

Recipient NMDP ID: --

Recipient Last Name:

What was the Primary Disease for which transplant was performed? *XDISPRIM*

1 Acute myelogenous leukemia (AML)
AMLTYPE →

1 M1, myeloblastic
 2 M2, myelocytic
 3 M3, promyelocytic (APML, APL)
 4 M4, myelomonocytic (AMML)
 5 M5, monocytic (AMMOL)
 6 M6, erythroblastic (AEL)
 7 M7, megakaryoblastic
 8 Granulocytic sarcoma
 9 Other, specify _____

10 Unknown

Please Complete Form 120 – Insert I

4 Other leukemia
OTLTYPE →

1 Acute undifferentiated leukemia
 2 Biphenotypic, bilineage or hybrid leukemia
 3 Acute mast cell leukemia
 4 Chronic lymphocytic leukemia (CLL)
 5 Hairy cell leukemia
 6 Juvenile CML (no evidence of Philadelphia chromosome or BCR/ABL)
 7 Prolymphocytic leukemia (PLL)
 8 Other, specify _____

9 Unknown

Please Complete Form 120 – Insert IV

2 Acute lymphoblastic leukemia (ALL)
ALLTYPE →

1 Mature B-cell (L3)
 2 T-cell
 3 Null cell (early pre-B)
 4 cALLa (includes pre-B)
 5 Other, specify _____

6 Unknown

Please Complete Form 120 – Insert II

5 Myelodysplastic/myeloproliferative disorders (Please classify all preleukemias)
MYETTYPE
(If recipient has transformed to AML, indicate AML as the primary disease) →

1 Refractory anemia (RA)
 2 Refractory anemia with excess blasts (RAEB)
 3 Refractory anemia with excess blasts in transformation (RAEBT)
 4 Chronic myelomonocytic leukemia (CMML)
 5 Acquired idiopathic sideroblastic anemia (RARS)
 6 Paroxysmal nocturnal hemoglobinuria (PNH)
 7 Polycythemia vera
 8 Essential or primary thrombocythemia
 9 Myelofibrosis with myeloid metaplasia
 10 Other myelofibrosis or myelosclerosis
 11 Other myelodysplasia or myeloproliferative disorder, specify _____

12 Unknown

Please Complete Form 120 – Insert V

3 Chronic myelogenous leukemia
CMLTYPE →

1 Ph⁺; BCR/ABL+
 2 Ph⁺; BCR/ABL-
 3 Ph⁺; BCR/ABL unknown
 4 Ph⁻; BCR/ABL+
 5 Ph⁻; BCR/ABL-
 6 Ph⁻; BCR/ABL unknown
 7 Ph[?] unknown; BCR/ABL+
 8 Ph[?] unknown; BCR/ABL-
 9 Ph[?] unknown; BCR/ABL unknown

Please Complete Form 120 – Insert III

Non-Hodgkin lymphoma

NHLTYPE

- 1 Small cell lymphocytic
- 2 Follicular, predominantly small cleaved cell
- 3 Follicular, mixed, small cleaved and large cell
- 4 Follicular, predominantly large cell
- 5 Diffuse, small cleaved cell
- 6 Diffuse, mixed, small and large cell
- 7 Diffuse, large cell
- 8 Large cell, immunoblastic
- 9 Lymphoblastic
- 10 Small noncleaved cell, unclassified
- 11 Small noncleaved cell, Burkitt
- 12 Small noncleaved cell, non-Burkitt
- 13 Mycosis fungoides
- 14 Histiocytic
- 15 Mantle zone/intermediate differentiation
- 16 Composite
- 17 Other NHL, specify

18 NHL Unknown

Please Complete Form 120 – Insert IX

Hodgkin lymphoma

HODTYPE

- 1 Lymphocyte predominant
- 2 Nodular sclerosis
- 3 Mixed cellularity
- 4 Lymphocyte depleted
- 5 Other HD, specify

6 HD Unknown

Please Complete Form 120 – Insert IX

Multiple myeloma/plasma cell disorder

MMYTYPE

- 1 Multiple myeloma

Please Complete Form 120 – Insert VI

- 2 Plasma cell leukemia
- 3 Waldenstrom macroglobulinemia
- 4 Other, specify

5 Unknown

Continue with Question 10 on page 5

Other malignancies

OTMTYPE

- 1 Neuroblastoma
- 2 Breast cancer
- 3 Ewing sarcoma
- 4 Small cell lung cancer
- 5 Central nervous system tumors
- 6 Other, specify

Please Complete Form 120 – Insert VII

Severe aplastic anemia

SAATYPE

- 1 Idiopathic
- 2 Secondary to hepatitis
- 3 Secondary to toxin/other drug
- 4 Amegakaryocytosis (not congenital)
- 5 Other, specify

6 Unknown

Please Complete Form 120 – Insert VIII

Inherited abnormalities of erythrocyte differentiation or function (If recipient has developed leukemia, complete insert for appropriate leukemic diagnosis)

ERYTYPE

- 1 Fanconi anemia
- 2 Diamond-Blackfan anemia (pure red cell aplasia)

Please Complete Form 120 – Insert VIII

- 3 Thalassemia major (β thalassemia)
- 4 Sickle cell anemia
- 5 Other hemoglobinopathy, specify

6 Other, specify

Continue with Question 10 on page 5

Recipient NMDP ID: - -

Recipient Last Name:

Severe combined immunodeficiency (SCID) and other disorders primarily affecting the immune system
SCIDTYPE

1 Adenosine deaminase (ADA) deficiency – SCID

2 Absence of T and B cells – SCID

3 Absence of T, normal B cell – SCID

4 Omenn syndrome

5 Reticular dysgenesis

6 Bare lymphocyte syndrome

7 Other SCID, specify

Please Complete Form 120 – Insert X

8 Wiskott-Aldrich syndrome

Please Complete Form 120 – Insert XI

9 Ataxia telangiectasia

10 HIV infection

11 DiGeorge anomaly

12 Chronic granulomatous disease

13 Chediak-Higashi syndrome

14 Common variable immunodeficiency

15 X-linked lymphoproliferative syndrome

16 Leukocyte adhesion deficiency (Gp-180 deficiency, CD-18 deficiency, LFA deficiency, WBC adhesion deficiency)

17 Kostmann neutropenia

18 Neutrophil actin deficiency

19 Cartilage – hair hypoplasia

20 Combined immunodeficiency disease, specify

21 Other immunodeficiencies, specify

22 Immune system disorders unknown

Continue with Question 10 on page 5

PLATATYPE

13 Inherited abnormalities of platelets

1 Amegakaryocytosis/ congenital thrombocytopenia

2 Glanzmann thrombasthenia

3 Other, specify

4 Unknown inherited platelet disorder

Continue with Question 10 on page 5

14 Inherited disorders of metabolism
METTYPE

1 Osteopetrosis (malignant infantile osteopetrosis)

2 Lesch-Nyhan syndrome

Mucopolysaccharidoses

3 Hurler syndrome (IH)

4 Scheie syndrome (IS)

5 Hunter syndrome (II)

6 Sanfilippo (III)

7 Morquio (IV)

8 Maroteaux-Lamy (VI)

9 β -Glucuronidase deficiency (VII)

10 Mucopolysaccharidosis V

11 Other mucopolysaccharidosis, specify

Mucolipidoses

12 Gaucher disease

13 Metachromatic leukodystrophy

14 Adrenoleukodystrophy

15 Krabbe disease (globoid leukodystrophy)

16 Niemann-Pick disease

17 I-cell disease

18 Wolman disease

19 Glycogen storage disease

20 Lysosomal storage disease

21 Other mucolipidoses, specify

22 Unknown inherited metabolic disorder

Continue with Question 10 on page 5

HISTTYPE

15 Histiocytic disorders

1 Familial erythrophagocytic lymphohistiocytosis (FEL) (Familial hemophagocytic lymphohistiocytosis)

2 Histiocytosis-X

3 Hemophagocytosis

4 Other, specify

Continue with Question 10 on page 5

16 Other non-malignant disease

Specify _____

Continue with Question 10 on page 5

Recipient NMDP ID: - -

Recipient Last Name:

() I Status of Recipient Prior to Conditioning

10. Did the recipient receive blood transfusions at any time prior to conditioning? *BTPRIOR*

- 1 yes
- 2 no
- 3 not known

11. Give number (best estimate) of donor exposures:	
1 <input type="checkbox"/> 1 - 5	5 <input type="checkbox"/> 31 - 40
2 <input type="checkbox"/> 6 - 10	6 <input type="checkbox"/> 41 - 50
3 <input type="checkbox"/> 11 - 20	7 <input type="checkbox"/> > 50
4 <input type="checkbox"/> 21 - 30	

12. What is the recipient's blood type? *BLDTYPE*

- 1 A Positive
- 2 B Positive
- 3 AB Positive
- 4 O Positive
- 5 A Negative
- 6 B Negative
- 7 AB Negative
- 8 O Negative

13. Has the recipient ever been pregnant? *EVERPREG*

- 1 yes
- 2 no
- 3 not known
- 4 not applicable, recipient is male

14. Number of pregnancies: <input type="text"/>	<i>NUMPREG</i>
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was the functional status of the recipient prior to conditioning? *XPS*

If recipient is 16 years of age or older, complete the Karnofsky Scale. If the recipient is younger than 16 years of age, complete the Lansky Scale. Rate activity of recipients immediately prior to initiation of conditioning.

KARNOFSKY SCALE ≥ 16 yrs	LANSKY SCALE < 16 yrs
<p>Check the phrase in the Karnofsky Scale which best describes the activity status of the recipient:</p> <p>Able to carry on normal activity; no special care is needed</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> 100 Normal; no complaints; no evidence of disease 2 <input type="checkbox"/> 90 Able to carry on normal activity 3 <input type="checkbox"/> 80 Normal activity with effort <p>Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed</p> <ul style="list-style-type: none"> 4 <input type="checkbox"/> 70 Cares for self; unable to carry on normal activity or to do active work 5 <input type="checkbox"/> 60 Requires occasional assistance but is able to care for most needs 6 <input type="checkbox"/> 50 Requires considerable assistance and frequent medical care <p>Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly</p> <ul style="list-style-type: none"> 7 <input type="checkbox"/> 40 Disabled; requires special care and assistance 8 <input type="checkbox"/> 30 Severely disabled; hospitalization indicated, although death not imminent 9 <input type="checkbox"/> 20 Very sick; hospitalization necessary 10 <input type="checkbox"/> 10 Moribund; fatal process progressing rapidly 	<p>Select the phrase in the Lansky Play-Performance Scale which best describes the activity status of the recipient:</p> <p>Able to carry on normal activity; no special care is needed</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> 100 Fully active 2 <input type="checkbox"/> 90 Minor restriction in physically strenuous play 3 <input type="checkbox"/> 80 Restricted in strenuous play, tires more easily, otherwise active <p>Mild to moderate restriction</p> <ul style="list-style-type: none"> 4 <input type="checkbox"/> 70 Both greater restrictions of, and less time spent in, active play 5 <input type="checkbox"/> 60 Ambulatory up to 50% of time, limited active play with assistance/supervision 6 <input type="checkbox"/> 50 Considerable assistance required for any active play; fully able to engage in quiet play <p>Moderate to severe restriction</p> <ul style="list-style-type: none"> 7 <input type="checkbox"/> 40 Able to initiate quiet activities 8 <input type="checkbox"/> 30 Needs considerable assistance for quiet activity 9 <input type="checkbox"/> 20 Limited to very passive activity initiated by others (e.g., TV) 10 <input type="checkbox"/> 10 Completely disabled, not even passive play

Recipient NMDP ID: - -

Recipient Last Name:

COEXISTING

Were there clinically significant coexisting diseases (e.g., diabetes mellitus) or organ impairment within one month prior to conditioning?

1 yes → Indicate the diagnoses: *DX120X20*

2 no

<i>DXSIGHEM</i>	17. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Significant hemorrhage (e.g., CNS or GI), specify site(s): _____
<i>DXCORART</i>	18. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Coronary artery disease
<i>DXHYPERT</i>	19. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Hypertension
<i>DXOTCARD</i>	20. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Other cardiac disease, specify: _____
<i>DXDIAMEL</i>	21. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Diabetes mellitus
<i>DXTHYDIS</i>	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Thyroid disease
<i>DXOTENDO</i>	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Other endocrine disease, specify: _____
<i>DXSEIZUR</i>	24. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Seizure disorder
<i>DXOTHCNS</i>	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Other CNS disease, specify: _____
<i>DXASTHMA</i>	26. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Asthma
<i>DXPULMON</i>	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Pulmonary disease, specify: _____
<i>DXGENITO</i>	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Genitourinary disease, specify: _____
<i>DXGASTRO</i>	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Gastrointestinal disease, specify: _____
<i>DXHEMATD</i>	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Hematologic disease, specify: _____
<i>DXFANCON</i>	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Fanconi anemia
<i>DXDOWNSY</i>	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Down syndrome
<i>DXOTCHRO</i>	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Other chromosomal disorders, specify: _____
<i>DXOTMALI</i>	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	History of other malignancy, specify: _____
<i>DXNEOGNH</i>	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Neonatal GVHD
<i>DXOTHER</i>	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	Other, specify: _____

Organ Function Prior To Conditioning

Provide values for recipient's liver function just prior to conditioning:

37. AST (SGOT) <i>XSGOT</i>	<input type="text"/> <input type="text"/> <input type="text"/> U/L	<i>SGOTAT</i>	38. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date tested: Month Day Year	39. <input type="text"/> <input type="text"/> <input type="text"/> U/L <i>XSGOTULN</i>
40. ALT (SGPT) <i>SGPT</i>	<input type="text"/> <input type="text"/> <input type="text"/> U/L	<i>SGPTDT</i>	41. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Unit of measurement:	42. <input type="text"/> <input type="text"/> <input type="text"/> U/L <i>SGPTULN</i>
43. Total serum bilirubin <i>XBILI</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/>	<i>BILIUM</i>	44. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL	45. <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/>
46. LDH <i>LDH</i>	<input type="text"/> <input type="text"/> <input type="text"/> U/L	<i>LDHDT</i>	47. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 <input type="checkbox"/> µmol/L	48. <input type="text"/> <input type="text"/> <input type="text"/> U/L <i>LDHULN</i>

49. Did the recipient have known clinical liver disease (e.g., hepatitis) at any time prior to conditioning? *LIVERDIS*

1 yes →

2 no

50. Specify: _____

51. Date of onset: *LIVDISDT*

Month Day Year

52. What was the recipient's serum creatinine prior to conditioning?

•

XCR *CRUM*

Unit of measurement: 1 mg/dL 2 µmol/L

53. Date tested:

Month Day Year

CRBT

Recipient NMDP ID: - -

Recipient Last Name:

Is there a clinically important infection(s) present or being treated within one week prior to conditioning? **INF TREAT**

1 yes
2 no

Cont. with 56

55. Select site and organism from lists shown below and place number in the appropriate spaces. If more than one site or organism was involved, list one site of infection and organism on the first line, second site and/or organism on second line.

BACIWK 1 <input type="checkbox"/> Bacterial	XBACIWK First	<input type="text"/>	<input type="text"/>	Specific bacteria need not be identified
	XBACIWK Second	<input type="text"/>	<input type="text"/>	
FNGIWK 2 <input type="checkbox"/> Fungal	XFNGIWK First	<input type="text"/>	<input type="text"/>	XFNGIWK If other fungus, specify:
	XFNGIWK Second	<input type="text"/>	<input type="text"/>	XFNGIWK
VIRIWK 3 <input type="checkbox"/> Viral	XVIRIWK First	<input type="text"/>	<input type="text"/>	XVIRIWK If other virus, specify:
	XVIRIWK Second	<input type="text"/>	<input type="text"/>	XVIRIWK
PROIWK 4 <input type="checkbox"/> Protozoal/parasitic	XPROIWK First	<input type="text"/>	<input type="text"/>	XPROIWK If other protozoa, specify:
	XPROIWK Second	<input type="text"/>	<input type="text"/>	XPROIWK
OTHIWK 5 <input type="checkbox"/> Other organism	XOTHIWK First	<input type="text"/>	<input type="text"/>	XOTHIWK If other organism, specify:
	XOTHIWK Second	<input type="text"/>	<input type="text"/>	XOTHIWK

Common Sites of Infection

- | | |
|---|--|
| 01 Blood/buffy coat | Genito Urinary Tract |
| 02 Disseminated - generalized, isolated at 3 or more distinct sites | 24 Kidneys, renal pelvis, ureters and bladder |
| Central Nervous System | 25 Prostate |
| 03 Brain | 26 Testes |
| 04 Spinal cord | 27 Fallopian tubes, uterus, cervix |
| 05 Meninges and CSF | 28 Vagina |
| 06 Central nervous system unspecified | 29 Genito-urinary tract unspecified |
| Gastrointestinal Tract | Skin |
| 07 Lips | 30 Genital area |
| 08 Tongue, oral cavity and oro-pharynx | 31 Cellulitis |
| 09 Esophagus | 32 Herpes zoster |
| 10 Stomach | 33 Rash, pustules or abscesses not typical of any of the above |
| 11 Gallbladder and biliary tree (not Hepatitis), pancreas | 34 Skin unspecified |
| 12 Small intestine | Other |
| 13 Large intestine | 35 Central venous catheter, not otherwise specified |
| 14 Feces/stool | 36 Woundsite or catheter tip |
| 15 Peritoneum | 37 Eyes |
| 16 Liver | 38 Ears |
| 17 Gastrointestinal tract unspecified | 39 Joints |
| Respiratory Tract | 40 Bone marrow |
| 18 Upper airway and nasopharynx | 41 Bone cortex (osteomyelitis) |
| 19 Laryngitis/larynx | 42 Muscle (excluding cardiac) |
| 20 Lower respiratory tract (lung) | 43 Cardiac (endocardium, myocardium, pericardium) |
| 21 Pleural cavity, pleural fluid | 44 Lymph nodes |
| 22 Sinuses | 45 Spleen |
| 23 Respiratory tract unspecified | 46 Other unspecified |

Commonly Reported Organisms

- | | |
|---|---|
| 1 Bacteria | |
| Specific bacteria will not be identified for pretransplant infections | |
| 2 Fungal Infections | |
| F1 Candida albicans | F8 Aspergillus fumigatus |
| F2 Candida krusei | F9 Aspergillus niger |
| F3 Candida parapsilosis | F10 Aspergillus, not otherwise specified |
| F4 Candida tropicalis | F11 Cryptococcus species |
| F5 Torulopsis glabrata (a subspecies of candida) | F12 Fusarium species |
| F6 Candida, not otherwise specified | F13 Mucormycosis (Zygomycetes, Rhizopus) |
| F7 Aspergillus flavus | F14 Yeast, not otherwise specified |
| | F15 Other fungus |
| 3 Viral Infections | |
| V1 Herpes simplex (HSV1, HSV2) | V12 Mumps |
| V2 Herpes zoster (chicken pox, varicella) | V13 Papovavirus |
| V3 Cytomegalovirus (CMV) | V14 Respiratory syncytial virus (RSV) |
| V4 Adenovirus | V15 Rubella (German measles) |
| V5 Enterovirus (coxsackie, echo, polio) | V16 Parainfluenza |
| V6 Hepatitis A (HAV) | V17 HHV-8 (Human virus herpes) |
| V7 Hepatitis B (HBV, Australian antigen) | V18 Epstein-Barr virus (EBV) |
| V8 Hepatitis C (includes non-A and non-B, HCV) | V19 Potyomavirus |
| V9 HIV-1, (HTLV-III) | V20 Rotavirus |
| V10 Influenza (flu) | V21 Rhinovirus (common cold) |
| V11 Measles (rubeola) | V22 Other viral |
| 4 Protozoal/Parasitic Infections | |
| P1 Pneumocystis (PCP) | P5 Amoeba, (amebiasis) |
| P2 Toxoplasma | P6 Echinococcal cyst |
| P3 Giardia | P7 Trichomonas - either vaginal or gingivitis |
| P4 Cryptosporidium | P8 Other protozoal (parasite) |
| 5 Other Infection | |
| O1 M. tuberculosis | O4 Mycoplasma |
| O2 Other mycobacterium | O5 Other organism |
| O3 Legionella | O6 No organism identified |

56. Did the recipient have a history of clinically significant fungal infection at any time prior to conditioning for transplant? **FUNG EVER**

1 yes
no

Cont. with 60

57. Please select organism from list above: **F** **FUNGORG**

58. Date of onset:
Month Day Year **FUNDT**

59. Select site(s) from list above:
First **FUNSI**
Second **FUNSI**

Recipient NMDP ID: --

Recipient Last Name:

Testing for serological evidence of prior viral exposure / infection

- 60. HTLV1 HTLV1 1 positive 2 negative 3 inconclusive 4 not tested
- 61. Toxoplasma TOXOPLAS 1 positive 2 negative 3 inconclusive 4 not tested
- 62. Cytomegalovirus antibody CMV 1 positive 2 negative 3 inconclusive 4 not tested
- 63. Epstein-Barr antibody EPSTBARA 1 positive 2 negative 3 inconclusive 4 not tested
- 64. Hepatitis B surface and/or core antibody HEPB/B/C 1 positive 2 negative 3 inconclusive 4 not tested
- 65. Hepatitis B surface antigen HEPB/GEN 1 positive 2 negative 3 inconclusive 4 not tested
- 66. Hepatitis C antibody HEPB/C 1 positive 2 negative 3 inconclusive 4 not tested
- 67. Hepatitis A antibody HEP/A 1 positive 2 negative 3 inconclusive 4 not tested
- 68. HIV 5 confidential HIV 1 positive 2 negative 3 inconclusive 4 not tested
- 69. Other, specify HTA/B/C/D/E 1 positive 2 negative 3 inconclusive 4 not tested

70. Was the recipient treated in an isolation room during the peri-transplant period? ISORMYN

- 1 yes
- 2 no

71. Please specify: ISORMTYP

- 1 Conventional private room
- 2 Laminar air flow room
- 3 HEPA filtered room
- 4 Positive pressure room
- 5 HEPA filtered plus positive pressure room
- 6 Other, specify: _____

Pretransplant Conditioning

72. Date pretransplant conditioning began: -- PRETXCDT

73. Height at initiation of pretransplant conditioning (nearest centimeter without shoes): cm PRETXCHT

74. Weight at initiation of pretransplant conditioning (nearest kilogram without shoes): kg PRETXCWT

75. Was irradiation performed as part of the pretransplant preparative regimen? PRETXRAD

- 1 yes
- 2 no

Cont. with 111

76. Source of X-ray therapy: 1 Linear accelerator 2 ⁶⁰Co XRAYSRCE

77. Calculated dose-rate during irradiation: • cGy (rad)/min XRAYRATE

78. What was the radiation field? RADFIELDS

- 1 Total body

79. Total dose: cGy RFTOTDOS

80. Starting date: -- RFBT

81. Was radiation fractionated? RFRACYN

- 1 yes
- 2 no

82. Dose per fraction: cGy RFDPF

83. Number of days: RFDAYS

84. Total number of fractions: RFRRACTS

85. Was shielding used? RFSAYN

- 1 yes
- 2 no

86. Indicate which organs were shielded:
- a. Lungs RFSHLUNG yes no
 - b. Eyes RFSHYES yes no
 - c. Liver RFSHLVR yes no
 - d. Kidney RFSHKIDN yes no
 - e. Other, specify: RFSHOTLR yes no

Cont. with 105

Recipient NMDP ID: --

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RADFIELD (continued)

2 Total lymphoid or nodal regions

LNFRAQYN

87. Total dose: cGy LNTOTDOS

88. Starting date: Month Day Year LN D T

89. Was radiation fractionated?
 1 yes →
 2 no ↓

Cont. with 105

90. Dose per fraction: cGy LN D P F

91. Number of days: LN D A Y S

92. Total number of fractions: LN F R A C T S
 ↓
Cont. with 105

RADFIELD (continued)

3 Thoraco-abdominal regions

TAFRAQYN

93. Total dose: cGy TATOTDOS

94. Starting date: Month Day Year T A D T

95. Was radiation fractionated?
 1 yes →
 2 no ↓

Cont. with 105

96. Dose per fraction: cGy T A D P F

97. Number of days: T A D A Y S

98. Total number of fractions: T A F R A C T S
 ↓
Cont. with 105

RADFIELD (continued)

4 Other, specify: _____

OSFRAQYN

99. Total dose: cGy OSTOTDOS

100. Starting date: Month Day Year O S D T

101. Was radiation fractionated?
 1 yes →
 2 no ↓

Cont. with 105

102. Dose per fraction: cGy O S D P F

103. Number of days: O S D A Y S

104. Total number of fractions: O S F R A C T S
 ↓
Cont. with 105

Recipient NMDP ID: - -

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105. Was additional radiation given to other sites? *ADDXRT*

1 yes *→*
 2 no *CNSIRRAD*
GONIRRAD
SPLIRRAD
OTHRIRRAD
RADDT

106. Was CNS irradiation performed? *CNSDOSE*
 1 yes 2 no Dose: cGy

107. Was gonadal irradiation performed? *GONDOSE*
 1 yes 2 no Dose: cGy

108. Was splenic irradiation performed? *SPLDOSE*
 1 yes 2 no Dose: cGy

109. Other site, specify: *OTHRDOSE*
 1 yes 2 no Dose: cGy

110. Date radiation started:
 Month Day Year

111. Were drugs given for pretransplant conditioning? *PTXDRGYN*

1 yes *→*
 2 no

Cont. with 126

PTIDOX14

	Pre-Marrow Infusion	Date Started		
		Total Dose (in mg)	Month	Day
112. ALG, ALS, ATG, ATS ¹ <i>ALGDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
113. Busulfan (Myleran) ² <i>BUSULDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
114. Methylprednisilone ³ <i>METHYDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>METHANTH</i>				
1 <input type="checkbox"/> oral 2 <input type="checkbox"/> IV 3 <input type="checkbox"/> both				
115. Prednisone ⁴ <i>PREDNDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
116. Other corticosteroid ⁵ <i>OTCORDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
specify: _____				
117. Cyclophosphamide ⁶ <i>CASDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
118. Cytarabine (Ara-C) ⁷	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
119. Etoposide (VP-16) ⁸ <i>VALDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
120. Melphalan (L-Pam) ⁹ <i>MELPHDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>MELPHDT</i>				
1 <input type="checkbox"/> oral 2 <input type="checkbox"/> IV 3 <input type="checkbox"/> both				
121. Thiotepa ¹⁰ <i>THIOTDS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
122. Intrathecal methotrexate ¹¹ <i>INMTXDS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
123. Nitrosourea ¹² <i>NITRODOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
124. Monoclonal antibody ¹³ <i>MONOCDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
specify: _____				
125. Other ¹⁴ <i>OTHRDOS</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no				
specify: _____				

Recipient NMDP ID: - -

Recipient Last Name:

Compatibility Tests

For each of the following tests indicate whether it was a basis for matching the donor to the recipient:

- | | | | | |
|---|---------------|------------------------------------|---------------------------------------|-------------------------------------|
| 126. Class I HLA Serology | CSIHLA | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 127. Mixed Lymphocyte Culture (MLC) | MLC | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 128. Restriction Fragment Length Polymorphism (RFLP) | RFLP | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 129. Isoelectric Focusing (IEF) | IEF | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 130. Cytotoxic Lymphocyte Precursors (CTLP) | CTLP | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 131. Helper T Lymphocyte Precursors (HTLP) | HTLP | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 132. Class I Sequence Specific Oligo Probe (Class I SSOP) | SSOPI | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 133. Class II Sequence Specific Oligo Probe (Class II SSOP) | SSOPII | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |
| 134. Other, specify: _____ | | 1 <input type="checkbox"/> matched | 2 <input type="checkbox"/> mismatched | 3 <input type="checkbox"/> not done |

Transplant Maneuver

Questions 135-158 are for marrow only. For peripheral blood stem cells, continue with question 159 and complete Form 580. For cord blood, continue with question 159 and complete Form 680.

135. Copy donor reference number from specimen here: - - **DONREFNO**

136. Date of receipt of marrow at your facility: / / **MARRECDT**

137. Time (24-hour clock) at receipt of marrow: : 1 standard time **MARRECZN**
2 daylight savings time

138. Storage temperature during transport: **STORTEMP** 1 Refrigerated at 1-8°C 2 Room temperature

139. Nucleated cell count of the marrow before processing (uncorrected cell count): **NCCBEFB1**
Bag one: • x 10⁶/ml
NCCBEFB3 Bag three: • x 10⁶/ml
Bag two: • x 10⁶/ml **NCCBEFB2**
Bag four: • x 10⁶/ml **NCCBEFB4**

140. Method used to determine nucleated cell count: **NCCMETH** 1 Coulter counter 2 Manual count
3 Other, specify: _____

141. Total volume of marrow before processing: • ml. **VOLBEFOR**

142. Was the marrow manipulated at your facility prior to transplant?
1 yes **MANIPYN**
2 no

Cont. with 150

143. Was the marrow manipulated for volume reduction only? 1 yes 2 no **MANVRONL**

144. Was the marrow plasma depleted only? 1 yes 2 no **MANPLAS**

145. Was the marrow manipulated for ABO incompatibility only? 1 yes 2 no **MANABO**

146. Was the marrow manipulated for GVHD prophylaxis? 1 yes **MANGVHD**
2 no

Cont. with 150

147. Specify method used: **MANMETH**
- 1 Antibody + complement
 - 2 Antibody + toxin
 - 3 Antibody affinity column
 - 4 Soybean lectin only
 - 5 Sheep red blood cell rosetting only
 - 6 Soybean lectin and sheep red blood cell rosetting
 - 7 Elutriation
 - 8 Immunomagnetic beads
 - 9 Antibody coated plates
 - 10 Soybean lectin and antibody coated plates
 - 11 Other, specify: _____

Recipient NMDP ID: --

Recipient Last Name:

148. If antibodies were used during marrow manipulation, indicate which antibodies were used:

a. anti CD2 **ANTICD2** 1 yes 2 no
 b. anti CD3 **3** 1 yes 2 no
 c. anti CD4 **4** 1 yes 2 no
 d. anti CD5 **5** 1 yes 2 no
 e. anti CD6 **6** 1 yes 2 no
 f. anti CD7 **7** 1 yes 2 no
 g. anti CD8 **8** 1 yes 2 no
 h. anti CD34 **34** 1 yes 2 no
 i. Other **99** 1 yes 2 no specify: _____
 j. No antibodies used **ANTINONE**

149. What assays were performed to determine the number of T-cells left in the marrow after processing?

a. Flow cytometry 1 yes 2 no **FLCYTASY**
 b. Limiting dilution assay 1 yes 2 no **LDA ASY**
 c. Other **OTHERASY** 1 yes 2 no specify: _____
 d. Not done **NO ASSAYS**

150. Time (24-hour clock) at start of infusion: **TX TIME** : 1 standard time 2 daylight savings time **TX ZONE**

151. Total volume of marrow infused on the day of transplant: • ml. **VOLINFUS**

152. Cell count of infused marrow (uncorrected cell count): • x 10⁶/ml **NUCTINF**

153. Method used to determine cell count: 1 Coulter counter 2 Manual count 3 Other, specify: **CLCTMETH**

154. Was a fraction of the collected marrow cryopreserved for back-up infusion? 1 yes 2 no

CRYOYN

155. Total volume of cryopreserved marrow: • ml. **CRYOVOL**

156. Nucleated cell count of cryopreserved marrow: • x 10⁶/ml **CRYONCC**

157. Was there any adverse reaction associated with the infusion? 1 yes 2 no

ADVERSE I

158. Specify: _____

Recipient NMDP ID: --

Recipient Last Name:

1 Was this the first transplant for this recipient?

- yes
- no

FIRST TX

160. What was (were) the prior stem cell source(s)?

a. Autologous **AUTOLOG**

- 1 yes
- 2 no

161. a. Bone marrow AUTBM	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
b. Peripheral blood AUTPB	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no

b. Allogeneic, unrelated **ALLOGUNR**

- 1 yes
- 2 no

162. a. Bone marrow ALUBM	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
b. Peripheral blood ALUPB	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
c. Cord blood ALUCB	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no

c. Allogeneic, related

- 1 yes
- 2 no

ALLOREL

163. a. Bone marrow	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
b. Peripheral blood	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
c. Cord blood	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no

164. Date of the last transplant (transplant just before current transplant):

PRIORDT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

165. Reason for current transplant:

- 1 No engraftment
- 2 Partial engraftment
- 3 Graft failure/rejection
- 4 Persistent malignancy
- 5 Recurrent malignancy
- 6 Other, specify: _____

REASON TX

166. Source of stem cells for current transplant: **CELLSRCE**

- 1 Autologous
 - 1 Cryopreserved bone marrow
 - 2 Cryopreserved peripheral blood stem cells
- 2 Allogeneic, unrelated
 - 1 Fresh, original donor bone marrow
 - 2 Cryopreserved original donor bone marrow
 - 3 Fresh, second donor bone marrow
 - 4 Fresh, original donor mobilized peripheral blood stem cells
 - 5 Cryopreserved original donor mobilized peripheral blood stem cells
 - 6 Fresh, second donor mobilized peripheral blood stem cells
 - 7 NMDP cord blood
 - 8 Non-NMDP cord blood
- 3 Allogeneic, related
 - 1 Bone marrow
 - 2 Peripheral blood
 - 3 Cord blood

CELLSCTP

167. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____