



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)

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.

t(9;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
Extra Ph	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
i(17)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
-7/Del	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
3q26	<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 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.

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



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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: _____☐ FailedDate of chromosome analysis: ____/____/____ (YYYY/MM/DD) ☐ Unknown

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

Trisomy 12	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(13q14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(11q22-23)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(17p)	<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 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.

TP53	<input type="checkbox"/> Absent	<input type="checkbox"/> Present;	<input type="checkbox"/> Not evaluated
TP53 mutation type: <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:
☐ Unknown

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

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.

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



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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.

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

Lymphocyte count at diagnosis: _____ 10⁹ 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