

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 ⁹ /L): _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
% blasts : _____ (Only if the exact value is recorded)	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
In the case an exact % is not available please provide the range: lower limit : _____ % upper limit : _____ %	

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

(If therapy related myeloid neoplasia, is Yes)

Is this a donor cell leukaemia?

- ☐ No
- ☐ Yes
- ☐ Not applicable (no previous allo HCT)
- ☐ 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.

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

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.

AML1-ETO (RUNX1/RUNXT1) <i>Molecular product of t(8;21)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CBFB-MYH11 <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	<input type="checkbox"/> Unknown
PML-RARα <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
MLL (KMT2A)-rearrangement/mutation:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
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	<input type="checkbox"/> Unknown
MLL-PTD <i>(partial tandem duplication)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
MLLT4(AF6)-MLL <i>Molecular product of t(6;11)(q27;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ELL-MLL <i>Molecular product of t(11;19)(q23;p13.1)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
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	<input type="checkbox"/> Unknown
MLLT10(AF10)-MLL <i>Molecular product of t(10;11)(p12;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other MLL-rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
DEK-NUP214(CAN) <i>Molecular product of translocation t(6;9)(p23;q34)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
RPN1-EVI1 <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	<input type="checkbox"/> Unknown
RBM15-MKL1 <i>Molecular product of translocation t(1;22)(p13;q13)</i>	<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
c-KIT	<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
ASXL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TP53	<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
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
BRAF	<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
SF3B1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CEBPA	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
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				
FLT3-ITD (internal tandem duplication)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
FLT3-TKD	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

MOLECULAR MARKER ANALYSIS continued

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

BCR-ABL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
GATA2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
MECOM(EVI1)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KAT6A-CREBBP	<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
EZH2	<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
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		

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

DISEASE

Other AML classification: (*If applicable*)

- ☐ Acute panmyelosis with myelofibrosis
- ☐ Myeloid sarcoma (granulocytic sarcoma)
- ☐ Myeloid proliferations related to Down syndrome
- ☐ Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

FAB classification: (*Optional*)

- ☐ AML with minimal differentiation (FAB M0)
- ☐ AML without maturation (FAB M1)
- ☐ AML with maturation (FAB M2)
- ☐ Acute promyelocytic leukaemia (FAB M3)
- ☐ Acute myelomonocytic leukaemia (FAB M4)
- ☐ Acute monoblastic and monocytic leukaemia (FAB M5)
- ☐ Acute erythroid leukaemia (FAB M6)
- ☐ Acute megakaryoblastic leukaemia (FAB M7)
- ☐ Not evaluated

Involvement at time of diagnosis:

Medullary involvement: ☐ No ☐ Yes ☐ Unknown

Extramedullary involvement: ☐ No ☐ Yes ☐ 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.

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

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.

BCR-ABL <i>Molecular product of t(9;22)(q34;q11.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PML-RARα <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
MLL (KMT2A)-rearrangement/mutation:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
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	<input type="checkbox"/> Unknown
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	<input type="checkbox"/> Unknown
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	<input type="checkbox"/> Unknown
Other MLL-rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
TEL(ETV6)-AML1(RUNX1) <i>Molecular product of t(12;21)(p13;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IL3-IGH <i>Molecular product of translocation t(5;14)(q31;q32)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TCF3-PBX1 <i>Molecular product of translocation (1;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IKZF1 (IKAROS)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
NOTCH1 / FBWX7	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PAX5	<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
NRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PTEN	<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
PTPN11	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
BCL/MYC-rearranged	<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		

MOLECULAR MARKER ANALYSIS continued

Ph-like ALL? *(Not applicable in Ph+ ALL (BCR/ABL present))*

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

CRFL2-P2RY8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other CRFL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
ABL1 rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ABL1-ETV6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ABL1-NUP214	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other ABL1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
ABL2 rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ABL2-RCSD1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other ABL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
JAK2 rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
JAK2-PAX5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
JAK2-BCR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other JAK2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
EPOR rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
EPOR-IGH	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
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: ☐ No ☐ Yes ☐ Unknown

Extramedullary involvement: ☐ No ☐ Yes ☐ 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

Extended dataset

Next Generation Sequencing (NGS)

For AML and PLN

Note: complete this form only if an NGS analyses was performed at diagnosis

Date of harvest on which NGS was performed: ____/____/____ (YYYY/MM/DD)

Gene analysed	Mutation absent	Mutation present
<input type="checkbox"/> ABL1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ALK	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ANKRD26	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ASXL1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ASXL2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ATM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ATRX	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BAALC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BCL2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BCOR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BCORL1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BRAF	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CALR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CBL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CCND1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CDKN2A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CEBPA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CREBBP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CSF3R	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CUX1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DDX41	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DNMT3A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EGFR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ETNK1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ETV6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EZH2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FBXW7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FGFR1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FGFR2	<input type="checkbox"/>	<input type="checkbox"/>

Gene analysed	Mutation absent	Mutation present
<input type="checkbox"/> FLT3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FUS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GATA1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GATA2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GNAS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HMGA2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HRAS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IDH1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IDH2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IKZF1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> JAK2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KDM6A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KIT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KMT2A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KRAS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MECOM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MET	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MPL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MYBL1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MYC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MYD88	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MUH11	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NOTCH1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NPM1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NRAS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NTRK3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NUP214	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PDGFRA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PDGFRB	<input type="checkbox"/>	<input type="checkbox"/>

Gene analysed	Mutation absent	Mutation present
<input type="checkbox"/> PHF6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRPF8	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PTEN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PTPN11	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RAD21	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RARA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RB1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RBM15	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RUNX1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SETBP1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SF3B1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SH2B3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SMC1A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SMC3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SRSF2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STAG2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TCF3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TET2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TFE3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TP53	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> U2AF1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WT1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ZRSR2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Extended dataset

NGS continued

For each gene, specify per mutation:

Gene <i>(select from list)</i>
DNA mutation, specify: _____
Protein mutation, specify: _____
Exon, specify: _____
Frequency (VAF): _____ <input type="checkbox"/> Unknown

Gene <i>(select from list)</i>
DNA mutation, specify: _____
Protein mutation, specify: _____
Exon, specify: _____
Frequency (VAF): _____ <input type="checkbox"/> Unknown

Gene <i>(select from list)</i>
DNA mutation, specify: _____
Protein mutation, specify: _____
Exon, specify: _____
Frequency (VAF): _____ <input type="checkbox"/> Unknown

Gene <i>(select from list)</i>
DNA mutation, specify: _____
Protein mutation, specify: _____
Exon, specify: _____
Frequency (VAF): _____ <input type="checkbox"/> Unknown

Copy and paste this page as often as necessary to report all mutations on all genes with mutations



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)

Other Acute Leukaemias

DISEASE

Classification:

Acute leukaemias of ambiguous lineage

☐ Acute undifferentiated leukaemia☐ Mixed phenotype (B, T, NOS)☐ Natural killer (NK) - cell lymphoblastic leukaemia/lymphoma☐ 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:**Number of abnormalities present:** ____**Complex karyotype:** ☐ No ☐ Yes ☐ Unknown**Chromosomal abnormalities; specify:** _____ ☐ Absent ☐ Present

OR

Transcribe the complete karyotype: _____

☐ Failed



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)

DISEASE

Involvement at time of diagnosis:

Medullary involvement: ☐ No ☐ Yes ☐ Unknown

Extramedullary involvement: ☐ No ☐ Yes ☐ 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



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

Extended dataset

FIRST LINE THERAPIES (from diagnosis to 1st HCT/CT)

First lines of therapy before HCT/CT :

☐ No

☐ Yes: **complete the "Treatment -- non-HCT/CT/GT/IST" form**

☐ Unknown