



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)

LYMPHOMAS

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:

- | |
|--|
| <input type="checkbox"/> B-cell lymphoma (including Hodgkin and Non-Hodgkin lymphoma) |
| <input type="checkbox"/> T-cell non-Hodgkin lymphoma (NHL) |
| <input type="checkbox"/> Immunodeficiency-associated lymphoproliferative disorder (incl. PTLD) |
| <input type="checkbox"/> Other; specify _____ |

LYMPHOMAS

B-cell lymphoma (including Hodkin and Non-Hodkin lymphoma)

DISEASE

Sub-Classification: Mature B-cell neoplasms

- ☐ Splenic B-cell lymphomas and leukaemias
 - ☐ Splenic marginal zone lymphoma
 - ☐ Splenic diffuse red pulp small B-cell lymphoma
- ☐ Lymphoplasmacytic lymphoma
 - ☐ IgM-LPL/ Waldenström Macroglobulinaemia (WM) type
 - ☐ Non-WM type LPL
- ☐ Marginal zone lymphoma
 - ☐ Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue
 - ☐ Primary cutaneous marginal zone lymphoma
 - ☐ Nodal marginal zone lymphoma
 - ☐ Paediatric marginal zone lymphoma
- ☐ Follicular lymphoma
 - ☐ Classical follicular lymphoma (cFL)
 - ☐ Follicular large B-cell lymphoma (FLBL)
 - ☐ FL with uncommon features (uFL)
- ☐ Paediatric-type follicular lymphoma
- ☐ Duodenal-type follicular lymphoma
- ☐ Cutaneous follicle centre lymphoma
- ☐ Mantle cell lymphoma
 - ☐ Mantle cell lymphoma
 - ☐ Leukaemic non-nodal mantle cell lymphoma

LYMPHOMAS

B-cell lymphoma (including Hodkin and Non-Hodkin lymphoma)

DISEASE continued

Sub-Classification: Mature B-cell neoplasms

<input type="checkbox"/>	Large B-cell lymphomas <ul style="list-style-type: none"> <input type="checkbox"/> Diffuse large B-cell lymphoma (DLBCL), NOS <ul style="list-style-type: none"> <input type="checkbox"/> Germinal centre B- cell-like subtype (GCB) <input type="checkbox"/> Activated B-cell-like subtype (ABC) <input type="checkbox"/> T-cell/histiocyte-rich large B-cell lymphoma <input type="checkbox"/> Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with MYC and BCL2 rearrangements <input type="checkbox"/> ALK-positive large B-cell lymphoma <input type="checkbox"/> Large B-cell lymphoma with IRF4 rearrangement <input type="checkbox"/> High-grade B-cell lymphoma with 11q aberrations <input type="checkbox"/> Lymphomatoid granulomatosis <input type="checkbox"/> EBV-positive diffuse large B-cell lymphoma <input type="checkbox"/> Diffuse large B-cell lymphoma associated with chronic inflammation <input type="checkbox"/> Fibrin-associated large B-cell lymphoma <input type="checkbox"/> Fluid overload-associated large B-cell lymphoma <input type="checkbox"/> Plasmablastic lymphoma <input type="checkbox"/> Primary large B-cell lymphoma of immune-privileged sites <ul style="list-style-type: none"> <input type="checkbox"/> Primary large B-cell lymphoma of the CNS <input type="checkbox"/> Primary large B-cell lymphoma of the vitreoretina <input type="checkbox"/> Primary large B-cell lymphoma of the testis <input type="checkbox"/> Primary cutaneous diffuse large B-cell lymphoma, leg type <input type="checkbox"/> Intravascular large B-cell lymphoma <input type="checkbox"/> Primary mediastinal large B-cell lymphoma <input type="checkbox"/> Mediastinal grey zone lymphoma <input type="checkbox"/> High-grade B-cell lymphoma, NOS
<input type="checkbox"/>	Burkitt lymphoma <ul style="list-style-type: none"> <input type="checkbox"/> EBV-positive BL <input type="checkbox"/> EBV-negative BL
<input type="checkbox"/>	KSHV/HHV8-associated B-cell lymphoid proliferations and lymphomas <ul style="list-style-type: none"> <input type="checkbox"/> Primary effusion lymphoma <input type="checkbox"/> KSHV/HHV8-positive diffuse large B-cell lymphoma <input type="checkbox"/> KSHV/HHV8-positive germinotropic lymphoproliferative disorder
<input type="checkbox"/>	Hodgkin lymphoma <ul style="list-style-type: none"> <input type="checkbox"/> Classic Hodgkin lymphoma <input type="checkbox"/> Nodular lymphocyte predominant Hodgkin lymphoma

DISEASE continued

Transformation of indolent B-cell lymphoma:

- ☐ No
☐ Yes (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)
☐ Unknown

Parameters for international prognostic indices:

Age at diagnosis:	_____ years (<i>this is calculated automatically in the database</i>)					
LDH levels elevated:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
Ann Arbor staging:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ECOG performance status:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
> 1 extranodal site involved:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
> 4 nodal sites involved:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
Haemoglobin < 12g/dL:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
White Blood Cell count:	_____ x 10 ⁹ /L		<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
CNS Involvement:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		

Final score:

(only for patients with LBCL (except Primary large B-cell lymphoma of immune-privileged sites), Mantle cell lymphoma, Follicular lymphoma, Waldenstrom macroglobulinaemia)

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

CHROMOSOME ANALYSIS

Please complete chromosome analysis section only for patients with the following types of B-cell NHL:

- **Mantle cell lymphoma** (including **Leukaemic non-nodal mantle cell lymphoma**) & for **Waldenström Macroglobulinaemia (IgM-LPL/ Waldenström Macroglobulinaemia (WM) in new classification)**
- **Burkitt lymphoma** (including **EBV-positive BL & EBV-negative BL**) & for **all LBCL**
- For all B-cell lymphoma,

Chromosome analysis done before HCT/CT treatment:

(Describe results of the most recent complete analysis)

☐ No

☐ Yes:

Output of analysis:

☐ Separate abnormalities

☐ Full karyotype

☐ Unknown

Extended dataset

Chromosome analysis method used: ☐ Karyotyping

(select all that apply)

☐ FISH

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 (according to the type of lymphoma diagnosed).

Mantle cell lymphoma or Waldenstrom macro-globulinaemia	del(17p)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
	FISH used:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Burkitt lymphoma or all LBCL	t(2;8)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
	t(8;14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
	t(8;22)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
	t(14;18)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
All above mentioned B-cell lymphomas	Other chromosome abnormalities; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

OR

Transcribe the complete karyotype: _____

MOLECULAR MARKER ANALYSIS

Please complete molecular marker analysis section only for patients with the following types of B-cell NHL:

- **Mantle cell lymphoma** (including **Leukaemic non-nodal mantle cell lymphoma**)
- **Burkitt lymphoma** (including **EBV-positive BL & EBV-negative BL**)
- **All LBCL** are **BCL2** rearrangement & **BCL6** rearrangement
- For all B-cell lymphomas

Molecular marker analysis done before HCT/CT treatment:

(Describe results of the most recent complete analysis)

- ☐ No
☐ Yes
☐ Unknown

Date of molecular marker analysis (if tested): ____/____/____ (YYYY/MM/DD) ☐ Unknown

Indicate below whether the markers were absent, present or not evaluated, according to the type of lymphoma diagnosed.

Mantle cell lymphoma	TP53 mutation <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
Burkitt lymphoma or all LBCL	MYC rearrangement <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
All LBCL	BCL2 rearrangement <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
	BCL6 rearrangement <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
All above mentioned B-cell lymphomas	Other molecular markers; specify: _____ <input type="checkbox"/> Absent <input type="checkbox"/> Present

IMMUNOPHENOTYPING

Please complete immunophenotyping section only for patients with the following types of B-cell NHL:

- **Mantle cell lymphoma** (including **Leukaemic non-nodal mantle cell lymphoma**)
- **Burkitt lymphoma** (including **EBV-positive BL & EBV-negative BL**)
- **All LBCL**
- For all B-cell lymphomas

Immunophenotyping done before HCT/CT treatment:

(Describe results of the most recent complete analysis)

- ☐ No
☐ Yes
☐ Unknown

Date of immunophenotyping (if tested): ____/____/____ (YYYY/MM/DD)

Indicate below whether the immunophenotypes were absent, present or not evaluated, according to the type of lymphoma diagnosed.

Mantle cell lymphoma	SOX 11 <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
Burkitt lymphoma or all LBCL	MYC <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
LBCL	BCL2/IgH <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
	BCL6 <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
All above mentioned B-cell lymphomas	Other immunophenotype; specify: _____ <input type="checkbox"/> Absent <input type="checkbox"/> Present

LYMPHOMAS

T-cell non-Hodgkin lymphoma (NHL)

DISEASE

Sub-Classification: Mature T-cell & NK-cell neoplasms

☐ **Mature T-cell and NK-cell leukaemias**

- ☐ T-large granular lymphocytic leukaemia
- ☐ NK-large granular lymphocytic leukaemia
- ☐ Adult T-cell leukaemia/lymphoma
- ☐ Sezary syndrome
- ☐ Aggressive NK-cell leukaemia

☐ **Primary cutaneous T-cell lymphomas**

- ☐ Primary cutaneous CD4-positive small or medium T-cell lymphoproliferative disorder
- ☐ Primary cutaneous acral CD8-positive lymphoproliferative disorder
- ☐ Mycosis fungoides
- ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: lymphomatoid papulosis
- ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: primary cutaneous anaplastic large cell lymphoma
- ☐ Subcutaneous panniculitis-like T-cell lymphoma
- ☐ Primary cutaneous gamma/delta T-cell lymphoma
- ☐ Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma
- ☐ Primary cutaneous peripheral T-cell lymphoma, not otherwise specified

☐ **Intestinal T-cell and NK-cell lymphoid proliferations and lymphomas**

- ☐ Indolent T-cell lymphoma of the gastrointestinal tract
- ☐ Indolent NK-cell lymphoproliferative disorder of the gastrointestinal tract
- ☐ Enteropathy-associated T-cell lymphoma
- ☐ Monomorphic epitheliotropic intestinal T-cell lymphoma
- ☐ Intestinal T-cell lymphoma not otherwise specified

☐ **Hepatosplenic T-cell lymphoma**

☐ **Anaplastic large cell lymphomas**

- ☐ ALK-positive anaplastic large cell lymphoma
- ☐ ALK-negative anaplastic large cell lymphoma
- ☐ Breast implant-associated anaplastic large cell lymphoma



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LYMPHOMAS

T-cell non-Hodgkin lymphoma (NHL)

DISEASE continued

Sub-Classification: Mature T-cell & NK-cell Neoplasms

☐ **Nodal T-follicular helper (TFH) lymphomas**

- ☐ Nodal TFH cell lymphoma, angioimmunoblastic-type
- ☐ Nodal TFH cell lymphoma, follicular type
- ☐ Nodal TFH cell lymphoma, not otherwise specified

☐ **Peripheral T-cell lymphoma, not otherwise specified**

☐ **EBV-positive NK/T-cell lymphomas**

- ☐ EBV-positive nodal T- and NK-cell lymphoma
- ☐ Extranodal NK/T-cell lymphoma

☐ **EBV-positive T- and NK-cell lymphoid proliferations and lymphomas of childhood**

- ☐ Severe mosquito bite allergy
- ☐ Hydroa vacciniforme lymphoproliferative disorder
- ☐ Systemic chronic active EBV disease
- ☐ Systemic EBV-positive T-cell lymphoma of childhood



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

LYMPHOMAS

Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

DISEASE

Sub-Classification: Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

<input type="checkbox"/> Lymphoproliferative disease associated with primary immune disorder
<input type="checkbox"/> Lymphoma associated with HIV infection
<input type="checkbox"/> Post-transplant lymphoproliferative disorder (PTLD) <ul style="list-style-type: none"><input type="checkbox"/> Non-destructive PTLD<ul style="list-style-type: none"><input type="checkbox"/> Plasmacytic hyperplasia PTLD<input type="checkbox"/> Infectious mononucleosis PTLD<input type="checkbox"/> Florid follicular hyperplasia PTLD<input type="checkbox"/> Polymorphic PTLD<input type="checkbox"/> Monomorphic PTLD<ul style="list-style-type: none"><input type="checkbox"/> B-cell type<input type="checkbox"/> T-/NK-cell type<input type="checkbox"/> Classical Hodgkin lymphoma PTLD
<input type="checkbox"/> Other immunodeficiency-associated lymphoproliferative disorder

Did the disease result from a previous solid organ transplant?

☐ No

☐ Yes: **Date of transplant:** ____/____/____ (YYYY/MM/DD) ☐ Unknown

Type of transplant: ☐ Renal
☐ Cardiac
☐ Pulmonary
☐ Other; specify: _____

☐ Unknown



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

LYMPHOMAS

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

☐ Unknown