



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)

## CHRONIC LEUKAEMIAS

### 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 (WHO 2022):**

- Chronic myeloid leukaemia (CML)
- Chronic lymphocytic leukaemia (CLL) / small lymphocytic lymphoma (SLL) / Richter transformation
- Prolymphocytic (PLL) and other chronic leukaemias



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## Chronic Myeloid Leukaemias (CML)

### CHROMOSOME ANALYSIS

*Describe results of all the analysis done before HCT/CT treatment*

**Chromosome analysis done before HCT/CT treatment:**

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

*Copy and fill-in this section as often as necessary.*

*If chromosome analysis was done:*

**What were the results?**

- Normal  
 Abnormal: number of abnormalities present: \_\_\_\_\_  
 Failed

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

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>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Extra Ph</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>i(17)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>-7/Del</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>3q26</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

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

## MOLECULAR MARKER ANALYSIS

**Molecular markers analysis done before HCT/CT treatment:**

- No  
 Yes  
 Unknown

*Copy and fill-in this section as often as necessary.*

*If molecular marker analysis was done:*

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

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

<b>ASXL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>BCORL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>BCR::ABL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>CBFB-MYH11</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>IDH1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IKZF1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>KMT2D</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>SETD1B</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>TET2</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>TP53 mutation type:</b> <input type="checkbox"/> Single hit <input type="checkbox"/> Multi hit <input type="checkbox"/> Unknown	
<b>Other; specify _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

## PREVIOUS THERAPIES

(between diagnosis and HCT/CT)

**Previous therapy lines before the HCT/CT/GT:**

- No  
 Yes: complete the "Treatment — non-HCT/CT/GT/IST" form  
 Unknown

## Chronic Lymphocytic Leukaemias (CLL)

### DISEASE

**Sub-Classification (WHO 2022):**

Chronic lymphocytic leukaemia (CLL) / small lymphocytic lymphoma (SLL)

Richter transformation:

**Transformed from a previous known CLL:**  No (primary Richter)

Yes; **Date of original CLL diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Unknown

**Type of Richter transformation:**

Hodgkin

DLBCL

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

**Richter transformation clonally related to CLL:**  No

Yes

### CHROMOSOME ANALYSIS

*Describe results of all the analysis done before HCT/CT treatment*

**Chromosome analysis done before HCT/CT treatment:**

No

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

Unknown

*Copy and fill-in this section as often as necessary.*

*If chromosome analysis was done:*

**What were the results?**

Normal

Abnormal: number of abnormalities present: \_\_\_\_\_

Failed

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

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

<b>Trisomy 12</b>	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present	<input type="checkbox"/>	Not evaluated
<b>del(13q14)</b>	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present	<input type="checkbox"/>	Not evaluated
<b>del(11q22-23)</b>	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present	<input type="checkbox"/>	Not evaluated
<b>del(17p)</b>	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present	<input type="checkbox"/>	Not evaluated
Other; specify: _____	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present		

OR

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



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### MOLECULAR MARKER ANALYSIS

**Molecular markers analysis done before HCT/CT treatment:**

- No
- Yes
- Unknown

*Copy and fill-in this section as often as necessary.*

*If molecular marker analysis was done:*

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

**IGVH mutational status:**  Absent  Present    **High risk subset?**  No  Yes

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

<b>TP53</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present;	<input type="checkbox"/> Not evaluated
	<b>TP53 mutation type:</b> <input type="checkbox"/> Single hit		
	<input type="checkbox"/> Multi hit		
	<input type="checkbox"/> Unknown		
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

### PREVIOUS THERAPIES

(between diagnosis and HCT/CT)

**Previous therapy lines before the HCT/CT:**

- No
- Yes: 

complete the "Treatment — non-HCT/CT/GT/IST" form
- Unknown

## Prolymphocytic (PLL) and Other Chronic Leukaemias

### DISEASE

**Sub-Classification (WHO 2022):** Prolymphocytic and other chronic leukaemias

- T-prolymphocytic leukaemia (T-PLL)
- Hairy cell leukaemia
- Splenic B-cell lymphoma/leukaemia with prominent nucleoli (SBLPN)
- Other chronic leukaemia; specify: \_\_\_\_\_

### CHROMOSOME ANALYSIS - only applicable for T-PLL

*Describe results of all the analysis done before HCT/CT treatment*

**Chromosome analysis done before HCT/CT treatment:**

- No
- Yes: output of analysis:  Separate abnormalities  Full karyotype
- Unknown

*Copy and fill-in this section as often as necessary.*

*If chromosome analysis was done:*

**What were the results?**

- Normal
- Abnormal: number of abnormalities present: \_\_\_\_\_
- Failed

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

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

<b>inv(14) t(14;14)(q11;q32)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(14)(q12)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(11;14)(q23;q11)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(7;14)(q35;q32.1)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(X;14)(q35;q11)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>idic(8)(p11)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(17p)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

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

**IMMUNOPHENOTYPING***only applicable for T-PLL***Immunophenotype of T-cells at diagnosis:***Note: Terminal deoxynucleotidyl transferase (TdT) must be negative.*

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

<b>CD4+</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>CD8+</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

Lymphocyte count at diagnosis: \_\_\_\_\_ 10<sup>9</sup> cells/L  Not evaluated  Unknown**Was mantle cell lymphoma excluded at diagnosis?:**

- No
- Yes; **method:**  FISH on t(11;14)(q23;q11)
- Cyclin D1 expression
- Both
- Other
- Unknown