



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)

## 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)

<input type="checkbox"/> Relapse or progression/persistent disease	
<input type="checkbox"/> Secondary malignancy	
<input type="checkbox"/> CT-related	<b>Select treatment related cause:</b> <i>(select all that apply)</i> <input type="checkbox"/> Graft versus Host Disease <input type="checkbox"/> Non-infectious complication <input type="checkbox"/> Infectious complication: <i>(select all that apply)</i> <input type="checkbox"/> Bacterial infection <input type="checkbox"/> Viral infection <input type="checkbox"/> Fungal infection <input type="checkbox"/> Parasitic infection <input type="checkbox"/> Infection with unknown pathogen <input type="checkbox"/> Other treatment related cause of death; specify: _____
<input type="checkbox"/> HCT-related	
<input type="checkbox"/> GT-related	
<input type="checkbox"/> IST-related	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other cause of death; specify: _____	

**Total number of lines from diagnosis to this treatment (HCT/CT/IST/GT), including this treatment:** \_\_\_\_\_

*Consult the completion guidelines for the definition per diagnosis*



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**PATIENT STATUS**  
(All Diagnoses)

Performance status at initiation of HCT/CT/GT/IST :

Type of scale used:

Score:

<b>Karnofsky/Lansky</b>	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> 70	<input type="checkbox"/> 80	<input type="checkbox"/> 90	<input type="checkbox"/> 100	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>ECOG</b>	<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			

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): \_\_\_\_\_

If the patient is younger than 2 years:

Patient age at initiation of HCT/CT/GT/IST (months): \_\_\_\_\_

Patient EBV status:

Patient CMV status:

 Negative Negative Positive Positive Not evaluated Not evaluated Unknown Unknown

Was a splenectomy performed?

 No Yes; Date of splenectomy \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown Unknown

### COMORBIDITY INDEX

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

**COMORBIDITY INDEX continued**

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

**Congenital comorbidity**

- Down syndrome (congenital trisomy 21):**  No  Yes
- Nijmegen breakage syndrome:**  No  Yes
- Ataxia-Teleangiectasia :**  No  Yes
- Other congenital syndrome:**  No  Yes, specify: \_\_\_\_\_

*Inborn Errors of Immunity only*

COMORBIDITY:                      Definition:

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



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**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	<i>Go to page 9</i>
Chronic leukaemias - Chronic Myeloid Leukaemias (CML)	<i>Go to page 11</i>
Chronic leukaemias - Chronic Lymphocytic Leukaemias (CLL)	<i>Go to page 13</i>
Chronic leukaemias - Prolymphocytic (PLL) and Other Chronic Leukaemias	<i>Go to page 14</i>
Lymphomas	<i>Go to page 15</i>
Myelodysplastic Neoplasms (MDS)	<i>Go to page 17</i>
MDS/MPN Overlap Syndromes	<i>Go to page 19</i>
Myeloproliferative Neoplasms (MPN)	<i>Go to page 21</i>
Plasma Cell Neoplasms (PCN)	<i>Go to page 28</i>
Solid Tumours	<i>Go to page 30</i>
Autoimmune Diseases	<i>Go to page 31</i>
Haemoglobinopathies	<i>Go to page 32</i>
Inborn errors	<i>Go to page 35</i>
Bone Marrow Failure Syndromes (BMF) including Aplastic Anaemia (AA)	<i>Go to page 37</i>

## ACUTE LEUKAEMIAS

### Status at HCT/CT/GT/IST treatment

**Status:**

- Primary induction failure
- 1<sup>st</sup> complete remission (BM blast <=5% and no extra-medullary disease)
- 1<sup>st</sup> relapse
- 2<sup>nd</sup> complete remission (BM blast <=5% and no extra-medullary disease)
- 2<sup>nd</sup> relapse
- 3<sup>rd</sup> or higher complete remission (BM blast <=5% and no extra-medullary disease)
- 3<sup>rd</sup> or higher relapse
- Untreated/ Upfront
- Non blastic pancytopenia
- Unknown
- Not evaluated

**Haematological lineages recovery:**  Complete  Incomplete  Unknown  Not evaluated

*Complete this section only if the disease status is CR*

**Minimal residual disease (MRD) at initiation of treatment:**

- Negative
- Positive
- Unknown
- Not evaluated

**Method used:**

*(select all that apply)*

- PCR
- Flow cytometry
- NGS
- Other; specify: \_\_\_\_\_
- Unknown

## ACUTE LEUKAEMIAS continued

### Status at HCT/CT/GT/IST treatment

**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

**Circulating blasts in peripheral blood %:** \_\_\_\_\_  Not evaluated  Unknown

For all disease status except primary induction failure/upfront:

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

For all disease status except primary induction failure, 1<sup>st</sup> complete remission and untreated/ upfront :

**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)*

#### 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

## CHRONIC LEUKAEMIAS

### Chronic Myeloid Leukaemias (CML)

#### Status at HCT/CT/GT/IST treatment

**Status:**

<input type="checkbox"/> Chronic phase (CP) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 25%;"><u>Number:</u></td> <td style="width: 25%;"><u>Haematological remission:</u></td> <td style="width: 25%;"><u>Cytogenetic remission:</u></td> <td style="width: 25%;"><u>Molecular remission:</u></td> </tr> <tr> <td><input type="checkbox"/> 1<sup>st</sup></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 2<sup>nd</sup></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> 3<sup>rd</sup> or higher</td> <td><input type="checkbox"/> Not evaluated</td> <td><input type="checkbox"/> Not evaluated</td> <td><input type="checkbox"/> Not evaluated</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>Number:</u>	<u>Haematological remission:</u>	<u>Cytogenetic remission:</u>	<u>Molecular remission:</u>	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 3 <sup>rd</sup> or higher	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<u>Number:</u>	<u>Haematological remission:</u>	<u>Cytogenetic remission:</u>	<u>Molecular remission:</u>																	
<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No																	
<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes																	
<input type="checkbox"/> 3 <sup>rd</sup> or higher	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Not evaluated																	
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<input type="checkbox"/> Accelerated phase <table style="width: 100%; margin-top: 5px;"> <tr> <td><u>Number:</u></td> </tr> <tr> <td><input type="checkbox"/> 1<sup>st</sup></td> </tr> <tr> <td><input type="checkbox"/> 2<sup>nd</sup></td> </tr> <tr> <td><input type="checkbox"/> 3<sup>rd</sup> or higher</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>Number:</u>	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> or higher	<input type="checkbox"/> Unknown															
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<input type="checkbox"/> 3 <sup>rd</sup> or higher																				
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<input type="checkbox"/> Blast crisis <table style="width: 100%; margin-top: 5px;"> <tr> <td><u>Number:</u></td> </tr> <tr> <td><input type="checkbox"/> 1<sup>st</sup></td> </tr> <tr> <td><input type="checkbox"/> 2<sup>nd</sup></td> </tr> <tr> <td><input type="checkbox"/> 3<sup>rd</sup> or higher</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>Number:</u>	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> or higher	<input type="checkbox"/> Unknown															
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<input type="checkbox"/> 2 <sup>nd</sup>																				
<input type="checkbox"/> 3 <sup>rd</sup> or higher																				
<input type="checkbox"/> Unknown																				
<input type="checkbox"/> Not evaluated <hr/> <input type="checkbox"/> Unknown																				



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Treatment Type  HCT  CT  GT  IST  Other

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

**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
- Unknown

**Method used:**

*(select all that apply)*

- PCR
- Flow cytometry
- NGS
- Other; specify: \_\_\_\_\_
- 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)

**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/ radiorefractory relapse or progression, including primary refractory disease

 Histopathological verification of relapse:  No  Yes

 Complete remission (CR):

**Chronological number of this Complete remission:** \_\_\_\_\_

 Partial remission (PR):

**Chronological number of this Partial remission:** \_\_\_\_\_

 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

**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 (x 10<sup>9</sup>/L):** \_\_\_\_\_ (at the start of preparatory regimen)

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)

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

**History of bispecific or trispecific immunotherapy (non-CAR-T) before this HCT/CT?**

- No  
 Yes Ensure the treatment is reported via the 'Treatment non HCT/CT/GT/IST' form  
 Unknown

**History of checkpoint inhibitor (non-CAR-T) therapy before this HCT/CT?**

- No  
 Yes Ensure the treatment is reported via the 'Treatment non HCT/CT/GT/IST' form  
 Unknown

## 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:**

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

- IPSS-R:**
- Very Low ( $\leq 1.5$ )
  - Low ( $>1.5$  to 3)
  - Intermediate ( $>3$  to 4.5)
  - High ( $>4.5$  to 6)
  - Very High ( $>6$ )
  - Unknown

- IPSS-M:**
- Very Low ( $\leq -1.5$ )
  - 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):**

<input type="checkbox"/> Chronic myelomonocytic leukaemia (CMML), CMML): <b>CMML subtype:</b>	<input type="checkbox"/> Myelodysplastic <input type="checkbox"/> Myeloproliferative  <b>CMML subgroup:</b>
	<input type="checkbox"/> CMML-1 <input type="checkbox"/> CMML-2 <input type="checkbox"/> Unknown
<input type="checkbox"/> MDS/MPN with SF3B1 mutation and thrombocytosis	
<input type="checkbox"/> MDS/MPN with neutrophilia (Atypical CML BCR-ABL1 negative)	
<input type="checkbox"/> MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)	
<input type="checkbox"/> MDS/MPN not otherwise specified (NOS)	

**Status:**

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

**CPSS (for CMML only):**

Low  
 Intermediate-1  
 Intermediate-2  
 High  
 Unknown

**CPSS-Mol (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):**

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

*If transformation to myelofibrosis from PV/ET:*

**Date of MF transformation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

*If transformation to AML:*

**Date of AML transformation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**Status:**

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

**Number of CR achieved after AML transformation:** \_\_\_\_\_

(Only for Transformed to AML)

## 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 after JAK inhibitor exposure:**

<input type="checkbox"/> Spleen response
<input type="checkbox"/> Symptoms response
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Primary resistance
<input type="checkbox"/> Unknown
<input type="checkbox"/> 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:**

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

**Method used:**

*(select all that apply)*

- PCR
- Flow cytometry
- NGS
- Other; specify: \_\_\_\_\_
- Unknown



EBMT Centre Identification Code (CIC): \_\_\_\_\_

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Patient Number in EBMT Registry: \_\_\_\_\_

Treatment Type  HCT  CT  GT  IST  Other

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

## PLASMA CELL NEOPLASMS (PCN)

### Status at HCT/CT/GT/IST treatment

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

<input type="checkbox"/> No				
<input type="checkbox"/> Yes	EMD diagnosed on MRI	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	EMD diagnosed on PET-CT	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	Location of EMD	<input type="checkbox"/> Paraskeletal	<input type="checkbox"/> Organ	<input type="checkbox"/> Both <input type="checkbox"/> Unknown
	Specify organ: _____	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Unknown				
<input type="checkbox"/> Not evaluated				

**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:**

<input type="checkbox"/> Adjuvant
<input type="checkbox"/> Complete remission (CR): <input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed <input type="checkbox"/> Unknown
<input type="checkbox"/> First Partial remission
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Progressive disease
<input type="checkbox"/> Relapse: <input type="checkbox"/> Resistant <input type="checkbox"/> Sensitive <input type="checkbox"/> Unknown
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Never treated (upfront)
<input type="checkbox"/> Unknown
<input type="checkbox"/> 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 SSc 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 or mcg/L): \_\_\_\_\_  Not evaluated  Unknown

Year of initiation of transfusions: \_\_\_\_\_  Unknown

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

Transfusion level in the 12 months prior to the transplant (units mL/kg/year): \_\_\_\_\_  Unknown

Red cell exchange (RCE)?  No  Yes  Unknown

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: **MRI/FibroScan dosage:**  <8 kPa  >=8 kPa  Unknown

**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	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Hypoparathyroidism	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Diabetes mellitus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Osteoporosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Gonadal dysfunction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Growth impairment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated

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

**Cerebrovascular disease**

Abnormal Doppler	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Stroke	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Haemorrhage	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Arteriopathy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Moyamoya disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Silent infarcts	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated

**Renal involvement**

Microalbumin level (mg/g)	_____	<input type="checkbox"/> Not evaluated
Glomerular filtration rate (mL/min/1.73m <sup>2</sup> )	_____	<input type="checkbox"/> Not evaluated
Avascular necrosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Hyperhaemolysis or autoimmune haemolytic anaemia:	<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Hyperhaemolysis <input type="checkbox"/> Autoimmune haemolytic anaemia
	<input type="checkbox"/> Not evaluated	

**Other SCD related complications**

Acute chest syndrome	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Vaso-occlusive crisis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Priapism	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Pulmonary hypertension	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Chronic lung disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated



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Treatment Type  HCT  CT  GT  IST  Other

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

## 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): _____ <input type="checkbox"/> Not evaluated	Cells/ $\mu$ L
CD4 T-cells (CD4): _____ <input type="checkbox"/> Not evaluated	Cells/ $\mu$ L
CD8 T-cells (CD8): _____ <input type="checkbox"/> Not evaluated	Cells/ $\mu$ L
B-cells (CD19): _____ <input type="checkbox"/> Not evaluated	Cells/ $\mu$ L
NK-cells (CD16/CD56): _____ <input type="checkbox"/> Not evaluated	Cells/ $\mu$ L
Naive CD4 T-cells (CD4/CD45RA): _____ <input type="checkbox"/> Not evaluated	<input type="checkbox"/> % of CD4 <input type="checkbox"/> Cells/ $\mu$ L
Naive CD8 T-cells (CD8/CD45RA): _____ <input type="checkbox"/> Not evaluated	<input type="checkbox"/> % of CD8 <input type="checkbox"/> Cells/ $\mu$ L
IgG: _____ <input type="checkbox"/> Not evaluated	Gram/L
IgA: _____ <input type="checkbox"/> Not evaluated	Gram/L
IgM: _____ <input type="checkbox"/> Not evaluated	Gram/L



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)

## 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



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)

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

**Serology**

Ferritin level (ng/mL): \_\_\_\_\_  Not evaluated  Unknown