

## IMMUNOSUPPRESSIVE TREATMENT (IST) --- Annual/Unscheduled Follow-Up ---

### SURVIVAL STATUS

**Date of follow-up:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  
 (if patient died: date of death. If patient is lost to follow up: date last seen)

**Survival status:**

- Alive
- Dead
- Lost to follow-up

**Date of the last IST for this patient:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Main cause of death:**  
 (check only one main cause)

<input type="checkbox"/> Relapse or progression/persistent disease	
<input type="checkbox"/> Secondary malignancy	
<input type="checkbox"/> IST-related	<b>Select treatment related cause:</b> <i>(select all that apply)</i> <input type="checkbox"/> Graft versus Host Disease <input type="checkbox"/> Non-infectious complication <input type="checkbox"/> Infectious complication <i>(select all that apply)</i> <input type="checkbox"/> Bacterial infection <input type="checkbox"/> Viral infection <input type="checkbox"/> Fungal infection <input type="checkbox"/> Parasitic infection <input type="checkbox"/> Infection with unknown pathogen
<input type="checkbox"/> HCT-related	
<input type="checkbox"/> Other; specify: _____	
<input type="checkbox"/> Unknown	

**Was an autopsy performed?**

- No
- Yes
- Unknown

**BEST RESPONSE**  
*(Complete only for the first annual follow-up)*

**Best response after this IST** (even if the response got worse again afterwards):

- Complete remission (CR)
- Partial remission (PR)
- Haematological improvement (HI); *NIH partial response*
- Stable disease (no change, no response/loss of response)
- Relapse / Progression
- Not evaluated
- Unknown

**Date best response first observed:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**TRANSFUSIONS**

**RBC transfusions given since last follow-up:**  No  Yes  Unknown

- RBC:  < 20 units  
 20 - 50 units  
 > 50 units  
 Unknown

- RBC irradiated:  No  
 Yes  
 Unknown

**Platelet transfusions given since last follow-up:**  No  Yes  Unknown

- Platelets:  < 20 units  
 20 - 50 units  
 > 50 units  
 Unknown

- Platelets irradiated:  No  
 Yes  
 Unknown

*Extended dataset*

**Haematological tests**

**Date tests performed:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

Haemoglobin (g/dL) _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Was haemoglobin transfused within 4 weeks before assessment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Platelets (10 <sup>9</sup> cells/L) _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Were platelets transfused within 7 days before assessment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Neutrophils (10 <sup>9</sup> cells/L) _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Reticulocytes (10 <sup>9</sup> cells/L) _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Ferritin (ng/mL) _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

### FIRST RELAPSE AFTER IST

*Complete this section only for the first relapse after this IST.*

**First relapse/progression of Aplastic Anaemia (detected by any method):**

- No  
 Yes: **Date of relapse/progression:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

### DISEASE STATUS AT THIS FOLLOW-UP

**Disease status this follow-up:**

- Complete remission (CR)  
 Partial remission (PR)  
 Haematological improvement (HI); *NIH Partial Response*  
 Stable disease (no change, no response/loss of response)  
 Relapse / Progression  
 Not evaluated  
 Unknown

### COMPLICATIONS SINCE LAST FOLLOW-UP

**Adverse events/non-infectious complications grade 3-5 observed (based on CTCAE grades):**

- No  
 Yes (provide details in the table on the next page)

**COMPLICATIONS SINCE LAST FOLLOW-UP**

**Idiopathic pneumonia syndrome**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Veno-occlusive disease (VOD)**

**Complication observed during this follow-up period?**  No  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  Mild  Moderate  Fatal  
 Severe  Very severe  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Cataract**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Haemorrhagic cystitis, non-infectious**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

\* Grade 0-2

### COMPLICATIONS SINCE LAST FOLLOW-UP

#### ARDS, non-infectious

Complication observed during this follow-up period?  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

Maximum CTCAE grade observed during this period:  3  4  5 (fatal)  Unknown

Onset date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *only if newly developed*

Resolved:  No  
 Yes; Stop date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

#### Multiorgan failure, non-infectious

Complication observed during this follow-up period?  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

Maximum CTCAE grade observed during this period:  3  4  5 (fatal)  Unknown

Onset date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

Resolved:  No  
 Yes; Stop date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

#### Renal failure (chronic kidney disease, acute kidney injury)

Complication observed during this follow-up period?  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

Maximum CTCAE grade observed during this period:  3  4  5 (fatal)  Unknown

Onset date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

Resolved:  No  
 Yes; Stop date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

#### Haemolytic anaemia due to blood group

Complication observed during this follow-up period?  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

Maximum CTCAE grade observed during this period:  3  4  5 (fatal)  Unknown

Onset date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

Resolved:  No  
 Yes; Stop date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

\* Grade 0-2



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

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

**COMPLICATIONS SINCE LAST FOLLOW-UP**

**Aseptic bone necrosis**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Liver disorder**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Cardiovascular event**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Stroke**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

\* Grade 0-2

**COMPLICATIONS SINCE LAST FOLLOW-UP**

**Central nervous system (CNS) toxicity**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Endocrine event**

**Complication observed during this follow-up period?**  No\*  
 Yes:  Newly developed  Ongoing since previous assessment  
 Unknown

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

**Other complication observed during this follow-up period?**

No\*  
 Yes:  Newly developed  Ongoing since previous assessment

**Specify:** \_\_\_\_\_ *Consult appendix 1 for a list of complications that should not be reported*

**Maximum CTCAE grade observed during this period:**  3  4  5 (fatal)  Unknown

**Onset date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown *Only if newly developed*

**Resolved:**  No  
 Yes; **Stop date (YYYY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Unknown

*If more other complications occurred, copy and fill-in this table as many times as necessary.*

\* Grade 0-2



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

## SECONDARY MALIGNANCIES AND AUTOIMMUNE DISORDERS

**Did a secondary malignancy or autoimmune disorder occur?**

- No
- Yes: **Was this disease an indication for a subsequent HCT/CT/IST?**
- No (complete the non-indication diagnosis form)
- Yes (complete the relevant indication diagnosis form)
- Unknown

## BONE MARROW INVESTIGATION

**Bone Marrow Investigation:**

- No
- Yes: **Date of bone marrow investigation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**Type of bone marrow investigation:**

- Cytology
- Histology
- Both

**Type of dysplasia:**

- |                         |                             |                              |  |                                  |
|-------------------------|-----------------------------|------------------------------|--|----------------------------------|
| Erythroid dysplasia     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not evaluated | <input type="checkbox"/> Unknown |
| Granulocyte dysplasia   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not evaluated | <input type="checkbox"/> Unknown |
| Megakaryocyte dysplasia | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not evaluated | <input type="checkbox"/> Unknown |

**Bone marrow assessments:**

Cellularity in the bone marrow aspirate	<input type="checkbox"/> Acellular <input type="checkbox"/> Hypocellular <input type="checkbox"/> Normocellular <input type="checkbox"/> Hypercellular	<input type="checkbox"/> Focal cellularity <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
Cellularity in the bone marrow trephine	<input type="checkbox"/> Acellular <input type="checkbox"/> Hypocellular <input type="checkbox"/> Normocellular <input type="checkbox"/> Hypercellular	<input type="checkbox"/> Focal cellularity <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
Fibrosis on bone marrow biopsy	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Not evaluable <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
CD34+ cell count percentage (%)	_____ %	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
Blast count percentage (%)	_____ %	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
<b>If the precise blast count is not available, please indicate whether it is:</b>		
<input type="checkbox"/> ≤ 5% <input type="checkbox"/> > 5% <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown		





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

### CHROMOSOME ANALYSIS

**Chromosome analysis done at follow-up:**

*(Describe results of the most recent complete analysis)*

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

*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>abn 3</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(13q)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Monosomy 7</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; specify:</b> _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

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

### MOLECULAR MARKER ANALYSIS

**Molecular marker analysis done at follow-up:**

- No  
 Yes  
 Unknown

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

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

ASXL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
BCOR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
BCORL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CBL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CSMD1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
DNMT3A	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ETV6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
EZH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
FLT3	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
GNAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IDH1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IDH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
JAK2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
MPL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
NPM1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
NRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PHF6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PIGA	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PPM1D	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PTPN11	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
RAD21	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
RUNX1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
SETBP1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
SF3B1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
SRSF2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
STAG2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TET2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TP53	<b>TP53 mutation type:</b> <input type="checkbox"/> Single hit <input type="checkbox"/> Multi hit <input type="checkbox"/> Unknown			
U2AF1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ZRSR2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		



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

**PNH TESTS SINCE LAST FOLLOW-UP**

**PNH test done:**

- No
- Yes: **Date of PNH test:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown
- Unknown

**PNH diagnostics by flow cytometry:**

- Clone absent
- Clone present: **Size of PNH clone in percentage (%):** \_\_\_\_\_
- Unknown

**Flow cytometry assessment done on:**

- Granulocytes
- RBC
- Both
- Other; specify: \_\_\_\_\_

**PNH TESTS SINCE LAST FOLLOW-UP continued**

**Clinical manifestation of PNH:**

- No  
 Yes: **Date of clinical manifestation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**Anti-complement treatment given?**

- No  
 Yes, complete the table:

<b>Drug</b>	<b>New or ongoing</b>	<b>Start date (YYYY/MM/DD) (only if new drug administered)</b>	<b>Treatment stopped/date (YYYY/MM/DD)</b>
<input type="checkbox"/> Eculizumab	<input type="checkbox"/> New drug administration <input type="checkbox"/> Ongoing since previous assessment	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes: ____/____/____ <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
<input type="checkbox"/> Ravalizumab	<input type="checkbox"/> New drug administration <input type="checkbox"/> Ongoing since previous assessment	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes: ____/____/____ <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
<input type="checkbox"/> Pegcetacoplan	<input type="checkbox"/> New drug administration <input type="checkbox"/> Ongoing since previous assessment	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes: ____/____/____ <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
<input type="checkbox"/> Other; specify*: _____	<input type="checkbox"/> New drug administration <input type="checkbox"/> Ongoing since previous assessment	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes: ____/____/____ <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown

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

*If there were more drugs given during one line of treatment add more copies of this page.*



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

**Appendix 1**  
-- Non-infectious Complications CTCAE term --  
**No Reporting Required**

- Allergic reaction
- All laboratory abnormalities
- All types of pain
- Alopecia
- Blurred vision
- Diarrhoea (enteropathy)
- Dry mouth
- Dyspepsia
- Dysphagia
- Edema
- Esophageal stenosis
- Fatigue
- Flashes
- Gastritis
- Hematologic toxicities
- Hematoma
- Hypertension
- Injection site reaction
- Malaise
- Mucositis
- Sore throat
- Tinnitus
- Vertigo
- Weight loss