date of graft failure ........... * ............ * ............

- Unknown

Date unknown: patient discharged before levels reached
Date unknown: outpatient
Unknown
**HAEMOPOIETIC CHIMAERISM**

<table>
<thead>
<tr>
<th>Date of test</th>
<th>Identification of donor or Cord Blood Unit given by the centre</th>
<th>Number in the infusion order (if applicable)</th>
<th>Cell type on which test was performed</th>
<th>Donor cells</th>
<th>Test used</th>
</tr>
</thead>
<tbody>
<tr>
<td>yyyy mm dd</td>
<td></td>
<td></td>
<td>□ BM</td>
<td>........ %</td>
<td>□ FISH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ PB mononuclear cells (PBMC)</td>
<td>........ %</td>
<td>□ Molecular</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ T-cell</td>
<td>........ %</td>
<td>□ Cytogenetic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ B-cells</td>
<td>........ %</td>
<td>□ ABO group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Red blood cells</td>
<td>........ %</td>
<td>□ Other:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Monocytes</td>
<td>........ %</td>
<td>unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ PMNs (neutrophils)</td>
<td>........ %</td>
<td>unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Lymphocytes, NOS</td>
<td>........ %</td>
<td>unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Myeloid cells, NOS</td>
<td>........ %</td>
<td>unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Other, specify:</td>
<td>........ %</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**INDICATE THE DATE(S) AND RESULTS OF ALL TESTS DONE FOR ALL DONORS.**

**SPLIT THE RESULTS BY DONOR AND BY THE CELL TYPE ON WHICH THE TEST WAS PERFORMED IF APPLICABLE.**

**COPY THIS TABLE AS MANY TIMES AS NECESSARY.**
**TREATMENT FOR EARLY GRAFT LOSS OR NON-RECOVERY**

(If engraftment failure)

- No
- Growth factors
- Subsequent transplant (please complete a new transplant form):
  - Date: 
  - AUTOgraft (must have prior conditioning)
  - ALLOgraft
  - Autologous PBSC re-infusion/boost (no preparative treatment or conditioning)
  - Autologous BM re-infusion/boost (no preparative treatment or conditioning)
  - Other: 

**GVHD**

**ACUTE GRAFT VERSUS HOST DISEASE (AGvHD)**

<table>
<thead>
<tr>
<th>Maximum grade</th>
<th>0 (none)</th>
<th>grade I</th>
<th>grade II</th>
<th>grade III</th>
<th>grade IV</th>
<th>Not evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset:</td>
<td>yyyy mm dd</td>
<td>yyyy mm dd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stage:

- Skin
  - 0 (none)
  - 1
  - 2
  - 3
  - 4
- Liver
  - 0 (none)
  - 1
  - 2
  - 3
  - 4
- Lower GI tract
  - 0 (none)
  - 1
  - 2
  - 3
  - 4
- Upper GI tract
  - 0 (none)
  - 1
- Other site affected: No Yes

Resolution

- No
- Yes: Date of resolution: yyyy mm dd

Treatment

- No
- Yes
  - Corticosteroids
  - MoAB: ..................................................
  - ATG/ALG
  - Extra-corporeal photopheresis (ECP)
  - Other: ..........................................................

**TREATMENT DURING THE IMMEDIATE POST-TRANSPLANT PERIOD**

**GROWTH FACTORS (CYTOKINES)**

(excluding growth factors administered for engraftment failure)

- No
- Yes, specify: Date started: yyyy mm dd
- Unknown
### ADDITIONAL CELL INFUSIONS (excluding a new HSCT)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>Is this cell infusion an allogeneic boost?</td>
</tr>
<tr>
<td>☐ Yes:</td>
<td>An allo boost is an infusion of cells from the same donor without conditioning, with no evidence of graft rejection.</td>
</tr>
</tbody>
</table>

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

### CELL THERAPY

**First date of the cell therapy infusion:**

<table>
<thead>
<tr>
<th>yyyy</th>
<th>mm</th>
<th>dd</th>
</tr>
</thead>
</table>

**Source of cell(s):**

- [ ] Allo
- [ ] Auto

**Type of cell(s):**

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

<table>
<thead>
<tr>
<th>Number of cells infused by type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleated cells (/kg*)</td>
</tr>
<tr>
<td>(DLI only)</td>
</tr>
<tr>
<td>CD 34+ (cells/kg*)</td>
</tr>
<tr>
<td>(DLI only)</td>
</tr>
<tr>
<td>CD 3+ (cells/kg*)</td>
</tr>
<tr>
<td>(DLI only)</td>
</tr>
</tbody>
</table>

**Total number of cells infused**

<table>
<thead>
<tr>
<th>All cells (cells/kg*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(non DLI only)</td>
</tr>
</tbody>
</table>

**Chronological number of the cell infusion episode for this patient:**

<table>
<thead>
<tr>
<th>CELLTHNR</th>
</tr>
</thead>
</table>

**Indication:**

- [ ] Planned/protocol
- [ ] Treatment for disease
- [ ] Prophylactic
- [ ] Mixed chimaerism
- [ ] Treatment of GvHD
- [ ] Treatment viral infection
- [ ] Loss/decreased chimaerism
- [ ] Treatment PTLD, EBV lymphoma
- [ ] Other, specify

**Number of infusions within 10 weeks:**

<table>
<thead>
<tr>
<th>NUMBINFU</th>
</tr>
</thead>
</table>

(Count only infusions that are part of the same regimen and given for the same indication)
**ADDITIONAL DISEASE TREATMENT**

- **No**
- **Yes:**
  - Pre-emptive / preventive *(planned before the transplant took place)*
  - For relapse / progression or persistent disease *(not planned)*

**Date started**

<table>
<thead>
<tr>
<th>yyyy</th>
<th>mm</th>
<th>dd</th>
</tr>
</thead>
</table>

**Chemo/drug**

- **No**
- **Yes:**
  - Anti-lymphocyte antibodies
  - Azacytidine
  - Azathioprine
  - Bortezomib *(Velcade)*
  - Cop-I
  - Corticosteroids
  - Crenolanib
  - Cyclophosphamide
  - Dasatinib *(Sprycel)*
  - Decitabine
  - Eculizumab *(Soliris)*
  - Imatinib mesylate *(Gleevec, Glenvec)*
  - Interferon α
  - Interferon β
  - Kepivance *(KGF, palifermin)*
  - Lenalidomide *(Revlimid)*
  - Midostaurin
  - Mitoxantrone
  - Nilotinib *(Tasigna)*
  - Panobinostat
  - Quizartinib
  - Rituximab *(Rituxan, mabthera)*
  - Sorafenib
  - Thalidomide
  - Velafermin *(FGF)*

- Other HDAC inhibitor: ………………………
- Other TKI inhibitor: ………………………

- Other drug/chemotherapy, specify ………………. Intrathecal: **No**   **Yes**

**Radiotherapy**

- **No**
- **Yes**
- **Unknown**

**Other type**

- **No**
- **Yes**, specify ………………………………..
- **Unknown**
COMPLICATIONS WITHIN THE FIRST 100 DAYS.

**PLEASE USE THE DOCUMENT "DEFINITIONS OF INFECTIOUS DISEASES AND COMPLICATIONS AFTER STEM CELL TRANSPLANTATION" TO FILL THESE ITEMS.**

### INFECTION RELATED COMPLICATIONS

<table>
<thead>
<tr>
<th>Type</th>
<th>Pathogen</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Use the list of pathogens listed after this table for guidance. Use &quot;unknown&quot; if necessary.</td>
<td>Provide different dates for different episodes of the same complication if applicable.</td>
</tr>
</tbody>
</table>

- Bacteraemia/fungemia / viremia / parasites
- ...
- ...
- ...

### SYSTEMIC SYMPTOMS OF INFECTION

- Septic shock
- ARDS
- Multiorgan failure due to infection

### ENDORGAN DISEASES

<table>
<thead>
<tr>
<th>Type</th>
<th>Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
<tr>
<td>CNS infection</td>
<td></td>
</tr>
<tr>
<td>Gut infection</td>
<td></td>
</tr>
<tr>
<td>Skin infection</td>
<td></td>
</tr>
<tr>
<td>Cystitis</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Pathogen</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Bacteria</td>
<td>S. pneumoniae</td>
</tr>
<tr>
<td></td>
<td>Other gram positive (i.e.: other streptococci, staphylococci, listeria ...)</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae</td>
</tr>
<tr>
<td></td>
<td>Other gram negative (i.e.: E. coli klebsiella, proteus, serratia, pseudomonas ...)</td>
</tr>
<tr>
<td></td>
<td>Legionella sp</td>
</tr>
<tr>
<td></td>
<td>Mycobacteria sp</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Fungi</td>
<td>Candida sp</td>
</tr>
<tr>
<td></td>
<td>Aspergillus sp</td>
</tr>
<tr>
<td></td>
<td>Pneumocystis carinii</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Parasites</td>
<td>Toxoplasma gondii</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>
**NON INFECTION RELATED COMPLICATIONS**

- No complications
- Yes

**Type** *(Check all that are applicable for this period)*

<table>
<thead>
<tr>
<th>Complication</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idiopathic pneumonia syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic cystitis, non infectious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARDS, non infectious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiorgan failure, non infectious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSCT-associated microangiopathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal failure requiring dialysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemolytic anaemia due to blood group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aseptic bone necrosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ................................ungly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LAST CONTACT DATE FOR 100 DAY ASSESSMENT**

*If patient has died before this date, enter date of death, otherwise enter Date of HSCT + 100 DAYS APPROX.*

Day 100 assessment:........... yyyy mm dd

OR

Date of death (if before day 100):........... yyyy mm dd

**CHRONIC GRAFT VERSUS HOST DISEASE (cGVHD)**

Chronic Graft Versus Host Disease present between HSCT and 100 days or date of death

- No *(never)*
- Yes, first episode

Date of onset........... yyyy mm dd

- Maximum extent *during this period*  
  - Limited
  - Extensive
  - Not evaluated

- Maximum NIH score *during this period*  
  - Mild
  - Moderate
  - Severe
  - Not calculated

- Organs affected  
  - Skin
  - Liver
  - Lower GI tract
  - Upper GI tract
  - Mouth
  - Eyes
  - Lung
  - Other, specify ....................................
  - Unknown
**FIRST RELAPSE OF PROGRESSION**

- No
- Yes; date diagnosed: 
  
<table>
<thead>
<tr>
<th>yy</th>
<th>mm</th>
<th>dd</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOR LEUKAEMIAS ONLY, IF RELAPSE OR PROGRESSION IS YES, FILL IN METHOD DETAILS:**

### Method of detection

<table>
<thead>
<tr>
<th>Clinical/haematological relapse or progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>No: Date assessed</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- marrow – blood
- extramedullary

<table>
<thead>
<tr>
<th>Cytogenetic relapse or progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>No: Date assessed</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- marrow – blood
- extramedullary

<table>
<thead>
<tr>
<th>Molecular relapse or progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>No: Date assessed</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- marrow – blood
- extramedullary

- Continuous progression since transplant
- Unknown

**DISEASE STATUS AT 100 DAYS** *(record the most recent status and date for each method of assessment, depending on the disease)*

<table>
<thead>
<tr>
<th>Method</th>
<th>Disease detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical/haematological</td>
<td>No</td>
</tr>
<tr>
<td>DISCL</td>
<td>DISCLD</td>
</tr>
</tbody>
</table>

**FILL IN ONLY FOR ACUTE AND CHRONIC LEUKAEMIAS**

<table>
<thead>
<tr>
<th>Cytogenetic/FISH</th>
<th>No</th>
<th>Yes: Considered disease relapse/progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Last date assessed</td>
<td>yy</td>
<td>mm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Molecular</th>
<th>No</th>
<th>Yes: Considered disease relapse/progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Last date assessed</td>
<td>yy</td>
<td>mm</td>
</tr>
</tbody>
</table>
**SURVIVAL STATUS AT 100 DAYS**

- Alive
- Dead

**PERFORMANCE SCORE (if alive)**

<table>
<thead>
<tr>
<th>Type of score used</th>
<th>Karnofsky</th>
<th>Lansky</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCORE</strong> (For more detailed description, see manual)</td>
<td>Normal, NED</td>
<td>Normal, NED</td>
</tr>
<tr>
<td>100</td>
<td>Normal, NED</td>
<td>Normal, NED</td>
</tr>
<tr>
<td>90</td>
<td>Normal activity; minor signs and symptoms of disease</td>
<td>Minor restrictions in physically strenuous activity</td>
</tr>
<tr>
<td>80</td>
<td>Normal with effort</td>
<td>Active, but tires more quickly</td>
</tr>
<tr>
<td>70</td>
<td>Cares for self, unable to perform normal activity</td>
<td>Both greater restriction of and less time spent in play activity</td>
</tr>
<tr>
<td>60</td>
<td>Requires occasional assistance</td>
<td>Up and around, but minimal active play; keeps busy with quieter activities</td>
</tr>
<tr>
<td>50</td>
<td>Requires considerable assistance</td>
<td>Gets dressed but lies around much of the day, no active play but able to participate in all quiet play and activities</td>
</tr>
<tr>
<td>40</td>
<td>Requires special care; disabled</td>
<td>Mostly in bed; participates in quiet activities</td>
</tr>
<tr>
<td>30</td>
<td>Severely disabled</td>
<td>In bed; needs assistance even for quiet play</td>
</tr>
<tr>
<td>20</td>
<td>Very sick</td>
<td>Often sleeping; play entirely limited to very passive activities</td>
</tr>
</tbody>
</table>

- Not evaluated

**MAIN CAUSE OF DEATH (if dead)**

- Relapse or progression / persistent disease
- Secondary malignancy (*including lymphoproliferative disease*)
- Transplantation related cause
- Cell therapy (non HSCT) Related Cause (if applicable)
- Other: .................................................................
- Unknown

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

- 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: ............................................................................

**COMMENTS** .............................................................................................

**IDENTIFICATION & SIGNATURE**