Form 2402 R6.0: Disease Classification

Center: CRID:

Key Fields

OMB No: 0915-0310

Expiration Date: 10/31/2022

Public Burden Statement: The purpose of the data collection is to fulfill the legislative mandate to establish and maintain a standardized database of allogeneic marrow and cord blood transplants performed in the United States or using a donor from the United States. The data collected also meets the C.W. Bill Young Cell Transplantation Program requirements to provide relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0310 and it is valid until 10/31/2022. This information collection is voluntary under The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109-129, as amended by the Stem Cell Therapeutic and Research Reauthorization Act of 2010, Public Law 111-264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114-104. Public reporting burden for this collection of information is estimated to average 0.43 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ - __ __- __ __

Primary Disease for HCT / Cellular Therapy

Questions: 1 - 2

1 Date of diagnosis of primary disease for HCT / cellular therapy: __ __ __ __ - __ __- __ __

2 What was the primary disease for which the HCT / cellular therapy was performed?

- Acute myelogenous leukemia (AML or ANLL) (10)
- Acute lymphoblastic leukemia (ALL) (20)
- Acute leukemia of ambiguous lineage and other myeloid neoplasms (80)
- Chronic myelogenous leukemia (CML) (40)
- Myelodysplastic syndrome (MDS) (50) *(If recipient has transformed to AML, indicate AML as the primary disease)*
- Myeloproliferative neoplasms (MPN) (1460) *(If recipient has transformed to AML, indicate AML as the primary disease)*
- Other leukemia (30) *(includes CLL)*
- Hodgkin lymphoma (150)
- Non-Hodgkin lymphoma (100)
- Multiple myeloma / plasma cell disorder (PCD) (170)
- Solid tumors (200)
- Aplastic anemia (300) *(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease)*
- Inherited bone marrow failure syndromes (320) *(If the recipient developed MDS or AML, indicate MDS or AML as the primary disease)*
- Hemoglobinopathies (330)
- Paroxysmal nocturnal hemoglobinuria (PNH) (340)
- Disorders of the immune system (400)
- Inherited abnormalities of platelets (500)
- Inherited disorders of metabolism (520)
- Histiocytic disorders (570)
- Autoimmune diseases (600)
- Tolerance induction associated with solid organ transplant (910)
- Recessive dystrophic epidermolysis bullosa (920)
- Other disease (900)

Acute Myelogenous Leukemia (AML)

Questions: 3 - 95

3 Specify the AML classification _____

4 Did AML transform from MDS or MPN?

- yes **- Also complete MDS or MPN Disease Classification questions**
- no

5 Is the disease (AML) therapy related?

- yes
- no
- Unknown

6 Did the recipient have a predisposing condition?

- yes
- no
- Unknown

7 Specify condition

- ○ Bloom syndrome
- ○ Down syndrome
- ○ Fanconi anemia **- Also complete CIBMTR Form 2029 - FAN**
- ○ Dyskeratosis congenita **- Also complete CIBMTR Form 2028 - APL**
- ○ Other condition

8 Specify other condition: _____

Labs at diagnosis

9 Were cytogenetics tested (karyotyping or FISH)? *(at diagnosis)*

○ yes ○ no ○ Unknown

10 Were cytogenetics tested via FISH?

○ Yes ○ No

11 Results of tests

- ○ Abnormalities identified
- ○ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis

12 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

13 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

14 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(16q) / 16q-
- ☐ del(17q) / 17q-
- ☐ del(20q) / 20q-
- ☐ del(21q) / 21q-
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality

15 Specify other abnormality: _____

16 Were cytogenetics tested via karyotyping?

○ Yes ○ No

17 Results of tests

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis

18 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

19 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

20 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(16q) / 16q-
- ☐ del(17q) / 17q-
- ☐ del(20q) / 20q-
- ☐ del(21q) / 21q-
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality

21 Specify other abnormality: _____

22 Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

○ Yes ○ No

23 Were tests for molecular markers performed? *(e.g. PCR, NGS) (at diagnosis)*

○ yes ○ no ○ Unknown

Specify molecular markers identified at diagnosis

24 CEBPA

○ Positive ○ Negative ○ Not Done

25 Specify CEBPA mutation

- ○ Biallelic *(homozygous)*
- ○ Monoallelic *(heterozygous)*
- ○ Unknown

26 FLT3 - TKD *(point mutations in D835 or deletions of codon I836)*

○ Positive ○ Negative ○ Not Done

27 FLT3 – ITD mutation

○ Positive ○ Negative ○ Not Done

28 FLT3 - ITD allelic ratio

○ Known ○ Unknown

29 Specify FLT3 - ITD allelic ratio: _____

30 IDH1

○ Positive ○ Negative ○ Not Done

31 IDH2

○ Positive ○ Negative ○ Not Done

32 KIT

○ Positive ○ Negative ○ Not Done

33 NPM1

○ Positive ○ Negative ○ Not Done

Other Molecular Marker (1) — Questions: 34 - 35

34 Other molecular marker

○ Positive ○ Negative ○ Not Done

35 Specify other molecular marker: _____

Labs between diagnosis and last evaluation

36 Were cytogenetics tested (karyotyping or FISH)? *(between diagnosis and last evaluation)*

○ yes ○ no ○ Unknown

37 Were cytogenetics tested via FISH?

○ Yes ○ No

38 Results of tests

○ Abnormalities identified

○ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

39 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

40 Specify number of distinct cytogenetic abnormalities

○ One (1)

○ Two (2)

○ Three (3)

○ Four or more (4 or more)

41 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
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- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(16q) / 16q-
- ☐ del(17q) / 17q-
- ☐ del(20q) / 20q-
- ☐ del(21q) / 21q-
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality

42 Specify other abnormality: _____

43 Were cytogenetics tested via karyotyping?

○ Yes ○ No

44 Results of tests

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

45 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

46 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

47 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
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- ☐ del(16q) / 16q-
- ☐ del(17q) / 17q-
- ☐ del(20q) / 20q-
- ☐ del(21q) / 21q-
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality

48 Specify other abnormality: _____

49 Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

○ Yes ○ No

50 Were tests for molecular markers performed? *(e.g. PCR, NGS) (between diagnosis and last evaluation)*

○ yes ○ no ○ Unknown

Specify molecular markers identified between diagnosis and last evaluation

51 CEBPA

○ Positive ○ Negative ○ Not Done

52 Specify CEBPA mutation

- ○ Biallelic *(homozygous)*
- ○ Monoallelic *(heterozygous)*
- ○ Unknown

53 FLT3 - TKD *(point mutations in D835 or deletions of codon I836)*

○ Positive ○ Negative ○ Not Done

54 FLT3 – ITD mutation

○ Positive ○ Negative ○ Not Done

55 FLT3 - ITD allelic ratio

○ Known ○ Unknown

56 Specify FLT3 - ITD allelic ratio: _____

57 IDH1
Positive Negative Not Done

58 IDH2
Positive Negative Not Done

59 KIT
Positive Negative Not Done

60 NPM1
Positive Negative Not Done

Other Molecular Marker (1) **Questions: 61 - 62**

61 Other molecular marker
Positive Negative Not Done

62 Specify other molecular marker: _____

Labs at last evaluation

63 Were cytogenetics tested (karyotyping or FISH)? *(at last evaluation)*
yes no Unknown

64 Were cytogenetics tested via FISH?
Yes No

65 Results of tests
Abnormalities identified
No abnormalities

Specify cytogenetic abnormalities identified at last evaluation

66 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

67 Specify number of distinct cytogenetic abnormalities
One (1)
Two (2)
Three (3)
Four or more (4 or more)

68 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
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- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(16q) / 16q-
- ☐ del(17q) / 17q-
- ☐ del(20q) / 20q-
- ☐ del(21q) / 21q-
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality

69 Specify other abnormality: _____

70 Were cytogenetics tested via karyotyping?

○ Yes ○ No

71 Results of tests

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation

72 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

73 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

74 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
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- ☐ del(17q) / 17q-
- ☐ del(20q) / 20q-
- ☐ del(21q) / 21q-
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality

75 Specify other abnormality: _____

76 Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

○ Yes ○ No

77 Were tests for molecular markers performed? *(e.g. PCR, NGS) (at last evaluation)*

○ yes ○ no ○ Unknown

Specify molecular markers identified at last evaluation

78 CEBPA

○ Positive ○ Negative ○ Not Done

79 Specify CEBPA mutation

- ○ Biallelic *(homozygous)*
- ○ Monoallelic *(heterozygous)*
- ○ Unknown

80 FLT3 - TKD *(point mutations in D835 or deletions of codon I836)*

○ Positive ○ Negative ○ Not Done

81 FLT3 – ITD mutation

○ Positive ○ Negative ○ Not Done

82 FLT3 - ITD allelic ratio

○ Known ○ Unknown

83 Specify FLT3 - ITD allelic ratio: _____

84 IDH1
Positive Negative Not Done

85 IDH2
Positive Negative Not Done

86 KIT
Positive Negative Not Done

87 NPM1
Positive Negative Not Done

Other Molecular Marker (1) **Questions: 88 - 89**

88 Other molecular marker
Positive Negative Not Done

89 Specify other molecular marker: _____

CNS Leukemia

90 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
yes no Unknown

Status at transplantation / infusion:

91 What was the disease status? *(based on hematological test results)*
Primary induction failure
1st complete remission *(no previous bone marrow or extramedullary relapse) (include CRi)*
2nd complete remission *(include CRi)*
≥3rd complete remission *(include CRi)*
1st relapse
2nd relapse
≥3rd relapse
No treatment

92 How many cycles of induction therapy were required to achieve 1st complete remission? *(includes CRi)*
1 2 ≥ 3

93 Was the recipient in remission by flow cytometry?
Yes No Unknown Not applicable

94 Date of most recent relapse: __ __ __ __ - __ __- __ __

95 Date assessed: __ __ __ __ - __ __- __ __

Acute Lymphoblastic Leukemia (ALL) **Questions: 96 - 163**

96 Specify ALL classification _____

97 Did the recipient have a predisposing condition?
yes no Unknown

98 Specify condition
Aplastic anemia **- Also complete CIBMTR Form 2028 - APL**
Bloom syndrome
Down syndrome
Fanconi anemia **- Also complete CIBMTR Form 2029 - FAN**
Other condition

99 Specify other condition: _____

100 Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? *(e.g. imatinib mesylate, dasatinib, etc.)*
yes no

Laboratory studies at diagnosis

101 Were cytogenetics tested (karyotyping or FISH)? *(at diagnosis)*
yes no Unknown

102 Were cytogenetics tested via FISH? *(at diagnosis)*
Yes No

103 Results of tests *(at diagnosis)*
Abnormalities identified
No abnormalities

Specify cytogenetic abnormalities identified at diagnosis

104 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

105 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

106 Specify abnormalities *(check all that apply)*

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q-
- ☐ del(9p) / 9p-
- ☐ del(12p) / 12p-
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality

107 Specify other abnormality: _____

108 Were cytogenetics tested via karyotyping? *(at diagnosis)*

○ Yes ○ No

109 Results of tests *(at diagnosis)*

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis

110 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

111 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

112 Specify abnormalities *(check all that apply)*

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q-
- ☐ del(9p) / 9p-
- ☐ del(12p) / 12p-
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality

113 Specify other abnormality: _____

114 Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

○ Yes ○ No

115 Were tests for molecular markers performed? *(e.g. PCR, NGS) (at diagnosis)*

○ yes ○ no ○ Unknown

Specify molecular markers identified at diagnosis

116 BCR / ABL

○ Positive ○ Negative ○ Not Done

117 TEL-AML / AML1

○ Positive ○ Negative ○ Not Done

Other Molecular Marker (1) **Questions: 118 - 119**

118 Other molecular marker

○ Positive ○ Negative ○ Not Done

119 Specify other molecular marker: _____

Laboratory studies between diagnosis and last evaluation

120 Were cytogenetics tested (karyotyping or FISH)? *(between diagnosis and last evaluation)*

○ yes ○ no ○ Unknown

121 Were cytogenetics tested via FISH? *(between diagnosis and last evaluation)*

○ Yes ○ No

122 Results of tests *(between diagnosis and last evaluation)*

- ○ Abnormalities identified
- ○ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

123 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

124 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

125 Specify abnormalities *(check all that apply)*

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q-
- ☐ del(9p) / 9p-
- ☐ del(12p) / 12p-
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality

126 Specify other abnormality: _____

127 Were cytogenetics tested via karyotyping? *(between diagnosis and last evaluation)*

○ Yes ○ No

128 Results of tests *(between diagnosis and last evaluation)*

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation

129 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

130 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

131 Specify abnormalities *(check all that apply)*

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q-
- ☐ del(9p) / 9p-
- ☐ del(12p) / 12p-
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality

132 Specify other abnormality: _____

133 Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

○ Yes ○ No

134 Were tests for molecular markers performed? *(e.g. PCR, NGS) (between diagnosis and last evaluation)*

○ yes ○ no ○ Unknown

Specify molecular markers identified between diagnosis and last evaluation

135 BCR / ABL

○ Positive ○ Negative ○ Not Done

136 TEL-AML / AML1

○ Positive ○ Negative ○ Not Done

Other Molecular Marker (1) **Questions: 137 - 138**

137 Other molecular marker

○ Positive ○ Negative ○ Not Done

138 Specify other molecular marker: _____

Laboratory studies at last evaluation

139 Were cytogenetics tested (karyotyping or FISH)? *(at last evaluation)*

○ yes ○ no ○ Unknown

140 Were cytogenetics tested via FISH?

○ Yes ○ No

141 Results of tests

- ○ Abnormalities identified
- ○ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation

142 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

143 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

144 Specify abnormalities *(check all that apply)*

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q-
- ☐ del(9p) / 9p-
- ☐ del(12p) / 12p-
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality

145 Specify other abnormality: _____

146 Were cytogenetics tested via karyotyping? *(at last evaluation)*

○ Yes ○ No

147 Results of tests

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation

148 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

149 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

150 Specify abnormalities *(check all that apply)*

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q-
- ☐ del(9p) / 9p-
- ☐ del(12p) / 12p-
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality

151 Specify other abnormality: _____

152 Was documentation submitted to the CIBMTR? *(e.g. cytogenetic or FISH report)*

○ Yes ○ No

153 Were tests for molecular markers performed? *(e.g. PCR, NGS) (at last evaluation)*

○ yes ○ no ○ Unknown

Specify molecular markers identified at last evaluation

154 BCR / ABL

○ Positive ○ Negative ○ Not Done

155 TEL-AML / AML1

○ Positive ○ Negative ○ Not Done

Other Molecular Marker (1) **Questions: 156 - 157**

156 Other molecular marker

○ Positive ○ Negative ○ Not Done

157 Specify other molecular marker: _____

CNS Leukemia

158 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

○ yes ○ no ○ Unknown

Status at transplantation / infusion

159 What was the disease status? *(based on hematological test results)*
- ○ Primary induction failure
- ○ 1st complete remission *(no previous marrow or extramedullary relapse) (include CRi)*
- ○ 2nd complete remission
- ○ ≥3rd complete remission
- ○ 1st relapse
- ○ 2nd relapse
- ○ ≥3rd relapse
- ○ No treatment

160 How many cycles of induction therapy were required to achieve 1st complete remission? *(include CRi)*
○ 1 ○ 2 ○ ≥ 3

161 Was the recipient in remission by flow cytometry?
○ Yes ○ No ○ Unknown ○ Not applicable

162 Date of most recent relapse: __ __ __ __ - __ __- __ __

163 Date assessed: __ __ __ __ - __ __- __ __

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms
Questions: 164 - 167

164 Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification _____

165 Specify other acute leukemia of ambiguous lineage or myeloid neoplasm: _____

Status at transplantation / infusion

166 What was the disease status? *(based on hematological test results)*
- ○ Primary induction failure
- ○ 1st complete remission *(no previous marrow or extramedullary relapse)*
- ○ 2nd complete remission
- ○ ≥3rd complete remission
- ○ 1st relapse
- ○ 2nd relapse
- ○ ≥3rd relapse
- ○ No treatment

167 Date assessed: __ __ __ __ - __ __- __ __

Chronic Myelogenous Leukemia (CML)
Questions: 168 - 178

168 Was therapy given prior to this HCT?
○ yes ○ no

169 Combination chemotherapy
○ yes ○ no

170 Hydroxyurea (Droxia, Hydrea)
○ yes ○ no

171 Tyrosine kinase inhibitor *(e.g. imatinib mesylate, dasatinib, nilotinib)*
○ yes ○ no

172 Interferon-α (Intron, Roferon) (includes PEG)
○ yes ○ no

173 Other therapy
○ yes ○ no

174 Specify other therapy: _____

175 What was the disease status?
- ○ Complete hematologic response (CHR) preceded only by chronic phase
- ○ Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase
- ○ Chronic phase
- ○ Accelerated phase
- ○ Blast phase

176 Specify level of response _____

177 Number
○ 1st ○ 2nd ○ 3rd or higher

178 Date assessed: __ __ __ __ - __ __- __ __

Myelodysplastic Syndrome (MDS)
Questions: 179 - 258

179 What was the MDS subtype at diagnosis? **- If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions** _____

180 Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

- ○ MDS-U with 1% blood blasts
- ○ MDS-U with single lineage dysplasia and pancytopenia
- ○ MDS-U based on defining cytogenetic abnormality

181 Was documentation submitted to the CIBMTR? *(e.g. pathology report used for diagnosis)*

○ Yes ○ No

182 Was the disease MDS therapy related?

○ yes ○ no ○ Unknown

183 Did the recipient have a predisposing condition?

○ yes ○ no ○ Unknown

184 Specify condition

- ○ Aplastic anemia **Also complete CIBMTR Form 2028 - APL**
- ○ DDX41-associated familial MDS
- ○ Diamond-Blackfan Anemia
- ○ Fanconi anemia
- ○ GATA2 deficiency *(including Emberger syndrome, MonoMac syndrome, DCML deficiency)*
- ○ Li-Fraumeni Syndrome
- ○ Paroxysmal nocturnal hemoglobinuria **Also complete CIBMTR Form 2028 - APL**
- ○ RUNX1 deficiency *(previously "familial platelet disorder with propensity to myeloid malignancies")*
- ○ SAMD9- or SAMD9L-associated familial MDS
- ○ Shwachman-Diamond Syndrome
- ○ Telomere biology disorder *(including dyskeratosis congenita)* **Also complete CIBMTR Form 2028 - APL**
- ○ Other condition

185 Specify other condition: _____

Laboratory studies at diagnosis of MDS

186 Date CBC drawn: __ __ __ __ - __ __- __ __

187 WBC

○ Known ○ Unknown

188 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

189 Neutrophils

○ Known ○ Unknown

190 _____ %

191 Blasts in blood

○ Known ○ Unknown

192 _____ %

193 Hemoglobin

○ Known ○ Unknown

194 _____ ○ g/dL ○ g/L ○ mmol/L

195 Were RBCs transfused ≤ 30 days before date of test?

○ Yes ○ No

196 Platelets

○ Known ○ Unknown

197 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

198 Were platelets transfused ≤ 7 days before date of test?

○ Yes ○ No

199 Blasts in bone marrow

○ Known ○ Unknown

200 _____ %

201 Were cytogenetics tested (karyotyping or FISH)?

○ yes ○ no ○ Unknown

202 Were cytogenetics tested via FISH?

○ Yes ○ No

203 Sample source

○ Blood ○ Bone marrow

204 Results of tests
- ○ Abnormalities identified
- ○ No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis

205 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

206 Specify number of distinct cytogenetic abnormalities
- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

207 Specify abnormalities *(check all that apply)*
- ☐ -5
- ☐ -7
- ☐ -13
- ☐ -20
- ☐ -Y
- ☐ +8
- ☐ +19
- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)
- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

208 Specify other abnormality: _____

209 Was documentation submitted to the CIBMTR? *(e.g. FISH report)*
- ○ Yes ○ No

210 Were cytogenetics tested via karyotyping?
- ○ Yes ○ No

211 Sample source
- ○ Blood ○ Bone marrow

212 Results of tests
- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

213 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

214 Specify number of distinct cytogenetic abnormalities
- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

215 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -13
- ☐ -20
- ☐ -Y
- ☐ +8
- ☐ +19
- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)
- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

216 Specify other abnormality: _____

217 Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

○ Yes ○ No

218 Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen/ infusion?

○ Yes ○ No

219 Specify the MDS subtype or AML after transformation _____

220 Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

- ○ MDS-U with 1% blood blasts
- ○ MDS-U with single lineage dysplasia and pancytopenia
- ○ MDS-U based on defining cytogenetic abnormality

221 Specify the date of the most recent transformation: __ __ __ __ - __ __- __ __

222 Date of MDS diagnosis: __ __ __ __ - __ __- __ __

Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion

223 Date CBC drawn: __ __ __ __ - __ __- __ __

224 WBC

○ Known ○ Unknown

225 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

226 Neutrophils

○ Known ○ Unknown

227 _____ %

228 Blasts in blood

○ Known ○ Unknown

229 _____ %

230 Hemoglobin

○ Known ○ Unknown

231 _____ ○ g/dL ○ g/L ○ mmol/L

232 Were RBCs transfused ≤ 30 days before date of test?

○ Yes ○ No

233 Platelets

○ Known ○ Unknown

234 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

235 Were platelets transfused ≤ 7 days before date of test?
○ Yes ○ No

236 Blasts in bone marrow
○ Known ○ Unknown

237 _____ %

238 Were cytogenetics tested (karyotyping or FISH)?
○ yes ○ no ○ Unknown

239 Were cytogenetics tested via FISH?
○ Yes ○ No

240 Sample source
○ Blood ○ Bone marrow

241 Results of tests
○ Abnormalities identified
○ No abnormalities

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion

242 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

243 Specify number of distinct cytogenetic abnormalities
○ One (1)
○ Two (2)
○ Three (3)
○ Four or more (4 or more)

244 Specify abnormalities *(check all that apply)*
☐ -5
☐ -7
☐ -13
☐ -20
☐ -Y
☐ +8
☐ +19
☐ t(1;3)
☐ t(2;11)
☐ t(3;3)
☐ t(3;21)
☐ t(6;9)
☐ t(11;16)
☐ del(3q) / 3q-
☐ del(5q) / 5q-
☐ del(7q) / 7q-
☐ del(9q) / 9q-
☐ del(11q) / 11q-
☐ del(12p) / 12p-
☐ del(13q) / 13q-
☐ del(20q) / 20q-
☐ inv(3)
☐ i17q
☐ Other abnormality

245 Specify other abnormality: _____

246 Was documentation submitted to the CIBMTR? *(e.g. FISH report)*
○ Yes ○ No

247 Were cytogenetics tested via karyotyping?
○ Yes ○ No

248 Sample source
○ Blood ○ Bone marrow

249 Results of tests
- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion

250 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

251 Specify number of distinct cytogenetic abnormalities
- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

252 Specify abnormalities *(check all that apply)*
- ☐ -5
- ☐ -7
- ☐ -13
- ☐ -20
- ☐ -Y
- ☐ +8
- ☐ +19
- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)
- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

253 Specify other abnormality: _____

254 Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*
○ Yes ○ No

Status at transplantation / infusion

255 What was the disease status?
- ○ Complete remission (CR)
- ○ Hematologic improvement (HI)
- ○ No response (NR) / stable disease (SD)
- ○ Progression from hematologic improvement (Prog from HI)
- ○ Relapse from complete remission (Rel from CR)
- ○ Not assessed

256 Specify the cell line examined to determine HI status *(check all that apply)*
- ☐ HI-E
- ☐ HI-P
- ☐ HI-N

257 Specify transfusion dependence
- ○ Non-transfused (NTD)
- ○ Low-transfusion burden (LTB)

258 Date assessed: __ __ __ __ - __ __- __ __

Myeloproliferative Neoplasms (MPN)

Questions: 259 - 371

259 What was the MPN subtype at diagnosis? **- If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions**

- ○ Chronic neutrophilic leukemia (165)
- ○ Chronic eosinophilic leukemia, not otherwise specified (NOS) (166)
- ○ Essential thrombocythemia (58)
- ○ Myeloproliferative neoplasm (MPN), unclassifiable (60)
- ○ Myeloid / lymphoid neoplasms with PDGFRA rearrangement (1461)
- ○ Myeloid / lymphoid neoplasms with PDGFRB rearrangement (1462)
- ○ Myeloid / lymphoid neoplasms with FGFR1 rearrangement (1463)
- ○ Myeloid / lymphoid neoplasms with PCM1-JAK2 (1464)
- ○ Polycythemia vera (PCV) (57)
- ○ Primary myelofibrosis (PMF) (167)
- ○ Cutaneous_mastocytosis (CM) (1465)
- ○ Systemic mastocytosis (1470)
- ○ Mast cell sarcoma (MCS) (1466)

260 Specify systemic mastocytosis

- ○ Indolent systemic mastocytosis (ISM)
- ○ Smoldering systemic mastocytosis (SSM)
- ○ Systemic mastocytosis with an associated hematological neoplasm (SM-AHN)
- ○ Aggressive systemic mastocytosis (ASM)
- ○ Mast cell leukemia (MCL)

261 Was documentation submitted to the CIBMTR? *(e.g. pathology report used for diagnosis)*

○ Yes ○ No

Assessment at diagnosis

262 Did the recipient have constitutional symptoms in six months before diagnosis? *(symptoms are > 10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)*

○ Yes ○ No ○ Unknown

Laboratory studies at diagnosis of MPN

263 Date CBC drawn: __ __ __ __ - __ __- __ __

264 WBC

○ Known ○ Unknown

265 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

266 Neutrophils

○ Known ○ Unknown

267 _____ %

268 Blasts in blood

○ Known ○ Unknown

269 _____ %

270 Hemoglobin

○ Known ○ Unknown

271 _____ ○ g/dL ○ g/L ○ mmol/L

272 Were RBCs transfused ≤ 30 days before date of test?

○ Yes ○ No

273 Platelets

○ Known ○ Unknown

274 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

275 Were platelets transfused ≤ 7 days before date of test?

○ Yes ○ No

276 Blasts in bone marrow

○ Known ○ Unknown

277 _____ %

278 Were tests for driver mutations performed?

○ Yes ○ No ○ Unknown

279 JAK2
Positive Negative Not done

280 JAK2 V617F
Positive Negative Not done

281 JAK2 Exon 12
Positive Negative Not done

282 CALR
Positive Negative Not done

283 CALR type 1
Positive Negative Not done

284 CALR type 2
Positive Negative Not done

285 Not defined
Positive Negative Not done

286 MPL
Positive Negative Not done

287 CSF3R
Positive Negative Not done

288 Was documentation submitted to the CIBMTR?
Yes No

289 Were cytogenetics tested (karyotyping or FISH)?
yes no Unknown

290 Were cytogenetics tested via FISH?
Yes No

291 Sample source
Blood Bone marrow

292 Results of tests
Abnormalities identified
No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis

293 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

294 Specify number of distinct cytogenetic abnormalities
One (1)
Two (2)
Three (3)
Four or more (4 or more)

295 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -Y
- ☐ +8
- ☐ +9
- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(11q23;any)
- ☐ t(12p11.2;any)
- ☐ t(6;9)
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ dup(1)
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

296 Specify other abnormality: _____

297 Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

○ Yes ○ No

298 Were cytogenetics tested via karyotyping?

○ Yes ○ No

299 Sample source

○ Blood ○ Bone marrow

300 Results of tests

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

301 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

302 Specify number of distinct cytogenetic abnormalities

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

303 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -Y
- ☐ +8
- ☐ +9
- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(11q23;any)
- ☐ t(12p11.2;any)
- ☐ t(6;9)
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ dup(1)
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

304 Specify other abnormality: _____

305 Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

○ Yes ○ No

306 Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion?

○ Yes ○ No

307 Specify the MPN subtype or AML after transformation

- ○ Post-essential thrombocythemic myelofibrosis (1467)
- ○ Post-polycythemic myelofibrosis (1468)
- ○ Transformed to AML (70)

308 Specify the date of the most recent transformation: __ __ __ __ - __ __- __ __

309 Date of MPN diagnosis: __ __ __ __ - __ __- __ __

Assessment at last evaluation prior to the start of the preparative regimen / infusion

310 Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion

- ○ Non-transfused (NTD) **- (0 RBCs in 16 weeks)**
- ○ Low-transfusion burden (LTB) **- (3-7 RBCs in 16 weeks in at least 2 transfusion episodes, maximum of 3 in 8 weeks)**
- ○ High-transfusion burden (HTB) **- (≥ 8 RBCs in 16 weeks, ≥ 4 in 8 weeks)**

311 Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? *(symptoms are > 10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)*

○ Yes ○ No ○ Unknown

312 Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?

- ○ Yes
- ○ No
- ○ Unknown
- ○ Not applicable *(splenectomy)*

313 Specify the method used to measure spleen size

○ Physical assessment ○ Ultrasound ○ CT / MRI

314 Specify the spleen size: _____ centimeters below left costal margin

315 Specify the spleen size: _____ centimeters

316 Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?

○ yes ○ no ○ Unknown

317 Specify the method used to measure liver size

○ Physical assessment ○ Ultrasound ○ CT / MRI

318 Specify the liver size: _____ centimeters below right costal margin

319 Specify the liver size: _____ centimeters

Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion

320 Date CBC drawn: __ __ __ __ - __ __- __ __

321 WBC

○ Known ○ Unknown

322 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

323 Neutrophils

○ Known ○ Unknown

324 _____ %

325 Blasts in blood

○ Known ○ Unknown

326 _____ %

327 Hemoglobin

○ Known ○ Unknown

328 _____ ○ g/dL ○ g/L ○ mmol/L

329 Were RBCs transfused ≤ 30 days before date of test?

○ Yes ○ No

330 Platelets

○ Known ○ Unknown

331 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

332 Were platelets transfused ≤ 7 days before date of test?

○ Yes ○ No

333 Blasts in bone marrow

○ Known ○ Unknown

334 _____ %

335 Were tests for driver mutations performed?

○ Yes ○ No ○ Unknown

336 JAK2

○ Positive ○ Negative ○ Not done

337 JAK2 V617F

○ Positive ○ Negative ○ Not done

338 JAK2 Exon 12

○ Positive ○ Negative ○ Not done

339 CALR

○ Positive ○ Negative ○ Not done

340 CALR type 1

○ Positive ○ Negative ○ Not done

341 CALR type 2

○ Positive ○ Negative ○ Not done

342 Not defined

○ Positive ○ Negative ○ Not done

343 MPL

○ Positive ○ Negative ○ Not done

344 CSF3R

○ Positive ○ Negative ○ Not done

345 Was documentation submitted to the CIBMTR?

○ Yes ○ No

346 Were cytogenetics tested (karyotyping or FISH)?

○ yes ○ no ○ Unknown

347 Were cytogenetics tested via FISH?

○ Yes ○ No

348 Sample source

○ Blood ○ Bone marrow

349 Results of tests

○ Abnormalities identified

○ No abnormalities

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion

350 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

351 Specify number of distinct cytogenetic abnormalities
- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

352 Specify abnormalities *(check all that apply)*
- ☐ -5
- ☐ -7
- ☐ -Y
- ☐ +8
- ☐ +9
- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(11q23;any)
- ☐ t(12p11.2;any)
- ☐ t(6;9)
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ dup(1)
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

353 Specify other abnormality: _____

354 Was documentation submitted to the CIBMTR? *(e.g. FISH report)*
○ Yes ○ No

355 Were cytogenetics tested via karyotyping?
○ Yes ○ No

356 Sample source
○ Blood ○ Bone marrow

357 Results of tests
- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion

358 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

359 Specify number of distinct cytogenetic abnormalities
- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four or more (4 or more)

360 Specify abnormalities *(check all that apply)*

- ☐ -5
- ☐ -7
- ☐ -Y
- ☐ +8
- ☐ +9
- ☐ t(1;any)
- ☐ t(3q21;any)
- ☐ t(11q23;any)
- ☐ t(12p11.2;any)
- ☐ t(6;9)
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-
- ☐ dup(1)
- ☐ inv(3)
- ☐ i17q
- ☐ Other abnormality

361 Specify other abnormality: _____

362 Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

○ Yes ○ No

Status at transplantation / infusion:

363 What was the disease status?

- ○ Complete clinical remission (CR)
- ○ Partial clinical remission (PR)
- ○ Clinical improvement (CI)
- ○ Stable disease (SD)
- ○ Progressive disease
- ○ Relapse
- ○ Not assessed

364 Was an anemia response achieved?

○ Yes ○ No

365 Was a spleen response achieved?

○ Yes ○ No

366 Was a symptom response achieved?

○ Yes ○ No

367 Date assessed: __ __ __ __ - __ __- __ __

368 Specify the cytogenetic response

- ○ Complete response (CR) **: Eradication of pre-existing abnormality**
- ○ Partial response (PR) **: ≥ 50% reduction in abnormal metaphases**
- ○ Re-emergence of pre-existing cytogenetic abnormality
- ○ Not assessed
- ○ Not applicable
- ○ None of the above **: Does not meet the CR or PR criteria**

369 Date assessed: __ __ __ __ - __ __- __ __

370 Specify the molecular response

- ○ Complete response (CR) **: Eradication of pre-existing abnormality**
- ○ Partial response (PR) **: ≥ 50% decrease in allele burden**
- ○ Re-emergence of a pre-existing molecular abnormality
- ○ Not assessed
- ○ Not applicable
- ○ None of the above **: Does not meet the CR or PR criteria**

371 Date assessed: __ __ __ __ - __ __- __ __

Other Leukemia (OL) — Questions: 372 - 378

372 Specify the other leukemia classification _____

373 Specify other leukemia: _____

374 Was any 17p abnormality detected?

- ○ yes **- If disease classification is CLL, go to question 375. If PLL, go to question 377**
- ○ no

375 Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

- ○ yes ○ no

Status at transplantation / infusion:

376 What was the disease status? *(Atypical CML)* _____

377 What was the disease status? *(CLL, PLL, Hairy cell leukemia, Other leukemia)*

- ○ Complete remission (CR)
- ○ Partial remission (PR)
- ○ Stable disease (SD)
- ○ Progressive disease (Prog)
- ○ Untreated
- ○ Not assessed

378 Date assessed: __ __ __ __ - __ __- __ __

Hodgkin and Non-Hodgkin Lymphoma — Questions: 379 - 396

379 Specify the lymphoma histology *(at infusion)* _____

380 Specify other lymphoma histology: _____

381 Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on

- ○ Immunohistochemistry *(e.g. Han's algorithm)*
- ○ Gene expression profile
- ○ Unknown method

382 Is the lymphoma histology reported at transplant a transformation from CLL?

- ○ yes ○ no

383 Was any 17p abnormality detected?

- ○ yes ○ no

384 Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? *(Not CLL)*

- ○ Yes ○ No

385 Specify the original lymphoma histology *(prior to transformation)* _____

386 Specify other lymphoma histology: _____

387 Date of original lymphoma diagnosis: __ __ __ __ - __ __- __ __ *(report the date of diagnosis of original lymphoma subtype)*

388 Was a PET (or PET/CT) scan performed? *(at last evaluation prior to the start of the preparative regimen / infusion)*

- ○ yes ○ no

389 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

- ○ yes ○ no

390 Date of PET scan

- ○ Known ○ Unknown

391 Date of PET (or PET/CT) scan: __ __ __ __ - __ __- __ __

392 Deauville (five-point) score of the PET (or PET/CT) scan

- ○ Known ○ Unknown

393 Scale

- ○ 1 - no uptake or no residual uptake
- ○ 2 - slight uptake, but below blood pool *(mediastinum)*
- ○ 3 - uptake above mediastinal, but below or equal to uptake in the liver
- ○ 4 - uptake slightly to moderately higher than liver
- ○ 5 - markedly increased uptake or any new lesion

Status at transplantation / infusion:

394 What was the disease status? _____

395 Total number of lines of therapy received *(between diagnosis and HCT / infusion)*

- ○ 1 line ○ 2 lines ○ 3+ lines

396 Date assessed: __ __ __ __ - __ __- __ __

Multiple Myeloma / Plasma Cell Disorder (PCD) — Questions: 397 - 443

397 Specify the multiple myeloma/plasma cell disorder (PCD) classification

- ○ Multiple myeloma (178)
- ○ Multiple myeloma-light chain only (186)
- ○ Multiple myeloma-non-secretory (187)
- ○ Plasma cell leukemia (172)
- ○ Solitary plasmacytoma (no evidence of myeloma) (175)
- ○ Smoldering myeloma (180)
- ○ Amyloidosis (174)
- ○ Osteosclerotic myeloma / POEMS syndrome (176)
- ○ Monoclonal gammopathy of renal significance (MGRS) (1611)
- ○ Other plasma cell disorder (179)

398 Specify other plasma cell disorder: _____

399 Specify heavy and/or light chain type *(check all that apply)*

- ☐ IgG kappa
- ☐ IgA kappa
- ☐ IgM kappa
- ☐ IgD kappa
- ☐ IgE kappa
- ☐ IgG lambda
- ☐ IgA lambda
- ☐ IgM lambda
- ☐ IgD lambda
- ☐ IgE lambda
- ☐ IgG (heavy chain only)
- ☐ IgA (heavy chain only)
- ☐ IgM (heavy chain only)
- ☐ IgD (heavy chain only)
- ☐ IgE (heavy chain only)
- ☐ Kappa (light chain only)
- ☐ Lambda (light chain only)

400 Specify Amyloidosis classification

○ AL amyloidosis ○ AH amyloidosis ○ AHL amyloidosis

401 Select monoclonal gammopathy of renal significance (MGRS) classification _____

402 Select monoclonal immunoglobulin deposition disease (MIDD) subtype

- ○ Light chain deposition disease (LCDD)
- ○ Light and heavy chain deposition disease (LHCDD)
- ○ Heavy chain deposition disease (HCDD)

403 Was documentation submitted to the CIBMTR? *(e.g. pathology report)*

○ Yes ○ No

404 Solitary plasmacytoma was

○ Extramedullary ○ Bone derived

405 What was the Durie-Salmon staging? *(at diagnosis)*

- ○ Stage I *(All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG< 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4 g/24h)*
- ○ Stage II *(Fitting neither Stage I or Stage III)*
- ○ Stage III *(One or more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG > 7g/dL, IgA > 5 g/dL; Bence Jones protein > 12g/24h)*
- ○ Unknown

406 What was the Durie-Salmon sub classification? *(at diagnosis)*

- ○ A - *relatively normal renal function (serum creatinine < 2.0 mg/dL)*
- ○ B - *abnormal renal function (serum creatinine ≥ 2.0 mg/dL)*

407 Did the recipient have a preceding or concurrent plasma cell disorder?

○ Yes ○ No

Preceding or Concurrent Plasma Cell Disorder (1)	Questions: 408 - 410

408 Specify preceding / concurrent disorder _____

409 Specify other preceding/concurrent disorder: _____

410 Date of diagnosis of preceding / concurrent disorder: __ __ __ __ - __ __- __ __

411 Serum β2 - microglobulin
○ Known ○ Unknown

412 Serum β2-microglobulin: _____ ○ µg/dL ○ mg/L ○ nmol/L

413 Serum albumin
○ Known ○ Unknown

414 Serum albumin: _____ ○ g/dL ○ g/L

I.S.S. at diagnosis:

415 Stage
○ Known ○ Unknown

416 Stage
○ 1 *(Serum β2-microglobulin <3.5 mg/L, Serum albumin ≥3.5 g/dL)*
○ 2 *(Not fitting stage 1 or 3)*
○ 3 *(Serum β2-microglobulin ≥5.5 mg/L; Serum albumin -)*

R - I.S.S. at diagnosis:

417 Stage
○ Known ○ Unknown

418 Stage
○ 1 *(ISS stage 1 and no high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-, t(4;14), t(14;16)] and normal LDH levels)*
○ 2 *(Not R-ISS stage I or III)*
○ 3 *(ISS stage III and either high-risk cytogenetic abnormalities by FISH [deletion 17p / 17p-. t(4;14), t(14;16)] or high LDH levels)*

419 Plasma cells in blood by flow cytometry
○ Known ○ Unknown

420 _____ %

421 Plasma cells in blood by morphologic assessment
○ Known ○ Unknown

422 _____ %

423 _____ ○ x 10^9/L (x 10^3/mm^3)
○ x 10^6/L

424 LDH
○ Known ○ Unknown

425 _____ ○ U/L ○ µkat/L

426 Upper limit of normal for LDH: _____

Labs at diagnosis

427 Were cytogenetics tested (karyotyping or FISH)? *(at diagnosis)*
○ yes ○ no ○ Unknown

428 Were cytogenetics tested via FISH?
○ Yes ○ No

429 Results of tests
○ Abnormalities identified
○ No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis

430 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

431 Specify abnormalities *(check all that apply)*

- ☐ +3
- ☐ +5
- ☐ +7
- ☐ +9
- ☐ +11
- ☐ +15
- ☐ +19
- ☐ t(4;14)
- ☐ t(6;14)
- ☐ t(11;14)
- ☐ t(14;16)
- ☐ t(14;20)
- ☐ del(13q) / 13q-
- ☐ del(17p) / 17p-
- ☐ -13
- ☐ -17
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ MYC rearrangement
- ☐ Any abnormality at 1q
- ☐ Any abnormality at 1p
- ☐ Other abnormality

432 Specify other abnormality: _____

433 Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

○ Yes ○ No

434 Were cytogenetics tested via karyotyping?

○ Yes ○ No

435 Results of tests

- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

436 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

437 Specify abnormalities *(check all that apply)*

- ☐ +3
- ☐ +5
- ☐ +7
- ☐ +9
- ☐ +11
- ☐ +15
- ☐ +19
- ☐ t(4;14)
- ☐ t(6;14)
- ☐ t(11;14)
- ☐ t(14;16)
- ☐ t(14;20)
- ☐ del(13q) / 13q-
- ☐ del(17p) / 17p-
- ☐ -13
- ☐ -17
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ MYC rearrangement
- ☐ Any abnormality at 1q
- ☐ Any abnormality at 1p
- ☐ Other abnormality

438 Specify other abnormality: _____

439 Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

○ Yes ○ No

Status at transplantation / infusion

440 What is the hematologic disease status?

- ○ Stringent complete response (sCR)
- ○ Complete response (CR)
- ○ Very good partial response (VGPR)
- ○ Partial response (PR)
- ○ No response (NR) / stable disease (SD)
- ○ Progressive disease (PD)
- ○ Relapse from CR (Rel) (untreated)
- ○ Unknown

441 Date assessed: __ __ __ __ - __ __- __ __

442 Specify amyloidosis hematologic response *(for Amyloid patients only)*

- ○ Complete response (CR)
- ○ Very good partial response (VGPR)
- ○ Partial response (PR)
- ○ No response (NR) / stable disease (SD)
- ○ Progressive disease (PD)
- ○ Relapse from CR (Rel) (untreated)
- ○ Unknown

443 Date assessed: __ __ __ __ - __ __- __ __

Solid Tumors — Questions: 444 - 445

444 Specify the solid tumor classification _____

445 Specify other solid tumor: _____

Aplastic Anemia — Questions: 446 - 448

446 Specify the aplastic anemia classification **- If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.**

- ○ Acquired AA, not otherwise specified (301)
- ○ Acquired AA secondary to chemotherapy (313)
- ○ Acquired AA secondary to hepatitis (302) *(any form of hepatitis)*
- ○ Acquired AA secondary to immunotherapy or immune effector cell therapy (314)
- ○ Acquired AA secondary to toxin / other drug (303)
- ○ Acquired amegakaryocytosis (not congenital) (304)
- ○ Acquired pure red cell aplasia (not congenital) (306)
- ○ Other acquired cytopenic syndrome (309)

447 Specify severity

○ Severe / very severe ○ Not severe

448 Specify other acquired cytopenic syndrome: _____

Inherited Bone Marrow Failure Syndromes

Questions: 449 - 450

449 Specify the inherited bone marrow failure syndrome classification **- If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.**

- ○ Diamond-Blackfan anemia (pure red cell aplasia) (312)
- ○ Dyskeratosis congenita (307)
- ○ Fanconi anemia (311)
- ○ Severe congenital neutropenia (including Kostmann syndrome) (460)
- ○ Shwachman-Diamond (305)

450 Did the recipient receive gene therapy to treat the inherited bone marrow failure syndrome?

- ○ Yes **- Also complete Cellular Therapy Product and Infusion forms 4003 and 4006.**
- ○ No

Hemoglobinopathies

Questions: 451 - 487

451 Specify the hemoglobinopathy classification

- ○ Sickle cell disease (356)
- ○ Transfusion dependent thalassemia (360)
- ○ Other hemoglobinopathy (359)

452 Specify transfusion dependent thalassemia

- ○ Transfusion dependent beta thalassemia (357)
- ○ Other transfusion dependent thalassemia (358)

453 Specify other hemoglobinopathy: _____

454 Did the recipient receive gene therapy to treat the hemoglobinopathy?

- ○ Yes **- Also complete Cellular Therapy Product and Infusion forms 4003 and 4006. If transfusion dependent thalassemia, go to question 455, else go to signature line**
- ○ No **- If transfusion dependent thalassemia, go to question 455, else go to signature line**

Questions 455 - 487 are for transfusion dependent thalassemia

455 Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography?

○ Yes ○ No ○ Unknown

456 TRJV measurement

○ Known ○ Unknown

457 TRJV measurement: _____ m/sec

458 Was liver iron content (LIC) tested within 6 months prior to infusion?

○ Yes ○ No

459 Liver iron content: _____

- ○ mg Fe/g liver dry weight
- ○ g Fe/kg liver dry weight
- ○ µmol Fe/g liver dry weight

460 Method used to estimate LIC?

○ T2*MRI ○ SQUID MRI ○ FerriScan ○ Liver biopsy ○ Other

461 Is the recipient red blood cell transfusion dependent? *(requiring transfusion to maintain HGB 9-10 g/dL)*

○ Yes ○ No

462 Year of first transfusion: *(since diagnosis)* _____

463 Was iron chelation therapy given at any time since diagnosis?

○ Yes ○ No ○ Unknown

464 Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?

- ○ Yes, iron chelation therapy given as specified
- ○ No, iron chelation therapy given, but not meeting criteria listed
- ○ Iron chelation therapy given, but details of administration unknown

465 Specify reason criteria not met

- ○ Non-adherence
- ○ Toxicity due to iron chelation therapy
- ○ Other

466 Specify other reason criteria not met: _____

467 Year iron chelation therapy started

○ Known ○ Unknown

468 Year started: _____

469 Did the recipient have hepatomegaly? *(≥ 2 cm below costal margin)*

○ yes ○ no ○ Unknown

470 Liver size as measured below the costal margin at most recent evaluation: _____ cm

471 Was a liver biopsy performed at any time since diagnosis?

○ yes ○ no

472 Date assessed

○ Known ○ Unknown

473 Date assessed: __ __ __ __ - __ __- __ __ ☐ Date estimated

474 Was there evidence of liver cirrhosis?

○ Yes ○ No ○ Unknown

475 Was there evidence of liver fibrosis?

○ Yes ○ No ○ Unknown

476 Type of fibrosis

○ Bridging ○ Periportal ○ Other ○ Unknown

477 Was there evidence of chronic hepatitis?

○ Yes ○ No ○ Unknown

478 Was documentation submitted to the CIBMTR? *(e.g., liver biopsy)*

○ Yes ○ No

479 Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?

○ Yes ○ No

480 Did the recipient have a splenectomy?

○ yes ○ no ○ Unknown

Laboratory studies at last evaluation prior to start of preparative regimen

481 Serum iron

○ Known ○ Unknown

482 Serum iron: _____ ○ µg/dL ○ µmol/L

483 Total iron binding capacity (TIBC)

○ Known ○ Unknown

484 TIBC: _____ ○ µg/dL ○ µmol/L

485 Total serum bilirubin

○ Known ○ Unknown

486 Total serum bilirubin: _____ ○ mg/dL ○ µmol/L

487 Upper limit of normal for total serum bilirubin: _____

Disorders of the Immune System

Questions: 488 - 495

488 Specify disorder of immune system classification

- Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401)
- Absence of T and B cells SCID (402)
- Absence of T, normal B cell SCID (403)
- Omenn syndrome (404)
- Reticular dysgenesis (405)
- Bare lymphocyte syndrome (406)
- Other SCID (419)
- SCID, not otherwise specified (410)
- Ataxia telangiectasia (451)
- HIV infection (452)
- DiGeorge anomaly (454)
- Common variable immunodeficiency (457)
- Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)
- Neutrophil actin deficiency (461)
- Cartilage-hair hypoplasia (462)
- CD40 ligand deficiency (464)
- Other immunodeficiencies (479)
- Immune deficiency, not otherwise specified (400)
- Chediak-Higashi syndrome (456) **- Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form**
- Griscelli syndrome type 2 (465) **- Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form**
- Hermansky-Pudlak syndrome type 2 (466) **- Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form**
- Other pigmentary dilution disorder (469) **- Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form**
- Chronic granulomatous disease (455)
- Wiskott-Aldrich syndrome (453)
- X-linked lymphoproliferative syndrome (458)

489 Specify other SCID: _____

490 Specify other immunodeficiency: _____

491 Specify other pigmentary dilution disorder: _____

492 Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?

- Yes
- No

493 Specify viral pathogen *(check all that apply)*

- ☐ 304 Adenovirus
- ☐ 341 BK Virus
- ☐ 344 Coronavirus
- ☐ 303 Cytomegalovirus (CMV)
- ☐ 347 Chikungunya virus
- ☐ 346 Dengue Virus
- ☐ 325 Enterovirus (ECHO, Coxsackie)
- ☐ 327 Enterovirus D68 (EV-D68)
- ☐ 326 Enterovirus (polio)
- ☐ 328 Enterovirus NOS
- ☐ 318 Epstein-Barr Virus (EBV)
- ☐ 306 Hepatitis A Virus
- ☐ 307 Hepatitis B Virus
- ☐ 308 Hepatitis C Virus
- ☐ 340 Hepatitis E
- ☐ 301 Herpes Simplex Virus (HSV)
- ☐ 317 Human herpesvirus 6 (HHV-6)
- ☐ 309 Human Immunodeficiency Virus 1 or 2
- ☐ 343 Human metapneumovirus
- ☐ 322 Human Papillomavirus (HPV)
- ☐ 349 Human T-lymphotropic Virus 1 or 2
- ☐ 310 Influenza, NOS
- ☐ 323 Influenza A Virus
- ☐ 324 Influenza B Virus
- ☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- ☐ 311 Measles Virus (Rubeola)
- ☐ 312 Mumps Virus
- ☐ 345 Norovirus
- ☐ 316 Human Parainfluenza Virus (all species)
- ☐ 314 Respiratory Syncytial Virus (RSV)
- ☐ 321 Rhinovirus (all species)
- ☐ 320 Rotavirus (all species)
- ☐ 315 Rubella Virus
- ☐ 302 Varicella Virus
- ☐ 348 West Nile Virus (WNV)

494 Has the recipient ever been infected with PCP / PJP?

○ Yes ○ No

495 Does the recipient have GVHD due to maternal cell engraftment pre-HCT? **(SCID only)**

○ Yes ○ No

Inherited Abnormalities of Platelets

Questions: 496 - 497

496 Specify inherited abnormalities of platelets classification

- ○ Congenital amegakaryocytosis / congenital thrombocytopenia (501)
- ○ Glanzmann thrombasthenia (502)
- ○ Other inherited platelet abnormality (509)

497 Specify other inherited platelet abnormality: _____

Inherited Disorders of Metabolism

Questions: 498 - 500

498 Specify inherited disorders of metabolism classification _____

499 Specify other inherited metabolic disorder: _____

500 Loes composite score _____ **Adrenoleukodystrophy (ALD) only**

Histiocytic Disorders

Questions: 501 - 505

501 Specify histiocytic disorder classification _____

502 Specify other histiocytic disorder: _____

503 Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? **Hemophagocytic lymphohistiocytosis (HLH) only**

○ Yes ○ No

504 Specify viral pathogen *(check all that apply)*

- ☐ 304 Adenovirus
- ☐ 341 BK Virus
- ☐ 344 Coronavirus
- ☐ 303 Cytomegalovirus (CMV)
- ☐ 347 Chikungunya virus
- ☐ 346 Dengue Virus
- ☐ 325 Enterovirus (ECHO, Coxsackie)
- ☐ 327 Enterovirus D68 (EV-D68)
- ☐ 326 Enterovirus (polio)
- ☐ 328 Enterovirus NOS
- ☐ 318 Epstein-Barr Virus (EBV)
- ☐ 306 Hepatitis A Virus
- ☐ 307 Hepatitis B Virus
- ☐ 308 Hepatitis C Virus
- ☐ 340 Hepatitis E
- ☐ 301 Herpes Simplex Virus (HSV)
- ☐ 317 Human herpesvirus 6 (HHV-6)
- ☐ 309 Human Immunodeficiency Virus 1 or 2
- ☐ 343 Human metapneumovirus
- ☐ 322 Human Papillomavirus (HPV)
- ☐ 349 Human T-lymphotropic Virus 1 or 2
- ☐ 310 Influenza, NOS
- ☐ 323 Influenza A Virus
- ☐ 324 Influenza B Virus
- ☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- ☐ 311 Measles Virus (Rubeola)
- ☐ 312 Mumps Virus
- ☐ 345 Norovirus
- ☐ 316 Human Parainfluenza Virus (all species)
- ☐ 314 Respiratory Syncytial Virus (RSV)
- ☐ 321 Rhinovirus (all species)
- ☐ 320 Rotavirus (all species)
- ☐ 315 Rubella Virus
- ☐ 302 Varicella Virus
- ☐ 348 West Nile Virus (WNV)

505 Has the recipient ever been infected with PCP / PJP?

○ Yes ○ No

Autoimmune Diseases

Questions: 506 - 509

506 Specify autoimmune disease classification _____

507 Specify other autoimmune cytopenia: _____

508 Specify other autoimmune bowel disorder: _____

509 Specify other autoimmune disease: _____

Tolerance Induction Associated with Solid Organ Transplant

Questions: 510 - 511

510 Specify solid organ transplanted *(check all that apply)*

- ☐ Kidney
- ☐ Liver
- ☐ Pancreas
- ☐ Other organ

511 Specify other organ: _____

Other Disease

Questions: 512 - 512

512 Specify other disease: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __ - __ __