



**Chronic Graft Versus Host Disease present during this period**

No (*never*)

Yes:  First episode since last HSCT

Date of diagnosis of cGvHD:

..... - ..... - .....  
 yyyy      mm      dd

Recurrence

Date first evidence of cGVHD during this period:

..... - ..... - .....  
 yyyy      mm      dd

Continuous since last reported episode

Maximum extent during this period

Limited       Extensive       Unknown

Maximum NIH score during this period

Mild     Moderate       Severe       Not evaluated

Resolved since last report (*currently absent*)

**Other complications or toxicities during this period**

No -> Skip TOXICITIES table below and go straight to SECONDARY MALIGNANCIES on the next page

Yes -> Continue with the TOXICITIES table below

Unknown

**Toxicities**

	No	Yes	Grade	Date of diagnosis	Related to cell therapy	Ongoing at last assessment	Date of resolution
Cytokine storm	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Neurotoxicity	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Grade IV Organ toxicity							
Liver	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Heart	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Kidney	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Other, specify	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Bone marrow aplasia/failure	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
Other, specify	<input type="checkbox"/>	<input type="checkbox"/>		.....-..... - .....	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No: ..... -..... - .....	
				yyyy      mm      dd		yyyy      mm      dd	



