



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)

MYELOPROLIFERATIVE NEOPLASMS (MPN)

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):

☐ Primary myelofibrosis
☐ 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 (CNL)
☐ Aggressive systemic mastocytosis
☐ Systemic mastocytosis with an associated haematologic neoplasm (SM-AHN)
☐ 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 rearrangement
☐ MLN-TK with FLT3 rearrangement
☐ MLN-TK with ETV6::ABL1 fusion
☐ MPN not otherwise specified (NOS)
☐ Other; specify: _____

Therapy-related MPN:

(Secondary origin)

- ☐ No
- ☐ Yes, disease related to prior exposure to therapeutic drugs or radiation
- ☐ Unknown



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MPN ASSESSMENTS

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

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

Transfusion dependency:

- ☐ No
☐ Yes
☐ Unknown

Bone marrow fibrosis:

- ☐ Grade 0
☐ Grade 1
☐ Grade 2
☐ Grade 3
☐ Not evaluated
☐ Unknown

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



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MPN ASSESSMENTS

Myelofibrosis only:

IPSS:

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

DIPSS:

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

MIPSS70:

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



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CHROMOSOME ANALYSIS

Describe results of all the analyses done before HCT/CT/IST treatment

Chromosome analysis done before HCT/CT/IST 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.

abn 1 type; specify: _____	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
abn 5 type; specify: _____	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
abn 7 type; specify: _____	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Trisomy 8	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Trisomy 9	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(20q)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(13q)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		

OR

Transcribe the complete karyotype: _____



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MOLECULAR MARKER ANALYSIS

Molecular marker analysis done before HCT/CT/IST 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	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
BCR::ABL1; Molecular product of t(9;22)(q34;q11.2)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CALR	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
		If present:	☐ Type 1	
			☐ Type 2	
			☐ Type 1 like	
			☐ Type 2 like	
			☐ Unknown	
CBL	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
cMPL	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CSF3R	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CUX1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
DDX41	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ETV6	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
EZH2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
IDH1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
IDH2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
JAK2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
KRAS	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
NRAS	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PTEN	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PTPN-11	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
RUNX1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
SF3B1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
SRSF2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
TET2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
TP53	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
		TP53 mutation type:	☐ Single hit	
			☐ Multi hit	
			☐ Unknown	
U2AF1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
UBA1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		