

## ACUTE LEUKAEMIAS

### DISEASE

**Note: complete this form only if this diagnosis was the indication for a HCT/CT/GT or if it was specifically requested. Consult the manual for further information.**

**Date of diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Classification:**

<input type="checkbox"/> Acute myeloid leukaemia (AML)
<input type="checkbox"/> Precursor lymphoid neoplasm (ALL)
<input type="checkbox"/> Other acute leukaemia

### Haematological values

**Peripheral blood**

White Blood cell count (10 <sup>9</sup> /L): _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
% blasts : _____ <i>(Only if the exact value is recorded)</i> <b>In the case an exact % is not available please provide the range:</b> lower limit : _____ % upper limit : _____ %	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown

**Bone marrow**

% blasts : _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
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## Acute Myeloid Leukaemias (AML)

### DISEASE

**Classification:**
**AML with myelodysplasia related changes?**

- No  
 Yes; **Was there a previous diagnosis of MDS, MPN or MDS/MPN?**  No  
 Yes (complete the respective diagnosis form in addition to the current form)  
 Unknown

**Therapy related acute myeloid leukemia** (old "secondary acute leukaemia")?

*Related to prior treatment but **not** after a previous diagnosis of MDS, MPN or MDS/MPN*

- No  
 Yes (If not reported yet, complete respective diagnosis form in addition to the current form. Use the diagnosis form if the previous diagnosis was treated with HCT/CT before the current AL diagnosis. If not, use the non-indication diagnosis form)  
 Unknown

( If therapy related acute myeloid leukemia, is Yes)

- Is this a donor cell leukaemia?**  No  
 Yes  
 Not applicable (no previous allo HCT)  
 Unknown

### CHROMOSOME ANALYSIS

**Chromosome analysis done at diagnosis:**

*(describe results of the analysis at time of diagnosis)*

- No  
 Yes: **Output of analysis:**  Separate abnormalities  Full karyotype  
 Unknown

*If chromosome analysis was done:*

- Unknown

**What were the results?**

- Normal  
 Abnormal:

- Complex karyotype:**  No  Yes  Unknown  
**Monosomal karyotype:**  No  Yes  Unknown  
*(≥2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality)*  
**Multiple trisomies:**  No  Yes  Unknown

- Failed

### CHROMOSOME ANALYSIS continued

**Transcribe the complete karyotype:** \_\_\_\_\_  
 (please copy paste the lab result)

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

<b>t(15;17)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(8;21)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>inv(16)/ t(16;16)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>11q23 abnormality type, if a 11q23 abnormality is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(9;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(11;19)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(10;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(6;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other abn(11q23); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>3q26 (EVI1) abnormality type, if a 3q26 abnormality is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
inv(3) / t(3;3)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(2;3)(p21;q26)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other (3q26)/EVI1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(6;9)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>abn 5 type, if an abn 5 is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del (5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
monosomy 5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
add(5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other abn(5q); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>abn 7 type, if an abn 7 is present:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
monosomy 7	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
add(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other abn(7q); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Monosomy 17</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>abn(17p)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(1;22)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(9;22)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(8;16)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Other; specify: _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown



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)

**MOLECULAR MARKER ANALYSIS**

**Molecular marker analysis at diagnosis:**  No  
 Yes:  
 Unknown

Indicate below whether the markers were absent, present or not evaluated.

<b>AML1::ETO (RUNX1::RUNX1T1) (formerly AML1-ETO (RUNX1/RUNX1T1))</b> <i>Molecular product of t(8;21)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>CBFB::MYH11 (formerly CBFB-MYH11)</b> <i>Molecular product of inv(16)(p13.1;q22) or (16;16)(p13.1;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>PML::RARA (formerly PML-RAR)</b> <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A (former MLL)-rearrangement/mutation:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A::MLLT3 (former MLLT3(AF9)-MLL)</b> <i>Molecular product of t(9;11)(p22;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A-PTD (former MLL-PTD)</b> <i>(partial tandem duplication)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A::AFDN (former MLLT4(AF6)-MLL)</b> <i>Molecular product of t(6;11)(q27;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A::ELL (former ELL-MLL)</b> <i>Molecular product of t(11;19)(q23;p13.1)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A::MLLT1 (former MLLT1(ENL)-MLL)</b> <i>Molecular product of t(11;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A::MLLT10 (former MLLT10(AF10)-MLL)</b> <i>Molecular product of t(10;11)(p12;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Other KMT2A(MLL)-rearrangement; specify _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>DEK::NUP214 (former DEK-NUP214(CAN))</b> <i>Molecular product of translocation t(6;9)(p23;q34)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>RPN1::MECOM (former RPN1-EVI1)</b> <i>Molecular product of inv(3)(q21q26.2) or t(3;3)(q21q26.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>RBM15::MRTFA (former RBM15::MKL1)</b> <i>Molecular product of translocation t(1;22)(p13;q13)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>NPM1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>c-KIT</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>DNMT3A</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>ASXL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TP53</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>RUNX1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IDH1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IDH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>BRAF</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>SRSF2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>SF3B1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>CEBPA</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
if CEBPA present:				
	bZIP mutation:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	biallelic:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
<b>FLT3-ITD (internal tandem duplication)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>FLT3-TKD</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown



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Treatment Type  HCT  CT  GT  IST  Other

Treatment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**MOLECULAR MARKER ANALYSIS continued**

Indicate below whether the markers were absent, present or not evaluated.

<b>BCR::ABL1 (former BCR-ABL)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>GATA2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>MECOM(EVI1)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KAT6A::CREBBP (former KAT6A-CREBBP)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>BCOR</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>EZH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>STAG2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>U2AF1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>ZRSR2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Other; specify: _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	

Next Generation Sequencing (NGS) performed at diagnosis:  No  
 Yes  
 Unknown

## DISEASE

**Other AML classification: ( If applicable)**

<input type="checkbox"/> Acute panmyelosis with myelofibrosis
<input type="checkbox"/> Myeloid sarcoma (granulocytic sarcoma)
<input type="checkbox"/> Myeloid proliferations related to Down syndrome
<input type="checkbox"/> Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

**FAB classification: ( Optional )**

<input type="checkbox"/> AML with minimal differentiation (FAB M0)
<input type="checkbox"/> AML without maturation (FAB M1)
<input type="checkbox"/> AML with maturation (FAB M2)
<input type="checkbox"/> Acute promyelocytic leukaemia (FAB M3)
<input type="checkbox"/> Acute myelomonocytic leukaemia (FAB M4)
<input type="checkbox"/> Acute monoblastic and monocytic leukaemia (FAB M5)
<input type="checkbox"/> Acute erythroid leukaemia (FAB M6)
<input type="checkbox"/> Acute megakaryoblastic leukaemia (FAB M7)
<input type="checkbox"/> Not evaluated

**Involvement at time of diagnosis:**
**Medullary involvement:**       No       Yes       Unknown

**Extramedullary involvement:**       No       Yes       Unknown

**Organs involved at time of diagnosis:**

 Skin:                               No                       Yes                       Not evaluated

 CNS:                                 No                       Yes                       Not evaluated

 Testes/Ovaries:                 No                       Yes                       Not evaluated

 Other; specify: \_\_\_\_\_  No                       Yes

## Precursor Lymphoid Neoplasms (previously ALL)

### DISEASE

**Classification:**
 B lymphoblastic leukaemia/lymphoma

 T lymphoblastic leukaemia/lymphoma

 Other precursor lymphoid neoplasm; specify: \_\_\_\_\_

**Secondary origin: is this PLN related to prior exposure to therapeutic drugs or radiation?**
 No

 Yes: (If not reported yet, complete respective diagnosis form in addition to the current form. Use the diagnosis form if the previous diagnosis was treated with HCT/CT before the current AL diagnosis. If not, use the non-indication diagnosis form)

**Due to exposure to:**
 Chemotherapy / radiotherapy treated disease

 Immune suppression

 Other; specify \_\_\_\_\_

 Unknown

**Is this a donor cell leukaemia?**
 No

 Yes

 Not applicable (no previous allo HCT)

 Unknown

 Unknown

### CHROMOSOME ANALYSIS

**Chromosome analysis done at diagnosis:**
*(describe results of the analysis at time of diagnosis)*
 No

 Yes: **Output of analysis:**  Separate abnormalities  Full karyotype

 Unknown

*If chromosome analysis was done:*
**What were the results?**
 Normal

 Abnormal:

**Complex karyotype:**  No  Yes  Unknown

 Failed

### CHROMOSOME ANALYSIS continued

**Transcribe the complete karyotype:** \_\_\_\_\_  
 (please copy paste the lab result)

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

<b>t(9;22)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>11q23 abnormalities</b> (fill in only if 11q23 abnormality is present):	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(4;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other abn(11q23); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>t(12;21)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Hyperdiploidy &gt; 46 chromosomes (fill in only if hyperdiploidy is present):</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
51-67 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Trisomy; specify extra chromosome: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other hyperdiploid karyotype; number of chromosomes: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>Hypodiploidy &lt;= 45 chromosomes (complete only if hypodiploidy is present):</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Low hypodiploid: 32 - 39 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Near haploid: 24-31 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Monosomy; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated	<input type="checkbox"/> Unknown
Other; number of chromosomes: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>iAMP21</b> (intrachromosomal amplification of chromosome 21)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(5;14)(q31;q32)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>t(1;19)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated	<input type="checkbox"/> Unknown
<b>t(17;19)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated	<input type="checkbox"/> Unknown
<b>Other; specify: _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

## MOLECULAR MARKER ANALYSIS

**Molecular marker analysis at diagnosis:**

- No  
 Yes;  
 Unknown

Indicate below whether the abnormalities were absent, present or not evaluated.

<b>BCR::ABL1 (former BCR-ABL)</b> <i>Molecular product of t(9;22)(q34;q11.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KMT2A (former MLL)-rearrangement/mutation:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KMT2A::AFF1 (former AFF1(AF4)-MLL) <i>Molecular product of t(4;11)(q21;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KMT2A::MLLT1 (former MLLT1(ENL)-MLL) <i>Molecular product of t(11;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KMT2A::MLLT3 (former MLLT3(AF9)-MLL) <i>Molecular product of t(9;11)(p22;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other KMT2A (former MLL)-rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>ETV6::RUNX1 (former known as TEL::AML1)</b> <i>Molecular product of t(12;21)(p13;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IGH::IL3 (former IL3-IGH)</b> <i>Molecular product of translocation t(5;14)(q31;q32)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TCF3::PBX1 (former TCF3-PBX1)</b> <i>Molecular product of translocation (1;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TCF3::HLF</b> Molecular product of translocation (17;19)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IKZF1 (IKAROS):</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IKZF1 mutation (other than deletion)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IKZF1 deletion</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Mutation of NOTCH1 and FBWX7 (former NOTCH1 /FBWX7)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>PAX5</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>NRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>PTEN</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>FLT3</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>PTPN11</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>BCL/MYC-rearranged</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TP53 mutation</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
If TP53 present:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Type of TP53 mutation: <input type="checkbox"/> Somatic <input type="checkbox"/> Germline <input type="checkbox"/> Unknown				
<b>Other; specify: _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

### MOLECULAR MARKER ANALYSIS continued

**Ph-like ALL?** *(Not applicable in Ph+ ALL (BCR/ABL present))*

- No (skip the table below)  
 Yes (complete the table below)  
 Not evaluated

<b>CRFL2 rearrangement</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
P2RY8::CRLF2 (former CRFL2-P2RY8)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IGH::CRLF2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other CRFL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>ABL1 rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ETV6::ABL1 (former ABL1-ETV6)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
NUP214::ABL1 (former ABL1-NUP214)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other ABL1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>ABL2 rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
RCSD1::ABL2 (former ABL2-RCSD1)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other ABL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>JAK2 rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PAX5::JAK2 (former JAK2-PAX5)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
JAK2-BCR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other JAK2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		
<b>EPOR rearrangement:</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IGH::EPOR (former EPOR-IGH)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other EPOR rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

**Next Generation Sequencing (NGS) performed at diagnosis:**  No  
 Yes  
 Unknown

### DISEASE

**Involvement at time of diagnosis:**

**Medullary involvement:**  No  Yes  Unknown

**Extramedullary involvement:**  No  Yes  Unknown

**Organs involved at time of diagnosis:**

Skin:  No  Yes  Not evaluated

CNS:  No  Yes  Not evaluated

Testes/Ovaries:  No  Yes  Not evaluated

Other; specify: \_\_\_\_\_  No  Yes

## Other Acute Leukaemias

### DISEASE

**Classification:**

Acute leukaemias of ambiguous lineage

<input type="checkbox"/> Acute undifferentiated leukaemia
<input type="checkbox"/> Mixed phenotype (B, T, NOS)
<input type="checkbox"/> Natural killer (NK) - cell lymphoblastic leukaemia/lymphoma
<input type="checkbox"/> Other; specify: _____

**Secondary origin: is this other acute leukaemia related to prior exposure to therapeutic drugs or radiation?**

- No
- Yes: (If not reported yet, complete respective diagnosis form in addition to the current form. Use the diagnosis form if the previous diagnosis was treated with HCT/CT before the current AL diagnosis. If not, use the non-indication diagnosis form)

- Due to exposure to:**
- Chemotherapy / radiotherapy
  - Immune suppression
  - Other; specify \_\_\_\_\_
  - Unknown

**Is this a donor cell leukaemia?**

- No
  - Yes
  - Not applicable (no previous allo HCT)
  - Unknown
- Unknown

### CHROMOSOME ANALYSIS

**Chromosome analysis done at diagnosis:**

*(describe results of the analysis at time of diagnosis)*

- No
- Yes:      **Output of analysis:**    Separate abnormalities       Full karyotype
- Unknown

*If chromosome analysis was done:*

**What were the results?**

- Normal
- Abnormal:

**Number of abnormalities present:** \_\_\_\_\_

**Complex karyotype:**    No    Yes    Unknown

---

**Chromosomal abnormalities; specify:** \_\_\_\_\_       Absent       Present

OR

Transcribe the complete karyotype: \_\_\_\_\_  
 (please copy paste the lab result)

- Failed

## DISEASE

### Involvement at time of diagnosis:

**Medullary involvement:**       No       Yes       Unknown

**Extramedullary involvement:**       No       Yes       Unknown

### Organs involved at time of diagnosis:

Skin:                               No                       Yes                       Not evaluated

CNS:                                 No                       Yes                       Not evaluated

Testes/Ovaries                 No                       Yes                       Not evaluated

Other; specify: \_\_\_\_\_  No                       Yes