



EBMT Centre Identification Code (CIC): \_\_\_\_\_  
 Hospital Unique Patient Number (UPN): \_\_\_\_\_  
 Patient Number in EBMT Registry: \_\_\_\_\_

Treatment Type  HCT  CT  GT  IST  Other  
 Treatment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

## ACUTE LEUKAEMIAS

### DISEASE

**Note: complete this form only if this diagnosis was the indication for a HCT/CT/GT or if it was specifically requested. Consult the manual for further information.**

**Date of diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Classification:**

<input type="checkbox"/> Acute myeloid leukaemia (AML)
<input type="checkbox"/> Precursor lymphoid neoplasm (ALL)
<input type="checkbox"/> Other acute leukaemia

### Haematological values

**Peripheral blood**

White Blood cell count (10 <sup>9</sup> /L): _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
% blasts : _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown

**Bone marrow**

% blasts : _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
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## Acute Myeloid Leukaemias (AML)

### DISEASE

**Classification:**
**AML with myelodysplasia related changes?**

- No  
 Yes; **Was there a previous diagnosis of MDS, MPN or MDS/MPN?**  No  Yes (complete the respective diagnosis form in addition to the current form)  
 Unknown

**Therapy related myeloid neoplasia (old "secondary acute leukaemia")?**

*Related to prior treatment but **not** after a previous diagnosis of MDS, MPN or MDS/MPN*

- No  
 Yes (complete the respective diagnosis form in addition to the current form)  
 Unknown

### CHROMOSOME ANALYSIS

**Chromosome analysis done at diagnosis:**

*(describe results of the analysis at time of diagnosis)*

- No  
 Yes: **Output of analysis:**  Separate abnormalities  Full karyotype  
 Unknown

*If chromosome analysis was done:*

**Date of chromosome analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**What were the results?**

- Normal  
 Abnormal:

**Number of abnormalities present:** \_\_\_\_

**Complex karyotype:**  No  Yes  Unknown

**Monosomal karyotype:**  No  Yes  Unknown

*(≥2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality)*

**Multiple trisomies:**  No  Yes  Unknown

- Failed

### CHROMOSOME ANALYSIS continued

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.

<b>t(15;17)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(8;21)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>inv(16)/ t(16;16)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>11q23 abnormality type, if a 11q23 abnormality is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(9;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(11;19)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(10;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(6;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(11q23); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>3q26 (EVI1) abnormality type, if a 3q26 abnormality is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
inv(3) / t(3;3)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(2;3)(p21;q26)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other (3q26)/EVI1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>t(6;9)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>abn 5 type, if an abn 5 is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del (5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
monosomy 5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
add(5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(5q); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>abn 7 type, if an abn 7 is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
monosomy 7	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
add(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(7q); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>Monosomy 17</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>abn(17p)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(1;22)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(9;22)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(8;16)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Other; specify: _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

Transcribe the complete karyotype: \_\_\_\_\_

## MOLECULAR MARKER ANALYSIS

**Molecular marker**
**analysis at diagnosis:**  No

 Yes: **Date of molecular marker analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

 Unknown

Indicate below whether the markers were absent, present or not evaluated.

<b>AML1-ETO (RUNX1/RUNX1)</b> <i>Molecular product of t(8;21)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>CBFB-MYH11</b> <i>Molecular product of inv(16)(p13.1;q22) or (16;16)(p13.1;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PML-RAR<math>\alpha</math></b> <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLL (KMT2A)-rearrangement/mutation:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLLT3(AF9)-MLL</b> <i>Molecular product of t(9;11)(p22;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLL-PTD</b> <i>(partial tandem duplication)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLLT4(AF6)-MLL</b> <i>Molecular product of t(6;11)(q27;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>ELL-MLL</b> <i>Molecular product of t(11;19)(q23;p13.1)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLLT1(ENL)-MLL</b> <i>Molecular product of t(11;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLLT10(AF10)-MLL</b> <i>Molecular product of t(10;11)(p12;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Other MLL-rearrangement; specify:</b> _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>DEK-NUP214(CAN)</b> <i>Molecular product of translocation t(6;9)(p23;q34)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>RPN1-EVI1</b> <i>Molecular product of inv(3)(q21q26.2) or t(3;3)(q21q26.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>RBM15-MKL1</b> <i>Molecular product of translocation t(1;22)(p13;q13)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>NPM1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>c-KIT</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>DNMT3A</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>ASXL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>TP53</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>RUNX1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IDH1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IDH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>BRAT</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>SRSF2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>SF3B1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>CEBPA</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
if CEBPA present:			
	bZIP mutation:	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	biallelic:	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>FLT3-ITD (internal tandem duplication)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>FLT3-TKD</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated



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**MOLECULAR MARKER ANALYSIS continued**

Indicate below whether the markers were absent, present or not evaluated.

<b>BCR-ABL</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>GATA2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MECOM(EVI1)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>KAT6A-CREBBP</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>BCOR</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>EZH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>STAG2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>U2AF1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>ZRSR2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Other; specify:</b> _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

Next Generation Sequencing (NGS) performed at diagnosis:  No  
 Yes  
 Unknown

**DISEASE**

**Other AML classification:**

<input type="checkbox"/> Acute panmyelosis with myelofibrosis
<input type="checkbox"/> Myeloid sarcoma (granulocytic sarcoma)
<input type="checkbox"/> Myeloid proliferations related to Down syndrome
<input type="checkbox"/> Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

**FAB classification:**

<input type="checkbox"/> AML with minimal differentiation (FAB M0)
<input type="checkbox"/> AML without maturation (FAB M1)
<input type="checkbox"/> AML with maturation (FAB M2)
<input type="checkbox"/> Acute promyelocytic leukaemia (FAB M3)
<input type="checkbox"/> Acute myelomonocytic leukaemia (FAB M4)
<input type="checkbox"/> Acute monoblastic and monocytic leukaemia (FAB M5)
<input type="checkbox"/> Acute erythroid leukaemia (FAB M6)
<input type="checkbox"/> Acute megakaryoblastic leukaemia (FAB M7)

**Involvement at time of diagnosis:**

**Medullary involvement:**     Yes     No     Unknown  
**Extramedullary involvement:**     Yes     No     Unknown

**Organs involved at time of diagnosis:**

Skin:                             No                             Yes                             Not evaluated  
 CNS:                               No                               Yes                               Not evaluated  
 Testes/Ovaries:                 No                               Yes                               Not evaluated  
 Other; specify: \_\_\_\_\_  No                               Yes

## Precursor Lymphoid Neoplasms (previously ALL)

### DISEASE

**Classification:**
 B lymphoblastic leukaemia/lymphoma

 T lymphoblastic leukaemia/lymphoma

 Other precursor lymphoid neoplasm; specify: \_\_\_\_\_

**Secondary origin: is this PLN related to prior exposure to therapeutic drugs or radiation?**
 No

 Yes: (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)

**Due to exposure to:**
 Chemotherapy / radiotherapy treated disease

 Immune suppression

 Other; specify \_\_\_\_\_

 Unknown

 Unknown

### CHROMOSOME ANALYSIS

**Chromosome analysis done at diagnosis:**
*(describe results of the analysis at time of diagnosis)*
 No

 Yes: **Output of analysis:**  Separate abnormalities  Full karyotype

 Unknown

*If chromosome analysis was done:*
**Date of chromosome analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**What were the results?**
 Normal

 Abnormal: **Number of abnormalities present:** \_\_\_\_

**Complex karyotype:**  No  Yes  Unknown

 Failed

### CHROMOSOME ANALYSIS continued

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.

<b>t(9;22)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>11q23 abnormalities</b> (fill in only if 11q23 abnormality is present):	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(4;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(11q23); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>t(12;21)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Hyperdiploidy &gt; 46 chromosomes (fill in only if hyperdiploidy is present):</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
51-67 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Trisomy; specify extra chromosome: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other hyperdiploid karyotype; number of chromosomes: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>Hypodiploidy &lt; 46 chromosomes (fill in only if hypodiploidy is present):</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Low hypodiploid: 32 - 39 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Near haploid: 24-31 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Monosomy; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated
Other; number of chromosomes: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>iAMP21</b> (intrachromosomal amplification of chromosome 21)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(5;14)(q31;q32)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(1;19)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated
<b>Other</b> ; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

Transcribe the complete karyotype: \_\_\_\_\_



## MOLECULAR MARKER ANALYSIS

**Molecular marker analysis at diagnosis:**

- No  
 Yes; **Date of molecular marker analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown  
 Unknown

Indicate below whether the abnormalities were absent, present or not evaluated.

<b>BCR-ABL</b> <i>Molecular product of t(9;22)(q34;q11.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PML-RAR<math>\alpha</math></b> <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>MLL (KMT2A)-rearrangement/mutation:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
AFF1(AF4)-MLL M <i>Molecular product of t(4;11)(q21;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT1(ENL)-MLL <i>Molecular product of t(11;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT3(AF9)-MLL <i>Molecular product of t(9;11)(p22;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other MLL-rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>TEL(ETV6)-AML1(RUNX1)</b> <i>Molecular product of t(12;21)(p13;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IL3-IGH</b> <i>Molecular product of translocation t(5;14)(q31;q32)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>TCF3-PBX1</b> <i>Molecular product of translocation (1;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IKZF1 (IKAROS)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>NOTCH1 / FBWX7</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PAX5</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>KRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>NRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PTEN</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>FLT3</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PTPN11</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>BCL/MYC-rearranged</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

### MOLECULAR MARKER ANALYSIS continued

**Ph-like ALL?**

- No (skip the table below)  
 Yes (complete the table below)  
 Not evaluated

<b>CRFL2-P2RY8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other CRFL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>ABL1 rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ABL1-ETV6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ABL1-NUP214	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other ABL1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>ABL2 rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ABL2-RCSD1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other ABL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>JAK2 rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
JAK2-PAX5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
JAK2-BCR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other JAK2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
<b>EPOR rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
EPOR-IGH	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other EPOR rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

**Next Generation Sequencing (NGS) performed at diagnosis:**
 No  
 Yes  
 Unknown

### DISEASE

**Involvement at time of diagnosis:**

**Medullary involvement:**  Yes  No  Unknown

**Extramedullary involvement:**  Yes  No  Unknown

**Organs involved at time of diagnosis:**

Skin:  No  Yes  Not evaluated

CNS:  No  Yes  Not evaluated

Testes/Ovaries:  No  Yes  Not evaluated

Other; specify: \_\_\_\_\_  No  Yes

## Other Acute Leukaemias

### DISEASE

**Classification:**

Acute leukaemias of ambiguous lineage

<input type="checkbox"/> Acute undifferentiated leukaemia
<input type="checkbox"/> Mixed phenotype (B, T, NOS)
<input type="checkbox"/> Natural killer (NK) - cell lymphoblastic leukaemia/lymphoma
<input type="checkbox"/> Other; specify: _____

**Secondary origin: is this other acute leukaemia related to prior exposure to therapeutic drugs or radiation?**

- No  
 Yes: (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)

**Due to exposure to:**  Chemotherapy / radiotherapy  
 Immune suppression  
 Other; specify \_\_\_\_\_  
 Unknown

Unknown

### CHROMOSOME ANALYSIS

**Chromosome analysis done at diagnosis:**

(describe results of the analysis at time of diagnosis)

- No  
 Yes: **Output of analysis:**  Separate abnormalities  Full karyotype  
 Unknown

If chromosome analysis was done:

**Date of chromosome analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**What were the results?**

- Normal  
 Abnormal:

<b>Number of abnormalities present:</b> ____
<b>Complex karyotype:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>Chromosomal abnormalities; specify:</b> _____ <input type="checkbox"/> Absent <input type="checkbox"/> Present
OR
Transcribe the complete karyotype: _____

Failed



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Treatment Type  HCT  CT  GT  IST  Other

Treatment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

## DISEASE

### Involvement at time of diagnosis:

**Medullary involvement:**       Yes       No       Unknown

**Extramedullary involvement:**       Yes       No       Unknown

### Organs involved at time of diagnosis:

Skin:                               No                       Yes                       Not evaluated

CNS:                                 No                       Yes                       Not evaluated

Testes/Ovaries                 No                       Yes                       Not evaluated

Other; specify: \_\_\_\_\_  No                       Yes