# ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTATION (HCT)

## Day 0

<table>
<thead>
<tr>
<th>Date of this HCT: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)</th>
<th>Center where treatment took place (CIC): _ _ _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>(or planned date of HCT if patient died before treatment)</td>
<td>(or planned date of HCT if patient died before treatment)</td>
</tr>
</tbody>
</table>

**Survival status at HCT:**

- [ ] Alive
- [ ] Died after conditioning but before HCT

**Indication diagnosis for this HCT:** __________

*(make sure the indication diagnosis has been registered first, using the relevant diagnosis form)*

**Chronological number of this treatment:** __________

*(all types of treatments for this patient, e.g. HCT, CT, IST)*

<table>
<thead>
<tr>
<th>Chronological number of this HCT: __________</th>
<th>Chronological number of this allogeneic HCT: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(all HCTs this patient received in the past)</td>
<td>(all allogeneic HCTs this patient received in the past)</td>
</tr>
</tbody>
</table>

*Complete this section only if the chronological number of the treatment is >1 for this patient.*

**If >1:**

**Reason for this HCT:**

- [ ] Indication diagnosis
- [ ] Relapse/progression after previous treatment (HCT/CT)
- [ ] Complication after previous treatment (HCT/CT)
- [ ] Primary graft failure
- [ ] Secondary graft failure
- [ ] Secondary malignancy
- [ ] Other; specify: ______________________

**Date of the last treatment before this one: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)**

**Type of the last treatment before this one:**

- [ ] Autologous HCT
- [ ] Allogeneic HCT
- [ ] Cellular therapy

Was the last treatment performed at another institution?

- [ ] No
- [ ] Yes: CIC (if known): __________

  - Name of institution: ______________________
  - City: ______________________

Submit the relevant follow-up form for the previous HCT/CT using the follow up assessment date before this HCT. It is required to capture relapse data and other events between transplants/cellular therapies.
DONOR & GRAFT INFORMATION

Is this HCT part of a multiple (sequential) graft program/protocol?

☐ No
☐ Yes: Chronological number of this HCT as part of multiple (sequential) graft program/protocol for this patient: ________

If this is the first allogeneic HCT for this patient, complete the patient HLA section in the database.

Multiple donors (including multiple CB units):

☐ No
☐ Yes: Number of donors: ________
Did the donor consent to having their data in the EBMT registry?
☐ No (complete only fields marked with "*" on pages 3-5)
☐ Yes

**Date of birth:** __ ____ / __ / __ (YYYY/MM/DD)
(year of birth is a mandatory field)

*Age at time of donation: _____ years (optional)

*Age in months: _____
(optional, if the donor was younger than 1 year)

*Sex (at birth):
☐ Male
☐ Female

**Donor Identification:**

Donor ID given by the treating centre (mandatory): ______________________

Global registration identifier for donors (GRID): ______________________

ION code of the Donor Registry or Cord Blood Bank (mandatory): ______________________

EuroCord code for the Cord Blood Bank (if applicable): ______________________

Name of Donor Registry or Cord Blood Bank: ______________________

Donor ID given by the Donor Registry or Cord Blood Bank: ______________________

Patient ID given by the Donor Registry or Cord Blood Bank: ______________________

*Donor EBV status:  *Donor CMV status:
☐ Negative ☐ Negative
☐ Positive ☐ Positive
☐ Not evaluated ☐ Not evaluated
☐ Unknown ☐ Unknown

Is donor an HbS trait carrier? *(for Sickle Cell Disease only)*
☐ No
☐ Yes

Did this donor provide more than one stem cell product:
☐ No
☐ Yes: Number of different stem cell products from this donor: __________
DONOR & GRAFT INFORMATION
--- Donor ____(number) continued ---

*Donor ____ (number) - Product Number 1

If more than one stem cell product, this is the first product collected from this donor.

*Source of stem cells:
(select only one)

☐ Bone Marrow
☐ Peripheral Blood
☐ Cord Blood
☐ Other; specify: ________________

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

☐ No

☐ *Yes: ☐ T-cell (CD3+) depletion (Do not use for "Campath in the bag")
          ☐ T-cell receptor αβ depletion
          ☐ B-cell depletion (CD19+) by MoAB
          ☐ NK cell depletion by MoAB
          ☐ CD34+ enrichment
          ☐ Genetic manipulation
          ☐ Other; specify: ________________

*Donor ____ (number) - Product Number 2

If more than one stem cell product, this is the second one infused from this donor.

*Source of stem cells:
(select only one)

☐ Bone Marrow:
☐ Peripheral Blood:
☐ Cord Blood
☐ Other; specify: ________________

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

☐ No

☐ *Yes: ☐ T-cell (CD3+) depletion (Do not use for "Campath in the bag")
          ☐ T-cell receptor αβ depletion
          ☐ B-cell depletion (CD19+) by MoAB
          ☐ NK cell depletion by MoAB
          ☐ CD34+ enrichment
          ☐ Genetic manipulation
          ☐ Other; specify: ________________
### DONOR & GRAFT INFORMATION

--- Donor (number) continued ---

*Copy and fill-in this section as many times as necessary, marking if it refers to Donor 1, 2, etc.*

#### *HLA match type and patient/donor relation:

- [ ] *Related donor, type:
  - [ ] *Match (both haplotypes matched)
  - [ ] *Mismatch:
    - *Degree of matching:*
      - [ ] One haplotype mismatch
      - [ ] Partial haplotype mismatch, number of mismatched HLA alleles:
        - (select only one)
        - [ ] 1
        - [ ] 2
        - [ ] 3
        - [ ] 4
        - [ ] 5
        - [ ] 6
    - *Mismatch at locus: (check all that apply)*
      - [ ] A
      - [ ] DRB1
      - [ ] B
      - [ ] DQB1
      - [ ] C
      - [ ] DPB1

- [ ] *Both haplotypes confirmed by family studies? (for both matched and mismatched related donors)*
  - [ ] No
  - [ ] Yes
  - [ ] Unknown

#### Relationship to patient (for both matched and mismatched related donors):

- [ ] Syngeneic (monozygotic twin) (option only for matched related donors)
- [ ] Sibling (may include non-monozygotic twin)
- [ ] Other related: [ ] Parents
  - [ ] Child
  - [ ] Aunt/Uncle
  - [ ] Cousin
  - [ ] Grand Parents
  - [ ] Other; specify: ___________________________

- [ ] *Unrelated donor:

#### *Degree of HLA matching:*

<table>
<thead>
<tr>
<th>Full match (10/10)</th>
<th>HLA-DRB1 matching:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Match</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Single HLA mismatch (9/10)</th>
<th><em>Mismatch at locus: (check all that apply)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

| >=2 HLA mismatches (<9/10) | |

---

*Please enter the LABORATORY RESULTS WITH HLA TYING into the database for all the donors*
ALLOGENEIC HCT DAY 0

ADDITIONAL ASSESSMENTS
(All diagnoses)

Are there Donor-Specific Antibodies (DSA) against HLA?

☐ No

☐ Yes: HLA loci the DSA are directed against:
  ☐ A  ☐ DRB1
  ☐ B  ☐ DQB1
  ☐ C  ☐ DPB1

Did the patient have desensibilisation therapy?  ☐ No  ☐ Yes; specify: __________________________

(Haemoglobinopathies only)

Are the DSA red cell antibodies?  ☐ No  ☐ Yes: Are they cross-reacting with the red cells of the donor?  ☐ No  ☐ Yes

☐ Not evaluated

☐ Unknown

PATIENT SEROLOGICAL STATUS
(All diagnoses)

Patient EBV status:  ☐ Negative  ☐ Positive  ☐ Not evaluated  ☐ Unknown

Patient CMV status:  ☐ Negative  ☐ Positive  ☐ Not evaluated  ☐ Unknown

PREPARATIVE REGIMEN
(All Diagnoses)

Preparative (conditioning) regimen given?

☐ No (Primary Immunodeficiency Disorders only)

☐ Yes

Drugs given? (any active agent, including chemotherapy, monoclonal antibody, polyclonal antibody, serotherapy, etc.)

☐ No

☐ Yes (provide details in the table on pages 7-8)

What type of conditioning regimen was used?

☐ Reduced intensity conditioning (RIC)

☐ Myeloablative conditioning (MAC)
**PREPARATIVE REGIMEN continued**

**Specification and dose of the preparative regimen:**
(Report the total prescribed cumulative dose as per protocol. Multiply daily dose by the number of days; e.g. for Busulfan given 4mg/kg daily for 4days, total dose to report is 16mg/kg.)

<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th>Dose</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bendamustine</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Bleomycin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Busulfan</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td><strong>Route of administration:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td><strong>Drug monitoring performed:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Yes; total AUC:</td>
<td></td>
<td>mg x hr/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mg x min/mL</td>
</tr>
<tr>
<td>Carboplatin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td><strong>Drug monitoring performed:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Yes; total AUC:</td>
<td></td>
<td>mg x hr/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mg x min/mL</td>
</tr>
<tr>
<td>Carmustine</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Cisplatin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Clofarabine</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td><strong>Corticosteroids:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beclometasone</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Budesonide</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Methylprednisolone</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Prednisolone</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Cyclophosphamid</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Cytarabine</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Daunorubicin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Doxorubicin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Epirubicin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Etoposide</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Fludarabine</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Gemtuzumab ozogamicin</td>
<td></td>
<td>mg/m²</td>
</tr>
<tr>
<td>Ibritumomab tiuxetan</td>
<td></td>
<td>mCi</td>
</tr>
</tbody>
</table>

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### PREPARATIVE REGIMEN continued

**Specification and dose of the preparative regimen:**

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<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th>Dose</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ifosfamide</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Imatinib</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Lomustine</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Melphalan</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Mitoxantrone</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Paclitaxel</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Rituximab</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Teniposide</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Thiotepa</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
<tr>
<td>Tositumomab</td>
<td></td>
<td>mCi, MBq</td>
</tr>
<tr>
<td>Treosulfan</td>
<td></td>
<td>mg/m², mg/kg</td>
</tr>
</tbody>
</table>

*Please consult the LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS on the EBMT website for drugs/regimens names

**Total body irradiation (TBI):**

- No
- Yes; Total prescribed radiation dose as per protocol: _______ Gy
  - Number of fractions: _______
  - Number of radiation days: _______

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**GvHD PROPHYLAXIS**

GvHD prophylaxis or preventive treatment:

- [ ] No
- [ ] Yes: [ ] Drugs *(report in the table below)*
  - Other; specify: __________
  - [ ] Extracorporeal photopheresis (ECP)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatacept</td>
<td></td>
</tr>
<tr>
<td>Alemtuzumab</td>
<td></td>
</tr>
<tr>
<td>Anti-Thymocyte Globulin</td>
<td>Anti-Lymphocyte Globulin</td>
</tr>
<tr>
<td>Product name: ______________</td>
<td>Origin: [ ] Rabbit [ ] Horse [ ] Other; specify: __________</td>
</tr>
<tr>
<td>Basiliximab</td>
<td></td>
</tr>
</tbody>
</table>

**Corticosteroids:**

- [ ] Beclometasone
- [ ] Budesonide
- [ ] Dexamethasone
- [ ] Methylprednisolone
- [ ] Prednisolone
- [ ] Cyclophosphamide
- [ ] Cyclosporine
- [ ] Etanercept
- [ ] Everolimus
- [ ] Infliximab
- [ ] Methotrexate
- [ ] Mycophenolate mofetil
- [ ] Ruxolitinib
- [ ] Sirolimus
- [ ] Tacrolimus
- [ ] Other agent (in vivo); specify*: __________

*Please consult the LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS on the EBMT website for drugs/regimens names*