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

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:

☐	Acute myeloid leukaemia (AML)
☐	Precursor lymphoid neoplasm (ALL)
☐	Other acute leukaemia

Haematological values

Peripheral blood

White Blood cell count (10^9/L): _____	☐ Not evaluated ☐ Unknown
% blasts : _____ *(Only if the exact value is recorded)* **In the case an exact % is not available please provide the range:** lower limit : _____% upper limit : _____%	☐ Not evaluated ☐ Unknown

Bone marrow

% blasts : _____	☐ Not evaluated ☐ Unknown

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 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: _ _ _ _ *I* _ _ *I* _ _ *(YYYY/MM/DD)*　☐ Unknown

What were the results?

☐ Normal

☐ Abnormal:

Number of abnormalities present: ____			
Complex karyotype:	☐ No	☐ Yes	☐ Unknown
Monosomal karyotype: *(≥2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality)*	☐ No	☐ Yes	☐ Unknown
Multiple trisomies:	☐ No	☐ Yes	☐ Unknown

☐ 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)*

CHROMOSOME ANALYSIS continued

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

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

OR

Transcribe the complete karyotype: _____

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)

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.

	Absent	Present	Not evaluated	Unknown
Unknown	☐	☐	☐	☐
CBFB-MYH11 *Molecular product of inv(16)(p13.1;q22) or (16;16)(p13.1;q22)*	☐	☐	☐	☐
PML-RARα *Molecular product of t(15;17)*	☐	☐	☐	☐
MLL (KMT2A)-rearrangement/mutation:	☐	☐	☐	☐
MLLT3(AF9)-MLL *Molecular product of t(9;11)(p22;q23)*	☐	☐	☐	☐
MLL-PTD *(partial tandem duplication)*	☐	☐	☐	☐
MLLT4(AF6)-MLL *Molecular product of t(6;11)(q27;q23)*	☐	☐	☐	☐
ELL-MLL *Molecular product of t(11;19)(q23;p13.1)*	☐	☐	☐	☐
MLLT1(ENL)-MLL *Molecular product of t(11;19)(q23;p13.3)*	☐	☐	☐	☐
MLLT10(AF10)-MLL *Molecular product of t(10;11)(p12;q23)*	☐	☐	☐	☐
Other MLL-rearrangement; specify: _____	☐	☐		
DEK-NUP214(CAN) *Molecular product of translocation t(6;9)(p23;q34)*	☐	☐	☐	☐
RPN1-EVI1 *Molecular product of inv(3)(q21q26.2) or t(3;3)(q21q26.2)*	☐	☐	☐	☐
RBM15-MKL1 *Molecular product of translocation t(1;22)(p13;q13)*	☐	☐	☐	☐
NPM1	☐	☐	☐	☐
c-KIT	☐	☐	☐	☐
DNMT3A	☐	☐	☐	☐
ASXL1	☐	☐	☐	☐
TP53	☐	☐	☐	☐
RUNX1	☐	☐	☐	☐
IDH1	☐	☐	☐	☐
IDH2	☐	☐	☐	☐
BRAF	☐	☐	☐	☐
SRSF2	☐	☐	☐	☐
SF3B1	☐	☐	☐	☐
CEBPA	☐	☐	☐	☐

if CEBPA present:

bZIP mutation: ☐ No ☐ Yes ☐ Unknown

biallelic: ☐ No ☐ Yes ☐ Unknown

	Absent	Present	Not evaluated	Unknown
FLT3-ITD (internal tandem duplication)	☐	☐	☐	☐
FLT3-TKD	☐	☐	☐	☐

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)*

MOLECULAR MARKER ANALYSIS continued

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

BCR-ABL	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
GATA2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
MECOM(EVI1)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
KAT6A-CREBBP	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
BCOR	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
EZH2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
STAG2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
U2AF1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ZRSR2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		

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

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

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

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)

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

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)

CHROMOSOME ANALYSIS continued

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

t(9;22)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
11q23 abnormalities (fill in only if 11q23 abnormality is present):	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(4;11)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other abn(11q23); specify: _____	☐ Absent	☐ Present		
t(12;21)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Hyperdiploidy > 46 chromosomes (fill in only if hyperdiploidy is present):	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
51-67 chromosomes	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Trisomy; specify extra chromosome: _____	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other hyperdiploid karyotype; number of chromosomes: _____	☐ Absent	☐ Present		
Hypodiploidy < 46 chromosomes (fill in only if hypodiploidy is present):	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Low hypodiploid: 32 - 39 chromosomes	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Near haploid: 24-31 chromosomes	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Monosomy; specify: _____	☐ Absent	☐ Present	☐ Not Evaluated	☐ Unknown
Other; number of chromosomes: _____	☐ Absent	☐ Present		
iAMP21 (intrachromosomal amplification of chromosome 21)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(5;14)(q31;q32)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(1;19)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Trisomy 8	☐ Absent	☐ Present	☐ Not Evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ 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 *Molecular product of t(9;22)(q34;q11.2)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PML-RARα *Molecular product of t(15;17)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
MLL (KMT2A)-rearrangement/mutation:	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
AFF1(AF4)-MLL *M* *Molecular product of t(4;11)(q21;q23)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
MLLT1(ENL)-MLL *Molecular product of t(11;19)(q23;p13.3)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
MLLT3(AF9)-MLL *Molecular product of t(9;11)(p22;q23)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other MLL-rearrangement; specify: _____	☐ Absent	☐ Present		
TEL(ETV6)-AML1(RUNX1) *Molecular product of t(12;21)(p13;q22)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
IL3-IGH *Molecular product of translocation t(5;14)(q31;q32)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
TCF3-PBX1 *Molecular product of translocation (1;19)(q23;p13.3)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
IKZF1 (IKAROS)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
NOTCH1 / FBWX7	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PAX5	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
KRAS	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
NRAS	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PTEN	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
FLT3	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PTPN11	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
BCL/MYC-rearranged	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		

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

Treatment Type ☐ HCT ☐ CT ☐ GT ☐ IST ☐ Other

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

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

	Absent	Present	Not evaluated	Unknown
CRFL2-P2RY8	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other CRFL2 rearrangement; specify: _____	☐ Absent	☐ Present		
ABL1 rearrangement:	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ABL1-ETV6	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ABL1-NUP214	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other ABL1 rearrangement; specify: _____	☐ Absent	☐ Present		
ABL2 rearrangement:	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ABL2-RCSD1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other ABL2 rearrangement; specify: _____	☐ Absent	☐ Present		
JAK2 rearrangement:	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
JAK2-PAX5	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
JAK2-BCR	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other JAK2 rearrangement; specify: _____	☐ Absent	☐ Present		
EPOR rearrangement:	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
EPOR-IGH	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other EPOR rearrangement; specify: _____	☐ Absent	☐ 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	

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	