



EBMT Centre Identification Code (CIC): _____

Hospital Unique Patient Number (UPN): _____

Patient Number in EBMT Registry: _____

Treatment Type IST

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

IMMUNOSUPPRESSIVE TREATMENT (IST) Day 0 (For Bone Marrow Failure only)

This form should be filled in for each individual immunosuppressive treatment episode.

Date this IST episode started: ____/____/____ (YYYY/MM/DD)

Centre where this IST took place (CIC): _____

Patient UPN for this treatment: _____

Team or unit where treatment took place (select all that apply):

 Adults Pediatrics Hematology Oncology Allograft Autograft Other; specify: _____
Unit number: _____ Not applicable

Indication diagnosis for this IST episode: _____

(make sure you registered indication diagnosis using relevant diagnosis form first)

Chronological number of this treatment: _____

(all types of treatments for this patient, e.g. HCT, CT, GT, IST)

Reason for this IST episode:

- First line treatment
 Failure of first line therapy
 Relapse
 PR to previous treatment
 Other; specify: _____
 Unknown

Chronological number of this IST episode: _____

TRANSFUSIONS

Complete this section only if this is the first IST episode ever for this patient:

RBC transfusions given before the 1st IST episode: No Yes Unknown

- RBC:** < 20 units
 20 - 50 units
 > 50 units
 Unknown

- RBC irradiated:** No
 Yes
 Unknown

Platelet transfusions given before the 1st IST episode: No Yes Unknown

- Platelets:** < 20 units
 20 - 50 units
 > 50 units
 Unknown

- Platelets irradiated:** No
 Yes
 Unknown



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Treatment Type IST

Hospital Unique Patient Number (UPN): _____

Patient Number in EBMT Registry: _____

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

IMMUNOSUPPRESSION**Drugs used during this IST episode (check at least one):**

Drug given	Start Date (YYYY/MM/DD)	Stop Date (YYYY/MM/DD)
<input type="checkbox"/> Alemtuzumab	____/____/____	____/____/____
<input type="checkbox"/> Anti-CD20 antibodies	____/____/____	____/____/____
<input type="checkbox"/> Anti-Thymocyte Globulin (ATG) Product name: _____ Origin: <input type="checkbox"/> Rabbit <input type="checkbox"/> Horse <input type="checkbox"/> Other; specify: _____	____/____/____	____/____/____
<input type="checkbox"/> Beclometasone	____/____/____	____/____/____
<input type="checkbox"/> Budesonide (for systemic immunosuppression)	____/____/____	____/____/____
<input type="checkbox"/> Cyclophosphamide	____/____/____	____/____/____
<input type="checkbox"/> Cyclosporine	____/____/____	____/____/____
<input type="checkbox"/> Danazol	____/____/____	____/____/____
<input type="checkbox"/> Dexamethasone	____/____/____	____/____/____
<input type="checkbox"/> Eltrombopag	____/____/____	____/____/____
<input type="checkbox"/> Etiocholanolone	____/____/____	____/____/____
<input type="checkbox"/> Filgrastim	____/____/____	____/____/____
<input type="checkbox"/> Flouxymesterone	____/____/____	____/____/____
<input type="checkbox"/> Lenograstim	____/____/____	____/____/____
<input type="checkbox"/> Methylprednisolone	____/____/____	____/____/____
<input type="checkbox"/> Mycophenolate mofetil	____/____/____	____/____/____
<input type="checkbox"/> Nandrolone	____/____/____	____/____/____
<input type="checkbox"/> Norethandrolone	____/____/____	____/____/____
<input type="checkbox"/> Oxandrolone	____/____/____	____/____/____
<input type="checkbox"/> Oxymetholone	____/____/____	____/____/____
<input type="checkbox"/> Pegfilgrastim	____/____/____	____/____/____
<input type="checkbox"/> Prednisolone	____/____/____	____/____/____
<input type="checkbox"/> Romiplostim	____/____/____	____/____/____
<input type="checkbox"/> Testosterone	____/____/____	____/____/____
<input type="checkbox"/> Other; specify*: _____	____/____/____	____/____/____

*Please consult the **LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS** on the EBMT website for drugs/regimens names***proceed to form DISEASE STATUS AT HCT/CT/GT/IST***

IMMUNOSUPPRESSION

Drugs used during this IST episode (check at least one):

Drug given	Dose of drugs	Units of measurement
<input type="checkbox"/> Alemtuzumab	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Anti-CD20 antibodies	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Anti-Thymocyte Globulin (ATG) Product name: _____ Origin: <input type="checkbox"/> Rabbit <input type="checkbox"/> Horse <input type="checkbox"/> Other; specify: _____	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Beclometasone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Budesonide (for systemic immunosuppression)	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Cyclophosphamide	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Cyclosporine	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Danazol	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Dexamethasone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Eltrombopag	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Etiocholanolone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Filgrastim	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Fluoxymesterone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Lenograstim	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Methylprednisolone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Mycophenolate mofetil	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Nandrolone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Norethandrolone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Oxandrolone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Oxymetholone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Pegfilgrastim	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Prednisolone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Romiplostim	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Testosterone	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg
<input type="checkbox"/> Other; specify*: _____	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> g/m ² <input type="checkbox"/> g/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/m ² <input type="checkbox"/> mg/kg

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