

# Blood and Marrow Transplant Clinical Trials Network

## Adverse Event Form (AE1)

Web Version: 1.0; 5.00; 01-28-16

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status:(AVSTATUS)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason



If Other, specify reason for deactivation:(AESPEC1)

2. Record date transplant center became aware of the event:(AVAWARDT)

 (mm/dd/yyyy)

3. Indicate weight at time of the event:(AVWGHTKG)

 (xxx.x) kg

4. Was this event expected or anticipated?(AVEXPECT)

- 1 - Yes  2 - No



5. Record the severity of event:(AVEVENT)

- 1 - Mild
- 2 - Moderate
- 3 - Severe
- 4 - Life Threatening
- 5 - Fatal



6. What is the relationship to study therapy/intervention:(AVRELAT)

- 1 - Unrelated
- 2 - Unlikely
- 3 - Possible
- 4 - Probable
- 5 - Definite

7. Is there an alternative etiology:(AVETIOL)

- 0 - None Apparent
- 1 - Study Disease
- 2 - Other Pre-Existing Disease or Condition
- 3 - Accident, Trauma, or External Factors
- 4 - Concurrent Illness/Condition (Not Pre-Existing)

8. What is the effect on study therapy/intervention schedule:(AVEFFECT)

- 1 - No Change - Completed
- 2 - No Change - Ongoing
- 3 - Dose Modified
- 4 - Temporarily Stopped
- 5 - Permanently Stopped

9. Record the most severe outcome of the event:(AVOUTCOM)

- 1 - Resolved, No Residual Effects
- 2 - Resolved with Sequelae
- 3 - Persistent Condition
- 4 - Resolved by Death



10. Record the date of resolution:(AVRESDT)

 (mm/dd/yyyy)

11. Was this event associated with:(AVASSOCI)

- 0 - None of the Following
- 1 - Death
- 2 - Life-Threatening Event
- 3 - Disability
- 4 - Congenital Anomaly
- \*Additional Options Listed Below



Comments:(AE1COMM)

## Additional Selection Options for AE1

**Was this event associated with:**

5 - Required Intervention to Prevent Permanent Impairment or Damage

6 - Hospitalization (Initial or Prolonged)

9 - Other SAE

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AE Summary Form (AE2)

Web Version: 1.0; 3.12; 10-16-15

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_A)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

Relevant Past Medical History

2. Does the patient have any relevant history, including pre-existing medical conditions? (SEMEDHXS)  1 - Yes  2 - No

If Yes, include any relevant history, including preexisting medical conditions below.

(SEMEDHX)

3. Event Summary

Include clinical history of event, associated signs and symptoms, alternative etiologies being considered and medical management below.

(SESUMM)

4. Initial submitter: (SEISUBBY)

Name:  Date: (SEISUBDT)  (mm/dd /yyy)

5. Authorized submitter: (SEASUBBY)

Name:  Date: (SEASUBDT)  (mm/dd /yyy)

## Blood and Marrow Transplant Clinical Trials Network

### AE Therapy Form (AE3)

Web Version: 1.0; 4.05; 10-16-15

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_B)

1 - Keep report active  
 2 - Deactivate - Report filed in error  
 3 - Deactivate - Key field error  
 9 - Deactivate - Other reason

### Study Product/Suspect Medication Data

2. Was the patient receiving any study products/suspect medications?(RCVSP)  1 - Yes  2 - No

If Yes, list the study product/suspect medications the subject was taking in the grid below.

Study Product Name (Note: if blinded, indicate as such)	Dose of Study Product(s) at SAE Onset	Route of Study Product(s) at SAE Onset	Schedule of Study Product(s) at SAE Onset	Date Study Product First Started (mm/dd/yyyy)	Date Study Product Last Taken (mm/dd/yyyy)	Reason for Use
(SPNAME1)	(SP1DOSE)	(SP1ROUTE)	(SP1SCHED)	(SP1STDT)	(SP1SPDT)	(SP1REASO)
(SPNAME2)	(SP2DOSE)	(SP2ROUTE)	(SP2SCHED)	(SP2STDT)	(SP2SPDT)	(SP2REASO)
(SPNAME3)	(SP3DOSE)	(SP3ROUTE)	(SP3SCHED)	(SP3STDT)	(SP3SPDT)	(SP3REASO)
(SPNAME4)	(SP4DOSE)	(SP4ROUTE)	(SP4SCHED)	(SP4STDT)	(SP4SPDT)	(SP4REASO)
(SPNAME5)	(SP5DOSE)	(SP5ROUTE)	(SP5SCHED)	(SP5STDT)	(SP5SPDT)	(SP5REASO)

### Concomitant Medications

3. Was the patient taking any concomitant medications?(RCVCONMD)  1 - Yes  2 - No

If Yes, list the concomitant medications the patient was taking up to 1 month prior to SAE onset in the grid below.

Medication	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Dose, Route, Schedule	Indication
(CONMED1)	(CM1STDT)	(CM1SPDT)	(CM1DOSE)	(CM1INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED2)	(CM2STDT)	(CM2SPDT)	(CM2DOSE)	(CM2INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED3)	(CM3STDT)	(CM3SPDT)	(CM3DOSE)	(CM3INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED4)	(CM4STDT)	(CM4SPDT)	(CM4DOSE)	(CM4INDIC)

				1 - Treatment of adverse event 9 - Other
(CONMED5)	(CM5STDY)	(CM5SPDY)	(CM5DOSE)	(CM5INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED6)	(CM6STDY)	(CM6SPDY)	(CM6DOSE)	(CM6INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED7)	(CM7STDY)	(CM7SPDY)	(CM7DOSE)	(CM7INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED8)	(CM8STDY)	(CM8SPDY)	(CM8DOSE)	(CM8INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED9)	(CM9STDY)	(CM9SPDY)	(CM9DOSE)	(CM9INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED10)	(CM10STDY)	(CM10SPDY)	(CM10DOSE)	(CM10INDI) 1 - Treatment of adverse event 9 - Other
(CONMED11)	(CM11STDY)	(CM11SPDY)	(CM11DOSE)	(CM11INDI) 1 - Treatment of adverse event 9 - Other
(CONMED12)	(CM12STDY)	(CM12SPDY)	(CM12DOSE)	(CM12INDI) 1 - Treatment of adverse event 9 - Other
(CONMED13)	(CM13STDY)	(CM13SPDY)	(CM13DOSE)	(CM13INDI) 1 - Treatment of adverse event 9 - Other
(CONMED14)	(CM14STDY)	(CM14SPDY)	(CM14DOSE)	(CM14INDI) 1 - Treatment of adverse event 9 - Other
(CONMED15)	(CM15STDY)	(CM15SPDY)	(CM15DOSE)	(CM15INDI) 1 - Treatment of adverse event 9 - Other
(CONMED16)	(CM16STDY)	(CM16SPDY)	(CM16DOSE)	(CM16INDI) 1 - Treatment of adverse event 9 - Other
(CONMED17)	(CM17STDY)	(CM17SPDY)	(CM17DOSE)	(CM17INDI) 1 - Treatment of adverse event 9 - Other
(CONMED18)	(CM18STDY)	(CM18SPDY)	(CM18DOSE)	(CM18INDI) 1 - Treatment of adverse event 9 - Other

(CONMED19) <input type="text"/>	(CM19STDT) <input type="text"/>	(CM19SPDT) <input type="text"/>	(CM19DOSE) <input type="text"/>	(CM19INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED20) <input type="text"/>	(CM20STDT) <input type="text"/>	(CM20SPDT) <input type="text"/>	(CM20DOSE) <input type="text"/>	(CM20INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED21) <input type="text"/>	(CM21STDT) <input type="text"/>	(CM21SPDT) <input type="text"/>	(CM21DOSE) <input type="text"/>	(CM21INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED22) <input type="text"/>	(CM22STDT) <input type="text"/>	(CM22SPDT) <input type="text"/>	(CM22DOSE) <input type="text"/>	(CM22INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED23) <input type="text"/>	(CM23STDT) <input type="text"/>	(CM23SPDT) <input type="text"/>	(CM23DOSE) <input type="text"/>	(CM23INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED24) <input type="text"/>	(CM24STDT) <input type="text"/>	(CM24SPDT) <input type="text"/>	(CM24DOSE) <input type="text"/>	(CM24INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>
(CONMED25) <input type="text"/>	(CM25STDT) <input type="text"/>	(CM25SPDT) <input type="text"/>	(CM25DOSE) <input type="text"/>	(CM25INDI) 1 - Treatment of adverse event 9 - Other <input type="text"/>

Comments:(AE3COMM)

## Blood and Marrow Transplant Clinical Trials Network

### AE Laboratory/Diagnostics Form (AE4)

Web Version: 1.0; 3.12; 06-16-16

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_C)

1 - Keep report active  
 2 - Deactivate - Report filed in error  
 3 - Deactivate - Key field error  
 9 - Deactivate - Other reason

#### Laboratory Test Results

2. Were relevant laboratory tests performed? (LABSTPF)

1 - Yes     2 - No

If Yes, record the relevant laboratory test results in the grid below.

Test	Collection Date (mm/dd/yyyy)	Result (Include units)	Site Normal Range (Include units)	Lab Value Previous to this SAE (Include units)	Collection Date for Previous Lab (mm/dd/yyyy)
(ADLTST1)	(ADL1CD)	(ADL1RES)	(ADL1NORG)	(ADL1PRVL)	(ADL1PCD)
(ADLTST2)	(ADL2CD)	(ADL2RES)	(ADL2NORG)	(ADL2PRVL)	(ADL2PCD)
(ADLTST3)	(ADL3CD)	(ADL3RES)	(ADL3NORG)	(ADL3PRVL)	(ADL3PCD)
(ADLTST4)	(ADL4CD)	(ADL4RES)	(ADL4NORG)	(ADL4PRVL)	(ADL4PCD)
(ADLTST5)	(ADL5CD)	(ADL5RES)	(ADL5NORG)	(ADL5PRVL)	(ADL5PCD)
(ADLTST6)	(ADL6CD)	(ADL6RES)	(ADL6NORG)	(ADL6PRVL)	(ADL6PCD)
(ADLTST7)	(ADL7CD)	(ADL7RES)	(ADL7NORG)	(ADL7PRVL)	(ADL7PCD)
(ADLTST8)	(ADL8CD)	(ADL8RES)	(ADL8NORG)	(ADL8PRVL)	(ADL8PCD)
(ADLTST9)	(ADL9CD)	(ADL9RES)	(ADL9NORG)	(ADL9PRVL)	(ADL9PCD)
(ADLTST10)	(ADL10CD)	(ADL10RES)	(ADL10NRG)	(ADL10PVL)	(ADL10PCD)

#### Diagnostic Tests (EX: MR, CT Scan, Ultrasound)

3. Were relevant diagnostic tests performed? (DXSTPF)

1 - Yes     2 - No

If Yes, record the relevant diagnostic test results in the grid below. Submit copies of the diagnostic test if available.

Test	Date Performed (mm/dd/yyyy)	Results/Comments
(ADDTS1)	(AD1DTDAT)	(AD1DTRES)

(ADDTS2)	<input type="text"/>	(AD2DTDAT)	<input type="text"/>	(AD2DTRES)	<input type="text"/>
(ADDTS3)	<input type="text"/>	(AD3DTDAT)	<input type="text"/>	(AD3DTRES)	<input type="text"/>
(ADDTS4)	<input type="text"/>	(AD4DTDAT)	<input type="text"/>	(AD4DTRES)	<input type="text"/>
(ADDTS5)	<input type="text"/>	(AD5DTDAT)	<input type="text"/>	(AD5DTRES)	<input type="text"/>
(ADDTS6)	<input type="text"/>	(AD6DTDAT)	<input type="text"/>	(AD6DTRES)	<input type="text"/>
(ADDTS7)	<input type="text"/>	(AD7DTDAT)	<input type="text"/>	(AD7DTRES)	<input type="text"/>
(ADDTS8)	<input type="text"/>	(AD8DTDAT)	<input type="text"/>	(AD8DTRES)	<input type="text"/>
(ADDTS9)	<input type="text"/>	(AD9DTDAT)	<input type="text"/>	(AD9DTRES)	<input type="text"/>
(ADDTS10)	<input type="text"/>	(AD10DTDAT)	<input type="text"/>	(AD10DTRES)	<input type="text"/>

Comments:(AE4COMM)



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AE Review Form (AE5)

Web Version: 1.0; 3.12; 10-16-15

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Report activation status: (AVSTAT\_D)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

2. Reviewed: (AREVIEW)

1 - Yes  2 - No

3. Reviewed by: (ARFREVBY)

4. Review date: (ARFREVDT)

 (mm/dd/yyyy)

5. Comment 1 - For Distribution: (ARCM1DIS)

6. Comment 2 - All Other Reviewers/Data Coordinating Center (ARCM2ALL)

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AE Medical Monitor Reviewer Form (AE6)

Web Version: 1.0; 8.00; 01-28-16

Segment (PROTSEG):

Date of Onset (ADVDATE):

Event description (ADVENT):

1. Adverse event status:(AVSTAT\_E)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

2. Has this event been determined to be an unexpected, grade 3-5 adverse event?  
(AMDETER)

1 - Yes  2 - No

3. Does this require expedited reporting to the DSMB? (AMEXPDSM)

1 - Yes  2 - No

4. Do you recommend the patient be withdrawn from further protocol therapy?  
(AMWITHDR)

1 - Yes  2 - No

5. Is the review complete?(AMREVDNE)

1 - Yes  2 - No

6. If **No**, what additional information is required:(AMREVINF)

7. Medical Monitor event description:(AMMMEVDS)

8. Medical Monitor CTCAE grade of event:(CTCAEGRD)

- 1 - Grade 1
- 2 - Grade 2
- 3 - Grade 3
- 4 - Grade 4
- 5 - Grade 5

Comments:(AE6COMM)

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Demographics (DEM)

Web Version: 1.0; 6.02; 12-02-15

1. Name Code:(NAMECODE)

2. IUBMID # (if available):(IUBMID)

3. Gender:(GENDER)

 1 - Male  2 - Female

4. Date of Birth:(DOB)

 (mm/dd/yyyy)

5. Ethnicity:(ETHNIC)

1- Hispanic or Latino  
2- Not Hispanic or Latino  
8- Unknown  
9- Not Answered

6. Race:(RACE)

White  
10 - White (Not Otherwise Specified)  
11 - European (Not Otherwise Specified)  
13 - Mediterranean  
14 - White North American  
\*Additional Options Listed Below

Specify race:(RACESP)

7. Secondary Race:(RACE2)

White  
10 - White (Not Otherwise Specified)  
11 - European (Not Otherwise Specified)  
13 - Mediterranean  
14 - White North American  
\*Additional Options Listed Below

Specify secondary race:(RACE2SP)

Comments:(DEMCOMM1)

## Additional Selection Options for DEM

### Race:

15 - South or Central American

16 - Eastern European

17 - Northern European

18 - Western European

81 - White Caribbean

82 - North Coast of Africa

83 - Middle Eastern

### Black

20 - Black (Not Otherwise Specified)

21 - African American

22 - African Black (Both Parents Born in Africa)

23 - Caribbean Black

24 - South or Central American Black

29 - Black, Other Specify

### Asian

30 - Asian (Not Otherwise Specified)

31 - Indian/South Asian

32 - Filipino (Pilipino)

34 - Japanese

35 - Korean

36 - Chinese

37 - Other Southeast Asian

38 - Vietnamese

### American Indian or Alaska Native

50 - Native American (Not Otherwise Specified)

51 - Native Alaskan/Eskimo/Aleut

52 - American Indian (Not Otherwise Specified)

53 - North American Indian

54 - South or Central American Indian

55 - Caribbean Indian

### Native Hawaiian or Other Pacific Islander

60 - Native Pacific Islander (Not Otherwise Specified)

61 - Guamanian

62 - Hawaiian

63 - Samoan

### Other

88 - Unknown

90 - Other, Specify

99 - Not Answered

# Blood and Marrow Transplant Clinical Trials Network

## Death Form (DTH)

Web Version: 1.0; 4.16; 05-20-16

1. Record date of death:(DTHDT)  (mm/dd/yyyy)

2. Was an autopsy performed?(AUTPERF)  1 - Yes  2 - No

If yes, attach de-identified autopsy report or death summary to the form below.

Enter appropriate cause of death code below. List in order of decreasing severity.

3. Primary cause of death:(CZDTHPRM)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below



Specify other:(DTHSPEC1)

4. Secondary cause of death:(SCNDCZ1)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC2)

5. Secondary cause of death:(SCNDCZ2)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC3)

6. Secondary cause of death:(SCNDCZ3)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC4)

7. Secondary cause of death:(SCNDCZ4)

1.0 - Graft Rejection or Failure  
1.1 - Autologous Recovery  
Infection (Other than Interstitial Pneumonia)  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other:(DTHSPEC5)

Comments:(DTCMMNTS)

## Additional Selection Options for DTH

### Primary cause of death:

- 2.2 - Fungal
- 2.3 - Viral
- 2.4 - Protozoal
- 2.5 - Other, Specify Below
- 2.9 - Organism Not Identified
- Interstitial Pneumonia
- 3.1 - Viral, CMV
- 3.2 - Viral, Other
- 3.3 - Pneumocystis
- 3.4 - Other, Specify Below
- 3.9 - Idiopathic
- 4.0 - Adult Respiratory Distress Syndrome
- 5.0 - Acute GVHD
- 6.0 - Chronic GVHD
- 7.0 - Recurrence or Persistence of Leukemia/Malignancy/MDS
- 7.1 - Persistent Disease
- Organ Failure (Not Due to GVHD or Infection)
- 8.1 - Liver
- 8.2 - Cardiac (Cardiomyopathy)
- 8.3 - Pulmonary
- 8.4 - CNS
- 8.5 - Renal
- 8.6 - Other, Specify Below
- 8.7 - Multiple Organ Failure, Specify Below
- 8.8 - Secondary Graft Failure
- 9.0 - Secondary Malignancy
- 9.1 - EBV
- 9.2 - Other, Specify Below
- Hemorrhage
- 10.1 - Pulmonary
- 10.2 - Intracranial
- 10.3 - Gastrointestinal
- 10.4 - Hemorrhage Not Specified
- 10.5 - Other, Specify Below
- Vascular
- 11.1 - Thromboembolic
- 11.2 - Disseminated Intravascular Coagulation (DIC)
- 11.3 - Gastrointestinal
- 11.4 - Thrombotic Thrombocytopenic Purpura
- 11.5 - Vascular Not Specified
- 11.9 - Other, Specify Below
- 12.0 - Accidental Death
- 13.0 - Other, Specify Below

## Blood and Marrow Transplant Clinical Trials Network

### 0601A (ENR)

Web Version: 1.0; 5.01; 10-16-15

### URD Sickle Cell Disease Stem Cell Transplant Enrollment Form: Segment A

1. Record date notified of Eligibility Panel approval: (PANAP PDT)  (mm/dd/yyyy)
2. Date donor signed consent for the 0601 study: (DNRCSTDT)  (mm/dd/yyyy)  
*If the donor has not yet consented to the 0601 study, you or your TC coordinator must initiate the process by submitting the "Request for NMDP Donor to Participate in Research Study" form to your NMDP case manager.*
3. Record the type of fraction test performed: (CARDFRCT)
 

1 - Left Ventricular Ejection Fraction (LVEF)  
 2 - Shortening Fraction
4. Record LVEF at rest: (LVEFPRCT)  (xxx) % Date ejection fraction performed: (LVEFDT)  (mm/dd/yyyy)
5. Record shortening fraction at rest: (LVSPRCT)  (xxx) % Date shortening fraction performed: (LVSPCDT)  (mm/dd/yyyy)
6. Record patient's O<sub>2</sub> saturation: (O<sub>2</sub>SATPRC)  (xxx) Date O<sub>2</sub> saturation obtained: (O<sub>2</sub>SA TNDT)  (mm/dd/yyyy)
7. Were pulmonary function tests performed? (PULFCPER)  1 - Yes  2 - No
8. If Yes, record patient's DLCO value (corrected for hemoglobin): (DLCOPRCT)  (xxx) Date DLCO value obtained: (DL CODT)  (mm/dd/yyyy)

Renal/ Liver Function Test Results:

	Most Recent Value	ULN for Age	Date Sample Obtained
9. Creatinine	(CREATVAL) <input type="text"/> (x.x)	(CREATNML) <input type="text"/> (x.x)	(CREATDT) <input type="text"/> (mm/dd/yyyy)
10. GFR	(GFRVAL) <input type="text"/> (xxx) mL/min/1.73m	(GFRNML) <input type="text"/> (xxx) mL/min/1.73m	(GFRDT) <input type="text"/> (mm/dd/yyyy)
11. ALT	(ALTVALUE) <input type="text"/> (xxx)	(ALTNML) <input type="text"/> (xxx)	(ALTVALDT) <input type="text"/> (mm/dd/yyyy)
12. AST	(ASTVALUE) <input type="text"/> (xxx)	(ASTNML) <input type="text"/> (xxx)	(ASTVALDT) <input type="text"/> (mm/dd/yyyy)
13. Direct Bilirubin	(BILIRVAL) <input type="text"/> (x.x)	(BILIRNML) <input type="text"/> (x.x)	(BILIRDT) <input type="text"/> (mm/dd/yyyy)

14. Has the patient received chronic transfusion therapy for ≥1 year? (CTRNTHPY)  1 - Yes  2 - No
15. Record the patient's ferritin level: (FERRL VL)  (xxxx) ng/ml
16. Date ferritin level was obtained: (FERRIDT)  (mm/dd/yyyy)
17. Was a liver biopsy performed? (LIVBIOPS)  1 - Yes  2 - No
18. Date of liver biopsy: (LIVBIODT)  (mm/dd/yyyy)
19. Was cirrhosis of the liver documented in a histologic exam? (CIRRHIEX)  1 - Yes  2 - No
20. Was bridging fibrosis of the liver documented in a histologic exam? (BRIDGFIB)  1 - Yes  2 - No

**Exclusion Criteria**

21. Does the patient have a current uncontrolled bacterial, viral, or fungal infection (currently taking medication and progression of clinical symptoms)? (ACTIVINF)  1 - Yes  2 - No
22. Is the patient pregnant (positive b-HCG) or breastfeeding? (PTPREGN)  1 - Yes  2 - No  3 - Not Applicable
23. Does the patient have an 8/8 HLA-matched related donor able to donate? (HLAFAMDO)  1 - Yes  2 - No
24. Does the patient have evidence of HIV infection or have HIV positive serology? (PTHIVPOS)  1 - Yes  2 - No
25. Has the patient received a prior allogeneic hematopoietic stem cell transplant? (PRIORTRX)  1 - Yes  2 - No

**Stem Cell Source**

26. Record the patient's hematopoietic stem cell source for transplant: *(HSCTS ORC)*

- 1 - Bone Marrow
- 2 - Cord Blood

27. If receiving cord blood, record the pre-cryopreservation total nucleated cell (TNC) dose: *(UCBTNC)*

(xx.x) x10<sup>7</sup> TNC/kg

**HLA Typing**

Type of HLA Match required by this protocol: *(HLAMATCH)*

- Loci A, B: Low Level DNA, Locus DRB1: High Level DNA
- Loci A, B: Serologic, Locus DRB1: High Level DNA
- Loci A, B: Serologic, Locus DRB1: Low Level DNA
- Loci A, B, C: Low Level DNA, Locus DRB1: High Level DNA
- Loci A, B, C: Serologic, Locus DRB1: High Level DNA
- \*Additional Options Listed Below

**28. Recipient HLA Typing**

**HLA-A**

Typing method: *(RHLAAMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLAANUM)*

- 1 - One
- 2 - Two

1st: (RHLAA11X)  (RHLAA12X) /  (RHLAA13X) /  (RHLAA14X) /

(RHLAA15X)  (RHLAA16X) /  (RHLAA17X) /  (RHLAA18X) /

2nd: (RHLAA21X)  (RHLAA22X) /  (RHLAA23X) /  (RHLAA24X) /

(RHLAA25X)  (RHLAA26X) /  (RHLAA27X) /  (RHLAA28X) /

**HLA-B**

Typing method: *(RHLABMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLABNUM)*

- 1 - One
- 2 - Two

1st: (RHLAB11X)  (RHLAB12X) /  (RHLAB13X) /  (RHLAB14X) /

(RHLAB15X)  (RHLAB16X) /  (RHLAB17X) /  (RHLAB18X) /

2nd: (RHLAB21X)  (RHLAB22X) /  (RHLAB23X) /  (RHLAB24X) /

(RHLAB25X)  (RHLAB26X) /  (RHLAB27X) /  (RHLAB28X) /

**HLA-C**

Typing method: *(RHLACMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLACNUM)*

- 1 - One
- 2 - Two

1st: (RHLAC11X)  (RHLAC12X) /  (RHLAC13X) /  (RHLAC14X) /

(RHLAC15X)  (RHLAC16X) /  (RHLAC17X) /  (RHLAC18X) /

2nd: (RHLAC21X)  (RHLAC22X) /  (RHLAC23X) /  (RHLAC24X) /

(RHLAC25X)  (RHLAC26X) /  (RHLAC27X) /  (RHLAC28X) /

**HLA-DRB1**

Typing method: *(RHLADMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided: *(RHLADNUM)*

- 1 - One
- 2 - Two



1st: (RHLAD11X)  (RHLAD12X) /  (RHLAD13X) /  (RHLAD14X) /

(RHLAD15X)  (RHLAD16X) /  (RHLAD17X) /  (RHLAD18X) /

2nd: (RHLAD21X)  (RHLAD22X) /  (RHLAD23X) /  (RHLAD24X) /

(RHLAD25X)  (RHLAD26X) /  (RHLAD27X) /  (RHLAD28X) /

## 29. Donor HLA Typing

### HLA-A

Typing method:(DHLAAMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLAANUM)

1 - One  
2 - Two

1st: (DHCAA11X)  (DHCAA12X) /  (DHCAA13X) /  (DHCAA14X) /

(DHCAA15X)  (DHCAA16X) /  (DHCAA17X) /  (DHCAA18X) /

2nd: (DHCAA21X)  (DHCAA22X) /  (DHCAA23X) /  (DHCAA24X) /

(DHCAA25X)  (DHCAA26X) /  (DHCAA27X) /  (DHCAA28X) /

### HLA-B

Typing method:(DHLABMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLABNUM)

1 - One  
2 - Two

1st: (DHLAB11X)  (DHLAB12X) /  (DHLAB13X) /  (DHLAB14X) /

(DHLAB15X)  (DHLAB16X) /  (DHLAB17X) /  (DHLAB18X) /

2nd: (DHLAB21X)  (DHLAB22X) /  (DHLAB23X) /  (DHLAB24X) /

(DHLAB25X)  (DHLAB26X) /  (DHLAB27X) /  (DHLAB28X) /

### HLA-C

Typing method:(DHLACMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLACNUM)

1 - One  
2 - Two

1st (DHLAC11X)  (DHLAC12X) /  (DHLAC13X) /  (DHLAC14X) /

(DHLAC15X)  (DHLAC16X) /  (DHLAC17X) /  (DHLAC18X) /

2nd (DHLAC21X)  (DHLAC22X) /  (DHLAC23X) /  (DHLAC24X) /

(DHLAC25X)  (DHLAC26X) /  (DHLAC27X) /  (DHLAC28X) /

### HLA-DRB1

Typing method:(DHLADMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided:(DHLADNUM)

1 - One  
2 - Two

1st: (DHLAD11X)  (DHLAD12X) /  (DHLAD13X) /  (DHLAD14X) /

(DHLAD15X)  (DHLAD16X) /  (DHLAD17X) /  (DHLAD18X) /

2nd: (DHLAD21X)  (DHLAD22X) /  (DHLAD23X) /  (DHLAD24X) /

(DHLAD25X)  (DHLAD26X) /  (DHLAD27X) /  (DHLAD28X) /

HLA Match Score required by this protocol: (HLASCREQ)

Locus-A calculated HLA Match Score(SCORE\_A)

Locus-B calculated HLA Match Score(SCORE\_B)

Locus-C calculated HLA Match Score(SCORE\_C)

Locus-DRB 1 calculated HLA Match Score(SCORE\_D)

Total calculated HLA Match Score(HLASCORE)

Do you agree with the calculated HLA Match Score?(HLAAGREE)

1 - Yes  2 - No

Indicate your institution's HLA Match Score for this participant: (SITESCR)

0/6  
1/6  
2/6  
3/6  
4/6  
\*Additional Options Listed Below

Comments(COMMENTS)

## Additional Selection Options for ENR

**Type of HLA Match required by this protocol:**

Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA

High Level DNA

Low Level DNA

Serologic

**Indicate your institution's HLA Match Score for this participant:**

5/6

6/6

0/8

1/8

2/8

3/8

4/8

5/8

6/8

7/8

8/8

# Blood and Marrow Transplant Clinical Trials Network

## Hemorrhage Assessment (HM1)

Web Version: 1.0; 3.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Exam Date:(HM1EXMDT)

(mm/dd/yyyy)

1. Indicate if the quality of the MRI is sufficient for determination of the presence of hemorrhage:(HMRIQLTY)

1 - Yes  2 - No

2. Based on the MRI results, specify the number of intracranial hemorrhage occurrences:(HMGQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

3. Based on the MRI results, specify the total number of intracranial hemorrhage occurrences prior to transplant **AND** 2 years post-transplant:(HMGQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

Number of intracranial hemorrhage occurrences reported prior to transplant:  
(HNMPRTXP)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

*If an intracranial hemorrhage occurrence reported prior to transplant is no longer present, a Hemorrhage Measurement Form is still required to be completed.*

Comments:(HM1COMM)

## Additional Selection Options for HM1

Based on the MRI results, specify the number of intracranial hemorrhage occurrences:

- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage A Measurement (HMA)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage A Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage B Measurement (HMB)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Hemorrhage B Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage C Measurement (HMC)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage C Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage D Measurement (HMD)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage D Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage E Measurement (HME)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage E Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage F Measurement (HMF)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage F Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage G Measurement (HMG)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage G Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage H Measurement (HMH)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage H Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage I Measurement (HM)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage I Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage J Measurement (HMJ)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage J Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage K Measurement (HMK)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Hemorrhage K Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage L Measurement (HML)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage L Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage M Measurement (HMM)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage M Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage N Measurement (HMN)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage N Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Hemorrhage O Measurement (HMO)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Hemorrhage O Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	
2. Series #:	(HEMSRNMB) <input type="text"/> (xxx)	(HEMSRNME) <input type="text"/> (xxx)
3. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	
4. Image #:	(HEMIMNMB) <input type="text"/> (xxx)	(HEMIMNME) <input type="text"/> (xxx)
5. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if hemorrhage is indeterminate:	(HEMINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of hemorrhage maximum dimension:	(HEMMXDMB) <input type="text"/> (xxx.xx) mm	(HEMMXDME) <input type="text"/> (xxx.xx) mm
9. Size of hemorrhage perpendicular dimension:	N/A	
10. Size of hemorrhage perpendicular dimension:	N/A	(HEMPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(HEMSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(HEMSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(HEMFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(HEMPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(HEMTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(HEMINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(HEMOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(HEMPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(HEMPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(HEMMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(HEMUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(HEMMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(HEMORFBF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(HEMDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMDRSL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(HEMPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(HEMPOBSP) <input type="text"/>	
b. If Other, specify:	(HEMPOBSP) <input type="text"/>	(HEMPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(HEMGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(HEMGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(HEMGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(HEMGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(HEMGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(HEMWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(HEMWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(HEMWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(HEMWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(HEMWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(HEMWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(HEMWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(HEMWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(HEMOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(HEMOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(HEMOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(HEMOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(HEMOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(HEMOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(HEMOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(HEMOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(HEMOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(HEMOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(HEMCOMM)

# Blood and Marrow Transplant Clinical Trials Network

## Infarct-Like Lesion Assessment (IL1)

Web Version: 1.0; 3.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Exam Date:(IL1EXMDT)

(mm/dd/yyyy)

1. Indicate if the quality of the MRI is sufficient for determination of the presence of an infarct-like lesion:(LMRQLTY)  1 - Yes  2 - No

2. Based on the MRI results, specify the number of infarct-like lesions:(LSNQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

3. Based on the MRI results, specify the total number of infarct-like lesions present prior to transplant **AND** 2 years post-transplant:(LSNQNTY)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

Number of infarct-like lesions present prior to transplant:(LNMPRTXP)

00  
01  
02  
03  
04  
\*Additional Options Listed Below

*If an infarct-like lesion reported prior to transplant is no longer present, an Infarct Measurement Form is still required to be completed.*

Comments:(IL1COMM)

## Additional Selection Options for IL1

Based on the MRI results, specify the number of infarct-like lesions:

- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15

## Blood and Marrow Transplant Clinical Trials Network

### Lesion A Infarct Measurement (ILA)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion A Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion B Infarct Measurement (ILB)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion B Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion C Infarct Measurement (ILC)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion C Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion D Infarct Measurement (ILD)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion D Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Lesion E Infarct Measurement (ILE)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion E Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion F Infarct Measurement (ILF)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion F Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion G Infarct Measurement (ILG)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion G Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion H Infarct Measurement (ILH)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion H Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion I Infarct Measurement (ILI)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion I Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion J Infarct Measurement (ILJ)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion J Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No



29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion K Infarct Measurement (ILK)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion K Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion L Infarct Measurement (ILL)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion L Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)



## Blood and Marrow Transplant Clinical Trials Network

### Lesion M Infarct Measurement (ILM)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion M Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion N Infarct Measurement (ILN)

Web Version: 1.0; 2.00; 10-16-15

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Lesion N Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

## Blood and Marrow Transplant Clinical Trials Network

### Lesion O Infarct Measurement (ILO)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Lesion O Information	Day -30 (Baseline)	Day 0730 (Exit)
1. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	
2. Series #:	(LSNSRNMB) <input type="text"/> (xxx)	(LSNSRNME) <input type="text"/> (xxx)
3. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	
4. Image #:	(LSNIMNMB) <input type="text"/> (xxx)	(LSNIMNME) <input type="text"/> (xxx)
5. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
6. Indicate if lesion is indeterminate:	(LSNINDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
7. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	
8. Size of lesion maximum dimension:	(LSNMXDMB) <input type="text"/> (xxx.xx) mm	(LSNMXDME) <input type="text"/> (xxx.xx) mm
9. Size of lesion perpendicular dimension:	N/A	
10. Size of lesion perpendicular dimension:	N/A	(LSNPDME) <input type="text"/> (xxx.xx) mm
11. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	
12. Side of brain:	(LSNSIDEB) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left	(LSNSIDEE) <input type="checkbox"/> 1 - Right <input type="checkbox"/> 2 - Left
<i>Indicate which cerebral lobes are involved:</i>		
13. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
14. Frontal lobe:	(LSNFRNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNFRNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
15. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
16. Parietal lobe:	(LSNPARB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPARE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
17. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
18. Temporal lobe:	(LSNTEMB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNTEME) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
19. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
20. Insula:	(LSNINSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNINSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
21. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
22. Occipital lobe:	(LSNOCCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If frontal lobe is involved, specify area(s):</i>		
23. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
24. Prefrontal:	(LSNPRFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
25. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
26. Premotor:	(LSNPRMOB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPRMOE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
27. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
28. Motor:	(LSNMOTRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMOTRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

29. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
30. Uncertain:	(LSNUNCTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNUNCTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If prefrontal lobe is involved, specify area(s):</i>		
31. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
32. Medial:	(LSNMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
33. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
34. Orbitofrontal:	(LSNORBFB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNORBFE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
35. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
36. Dorsolateral:	(LSNDRSLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNDRSLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
37. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
38. Other:	(LSNPOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNPOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
a. If Other, specify:	(LSNPOBSP) <input type="text"/>	
b. If Other, specify:	(LSNPOBSP) <input type="text"/>	(LSNPOESP) <input type="text"/>
39. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
40. Indicate if gray matter is involved:	(LSNGRMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGRMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If gray matter is involved, specify area(s):</i>		
41. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
42. Cortex:	(LSNGCORB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCORE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
43. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
44. Caudate nucleus:	(LSNGCNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGCNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
45. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
46. Lentiform nucleus:	(LSNGLNB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGLNE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
47. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
48. Thalamus:	(LSNGTLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNGTLE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
49. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
50. Indicate if white matter is involved:	(LSNWHMTB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWHMTE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If white matter is involved, specify area(s):</i>		
51. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
52. Centrum semiovale:	(LSNWCSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCSE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
53. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
54. Corona radiate:	(LSNWCRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
55. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
56. Internal capsule anterior limbic:	(LSNWCALB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCAL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
57. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
58. Internal capsule genu:	(LSNWCGB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCGE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
59. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
60. Internal capsule posterior limbic:	(LSNWCPLB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWCPL) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
61. External capsule:	(LSNWECSB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	



62. External capsule:	(LSNWECEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWECE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
63. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
64. Other:	(LSNWOTHB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNWOTHE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other white matter is involved, specify area(s):</i>		
65. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
66. Frontal lobe:	(LSNOTFRB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTFRE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
67. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
68. Parietal lobe:	(LSNOTPAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTPAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
69. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
70. Temporal lobe:	(LSNOTTEB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTTEE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
71. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
72. Occipital lobe:	(LSNOTOCB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTOCE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
73. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
74. Indicate if other areas are involved:	(LSNOTHAB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOTHAE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<i>If other area is involved, specify area(s):</i>		
75. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
76. Midbrain:	(LSNOMIDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMIDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
77. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
78. Pons:	(LSNOPONB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOPONE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
79. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
80. Medulla oblongata:	(LSNOMEDB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOMEDE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
81. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	
82. Cerebellum:	(LSNOCERB) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LSNOCERE) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Comments:(LSNCOMM)

Blood and Marrow Transplant Clinical  
Trials Network

Vasculopathy/Atrophy Assessment (VA1)

Web Version: 1.0; 2.00; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Exam Date:(VA1EXMDT)

(mm/dd/yyyy)

Vasculopathy Assessment

1. Indicate if the quality of the MRA is sufficient for determination of the presence of cerebral vasculopathy:(VMRAQLTY)  1 - Yes  2 - No

2. Based on the results of the MRA, indicate if the patient has cerebral vasculopathy:(VA1RSLT)

1- Yes  
2- No  
3- Indeterminate

*If no, be sure to compare with baseline assessment.*

3. Indicate if the cerebral vasculopathy has progressed:(VA1PRGS)

1- Yes  
2- No  
3- Indeterminate

4. Indicate if the cerebral vasculopathy has improved:(VA1IMPRV)

1- Yes  
2- No  
3- Indeterminate

Atrophy Assessment

5. Indicate if there is global atrophy:(VA1ATRPY)

1- Yes  
2- No  
3- Indeterminate

6. Indicate if there is new global atrophy:(VA1ATNEW)

1- Yes  
2- No  
3- Indeterminate

7. Indicate if there is progressive global atrophy:(VA1ATPRG)

1- Yes  
2- No  
3- Indeterminate

Comments:(VA1COMM)

## Blood and Marrow Transplant Clinical Trials Network

### Vasculopathy MRA Results (VAS)

Web Version: 1.0; 2.01; 10-16-15

Segment (PROTSEG):

Visit Number (VISNO):

Based on the results of the MRA, indicate which portions of the circle of Willis exhibit cerebral vasculopathy:

Side of Brain	Left (Day -30 Baseline)	Left (Day 0730 Exit)	Left Assessment	Right (Day-30 Baseline)	Right (Day 0730 Exit)	Right Assessment
1. ICA	(ICALFTB) 1 - Yes 2 - No			(ICARGTB) 1 - Yes 2 - No		
2. ICA	(ICALFTB) 1 - Yes 2 - No	(ICALFTE) 1 - Yes 2 - No	(ICALTASE) 1- Stable 2- Progression 3- Improved	(ICARGTB) 1 - Yes 2 - No	(ICARGTE) 1 - Yes 2 - No	(ICARTASE) 1- Stable 2- Progression 3- Improved
3. A1	(A1LFTB) 1 - Yes 2 - No			(A1RGTB) 1 - Yes 2 - No		
4. A1	(A1LFTB) 1 - Yes 2 - No	(A1LFTE) 1 - Yes 2 - No	(A1LFTASE) 1- Stable 2- Progression 3- Improved	(A1RGTB) 1 - Yes 2 - No	(A1RGTE) 1 - Yes 2 - No	(A1RGTA SE) 1- Stable 2- Progression 3- Improved
5. M1	(M1LFTB) 1 - Yes 2 - No			(M1RGTB) 1 - Yes 2 - No		
6. M1	(M1LFTB) 1 - Yes 2 - No	(M1LFTE) 1 - Yes 2 - No	(M1LFTASE) 1- Stable 2- Progression 3- Improved	(M1RGTB) 1 - Yes 2 - No	(M1RGTE) 1 - Yes 2 - No	(M1RGTA SE) 1- Stable 2- Progression 3- Improved
7. P1	(P1LFTB) 1 - Yes 2 - No			(P1RGTB) 1 - Yes 2 - No		
8. P1	(P1LFTB) 1 - Yes 2 - No	(P1LFTE) 1 - Yes 2 - No	(P1LFTASE) 1- Stable 2- Progression 3- Improved	(P1RGTB) 1 - Yes 2 - No	(P1RGTE) 1 - Yes 2 - No	(P1RGTA SE) 1- Stable 2- Progression 3- Improved

Comments:(VASCOMM)