

EBMT Centre Identification Code (CIC):	Treatment Type HCTCCT GT IST O	the
Hospital Unique Patient Number (UPN):		
Patient Number in EBMT Registry:	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)

	CHRON	OSOME ANALYSIS	5	
escribe results of all the analysis	s done before HCT/CT tr	reatment		
nromosome analysis done be No Yes: Output of analysis Unknown			yotype	
	Copy and fill-in t	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: I I (YYYY/MM/DD) ☐ Unknown				
For abnormal results, indicate b	elow wnether the abnori	maiities were absent, p	Not evaluated.	☐ Unknown
Trisomy 8	Absent Absent	☐ Present	☐ Not evaluated	☐ Unknown
Extra Ph	Absent	☐ Present	☐ Not evaluated	Unknown
(17)	Absent	☐ Present	☐ Not evaluated	Unknown
7/Del	Absent	Present	☐ Not evaluated	Unknown
3q26	Absent	☐ Present	☐ Not evaluated	Unknown
Other; specify:	Absent	☐ Present		
OR Transcribe the complete karyotype:				

 Chronic_Leukaemias_v2.2
 2 of 7
 2025-08-20



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Treatment Type H	ICT_] CT	☐ GT	☐ IST ☐ Other
Treatment Date	1	1	(YYYY/I	MM/DD)

Molecular markers	Molecular markers analysis done before HCT/CT treatment:				
☐ No					
☐ Yes					
Unknown					
	Copy and f	fill-in this section as	often as necessary.		
If molecular marker	r analysis was done:				
	ar marker analysis:	/ / (YYYY	//MM/DD) □ Unknown		
Indicate below whe	ther the markers were abs	ent, present or not			
ASXL1	Absent	☐ Present	☐ Not evaluated	Unknown	
BCORL1	Absent	Present	☐ Not evaluated	Unknown	
BCR::ABL1	Absent	Present	☐ Not evaluated	Unknown	
CBFB-MYH11	Absent	☐ Present	☐ Not evaluated	☐ Unknown	
EZH2	Absent	☐ Present	☐ Not evaluated	Unknown	
IDH1	Absent	☐ Present	☐ Not evaluated	☐ Unknown	
IKZF1	Absent	☐ Present	☐ Not evaluated	Unknown	
KMT2D	Absent	☐ Present	☐ Not evaluated	Unknown	
RUNX1	Absent	☐ Present	☐ Not evaluated	Unknown	
SETD1B	Absent	☐ Present	☐ Not evaluated	Unknown	
TET2	Absent	☐ Present	☐ Not evaluated	Unknown	
TP53	Absent	☐ Present:	☐ Not evaluated	Unknown	
		TP53 n	nutation type: Single hit		
			 ☐ Unknown		
Other; specify	Absent		Present		
		PREVIOUS TH	IERAPIES		
(between diagnosis and HCT/CT)					
Previous therapy li	nes before the HCT/CT/G	FT:			
□ No					
Yes: complete the "Treatment — non-HCT/CT/GT/IST" form					
Unknown					



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Chronic Lymphocytic Leukaemias (CLL)

	DISEASE			
	DISEASE			
Sub-Classification (WHO 2022):		(01.1.)		
Chronic lymphocytic leukaemia (CLL) / small	lymphocytic lymph	oma (SLL)		
Richter transformation:				
Transformed from a previous known CLL	: 🗌 No (primary Ri	chter)		
	☐ Yes; Date of o ☐ Unkno		gnosis: /	I (YYYY/MM/DD)
Type of Richter transformation:	☐ Hodgkin			
31	☐ DLBCL			
	Other; specify:			
Dishasa tura of sunsation along the valet of the	OLL D No			
Richter transformation clonally related to				
	☐ Yes			
C	HROMOSOME A	NAI YSIS		
Describe results of all the analysis done before H	CT/CT treatment			
Chromosome analysis done before HCT/CT	treatment:			
□ No				
Yes: Output of analysis: Separate abnormalities Full karyotype				
Unknown				
Copy and	d fill-in this section a	s often as neces	sary.	
If chromosome analysis was done:				
What were the results?				
☐ Normal				
Abnormal: number of abnormalities prese	ent:			
☐ Failed				
Date of chromosome analysis: l _	_ I (YYYY/MM/I	OD) 🗌 Unknov	wn	
For abnormal results, indicate below whether t		•		
Trisomy 12	☐ Absent	☐ Present	☐ Not evaluated	Unknown
del(13q14)	Absent	Present	Not evaluated	Unknown
del(11q22-23)	Absent	☐ Present	☐ Not evaluated	Unknown
del(17p)	Absent	Present	☐ Not evaluated	Unknown
Other; specify:	☐ Absent	☐ Present		
	OR			
Transcribe the complete karyotype:				



Other; specify:

☐ Unknown

(EBMT	EBMT Centre Identification Co Hospital Unique Patient Number			Treatment Type HCT	CT GT IST Other
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			MOLECULAR	MARKER ANA	LYSIS	
Мс	olecular ma	rkers analysis done before	HCT/CT treatm	ent:		
	No					
	Yes					
	Unknown					
		Con	y and fill-in this	section as often as	s necessary	
	If molecula	•	y and mi mi mis.	section as often a	necessary.	
If molecular marker analysis was done:						
	Date of n	nolecular marker analysis:	//	_(YYYY/MM/DD)	☐ Unknown	
	IGVH mutational status: ☐ Absent ☐ Present High risk subset? ☐ No ☐ Yes					
	Indicate bel	ow whether the markers were	absent, present	or not evaluated.		
	TP53			Absent	☐ Present;	☐ Not evaluated
			_	TP53 r	 nutation type: ☐ Single	e hit
					☐ Multi I	hit
					□ Unkno	
ı						

	PREVIOUS THERAPIES (between diagnosis and HCT/CT)
Previous	therapy lines before the HCT/CT:
☐ No	
☐ Yes:	complete the "Treatment — non-HCT/CT/GT/IST" form

Absent

Present



Prolymphocytic (PLL) and Other Chronic Leukaemias		
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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: $___I_I__I$ (YYYY/MM/DD) \square Unknown For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated. ☐ Unknown inv(14)/ t(14;14)(q11;q32) □ Absent ☐ Present □ Not evaluated del(14)(q12) □ Absent ☐ Unknown ☐ Present ☐ Not evaluated t(11;14)(q23;q11) ☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown t(7;14)(q35;q32.1) ☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown t(X;14)(q35;q11) □ Absent □ Not evaluated ☐ Unknown Present idic(8)(p11) □ Absent ☐ Present ☐ Not evaluated ☐ Unknown del(17p) ☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown Other; specify: □ Absent ☐ Present

OR

Transcribe the complete karyotype:



☐ No

☐ Unknown

 $\begin{tabular}{ll} \square Yes; & \textbf{method}: \square FISH on t(11;14)(q23;q11) \\ \end{tabular}$

☐ Both ☐ Other

☐ Cyclin D1 expression

ЕВМТ	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)	
IMMUNOPHENOTYPING only applicable for T-PLL			
Immunophenotype of T-cells at diagnosis: Note: Terminal desoxynucleotidyl transferase (TdT) must be negative. Indicate below whether the phenotypes were absent, present or not evaluated.			
CD4+	Absent	☐ Present ☐ Not evaluated ☐ Unknown	
CD8+	Absent	☐ Present ☐ Not evaluated ☐ Unknown	
Lymphocyte count at diagnosis: 10 ⁹ cells/L ☐ Not evaluated ☐ Unknown Was mantle cell lymphoma excluded at diagnosis?:			
□ No			