DISEASE STATUS AT HCT/CT/GT/IST
Day 0

Date of HCT/CT/GT/IST: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*
(or planned date of HCT/CT/GT/IST if patient died before)

Survival status at HCT/CT/GT/IST:

☐ Alive

☐ Died after conditioning but before HCT/CT/GT/IST

☐ Died after apheresis but before cell infusion

Date of death: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

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

☐ Relapse or progression/persistent disease

☐ Secondary malignancy

☐ CT-related

☐ HCT-related

☐ GT-related

☐ IST-related *(only if IST was a main treatment)*

Select treatment related cause: *(select all that apply)*

- ☐ Graft versus Host Disease
- ☐ Non-infectious complication
- ☐ Infectious complication: *(select all that apply)*
  - ☐ Bacterial infection
  - ☐ Viral infection
  - ☐ Fungal infection
  - ☐ Parasitic infection
  - ☐ Infection with unknown pathogen

☐ Unknown

☐ Other; specify: _____

Was an autopsy performed?

☐ No

☐ Yes

☐ Unknown

PATIENT STATUS
(All Diagnoses)

Performance status at initiation of HCT/CT/GT/IST *(choose only one)*:

Type of scale used:	**Score:**
☐ Karnofsky ☐ Lansky	☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90 ☐ 100
☐ ECOG	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Patient weight at initiation of HCT/CT/GT/IST: _____ kg

Patient height at initiation of HCT/CT/GT/IST: _____ cm

Patient age at initiation of HCT/CT/GT/IST: _____ years

Patient age at initiation of HCT/CT/GT/IST: _____ months
If the patient is younger than 2 years:

Patient EBV status:
- ☐ Negative
- ☐ Positive
- ☐ Not evaluated
- ☐ Unknown

Patient CMV status:
- ☐ Negative
- ☐ Positive
- ☐ Not evaluated
- ☐ Unknown

COMORBIDITY INDEX

Sorror et al., Blood, 2005 Oct 15; 106(8): 2912-2919: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1895304

Was there any clinically significant co-existing disease or organ impairment as listed below at time of patient assessment prior to the preparative regimen?

☐ No

☐ Yes *(indicate each comorbidity below)*

☐ Unknown

COMORBIDITY:	Definition:	
Solid tumour, previously present	Treated at any time point in the patient's past history, excluding non-melanoma skin cancer. Indicate type: _____	☐ No ☐ Yes ☐ Not evaluated
Inflammatory bowel disease	Crohn's disease or ulcerative colitis	☐ No ☐ Yes ☐ Not evaluated
Rheumatologic	SLE, RA, polymyositis, mixed CTD or polymyalgia rheumatica	☐ No ☐ Yes ☐ Not evaluated
Infection	Requiring continuation of antimicrobial treatment after day 0	☐ No ☐ Yes ☐ Not evaluated
Diabetes	Requiring treatment with insulin or oral hypoglycaemics but not diet alone	☐ No ☐ Yes ☐ Not evaluated
Renal: moderate/severe	Serum creatinine > 2 mg/dL or >177 µmol/L, on dialysis, or prior renal transplantation	☐ No ☐ Yes ☐ Not evaluated
Hepatic	**Mild:** Chronic hepatitis, bilirubin between Upper Limit Normal (ULN) and 1.5 x ULN, or AST/ALT between ULN and 2.5 × ULN **Moderate/severe:** Liver cirrhosis, bilirubin greater than 1.5 × ULN, or AST/ALT greater than 2.5 × ULN	☐ No ☐ Mild ☐ Moderate/severe ☐ Not evaluated
Arrhythmia	Atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias	☐ No ☐ Yes ☐ Not evaluated
Cardiac	Coronary artery disease, congestive heart failure, myocardial infarction, EF ≤ 50%, or shortening fraction in children (<28%)	☐ No ☐ Yes ☐ Not evaluated
Cerebrovascular disease	Transient ischaemic attack or cerebrovascular accident	☐ No ☐ Yes ☐ Not evaluated
Heart valve disease	Except mitral valve prolapse	☐ No ☐ Yes ☐ Not evaluated
Pulmonary	**Moderate:** DLco and/or FEV1 66-80%, or dyspnoea on slight activity **Severe:** DLco and/or FEV1 ≤ 65%, or dyspnoea at rest or requiring oxygen	☐ No ☐ Moderate ☐ Severe ☐ Not evaluated
Obesity	Patients with body mass index > 35 kg/m^2 (adults) Body mass index-for-age ≥ 95th percentile (children)	☐ No ☐ Yes ☐ Not evaluated
Peptic ulcer	Requiring treatment	☐ No ☐ Yes ☐ Not evaluated
Psychiatric disturbance	Depression or anxiety requiring psychiatric consultation or treatment	☐ No ☐ Yes ☐ Not evaluated

COMORBIDITY INDEX continued

Sorror et al., Blood, 2005 Oct 15; 106(8): 2912-2919: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1895304

Inborn Errors of Immunity only

COMORBIDITY: Definition:

Chronic lung disease	Bronchiectasis, interstitial pneumonitis, GLILD, oxygen dependency, structural lung disease (e.g. pneumatoceles)	☐ No	☐ Yes	☐ Not evaluated
Previous haematological malignancy	Leukaemia, lymphoma, myelodysplastic syndrome (MDS)	☐ No	☐ Yes	☐ Not evaluated
Failure to thrive	Weight <3rd percentile or requirement for (par)enteral feeding	☐ No	☐ Yes	☐ Not evaluated
Active infection at HCT	Any infection requiring therapy in the immediate pre HCT period	☐ No	☐ Yes	☐ Not evaluated
Lymphoproliferation	I.e. splenomegaly, organ specific lymphoproliferation	☐ No	☐ Yes	☐ Not evaluated
Pre-HCT organ impairment	Infectious or non-infectious (including neurologic)	☐ No	☐ Yes	☐ Not evaluated
Autoimmunity/autoinflammation	Active at HCT (includes patients in remission but on immunomodulatory treatment within 3 months before HCT)	☐ No	☐ Yes	☐ Not evaluated

Patient admitted in ICU: ☐ No ☐ Yes ☐ Unknown
(Patient admitted in ICU in the 3 months before HCT/CT/GT)

Was there any additional major clinical abnormality not listed above and present prior to the preparative regimen?

☐ No
☐ Yes; specify: _____

Are there any autoimmune diseases?

All autoimmune diseases listed on the autoimmune disease form must be considered. However, note that there may be additional diseases not listed on the form. If these additional indications should be reported, it should be based on the clinical judgement of the investigator at the centre.

☐ No
☐ Yes; specify: _____

Date of autoimmune disease diagnosis: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

SARS-CoV-2 RELATED QUESTIONS

Did the patient have a <u>symptomatic</u> SARS-CoV-2 infection *(positive PCR or antigen test)* **in the 3 months prior to the day of HCT/CT/GT/IST treatment?** *Note: do not report here if the infection was asymptomatic.*

☐ No
☐ Yes; Date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Not evaluated
☐ Unknown

Did the patient have an ongoing SARS-CoV-2 infection *(positive PCR or antigen test)* **at initiation of HCT/CT/GT/IST** (including potential conditioning regimen)**?**

☐ No
☐ Yes
☐ Not evaluated
☐ Unknown

END OF GENERAL SECTION

TO COMPLETE DISEASE STATUS AT HCT/CT/GT/IST FORM, PLEASE FILL IN THE DIAGNOSIS-SPECIFIC QUESTIONS IN THE RELEVANT SECTION BELOW.

Status at HCT/CT/GT/IST treatment

Complete only for one main indication diagnosis for which this HCT/CT/GT/IST is given.

ACUTE LEUKAEMIAS
Status at HCT/CT/GT/IST treatment

Status:

- ☐ Primary induction failure
- ☐ 1st complete haematological remission (CR)
- ☐ 1st relapse
- ☐ 2nd complete haematological remission (CR)
- ☐ 2nd relapse
- ☐ 3rd or higher complete haematological remission (CR)
- ☐ 3rd or higher relapse
- ☐ Untreated/ Upfront
- ☐ Non blastic pancytopenia
- ☐ Unknown
- ☐ Not evaluated

Number of induction courses: ____ ☐ Unknown
(Only for patient in Primary Induction failure or in 1st complete remission)

Bone marrow burden (% blasts): _____ % ☐ Not evaluated ☐ Unknown

If the precise blast count is not available, please indicate whether it is:

☐ ≤ 5% ☐ > 5% ☐ Not evaluated ☐ Unknown

If patient was in complete remission:

Date of first complete remission: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

If patient was in relapse:

Date of first relapse: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Date of the last relapse before this treatment: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
(if more than 1 relapse before HCT/CT/GT/IST)

CD19 expression at the last relapse: ☐ Negative ☐ Positive ☐ Not evaluated
(Only for B lymphoblastic leukaemia/lymphoma and Mixed phenotype, if the main treatment is a Cellular Therapy)

ACUTE LEUKAEMIAS continued
Status at HCT/CT/GT/IST treatment

Involvement at time of treatment:

Medullary: ☐ No ☐ Yes ☐ Unknown

Extramedullary: ☐ No ☐ Yes ☐ Unknown

Organs involved at time of treatment:

Skin:	☐ No	☐ Yes	☐ Not evaluated
CNS:	☐ No	☐ Yes	☐ Not evaluated
Testes/Ovaries:	☐ No	☐ Yes	☐ Not evaluated
Other; specify: _____	☐ No	☐ Yes	

Complete this section only if the disease status is CR

Minimal residual disease (MRD) at initiation of treatment:

☐ Negative
☐ Positive
☐ Not evaluated

Date MRD status evaluated: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Sensitivity of MRD assay:

☐ $\leq 10^{-6}$
☐ $\leq 10^{-5}$
☐ $\leq 10^{-4}$
☐ $\leq 10^{-3}$
☐ Other; specify: _____
☐ Unknown

Method used:
(select all that apply)

☐ PCR
☐ Flow cytometry
☐ NGS
☐ Other; specify: _____
☐ Unknown

CHRONIC LEUKAEMIAS
Chronic Myeloid Leukaemias (CML)
Status at HCT/CT/GT/IST treatment

Status:

☐ Chronic phase (CP)

Number:	Haematological remission:	Cytogenetic remission:	Molecular remission:
☐ 1st	☐ No	☐ No	☐ No
☐ 2nd	☐ Yes	☐ Yes	☐ Yes
☐ 3rd or higher	☐ Not evaluated	☐ Not evaluated	☐ Not evaluated
☐ Unknown	☐ Unknown	☐ Unknown	☐ Unknown

☐ Accelerated phase

Number:
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher
- ☐ Unknown

☐ Blast crisis

Number:
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher
- ☐ Unknown

☐ Not evaluated

☐ Unknown

CHRONIC LEUKAEMIAS
Chronic Lymphocytic Leukaemias (CLL)
Status at HCT/CT/GT/IST treatment

Status:

☐ Complete remission (CR)
☐ Partial remission (PR)
☐ Stable disease (no change, no response/loss of response)
☐ Relapse (untreated)
☐ Progressive disease (PD):
  ☐ Sensitive to last regimen
  ☐ Resistant to last regimen
  ☐ Unknown
☐ Never treated
☐ Unknown

Complete this section only if the disease status is CR

Minimal residual disease (MRD) at initiation of treatment:

☐ Negative
☐ Positive
☐ Not evaluated

Date MRD status evaluated: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Sensitivity of MRD assay:
☐ $\leq 10^{-6}$
☐ $\leq 10^{-5}$
☐ $\leq 10^{-4}$
☐ $\leq 10^{-3}$
☐ Other; specify: _____
☐ Unknown

Method used:
(select all that apply)
☐ PCR
☐ Flow cytometry
☐ NGS
☐ Other; specify: _____
☐ Unknown

CHRONIC LEUKAEMIAS
Prolymphocytic (PLL) and Other Chronic Leukaemias
Status at HCT/CT/GT/IST treatment

Status:

- ☐ Complete remission (CR)
- ☐ Partial remission (PR)
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Relapse (untreated)
- ☐ Progressive disease (PD):
  - ☐ Sensitive to last regimen
  - ☐ Resistant to last regimen
  - ☐ Unknown
- ☐ Never treated
- ☐ Unknown

LYMPHOMAS
Status at HCT/CT/GT/IST treatment

Status:

☐ Chemorefractory/ radioreferactory relapse or progression, including primary refractory disease
Histopathological verification of relapse: ☐ No ☐ Yes

☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed (CRU*) ☐ Unknown
Number:_____
(achieved prior to this treatment including this one if applicable)

☐ Partial remission (PR);
Number:_____
(achieved prior to this treatment including this one if applicable)

☐ Stable disease (no change, no response/loss of response)

☐ Untreated relapse (from a previous CR) or progression (from a previous PR)
Histopathological verification of relapse: ☐ No ☐ Yes

☐ Not evaluated

☐ Unknown

** CRU: Complete response with persistent scan abnormalities of unknown significance*

Technique used for disease assessment:

☐ CT scan
☐ PET
☐ MRI
☐ Unknown

Parameters for international prognostic indices at HCT/CT:

Age at treatment: _____ years (*this is calculated automatically in the database)*					
LDH levels elevated: (at the start of preparatory regimen)	☐ No	☐ Yes	☐ Not evaluated		
Haemoglobin < 12g/dL: (at the start of preparatory regimen)	☐ No	☐ Yes	☐ Not evaluated		
White Blood Cell count: (at the start of preparatory regimen)	_____ x 10^9/L				
if patient NOT in complete remission (CR):					
Ann Arbor staging:	☐ I	☐ II	☐ III	☐ IV	☐ Not evaluated
> 1 extranodal site involved:	☐ No	☐ Yes	☐ Not evaluated		
> 4 nodal sites involved:	☐ No	☐ Yes	☐ Not evaluated		

CNS involvement:

☐ No
☐ Yes
☐ Not evaluated

LYMPHOMAS
Status at HCT/CT/GT/IST treatment continued

Final score:

(only for patients NOT in Complete Remission with LBCL (except Primary large B-cell lymphoma of immune-privileged sites), Mantle cell lymphoma, Follicular lymphoma, Waldenstrom macroglobulinaemia)

IPI: *(for LBCL (except Primary large B-cell lymphoma of immune-privileged sites) and FLBL)*	**MIPI:** *(for Mantle cell lymphoma)*	**FLIPI:** *(for Follicular lymphoma (except FLBL))*	**ISSWM:** *(for Waldenstrom macroglobulinaemia)*
☐ Low risk (0-1 score points) ☐ Low-intermediate risk (2 score points) ☐ High-intermediate risk (3 score points) ☐ High risk (4-5 score points) ☐ Not evaluated	☐ Low risk ☐ Intermediate risk ☐ High risk ☐ Not evaluated	☐ Low risk ☐ Intermediate risk ☐ High risk ☐ Not evaluated	☐ Low risk (0-1 score points except age > 65) ☐ Intermediate risk (2 score points OR age > 65) ☐ High risk (3-5 score points) ☐ Not evaluated

MYELODYSPLASTIC NEOPLASMS (MDS)
Status at HCT/CT/GT/IST treatment

Classification at treatment (WHO 2022):

MDS with defining genetic abnormalities:

- ☐ MDS with low blasts and isolated 5 q deletion (MDS-5q)
- ☐ MDS with low blasts and SF3B1 mutation (MDS-SF3B1)
- ☐ MDS with biallelic TP53 inactivation (MDS-biTP53)

MDS, morphologically defined:

- ☐ MDS with low blasts (MDS-LB)
- ☐ MDS, hypoplastic (MDS-h)
- ☐ MDS with increased blasts (MDS-IB1)
- ☐ MDS with increased blasts (MDS-IB2)
- ☐ MDS with fibrosis (MDS-f)

Childhood myelodysplastic neoplasms (MDS):

- ☐ Childhood MDS with low blasts
- ☐ Childhood MDS with increased blasts

Status:

☐ Complete remission (CR)	Number:	☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Improvement but no CR		
☐ Primary refractory phase (no change)		
☐ Relapse	Number:	☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Progression/Worsening		
☐ Never treated (supportive care or treatment without chemotherapy)		
☐ Not evaluated		
☐ Unknown		

IPSS-R:

- ☐ Very Low (≤1.5)
- ☐ Low (>1.5 to 3)
- ☐ Intermediate (>3 to 4.5)
- ☐ High (>4.5 to 6)
- ☐ Very High (>6)
- ☐ Unknown

IPSS-M:

- ☐ Very Low (≤-1.5)
- ☐ Low (>-1.5 to -0.5)
- ☐ Moderate Low (>-0.5 to 0)
- ☐ Moderate High (>0 to 0.5)
- ☐ High (>0.5 to 1.5)
- ☐ Very High (>1.5)
- ☐ Unknown

MDS/MPN OVERLAP SYNDROMES
Status at HCT/CT/GT/IST Treatment

Classification (WHO 2022):

☐ Chronic myelomonocytic leukaemia (CMMoL, CMML): **CMML subtype:**	☐ Myelodysplastic ☐ Myeloproliferative
CMML subgroup:	☐ CMML-1 ☐ CMML-2 ☐ Unknown
☐ MDS/MPN with SF3B1 mutation and thrombocytosis	
☐ MDS/MPN with neutrophilia (Atypical CML BCR-ABL1 negative)	
☐ MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)	
☐ MDS/MPN not otherwise specified (NOS)	

Status:

☐ Complete remission (CR)	Number: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Improvement but no CR	
☐ Primary refractory phase (no change)	
☐ Relapse	Number: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Progression/Worsening	
☐ Never treated (supportive care or treatment without chemotherapy)	
☐ Not evaluated	
☐ Unknown	

CPSS (for CMML only): ☐ Low ☐ Intermediate-1 ☐ Intermediate-2 ☐ High ☐ Unknown

CPSS-MoI (for CMML only): ☐ Low ☐ Intermediate-1 ☐ Intermediate-2 ☐ High ☐ Unknown

MYELOPROLIFERATIVE NEOPLASMS (MPN)
Status at HCT/CT/GT/IST treatment

Classification at treatment (WHO 2022):

☐ Primary myelofibrosis (Chronic idiopathic myelofibrosis; fibrosis with myeloid metaplasia)
☐ Secondary myelofibrosis (Transformed to myelofibrosis from PV/ET)
☐ Polycythaemia vera (PV)
☐ Essential or primary thrombocythaemia (ET)
☐ Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML)
☐ Hyper eosinophilic syndrome (HES)
☐ Chronic eosinophilic leukaemia (CEL)
☐ Chronic neutrophilic leukaemia
☐ Aggressive systemic mastocytosis
☐ Systemic mastocytosis with an associated haematologic neoplasm (SM-AHD)
☐ Mast cell leukaemia
☐ Mast cell sarcoma
☐ MLN-TK with FGFR1 rearrangement
☐ MLN-TK with PDGFRA rearrangement
☐ MLN-TK with PDGFRB rearrangement
☐ MLN-TK with JAK2 rearragement
☐ MLN-TK with FLT3 rearrangement
☐ MLN-TK with ETV6::ABL1 fusion
☐ Transformed to AML
☐ MPN not otherwise specified (NOS)
☐ Other; specify: _____

Status:

☐ Complete remission (CR)	Number:	☐ 1st	☐ 2nd	☐ 3rd or higher	☐ Unknown
☐ Improvement but no CR					
☐ Primary refractory phase (no change)					
☐ Relapse	Number:	☐ 1st	☐ 2nd	☐ 3rd or higher	☐ Unknown
☐ Progression/Worsening					
☐ Never treated (supportive care or treatment without chemotherapy)					
☐ Not evaluated					
☐ Unknown					

MYELOPROLIFERATIVE NEOPLASMS (MPN)
Status at HCT/CT/GT/IST treatment

Blast count *(peripheral blood)*: _____ **%** ☐ Not evaluated ☐ Unknown

If the patient was not splenectomized:

(Palpable) Spleen size: _____ cm (*below costal margin)* ☐ Not evaluated ☐ Unknown

Spleen span on ultrasound or CT scan: _____ cm (maximum diameter) ☐ Not evaluated ☐ Unknown

JAK inhibitor exposure between diagnosis and HCT/CT/GT/IST treatment:

☐ No

☐ Yes: **Was a JAK inhibitor continued during conditioning?**

- ☐ No
- ☐ Yes: Dose: _____ mg/day

  Start date: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)

  End date: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)

Response status:

☐ Spleen response
☐ Symptoms response
☐ Stable disease (no change, no response/loss of response)
☐ Primary resistance
☐ Unknown
☐ Not evaluated

☐ Unknown

Myelofibrosis only:

DIPSS at HCT/CT/GT/IST treatment:

- ☐ Low risk
- ☐ Intermediate - 1
- ☐ Intermediate - 2
- ☐ High risk
- ☐ Not evaluated
- ☐ Unknown

MIPSS70 at HCT/CT/GT/IST treatment:

- ☐ Low risk
- ☐ Intermediate
- ☐ High risk
- ☐ Not evaluated
- ☐ Unknown

Secondary myelofibrosis only (post-ET MF, post-PV MF):

MYSEC-PM at time of secondary MF diagnosis:

- ☐ Low risk
- ☐ Intermediate - 1
- ☐ Intermediate - 2
- ☐ High risk
- ☐ Not evaluated
- ☐ Unknown

PLASMA CELL NEOPLASMS (PCN)
Status at HCT/CT/GT/IST treatment

Status:

☐ Complete remission (CR)	**Number:** ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Stringent complete remission (sCR)	
☐ Very good partial remission (VGPR)	
☐ Partial remission (PR)	
☐ Relapse	
☐ Progression	
☐ Stable disease (no change, no response/loss of response)	
☐ Never treated (supportive care or treatment without chemotherapy)	
☐ Not evaluated	
☐ Unknown	

Complete this section only if the disease status is CR or sCR

Minimal residual disease (MRD) at initiation of treatment:

☐ Negative
☐ Positive
☐ Not evaluated

Date MRD status evaluated: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Sensitivity of MRD assay:
☐ $\leq 10^{-6}$
☐ $\leq 10^{-5}$
☐ $\leq 10^{-4}$
☐ $\leq 10^{-3}$
☐ Other; specify: _____
☐ Unknown

Method used:
(select all that apply)
☐ PCR
☐ Flow cytometry
☐ NGS
☐ Other; specify: _____
☐ Unknown

PLASMA CELL NEOPLASMS (PCN)
Status at HCT/CT/GT/IST treatment

Extramedullary disease (EMD): *(PCM only)*

☐ No					
☐ Yes	EMD diagnosed on MRI	☐ No	☐ Yes	☐ Unknown	
	EMD diagnosed on PET-CT	☐ No	☐ Yes	☐ Unknown	
	Location of EMD	☐ Paraskeletal	☐ Organ	☐ Both	☐ Unknown
	Number of sites: ____	☐ Unknown			
	Specify organ: _____				
☐ Unknown					

Was the patient on dialysis at any time before HCT/CT?

☐ No

☐ Yes; **Start date:** _ _ _ _ / _ _ / _ _ (YYYY/MM/DD) ☐ Unknown

Did dialysis stop? ☐ No
☐ Yes; **End date:** _ _ _ _ / _ _ / _ _ (YYYY/MM/DD) ☐ Unknown
☐ Unknown

☐ Unknown

SOLID TUMOURS
Status at HCT/CT/GT/IST treatment

Status:

- ☐ Adjuvant
- ☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed ☐ Unknown
- ☐ First Partial remission
- ☐ Partial remission (PR)
- ☐ Progressive disease
- ☐ Relapse: ☐ Resistant ☐ Sensitive ☐ Unknown
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Never treated (upfront)
- ☐ Unknown
- ☐ Not evaluated

Complete this section only if the disease status is not CR

Organ involvement at time of this treatment:

- ☐ Nodes below diaphragm
- ☐ Nodes above diaphragm
- ☐ CNS
- ☐ Liver
- ☐ Bone
- ☐ Lung
- ☐ Soft tissue
- ☐ Other organ involvement; specify: _____

Germ cell tumours only:

Risk category at disease recurrence (or platinum refractoriness) following first line chemotherapy:
Note: according to International Prognostic Factors Study Group classification published in 2010.

- ☐ Very low
- ☐ Low
- ☐ Intermediate
- ☐ High
- ☐ Very high
- ☐ Not evaluated

AUTOIMMUNE DISEASES
Status at Mobilisation

Status:

Systemic sclerosis only:

SSc subset:

☐ Diffuse cutaneous
☐ Limited cutaneous
☐ Sine scleroderma
☐ Other type; specify: _____

Assessments at time of mobilisation *(within 3 months before mobilisation)*:

Creatinine Clearance (Cockroft formula): _____ ml/min ☐ Unknown

Proteinuria: _____ g/24hrs ☐ Unknown

Modified Rodnan Skin Score (0-51): _____ ☐ Unknown

DLCO (corrected for Hb): _____ % ☐ Unknown

Mean Pulmonary Arterial Systolic Pressure [PASP] *(from right heart catheterisation)*: _____ mm Hg

GI Involvement: ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Systemic lupus erythematosus only:

Assessments at time of mobilisation *(within 3 months before mobilisation)*:

SLEDAI-2K Score: _____ ☐ Not evaluated ☐ Unknown

Multiple sclerosis only:

Status at time of mobilisation *(within 3 months before mobilisation)*:

☐ Primary progressive
☐ Secondary progressive
☐ Relapsing/remitting
☐ Other MS type; specify: _____

Assessments at time of mobilisation *(within 3 months before mobilisation)*:

EDSS (1-10): _____ ☐ Not evaluated

Number of gadolinium enhancing lesions present on MRI brain scan: _____ ☐ Unknown

Crohn's disease only:

Assessments at time of mobilisation *(within 3 months before mobilisation)*:

CDAI (0-700): _____ ☐ Not evaluated ☐ Unknown

Serum albumin: _____ g/L ☐ Unknown

HAEMOGLOBINOPATHIES
Status at HCT/CT/GT/IST treatment

Ferritin level : _____ ng/mL ☐ Not evaluated ☐ Unknown

Total number of red blood cell units:
(since the diagnosis or previous HCT/GT)
☐ <20 units
☐ 20 to 50 units
☐ >50 units
☐ None
☐ Unknown

Liver study?
☐ No
☐ Yes: **Liver biopsy performed?** ☐ No
☐ Yes: **Liver fibrosis (Ishak staging):** ☐ F0 (no fibrosis)
☐ F1 (partial fibrosis)
☐ F2 (general fibrosis)
☐ F3 (partial bridging in fibrosis)
☐ F4 (general bridging in fibrosis)
☐ F5 (near cirrhosis)
☐ F6 (cirrhosis)

Chronic hepatitis? ☐ No ☐ Yes

Liver iron concentration assessed? ☐ No
☐ Yes: **Iron concentration:** __ mg/g dry weight

MRI (fibroscan) performed? ☐ No
☐ Yes: **Liver fibrosis:** ☐ Absent ☐ Moderate ☐ Severe (bridging cirrhosis)

Liver iron concentration assessed? ☐ No
☐ Yes: **Iron concentration:** __ mg/g dry weight

Was chelation performed regularly?

☐ No: **Estimate the completeness of the chelation therapy administration:** _____ %

☐ Yes: **Start date of chelation therapy:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

HAEMOGLOBINOPATHIES
Status at HCT/CT/GT/IST treatment

Chronic transfusion program: ☐ No ☐ Yes

Did the patient receive hydroxyurea?
☐ No
☐ Yes: **Please specify the duration of hydroxyurea therapy**:_____ months

Endocrinopathies pre-existing to HCT/CT/GT:

Hypothyroidism	☐ No	☐ Yes	☐ Not evaluated
Hypoparathyroidism	☐ No	☐ Yes	☐ Not evaluated
Diabetes mellitus	☐ No	☐ Yes	☐ Not evaluated
Osteoporosis	☐ No	☐ Yes	☐ Not evaluated
Gonadal dysfunction	☐ No	☐ Yes	☐ Not evaluated
Growth impairment	☐ No	☐ Yes	☐ Not evaluated

Pre-treatment complications *(check all that apply)*

☐ **Cerebrovascular disease**

Abnormal Doppler	☐ No	☐ Yes	☐ Not evaluated
Stroke	☐ No	☐ Yes	☐ Not evaluated
Haemorrhage	☐ No	☐ Yes	☐ Not evaluated
Arteriopathy	☐ No	☐ Yes	☐ Not evaluated
Moyamoya disease	☐ No	☐ Yes	☐ Not evaluated
Silent infarcts	☐ No	☐ Yes	☐ Not evaluated

☐ **Renal involvement**

Microalbumin level _____ mg/g ☐ Not evaluated

Glomerular filtration rate _____ mL/min/1.73m^2 ☐ Not evaluated

Avascular necrosis ☐ No ☐ Yes ☐ Not evaluated

Hyperhaemolysis or autoimmune haemolytic anaemia:
☐ No
☐ Yes: ☐ Hyperhaemolysis ☐ Autoimmune haemolytic anaemia
☐ Not evaluated

☐ **Other SCD related complications**

Acute chest syndrome	☐ No	☐ Yes	☐ Not evaluated
Vaso-occlusive crisis	☐ No	☐ Yes	☐ Not evaluated
Priapism	☐ No	☐ Yes	☐ Not evaluated
Pulmonary hypertension	☐ No	☐ Yes	☐ Not evaluated
Chronic lung disease	☐ No	☐ Yes	☐ Not evaluated

Inborn Errors
Status at HCT/CT/GT/IST treatment

Immune profiling
(Only for Inborn errors of immunity)

Test date *(within 3 months prior to HCT/CT/GT): _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)* ☐ Unknown

Cell type and test results		**Units** *(for CD4 and CD8, select unit)*
T-cells (CD3): _____	☐ Not evaluated	Cells/µL
CD4 T-cells (CD4): _____	☐ Not evaluated	Cells/µL
CD8 T-cells (CD8): _____	☐ Not evaluated	Cells/µL
B-cells (CD19): _____	☐ Not evaluated	Cells/µL
NK-cells (CD16/CD56): _____	☐ Not evaluated	Cells/µL
Naive CD4 T-cells (CD4/CD45RA): _____	☐ Not evaluated	☐ % of CD4 ☐ Cells/µL
Naive CD8 T-cells (CD8/CD45RA): _____	☐ Not evaluated	☐ % of CD8 ☐ Cells/µL
IgG: _____	☐ Not evaluated	Gram/L
IgA: _____	☐ Not evaluated	Gram/L
IgM: _____	☐ Not evaluated	Gram/L

Inborn Errors
Status at HCT/CT/GT/IST treatment

Immunomodulatory treatments
(Only for Inborn errors of immunity)

Only report treatments administered in the 3 months before this HCT/CT/GT: *(select all that apply)*

- ☐ IVIG
- ☐ SCIG
- ☐ Steroids (>0.5 mg/kg/day prednison equivalent)
- ☐ Cyclosporine A
- ☐ Tacrolimus
- ☐ Sirolimus
- ☐ Ruxolitinib
- ☐ Baricitinib
- ☐ Other JAK-inhibitor, specify: _____
- ☐ Leniolisib
- ☐ Abatacept
- ☐ Anakinra
- ☐ Canakinumab
- ☐ Etoposide
- ☐ Interferon gamma
- ☐ Etanercept
- ☐ Infliximab
- ☐ Vedolizumab
- ☐ Dupilumab
- ☐ Emapalumab
- ☐ PEG-ADA
- ☐ Other drug; specify: _____
- ☐ No treatment given
- ☐ Unknown

Bone marrow failure syndromes (BMF) including Aplastic Anaemia (AA)
Status at HCT/CT/GT/IST treatment

Serology

Ferritin level: _____ ng/mL ☐ Not evaluated ☐ Unknown