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)*

<table>
<tr><td colspan="2">☐ Relapse or progression/persistent disease</td></tr>
<tr><td colspan="2">☐ Secondary malignancy</td></tr>
<tr><td>☐ CT-related</td><td rowspan="5">Select treatment related cause: (select all that apply)<br>☐ Graft versus Host Disease<br>☐ Non-infectious complication<br>☐ Infectious complication:<br>(select all that apply)<br>☐ Bacterial infection<br>☐ Viral infection<br>☐ Fungal infection<br>☐ Parasitic infection<br>☐ Infection with unknown pathogen<br>☐ Other treatment related cause of death; specify: _____</td></tr>
<tr><td>☐ HCT-related</td></tr>
<tr><td>☐ GT-related</td></tr>
<tr><td>☐ IST-related</td></tr>
<tr><td colspan="2">☐ Unknown</td></tr>
<tr><td colspan="2">☐ Other cause of death; specify: _____</td></tr>
</table>

**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*

## PATIENT STATUS
(All Diagnoses)

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

| **Type of scale used:** | **Score:** |
|---|---|
| **Karnofsky/Lansky** | ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90 ☐ 100 ☐ Not evaluated ☐ Unknown |
| **ECOG** | ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not evaluated ☐ 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:**
- ☐ Negative
- ☐ Positive
- ☐ Not evaluated
- ☐ Unknown

**Patient CMV status:**
- ☐ Negative
- ☐ Positive
- ☐ Not evaluated
- ☐ Unknown

**Was a splenectomy performed?**

- ☐ No
- ☐ Yes; **Date of splenectomy** _ _ _ _/ _ _/ _ _ ***(YYYY/MM/DD)*** ☐ Unknown
- ☐ Unknown

## COMORBIDITY INDEX

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

## COMORBIDITY INDEX continued

*Sorror 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) | ☐ No | ☐ Yes | ☐ Not evaluated |
| Previous haematological malignancy | Leukaemia, lymphoma, myelodysplastic syndrome (MDS) | ☐ No | ☐ Yes | ☐ Not evaluated |
| Failure to thrive | Weight <3rd percentile or requirement for (par)enteral feeding | ☐ No | ☐ Yes | ☐ Not evaluated |
| Active infection at HCT | Any infection requiring therapy in the immediate pre HCT period | ☐ No | ☐ Yes | ☐ Not evaluated |
| Lymphoproliferation | I.e. splenomegaly, organ specific lymphoproliferation | ☐ No | ☐ Yes | ☐ Not evaluated |
| Pre-HCT organ impairment | Infectious or non-infectious (including neurologic) | ☐ No | ☐ Yes | ☐ Not evaluated |
| Autoimmunity/autoinflammation | Active at HCT (includes patients in remission but on immunomodulatory treatment within 3 months before HCT) | ☐ No | ☐ Yes | ☐ 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 <u>major</u> 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

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

**Status:**

- ☐ Primary induction failure
- ☐ 1st complete remission (BM blast <=5% and no extra-medullary disease)
- ☐ 1st relapse
- ☐ 2nd complete remission (BM blast <=5% and no extra-medullary disease)
- ☐ 2nd relapse
- ☐ 3rd or higher complete remission (BM blast <=5% and no extra-medullary disease)
- ☐ 3rd 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 ,1st 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:**

☐ Chronic phase (CP)

| Number: | Haematological remission: | Cytogenetic remission: | Molecular remission: |
|---|---|---|---|
| ☐ 1st | ☐ No | ☐ No | ☐ No |
| ☐ 2nd | ☐ Yes | ☐ Yes | ☐ Yes |
| ☐ 3rd or higher | ☐ Not evaluated | ☐ Not evaluated | ☐ Not evaluated |
| ☐ Unknown | ☐ Unknown | ☐ Unknown | ☐ Unknown |

☐ Accelerated phase

Number:
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher
- ☐ Unknown

☐ Blast crisis

Number:
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher
- ☐ Unknown

☐ Not evaluated

☐ Unknown

# 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

# 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/ radioreferactory relapse or progression, including primary refractory disease<br>Histopathological verification of relapse: ☐ No ☐ Yes |
| ☐ Complete remission (CR):<br>**Chronological number of this Complete remission:**_____ |
| ☐ Partial remission (PR):<br>**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)<br>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:<br>(at the start of preparatory regimen) | ☐ No | ☐ Yes | ☐ Not evaluated | | |
| **Haemoglobin < 12g/dL:**<br>(at the start of preparatory regimen) | ☐ No | ☐ Yes | ☐ Not evaluated | | |
| **White Blood Cell count (x $10^9$/L):**<br>(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)

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

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

**IPSS-R:**

- ☐ Very Low (≤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 (≤-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):**

☐ Chronic myelomonocytic leukaemia (CMMoL, CMML): **CMML subtype:** ☐ Myelodysplastic ☐ Myeloproliferative
**CMML subgroup:** ☐ CMML-1 ☐ CMML-2 ☐ Unknown

☐ MDS/MPN with SF3B1 mutation and thrombocytosis

☐ MDS/MPN with neutrophilia (Atypical CML BCR-ABL1 negative)

☐ MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)

☐ MDS/MPN not otherwise specified (NOS)

**Status:**

☐ Complete remission (CR) — Number: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown

☐ Improvement but no CR

☐ Primary refractory phase (no change)

☐ Relapse — Number: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown

☐ Progression/Worsening

☐ Never treated (supportive care or treatment without chemotherapy)

☐ Not evaluated

☐ Unknown

**CPSS** (for CMML only): ☐ Low ☐ Intermediate-1 ☐ Intermediate-2 ☐ High ☐ Unknown

**CPSS-MoI** (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):**

| |
|---|
| ☐ Primary myelofibrosis (Chronic idiopathic myelofibrosis; fibrosis with myeloid metaplasia) |
| ☐ Secondary myelofibrosis (Transformed to myelofibrosis from PV/ET) |
| ☐ 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 |
| ☐ Aggressive systemic mastocytosis |
| ☐ Systemic mastocytosis with an associated haematologic neoplasm (SM-AHD) |
| ☐ 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 rearragement |
| ☐ MLN-TK with FLT3 rearrangement |
| ☐ MLN-TK with ETV6::ABL1 fusion |
| ☐ Transformed to AML |
| ☐ MPN not otherwise specified (NOS) |
| ☐ 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:**

| | | | | | |
|---|---|---|---|---|---|
| ☐ Complete remission (CR) | Number: | ☐ 1st | ☐ 2nd | ☐ 3rd or higher | ☐ Unknown |
| ☐ Improvement but no CR | | | | | |
| ☐ Primary refractory phase (no change) | | | | | |
| ☐ Relapse | Number: | ☐ 1st | ☐ 2nd | ☐ 3rd or higher | ☐ Unknown |
| ☐ Progression/Worsening | | | | | |
| ☐ Never treated (supportive care or treatment without chemotherapy) | | | | | |
| ☐ Not evaluated | | | | | |
| ☐ 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:**

| |
|---|
| ☐ Spleen response |
| ☐ Symptoms response |
| ☐ Stable disease (no change, no response/loss of response) |
| ☐ Primary resistance |
| ☐ Unknown |
| ☐ 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:**

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

# PLASMA CELL NEOPLASMS (PCN)
## Status at HCT/CT/GT/IST treatment

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

| | | |
|---|---|---|
| ☐ No | | |
| ☐ Yes | EMD diagnosed on MRI | ☐ No ☐ Yes ☐ Unknown |
| | EMD diagnosed on PET-CT | ☐ No ☐ Yes ☐ Unknown |
| | Location of EMD | ☐ Paraskeletal ☐ Organ ☐ Both ☐ Unknown |
| | Specify organ: _____ | ☐ Unknown |
| ☐ Unknown | | |
| ☐ 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:**

- ☐ Adjuvant
- ☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed ☐ Unknown
- ☐ First Partial remission
- ☐ Partial remission (PR)
- ☐ Progressive disease
- ☐ Relapse: ☐ Resistant ☐ Sensitive ☐ Unknown
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Never treated (upfront)
- ☐ Unknown
- ☐ 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 | ☐ No | ☐ Yes | ☐ Not evaluated |
| Hypoparathyroidism | ☐ No | ☐ Yes | ☐ Not evaluated |
| Diabetes mellitus | ☐ No | ☐ Yes | ☐ Not evaluated |
| Osteoporosis | ☐ No | ☐ Yes | ☐ Not evaluated |
| Gonadal dysfunction | ☐ No | ☐ Yes | ☐ Not evaluated |
| Growth impairment | ☐ No | ☐ Yes | ☐ Not evaluated |

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

☐ **Cerebrovascular disease**

| | | | |
|---|---|---|---|
| Abnormal Doppler | ☐ No | ☐ Yes | ☐ Not evaluated |
| Stroke | ☐ No | ☐ Yes | ☐ Not evaluated |
| Haemorrhage | ☐ No | ☐ Yes | ☐ Not evaluated |
| Arteriopathy | ☐ No | ☐ Yes | ☐ Not evaluated |
| Moyamoya disease | ☐ No | ☐ Yes | ☐ Not evaluated |
| Silent infarcts | ☐ No | ☐ Yes | ☐ Not evaluated |

☐ **Renal involvement**

Microalbumin level (mg/g) _____ ☐ Not evaluated

Glomerular filtration rate (mL/min/1.73m$^2$) _____ ☐ Not evaluated

Avascular necrosis ☐ No ☐ Yes ☐ Not evaluated

Hyperhaemolysis or autoimmune haemolytic anaemia:
☐ No
☐ Yes: ☐ Hyperhaemolysis ☐ Autoimmune haemolytic anaemia
☐ Not evaluated

☐ **Other SCD related complications**

| | | | |
|---|---|---|---|
| Acute chest syndrome | ☐ No | ☐ Yes | ☐ Not evaluated |
| Vaso-occlusive crisis | ☐ No | ☐ Yes | ☐ Not evaluated |
| Priapism | ☐ No | ☐ Yes | ☐ Not evaluated |
| Pulmonary hypertension | ☐ No | ☐ Yes | ☐ Not evaluated |
| Chronic lung disease | ☐ No | ☐ Yes | ☐ Not evaluated |

# 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): _____ | ☐ Not evaluated | Cells/µL |
| CD4 T-cells (CD4): _____ | ☐ Not evaluated | Cells/µL |
| CD8 T-cells (CD8): _____ | ☐ Not evaluated | Cells/µL |
| B-cells (CD19): _____ | ☐ Not evaluated | Cells/µL |
| NK-cells (CD16/CD56): _____ | ☐ Not evaluated | Cells/µL |
| Naive CD4 T-cells (CD4/CD45RA): _____ | ☐ Not evaluated | ☐ % of CD4 ☐ Cells/µL |
| Naive CD8 T-cells (CD8/CD45RA): _____ | ☐ Not evaluated | ☐ % of CD8 ☐ Cells/µL |
| IgG: _____ | ☐ Not evaluated | Gram/L |
| IgA: _____ | ☐ Not evaluated | Gram/L |
| IgM: _____ | ☐ Not evaluated | Gram/L |

# 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

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

### Serology

**Ferritin level (ng/mL):** _____ ☐ Not evaluated ☐ Unknown