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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

AUTOIMMUNE DISORDERS

DISEASE

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

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

Classification:

☐ **Connective tissue:**

- ☐ Systemic sclerosis (SSc)
  - SSc type:
    - ☐ diffuse cutaneous
    - ☐ limited cutaneous
    - ☐ SSc sine scleroderma
    - ☐ Other; specify: _____
- ☐ Systemic lupus erythematosus (SLE)
- ☐ Mixed connective tissue disease (MCTD)
- ☐ Polymyositis/Dermatomyositis (PM/DM)
- ☐ Sjögren syndrome
- ☐ Antiphospholipid syndrome
- ☐ Other connective tissue disease; specify: _____

☐ **Vasculitis:**

- ☐ Granulomatosis with polyangiitis (GPA); *formerly Wegener granulomatosis*
- ☐ Classical polyarteritis nodosa
- ☐ Microscopic polyarteritis nodosa
- ☐ Eosinophilic granulomatosis with polyangiitis (EGPA); *formerly Churg-Strauss*
- ☐ Behçet syndrome
- ☐ Takayasu arteritis
- ☐ Other; specify: _____

☐ **Arthritis:**

- ☐ Adult onset stills disease (AOSD)
- ☐ Rheumatoid arthritis
- ☐ Psoriatic arthritis/psoriasis
- ☐ Juvenile idiopathic arthritis (JIA), systemic (Still's disease)
- ☐ Juvenile idiopathic arthritis (JIA), articular
  - ☐ oligoarticular onset
  - ☐ polyarticular onset
- ☐ Other juvenile idiopathic arthritis; specify: _____
- ☐ Other arthritis; specify: _____

DISEASE continued

Classification:

☐ **Neurological diseases:**

- ☐ Multiple sclerosis
- ☐ Myasthenia gravis
- ☐ Chronic inflammatory demyelinating polyneuropathy (CIDP)
- ☐ Neuromyelitis optica (NMO) or NMO spectrum disorders (NMOSD)
- ☐ Other autoimmune neurological disorder; specify: _____

☐ **Haematological diseases:**

- ☐ Idiopathic thrombocytopenic purpura (ITP)
- ☐ Haemolytic anaemia
- ☐ Evans syndrome
- ☐ Autoimmune lymphoproliferative syndrome (primary diagnosis, not subsequent to transplant)
- ☐ Other haematological autoimmune disease; specify: _____

☐ **Inflammatory bowel diseases:**

- ☐ Celiac disease
- ☐ Crohn's disease
- ☐ Ulcerative colitis
- ☐ Other autoimmune bowel disease; specify: _____

☐ **Other autoimmune diseases:**

- ☐ Insulin-dependent diabetes mellitus (IDDM)
- ☐ Other autoimmune disease; specify: _____

PREVIOUS THERAPIES

Previous therapy lines before the HCT/CT:

☐ No (*this was the final question of the form)*
☐ Yes *(select an answer for each drug in the list below or specify other drug and complete the questions after the table):*
☐ Unknown

Adalimumab	☐ Yes	☐ No	☐ Unknown
Alemtuzumab	☐ Yes	☐ No	☐ Unknown
Anifrolumab	☐ Yes	☐ No	☐ Unknown
Anti-CD20 antibodies	☐ Yes	☐ No	☐ Unknown
Azathioprine	☐ Yes	☐ No	☐ Unknown
Belimumab	☐ Yes	☐ No	☐ Unknown
Corticosteroids	☐ Yes	☐ No	☐ Unknown
Cyclophosphamide:	☐ Yes: total cumulative dose: __ mg	☐ No	☐ Unknown
Cyclosporine	☐ Yes	☐ No	☐ Unknown
Etanercept	☐ Yes	☐ No	☐ Unknown
Filgotinib	☐ Yes	☐ No	☐ Unknown
Fingolimod	☐ Yes	☐ No	☐ Unknown
Infliximab	☐ Yes	☐ No	☐ Unknown
Interferon	☐ Yes	☐ No	☐ Unknown
Intravenous immunglobulin (IVIG)	☐ Yes	☐ No	☐ Unknown
Methorexate	☐ Yes	☐ No	☐ Unknown
Mitoxantrone	☐ Yes	☐ No	☐ Unknown
Mycophenolate mofetil (MMF)	☐ Yes	☐ No	☐ Unknown
Natalizumab	☐ Yes	☐ No	☐ Unknown
Nintedanib	☐ Yes	☐ No	☐ Unknown
Non-steroidal anti-inflammatory (NSAID)	☐ Yes	☐ No	☐ Unknown
Ocrelizumab	☐ Yes	☐ No	☐ Unknown
Tocilizumab	☐ Yes	☐ No	☐ Unknown
Tofacitinib	☐ Yes	☐ No	☐ Unknown
Upadacitinib	☐ Yes	☐ No	☐ Unknown
Ustekinumab	☐ Yes	☐ No	☐ Unknown
Vedolizumab	☐ Yes	☐ No	☐ Unknown
Other; specify other drug*: _____	☐ Yes	☐ No	

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

Plasmapheresis: ☐ No ☐ Yes ☐ Unknown

Previous surgical procedures : ☐ No ☐ Yes ☐ Unknown

(Crohn's disease only)