CIC:	Hospital UPN:	Date of the first cell therapy infusion			
		(Do not write here the date of any HSCT)	VVVV	mm	dd

Cell Therapy - MED - A

THIRD AND FOURTH REPORTS - 6 MONTH and ANNUAL FOLLOW UP

		CEN	TRE II	DENTI	FICATION			
EBMT Code (CIC):				Hosp	ital:	Unit:		
Contact person				e-ma	il:			
			PATII	ENT D	ATA			
Date of this Report:	 yyy mm	dd			Indicate period:	☐ 6 month	□ Annual	
EBMT Registry Unique Id	entification Co	ode (UIC) .						
Hospital Unique <u>Patient</u> N	lumber or Cod	de (UPN):						
nitials:	(first name(s) _	_family nam	ne(s))					
Date of Birth: <i>yyyy</i>	<i>mm</i> dd							
Date of last follow up or o		mm d						
TOXICITY DURING THIS PERIOD								
Do NOT INCLUDE INFORMATIO OR THAT HAVE ALREADY BEEN Acute Graft Versus Host	N SUBMITTED WIT	H PREVIOUS	FOLLOW (JP FORMS	RESOLVED <u>BEFORE</u>	THE CELL THERAP	Y THIS FORM REFERS TO	
Maximum Grade:	•	_	_			- N		
□ 0 (none) □ I		□IV	☐ Pres	sent but g	rade unknown	☐ Not evaluated		
Date of onset	 yy mm	 dd						
Stage: Skin Liver Lower GI tract Jpper GI tract Other site affected	□ 0 (none) □ 0 (none) □ 0 (none) □ 0 (none) □ No □ Ye	□ 1 □ 1 □ 1 □ 1 s	□ 2 □ 2 □ 2	□3 □3 □3	□ 4 □ 4 □ 4			
	Related to Ce Resolved?	ell Therapy	□ No □ No	□ Yes □ Yes				

CIC: Hosp	ital UPN	l:		Date of th (Do not w	ne first cell vrite here t	therapy infusion the date of any HS	 CT) yyyy	 mm	 dd
Chronic Graft Versus Host Disease present during this period ☐ No (never) Yes: ☐ First episode since last HSCT									
	Date of diagnosis of cGvHD:								
] Recuri	rence		 уууу	 mm	dd			
		Dat	e first ev			ng this period:			
	Contin	iuous s	since last	yyyy reported epis	mm	dd			
N	Maximum extent <u>during this period</u> ☐ Limited ☐ Extensive ☐ Unknown								
M	1 aximur	n NIH :	score <u>du</u> Mild	ring this period Moderate		Severe [☐ Not evaluated		
☐ Resolve	ed since	last re	port <i>(curi</i>	rently 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									
	No	Yes	Grade	Date of diag	ınosis	Related to cell therapy	Ongoing at last assessment	Date of resol	lution
Cytokine storm						□ No □ Yes	□ Yes □ No:	•	
Neurotoxicity						□ No □ Yes	☐ Yes ☐ No:		
Grade IV Organ toxicity									
Liver						□ No □ Yes	☐ Yes ☐ No:		
Lungs						□ No □ Yes	☐ Yes ☐ No:	·····-	
Heart						□ No □ Yes	☐ Yes ☐ No:		
Kidney						□ No □ Yes	☐ Yes ☐ No:	·	
Other, specify						□ No □ Yes	☐ Yes ☐ No:		
Bone marrow aplasia/failure						□ No □ Yes	☐ Yes ☐ No:		
Other, specify						□ No □ Yes	☐ Yes ☐ No:		

CIC:	Hospital UPN:	Date of the first cell therapy infusion (Do not write here the date of any HSCT)	уууу	 mm	 dd
		Secondary Malignancy			
Did a sec	condary malignancy, lymphoprolifer	ative or myeloproliferative disorder o	ccur?		
□No	☐ Yes: Date of diagnosis:	dd			
IF THE PA	ATIENT HAS RECEIVED AN ALLOGRAFT PRIOR	TO THE DIAGNOSIS OF ACUTE LEUKAEMIA, A	.NSWER THE F	FOLLOWING QUE	ESTION
	Is this secondary malignancy a dor	nor cell leukaemia or a malignancy of the	e cellular pro	oduct?	
	□ No □ Yes □ Not	applicable			
	First Relapse/Progres	sion or Significant worsenin	ıg after (Cell thera	ру
To be ans	SWERED ONLY WHEN THE INDICATION WAS	THE TREATMENT OF A PRIMARY DISEASE INC	LUDING INFEC	CTIONS	
□ Yes:D	Date first seen dd				
□ Contin	inuous progression since cell therapy				
		Last Disease Status			
	SWERED ONLY WHEN THE INDICATION WAS disease status	THE TREATMENT OF A PRIMARY DISEASE INC	LUDING INFEC	CTIONS	
[☐ Complete remission / Normalisation	of organ function / No infection present			
	☐ Partial remission / Partial or non nor	malisation of organ funcition			
	☐ No response				
	☐ Disease progression or worsening of	forgan function			
Г	□ Not evaluated				

CIC: Hospital UPN:	Date of the first cell therapy (Do not write here the date of	infusion of any HSCT)	уууу	 mm	 dd
	Survival Stat	us			
☐ Alive ☐ Dead ☐ Check h	nere if patient lost to follow up				
Main Cause of Death (check only Relapse or Progression/Persist Secondary Malignancy Cell Therapy related:	stent disease				
□ GVHD □ Interstitial pneumonit □ Pulmonary toxicity □ Infection: □ bacterial □ viral □ fungal □ parasitic □ unknown □ Rejection/Poor graft t □ History of severe Ver □ Haemorrhage □ Cardiac toxicity □ Central nervous syste □ Gastrointestinal (GI) □ Skin toxicity □ Renal failure □ Multiple organ failure	function no occlusive disorder (VOD) em (CNS) toxicity toxicity	iate):			
	Persistence of the in	fused cells	3		
Were tests performed to detect the □ No □ Yes: Date of the tes				?	
Technique used					
·	w cytometry	□ Imaging	□ Immuno	histochemist	try
Were cells detected?					
□ No					
☐ Yes					