EBMT Centre Identification Code (CIC): _ _ _

Hospital Unique Patient Number (UPN): _ _ _ _ _ _ _ _ _ _ _ _ _

Patient Number in EBMT database: _ _ _ _ _ _ _ _ _ _

Treatment Type ☐ HSCT   ☐ CT   ☐ OTHER

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

ANONYMOUS EVENTS

DIAGNOSIS
Main Classification

Year of diagnosis: _ _ _ _

Diagnosis classification:

☐ Acute leukemia
☐ Autoimmune disorder
☐ Bone marrow failure
☐ Chronic leukemia
☐ Haemoglobinopathy
☐ Inborn error

☐ Lymphoma
☐ MDS
☐ MDS/MPN
☐ MPN
☐ Plasma cell neoplasms
☐ Solid tumour

☐ Other

DIAGNOSIS
Subclassification

ACUTE LEUKEMIA

Classification:

☐ Acute myeloid leukaemia (AML)

☐ Precursor lymphoid neoplasms (ALL)

☐ Other acute leukaemia

☐ Unknown

AUTOIMMUNE DISORDERS

Classification:

☐ Multiple sclerosis (MS)

☐ Systemic sclerosis (SSc)

☐ Other

☐ Unknown

BONE MARROW FAILURES

Classification:

☐ Severe aplastic anemia

☐ Other

☐ Unknown

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Patient Number in EBMT database: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HSCT ☐ CT ☐ OTHER

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

CHRONIC LEUKAEMIAS

Classification:

☐ Chronic myeloid leukaemia (CML)

☐ Chronic lymphocytic leukaemia (CLL)

☐ Other

☐ Unknown

HAEMOGLOBINOPATHIES

Classification:

☐ Thalassemia

☐ Sickle cell disease

☐ Other

☐ Unknown

INBORN ERRORS

Classification:

☐ Inborn error of immunity

☐ Inborn error of metabolism

☐ Other

☐ Unknown

LYMPHOMAS

Classification:

☐ Mature B-cell neoplasms

☐ Mature T-cell & NK-cell neoplasms

☐ Immunodeficiency-associated lymphoproliferative disorder (incl. PTLD)

☐ Other

☐ Unknown

PLASMA CELL NEOPLASMS

Classification:

☐ Multiple myeloma

☐ Other plasma cell disorder

☐ Unknown

EBMT Centre Identification Code (CIC): _ _ _
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Patient Number in EBMT database: _ _ _ _ _ _ _ _ _

Treatment Type   ☐ HSCT   ☐ CT   ☐ OTHER

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

SOLID TUMOURS

Classification:

☐ Neuroblastoma

☐ Soft tissue/Ewing sarcoma

☐ Germ cell tumour

☐ Other solid tumour

☐ Unknown

EBMT Centre Identification Code (CIC): _ _ _
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Patient Number in EBMT database: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HSCT   ☐ CT   ☐ OTHER

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

TREATMENT

Year of treatment: _ _ _ _

Chronological number of this treatment: _ _

Age category at treatment: ☐ Pediatric   ☐ Adult

Type of treatment:

☐ HCT	**Type:** ☐ Autologous ☐ Allogeneic **Cell source:** *(Select all that apply)*	☐ Peripheral blood ☐ Cord blood ☐ Bone marrow ☐ Unkown
☐ CT	**Source of cells:** ☐ Autologous ☐ Allogeneic	
☐ IST		
☐ GT		