**All underlined variables are new.**

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

# 2000: Recipient Baseline Data

DB Variables Each Tx Overall Tx

Strat Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

Start Table RECIPIENT

**Key Fields**

CIBMTR Center Number: CCN _ _ _

Table RECIPIENT

CIBMTR Recipient ID: _ CRID _ _ _ _ _ _ _ _ _

Start Table HSCT

Date of HCT for which this form is being completed: TXDATE _ _ _ _ / _ _ / _ _
YYYY MM DD

HCT type (check all that apply) AUTOTX ☐ Autologous UNRELATX ☐ Allogeneic, unrelated RELATX ☐ Allogeneic, related

Product type (check all that apply)
☐ Bone marrow BM
☐ PBSC PB
☐ Single cord blood unit CB
☐ Multiple cord blood units MULTICB
☐ Other product. Specify: OPRODTSP _____
OPRODUCT

End Table HSCT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Recipient Demographics | Questions: 1-5 |
|---|---|

For Transplant Centers that are members of the NMDP network, research blood samples should be collected before initiation of preparative regimen and sent to the NMDP Research Sample Repository. See Transplant Center Manual of Operations for instructions.

Start Table CONFIDE

1. Country of primary residence COUNTRY CD_COUNTRY PATCNTRY

- 1 ☐ Argentina
- 4 ☐ Australia
- 3 ☐ Austria
- 5 ☐ Belgium
- 59 ☐ Bosnia and Herzegovinia
- 6 ☐ Brazil
- 7 ☐ Canada
- 8 ☐ Chile
- 9 ☐ China
- 51 ☐ Costa Rica
- 60 ☐ Croatia
- 10 ☐ Cuba
- 61 ☐ Cyprus
- 62 ☐ Czech Republic
- 11 ☐ Denmark
- 75 ☐ Dominican Republic
- 44 ☐ Egypt
- 13 ☐ Finland
- 14 ☐ France
- 15 ☐ Germany
- 49 ☐ Greece
- 46 ☐ Hong Kong
- 17 ☐ Hungary
- 18 ☐ India
- 48 ☐ Iran
- 19 ☐ Ireland
- 20 ☐ Israel
- 21 ☐ Italy
- 22 ☐ Japan
- 23 ☐ Jordan
- 24 ☐ Korea
- 53 ☐ Kuwait
- 63 ☐ Macedonia
- 25 ☐ Malaysia
- 64 ☐ Malta
- 43 ☐ Mexico
- 26 ☐ Netherlands
- 27 ☐ New Zealand
- 28 ☐ Norway
- 54 ☐ Pakistan
- 97 ☐ Palestinian Territory, Occupied
- 50 ☐ Peru
- 29 ☐ Poland
- 30 ☐ Portugal
- 98 ☐ Puerto Rico
- 87 ☐ Romania
- 38 ☐ Russia
- 31 ☐ Saudi Arabia
- 65 ☐ Serbia or Montenegro
- 52 ☐ Singapore
- 67 ☐ Slovak Republic
- 66 ☐ Slovenia
- 33 ☐ South Africa
- 34 ☐ Spain
- 35 ☐ Sweden
- 36 ☐ Switzerland
- 37 ☐ Taiwan
- 45 ☐ Turkey
- 95 ☐ Ukraine
- 69 ☐ United Arab Emirates
- 12 ☐ United Kingdom (England, Wales, Scotland, Northern Ireland)
- 1 ☐ United States →
- 47 ☐ Uruguay
- 39 ☐ Venezuela
- 888 ☐ Unknown
- 90 ☐ Other country →

**2=Argentina**
**32=Scotland (code retired)**
**40=Wales (code retired)**
**41=Yugoslavia (code retired)**
**42=Czechoslovaki (code retired)**
**55=Colombia**
**56=Republic of Panama**
**57=Iraq 58=Lebannon**
**68=Andorra 70=Armenia**
**71=Aruba 72=Bangladesh**
**73=Bulgaria 74=Bermuda**
**76=Ecuador 77=Guatamala**
**78=Haiti 79=Indonesia 80=Iceland**
**81=Jamacia 82=Lithuania**
**83=Luxembourg 84=Morocco 85=Niger**
**86=Philippines 88=Sierra Leone**
**89=U.S.S.R. (Former) 91=El Salvador**
**92=Syria 93=Turks and Caicos Islands**
**94=Tunisia 95=Ukraine**
**96=US Virgin Islands**
**999=Not Answ/Inconsist**

3. State of residence of recipient: STATE_PATSTATE ___
**(for residents of USA)**

2. Specify: CNTRYSP CNTRYSP _____

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Start Table RECIPIENT

**Race** | Questions: 4-5

4. Race: RACE RACE RACE2 CD_RACE

- 10 ☐ White →
- 20 ☐ Black or African American →
- 30 ☐ Asian →
- 59 ☐ American Indian or Alaska Native →
- 69 ☐ Native Hawaiian or Other Pacific Islander →
- 99 ☐ Not reported
- 88 ☐ Unknown

11=European, NOS
12=Middle East or North Coast Africa
13=Mediterranean
14=White North American
33=Hawaiian-Polynesian
40=Hispanic, Unspecified
41=Caribbean Hispanic
42=Mexican-SW U.S. Hispanic
43=South/Central American Hispanic
50=Native American, Unspecified
52=American Indian, NOS
58=NMDP Oth Asian-Pacific Islander (MNDP leg.)
60=Native Pacific Islander, NOS
77=Patient declines to provide race
89=NMDP Recip declines to provide race (NMDP leg.)

5. Race detail SUBRACE CD_RACE

- 16 ☐ Eastern European
- 13 ☐ Mediterranean
- 83 ☐ Middle Eastern
- 82 ☐ North Coast of Africa
- 25 ☐ North American
- 17 ☐ Northern European
- 18 ☐ Western European
- 81 ☐ White Caribbean
- 15 ☐ White South or Central American
- 10 ☐ Other White
- 22 ☐ African (both parents born in Africa)
- 21 ☐ African American
- 23 ☐ Black Caribbean
- 24 ☐ Black South or Central American
- 51 ☐ Alaskan Native or Aleut
- 53 ☐ North American Indian
- 31 ☐ American Indian, South or Central America
- 55 ☐ Caribbean Indian
- 54 ☐ South Asian
- 32 ☐ Filipino (Filipino)
- 34 ☐ Japanese
- 35 ☐ Korean
- 36 ☐ Chinese
- 38 ☐ Vietnamese
- 37 ☐ Other Southeast Asian
- 61 ☐ Guamanian
- 62 ☐ Hawaiian
- 63 ☐ Samoan
- 69 ☐ Other Pacific Islander

90=095 other
91=089 other
92=NMDP Mult Black (NMDP dnr)
93=NMDP Mult Asian-Pacific Islndr (NMDP dnr)
94=NMDP Mult Race (dnr)
95=NMDP Mult Hispanic (NMDP dnr)
96=NMDP Mult Caucasian (NMDP dnr)
97=NMDP Mult American Indian-Alaskan Native (NMDP dnr)
98=NMDP Mult Hawaiian-Other Pacific Islander (NMDP dnr)

Copy questions 4 - 5 if needed for Race

**Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)** | Questions: 6-14

6. Specify blood type **(For allogeneic HCTs only)** 1 ☐ A 2 ☐ B 3 ☐ AB 4 ☐ O ABOTYPE ABOTYPE CD_ABOTYPE

8=Unknown
9=Not ans./inconsistent

7. Specify Rh factor **(For allogeneic HCTs only)** 1 ☐ Positive 0 ☐ Negative ABORH ABORH CD_POSNEG

Start Table STATUSPR

End Table RECIPIENT

8. Does the recipient have a history of smoking cigarettes?

- 1 ☐ yes → PTSMOKE PTSMOKE
- 0 ☐ no
- 8 ☐ Unknown

9. Has the recipient smoked cigarettes within the past year?
1 ☐ yes 0 ☐ no 8 ☐ Unknown SMOKPSYR SMOKPSYR

10. Has the recipient smoked cigarettes prior to but not during the past year?
1 ☐ yes 0 ☐ no 8 ☐ Unknown SMOKPRYR SMOKPRYR

SMOYRKNW SMOYRKNW 11. Number of years
☐ Known → 12. Number of years: SMOKEYRS SMOKEYRS ___ ___
☐ Unknown

PACDYKNW PACDYKNW 13. Average number of packs per day
1 ☐ Known → 14. Average number of packs per day: PACKDYS PACKDYS
0 ☐ Unknown

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Organ Function Prior to the Preparative Regimen (Conditioning) | Questions: 15-38 |
|---|---|

Provide last laboratory values recorded for recipient's organ function.

15. AST (SGOT)
1 ☐ Known → SGOTPRKW
0 ☐ Unknown SGOTPRKW

16. SGOTPR ___ ___ ___ . ___ ___ 1 ☐ U/L 2 ☐ µkat/L SGOTUNIT CD_SGOTUNIT
17. SGOTPRDT Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) SGOTPRDT
18. SGOTNL Upper limit of normal for your institution: ___ ___ ___ • ___ ___ 1 ☐ U/L 2 ☐ µkat/L SGOTNUNT CD_SGOTUNIT
SGOTNL

19. Total serum bilirubin
1 ☐ Known → BILIPRKW
0 ☐ Unknown BILIPRKW

20. BILIPR ___ ___ ___ • ___ 1 ☐ mg/dL 2 ☐ µmol/L BILIUNIT CD_BILIUNIT
21. Date sample collected: BILIPRDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) BILIPRDT
22. Upper limit of normal for your institution: BILINL ___ ___ ___ . ___ ___ 1 ☐ mg/dL 2 ☐ µmol/L BILINUNT CD_BILIUNIT BILINL

23. LDH
☐ Known → LDHPRKW
☐ Unknown LDHPRKW

24. LDHPR ___ ___ ___ . ___ ___ 1 ☐ U/L 2 ☐ µkat/L LDHUNIT CD_LDHUNIT LDHPR
25. Date sample collected: LDHPRDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) LDHPRDT
26. Upper limit of normal for your institution: LDHNL ___ ___ ___ . ___ ___ CD_LDHUNIT LDHNL
1 ☐ U/L 2 ☐ µkat/L LDHNUNT LDHNUNT

27. Serum creatinine
☐ Known → SCREPRKW
☐ Unknown SCREPRKW

28. SCREATPR ___ ___ ___ . ___ ___ 1 ☐ mg/dL 3 ☐ mmol/L 2 ☐ µmol/L SCRENTPR SCREUNIT CD_SCREUNIT SCREUNIT
29. Date sample collected: SCREPRDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) SCREPRDT
30. SCREAULN Upper limit of normal for your institution: ___ ___ ___ • ___ ___ CD_SCREUNIT SCREAULN
SCRENUNT 1 ☐ mg/dL 3 ☐ mmol/L 2 ☐ µmol/L SCRENUNT

31. Total serum ferritin
☐ Known → SFEPRKNW
☐ Unknown SFEPRKNW

32. SFERPR ___ ___ ___ . ___ ___ ☐ ng/mL (µg/L) SFERPR
33. Date sample collected: SFERPRDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) SFERPRDT
34. Upper limit of normal for your institution: SFERULN ___ ___ ___ . ___ ___ ☐ ng/mL (µg/L) SFERULN

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

35. Serum albumin
1 ☐ Known → SALBPRKW / SALBPRKW
0 ☐ Unknown

SALBUMPR 1 2 SALBUNIT
36. SALBUMPR ___ ☐ g/dL ☐ g/L SALBUNIT CD_HBUNIT

37. Date sample collected: SALBPRDT SALBPRDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

CD_HBUNIT
SALBMULN 38. Upper limit of normal for your institution: ___ ___ • __ 1 ☐ g/dL 2 ☐ g/L
SALBMULN SALBNUNT SALBNUNT

| Hematologic Findings Prior to the Preparative Regimen (Conditioning) | Questions: 39-54 |
|---|---|

Provide last laboratory values recorded just prior to preparative regimen.

39. Date CBC tested: CBCPRDT CBCPRDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

40. WBC
1 ☐ Known → WBC1PRKW / WBC1PRKW
0 ☐ Unknown

WBC1UNPR WBC1UNPR
41. WBC1PR WBC1PR ___ ___ ___ ___ ___ ___ ___ ☐ x 10⁹/L (x 10³/mm³) ☐ x 10⁶/L CD_WBCUNIT
1 2

42. Neutrophils
☐ Known → NEU1PRKW / NEU1PRKW
☐ Unknown

43. ___ ___ % NEUT1PR NEUT1PR

44. Lymphocytes
☐ Known → LYM1PRKW / LYM1PRKW
☐ Unknown

45. ___ ___ % LYMP1PR LYMP1PR

46. Hemoglobin
☐ Known → HB1PRKW / HB1PRKW
☐ Unknown

HB1UNPR HB1UNPR
47. HB1PR HB1PR ___ ___ ___ ___ ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L CD_HBUNIT
1 2 3

48. Was RBC transfused < 30 days before date of test? ☐ yes ☐ no
HB1TFPR HB1TFPR 1 0

49. Hematocrit
☐ Known → HC1PRKW / HC1PRKW
☐ Unknown

50. ___ ___ % HC1PR HC1PR

51. Was RBC transfused < 30 days before date of test? ☐ yes ☐ no
HCTFPR HCTFPR

52. Platelets
☐ Known → PLT1PRKW / PLT1PRKW
☐ Unknown

PLATUNPR PLATUNPR
53. PLATE1PR PLATE1PR ___ ___ ___ ___ ___ ___ ☐ x 10⁹/L (x 10³/mm³) ☐ x 10⁶/L CD_WBCUNIT
1 2

54. Were platelets transfused < 7 days before date of test? ☐ yes ☐ no
PLATTFPR PLATTFPR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Infection | Questions: 55-75 |
|---|---|

55. Did the recipient have a history of clinically significant fungal infection (documented or suspected) at any time prior to the preparative regimen?

1 ☐ yes → FUNGHXPR
0 ☐ no FUNGHXPR

56. Did the recipient have more than one fungal infection (documented or suspected) at any time prior to the preparative regimen? MOFUNGPR MOFUNGPR

1 ☐ Yes 0 ☐ No

Start Table INFECT

57. Date of onset: __ __ __ __ / __ __ / __ __ INFONSET DTHX1-3
YYYY MM DD
INFTIME=1(CD_INFTIME)
INFCAT=2(CD_INFCAT)

58. Select organism from list below: ORGANISM FORGHX1-3

201 ☐ 201 Candida albicans CD_ORGNSM
206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify - ***Go to question 59***
200 ☐ 200 Candida, NOS
261 ☐ 261 Histoplasmosis
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify - ***Go to question 59***
210 ☐ 210 Aspergillus, NOS
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
260 ☐ 260 Pneumocystis (PCP/PJP)
259 ☐ 259 Other fungus, specify - ***Go to question 59***
503 ☐ 503 Suspected fungal infection

59. Specify organism: ORGSP FORSPHX1-3

60. Select site(s) from list below: INFSITE FSITHX1

1 ☐ 1 Blood/buffy coat CD_SITE
2 ☐ 2 Disseminated – generalized, isolated at 3 or more distinct sites
4 ☐ 4 Brain
5 ☐ 5 Spinal cord
6 ☐ 6 Meninges and CSF
3 ☐ 3 Central nervous system, not otherwise specified
11 ☐ 11 Lips
12 ☐ 12 Tongue, oral cavity and oropharynx
13 ☐ 13 Esophagus

**63=Hick cath infec,NOS**
**66=check form(089 coding)**
**80=Other, unspecified**
**88=Unknown**
**90=Other, specify**
**91=Other(089 coding)**
**99=Not answered**

14 ☐ 14 Stomach
15 ☐ 15 Gallbladder and biliary tree (not hepatitis), pancreas
16 ☐ 16 Small intestine
17 ☐ 17 Large intestine
18 ☐ 18 Feces/stool
19 ☐ 19 Peritoneum
20 ☐ 20 Liver
10 ☐ 10 Gastrointestinal tract, not otherwise specified
31 ☐ 31 Upper airway and nasopharynx
32 ☐ 32 Laryngitis/larynx
33 ☐ 33 Lower respiratory tract (lung)
34 ☐ 34 Pleural cavity, pleural fluid
35 ☐ 35 Sinuses
30 ☐ 30 Respiratory tract, not otherwise specified
41 ☐ 41 Urine, kidneys, renal pelvis, ureters and bladder
42 ☐ 42 Prostate
43 ☐ 43 Testes
44 ☐ 44 Fallopian tubes, uterus, cervix
45 ☐ 45 Vagina
40 ☐ 40 Genito-urinary, not otherwise specified
51 ☐ 51 Genital area
52 ☐ 52 Cellulitis
53 ☐ 53 Herpes zoster
54 ☐ 54 Rash, pustules or abscesses not typical of any of the above
50 ☐ 50 Skin, not otherwise specified
60 ☐ 60 Central venous catheter, not otherwise specified
61 ☐ 61 Catheter insertion or exit site
62 ☐ 62 Catheter tip
70 ☐ 70 Eyes
75 ☐ 75 Ears
81 ☐ 81 Joints
82 ☐ 82 Bone marrow
83 ☐ 83 Bone cortex (osteomyelitis)
84 ☐ 84 Muscle (excluding cardiac)
85 ☐ 85 Cardiac (endocardium, myocardium, pericardium)
86 ☐ 86 Lymph nodes
87 ☐ 87 Spleen

61. Select site(s) from list below INFSITE2 FSITHX2 CD_SITE

1 ☐ 1 Blood/buffy coat
2 ☐ 2 Disseminated – generalized, isolated at 3 or more distinct sites
4 ☐ 4 Brain
5 ☐ 5 Spinal cord
6 ☐ 6 Meninges and CSF
3 ☐ 3 Central nervous system, not otherwise specified

63=Hick cath infec,NOS
66=check form(089 coding)
80=Other, unspecified
88=Unknown
90=Other, specify
91=Other(089 coding)
99=Not answered

11☐ 11 Lips
12☐ 12 Tongue, oral cavity and oropharynx
13☐ 13 Esophagus
14☐ 14 Stomach
15☐ 15 Gallbladder and biliary tree (not hepatitis), pancreas
16☐ 16 Small intestine
17☐ 17 Large intestine
18☐ 18 Feces/stool
19☐ 19 Peritoneum
20☐ 20 Liver
10☐ 10 Gastrointestinal tract, not otherwise specified
31☐ 31 Upper airway and nasopharynx
32☐ 32 Laryngitis/larynx
33☐ 33 Lower respiratory tract (lung)
34☐ 34 Pleural cavity, pleural fluid
35☐ 35 Sinuses
30☐ 30 Respiratory tract, not otherwise specified
41☐ 41 Urine, kidneys, renal pelvis, ureters and bladder
42☐ 42 Prostate
43☐ 43 Testes
44☐ 44 Fallopian tubes, uterus, cervix
45☐ 45 Vagina
40☐ 40 Genito-urinary, not otherwise specified
51☐ 51 Genital area
52☐ 52 Cellulitis
53☐ 53 Herpes zoster
54☐ 54 Rash, pustules or abscesses not typical of any of the above
50☐ 50 Skin, not otherwise specified
60☐ 60 Central venous catheter, not otherwise specified
61☐ 61 Catheter insertion or exit site
62☐ 62 Catheter tip
70☐ 70 Eyes
75☐ 75 Ears
81☐ 81 Joints
82☐ 82 Bone marrow
83☐ 83 Bone cortex (osteomyelitis)
84☐ 84 Muscle (excluding cardiac)
85☐ 85 Cardiac (endocardium, myocardium, pericardium)
86☐ 86 Lymph nodes
87☐ 87 Spleen

62. Select site(s) from list below INFSITE 3 CD_SITE FSITHX3

1☐ 1 Blood/buffy coat
2☐ 2 Disseminated – generalized, isolated at 3 or more distinct sites
4☐ 4 Brain

63=Hick cath infec,NOS
66=check form(089 coding)
80=Other, unspecified
88=Unknown
90=Other, specify
91=Other(089 coding)
99=Not answered

- 5 ☐ 5 Spinal cord
- 6 ☐ 6 Meninges and CSF
- 3 ☐ 3 Central nervous system, not otherwise specified
- 11 ☐ 11 Lips
- 12 ☐ 12 Tongue, oral cavity and oropharynx
- 13 ☐ 13 Esophagus
- 14 ☐ 14 Stomach
- 15 ☐ 15 Gallbladder and biliary tree (not hepatitis), pancreas
- 16 ☐ 16 Small intestine
- 17 ☐ 17 Large intestine
- 18 ☐ 18 Feces/stool
- 19 ☐ 19 Peritoneum
- 20 ☐ 20 Liver
- 10 ☐ 10 Gastrointestinal tract, not otherwise specified
- 31 ☐ 31 Upper airway and nasopharynx
- 32 ☐ 32 Laryngitis/larynx
- 33 ☐ 33 Lower respiratory tract (lung)
- 34 ☐ 34 Pleural cavity, pleural fluid
- 35 ☐ 35 Sinuses
- 30 ☐ 30 Respiratory tract, not otherwise specified
- 41 ☐ 41 Urine, kidneys, renal pelvis, ureters and bladder
- 42 ☐ 42 Prostate
- 43 ☐ 43 Testes
- 44 ☐ 44 Fallopian tubes, uterus, cervix
- 45 ☐ 45 Vagina
- 40 ☐ 40 Genito-urinary, not otherwise specified
- 51 ☐ 51 Genital area
- 52 ☐ 52 Cellulitis
- 53 ☐ 53 Herpes zoster
- 54 ☐ 54 Rash, pustules or abscesses not typical of any of the above
- 50 ☐ 50 Skin, not otherwise specified
- 60 ☐ 60 Central venous catheter, not otherwise specified
- 61 ☐ 61 Catheter insertion or exit site
- 62 ☐ 62 Catheter tip
- 70 ☐ 70 Eyes
- 75 ☐ 75 Ears
- 81 ☐ 81 Joints
- 82 ☐ 82 Bone marrow
- 83 ☐ 83 Bone cortex (osteomyelitis)
- 84 ☐ 84 Muscle (excluding cardiac)
- 85 ☐ 85 Cardiac (endocardium, myocardium, pericardium)
- 86 ☐ 86 Lymph nodes
- 87 ☐ 87 Spleen

63. Was this fungal infection active within 2 weeks prior to the preparative regimen?
**1** ☐ yes **0** ☐ no FNG2WKPR

Copy questions 57 - 63 if needed for Fungal Infection

End Table INFECT

Start Table STATUSPR

**Testing for evidence of prior viral exposure/infection**

**4=Previously reported reactive or confirm prior result (2047hep)**
**5=Not Applicable from form 2004 9=Not Answ/Inconsist**
**6=Not report (Form 2004) or not able to release HIV (002DBM)**
**7=Not tested or NA to release HIV(5/95) or Not done 8=Unknown**

64. HTLV1 antibody RHTLVPR RHTLVPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP

65. Cytomegalovirus antibody RCMVPR RCMVPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP

66. Anti-EBV (Epstein-Barr virus antibody) REBVPR REBVPR — ☐ Positive **1** ☐ Negative **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP

67. Hepatitis B surface antibody RHBSABPR RHBSABPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP

68. Anti HBc: (hepatitis B core antibody) RHBCABPR RHBCABPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Not done **7** CD_VIREXP
→ **1** For hepatitis tests that have a reactive result, also complete HEP form.

69. HBsAg: (hepatitis B surface antigen) RHBVAGPR RHBVAGPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Not done **7** CD_VIREXP
→ **1** For hepatitis tests that have a reactive result, also complete HEP form.

70. Hepatitis B — DNA RHBDNAPR RHBDNAPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP
→ **1** For hepatitis tests that have a reactive result, also complete HEP form.

71. Anti-HCV: (hepatitis C antibody) RHCVABPR RHCVABPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP
→ **1** For hepatitis tests that have a reactive result, also complete HEP form.

72. Hepatitis C – NAT RHCNATPR RHCNATPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP
→ **1** For hepatitis tests that have a reactive result, also complete HEP form.

73. Hepatitis A antibody RHAVABPR RHAVABPR — ☐ Reactive **1** ☐ Non-reactive **0** ☐ Inconclusive **3** ☐ Not done **7** CD_VIREXP

74. HIV antibody RHIVPR RHIVPR — **1** ☐ Positive **0** ☐ Negative **3** ☐ Inconclusive **7** ☐ Not done **6** ☐ Not reported CD_VIREXP

75. HIV – NAT RHVNATPR RHVNATPR — **1** ☐ Positive **0** ☐ Negative **3** ☐ Inconclusive **7** ☐ Not done **6** ☐ Not reported CD_VIREXP

End Table STATUSPR

## Pre-HCT Preparative Regimen (Conditioning)

Questions: 76-247

Start Table CONDIT

76. Was a pre-HCT preparative regimen given?
**1** ☐ yes → PRPREGPR PRPREGPR
**0** ☐ no

REGIMEN (Merge from Ted)

77. Specify protocol intent (check only one) (Allogeneic HCTs only) HOSPCOND CD_HOSPCOND HOSPCOND
**1** ☐ all agents given as outpatient
**2** ☐ some, but not all, agents given as inpatient
**3** ☐ all agents given as inpatient

**4=Yes, conditioning as inpatient (core 5/95)**
**7=No high dose therapy given**
**8=Unknown 9=Not answered**

78. Date pre-HCT preparative regimen (irradiation or drugs) began:
CONDSTDT CONDSTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

**(Use earliest date from question 82 radiation or 107-242 chemotherapy.)**

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

RAD RAD

Variable name start with 'P' merge form TED

79. Was irradiation performed as part of the pre-HCT preparative regimen?

☐ yes → Start Table RAD

☐ no

80. What was the radiation field? RADFIELD RADFIELD

1 ☐ total body TBI PTBI CD_RADFIELD

2 ☐ total body by tomotherapy TBTI PTBTI

3 ☐ total lymphoid or nodal regions TLI PTLI

4 ☐ thoracoabdominal region TAI PTAI

5=Other field

6= TLI-TNI-TAI (089 and 2400v2)

7=TBITLI 8=Unknown

9=Not Answ or Inconsistent

PTBIDOSE PTLIDOSE TBIDOSE TLIDOSE PTAIDOSE TAIDOSE OFLDOSE RADDOSE

81. Total dose: ___ ___ ___ ___ (dose per fraction x total number of fractions) 1 ☐ Gy 2 ☐ cGy CD_RADTUNIT RADTUNIT TBITUNIT TLITUNIT PTAITUNIT PTLITUNIT PTBITUNIT TAITUNIT OFLTUNIT

PTBIDATE PTLIDATE TBIDATE TLIDATE PTAIDATE TAIDATE OFLDATE RADSTRDT

82. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) TBIFUNIT TLIFUNIT TAIFUNIT OFLFUNIT

PTBIFX PTLIFX TBIFX TLIFX PTAIFX TAIFX OFLFX RADFX

83. Was the radiation fractionated? RADFX

☐ yes → 84. Dose per fraction: RADFXDOS ☐ Gy 1 ☐ cGy 2 TBIFXDOSE TLIFXDOSE PTBIFXDOSE PTLIFXDOSE PTAIFXDOSE TAIFXDOSE OFLFXDOSE CD_RADTUNIT RADFUNIT PTBIFUNIT PTLIFUNIT PTAIFUNIT

☐ no

PTBIFXDYS PTLIFXDYS TBIFXDYS TLIFXDYS PTAIFXDYS TAIFXDYS OFLFXDYS RADFXDYS

85. Number of days: ___ (include "rest" days)

PTBINFX PTLINFX TBINFX TLINFX PTAINFX TAINFX OFLNFX RADNFX

86. Total number of fractions: ___ ___

Start Table ADDRADPR End Table RAD

87. Was additional radiation given to other sites within 14 days of the pre-HCT preparative regimen? ADDRAD ADDRAD

1 ☐ yes → Specify radiation field:

0 ☐ no

88. CNS CNSRAD CNSRAD

☐ yes → 89. Total dose: CNSTUNIT CNSTUNIT

☐ no CNSDOSE CNSDOSE ___ ___ ___ ___ ___ 1 ☐ Gy 2 ☐ cGy CD_RADTUNIT

90. Date started: CNSDATE CNSDATE __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

GONRAD GONRAD

91. Gonadal

☐ yes → 92. Total dose: GODTUNIT GODTUNIT

☐ no GONDOSE GONDOSE ___ ___ ___ ___ ___ 1 ☐ Gy 2 ☐ cGy CD_RADTUNIT

93. Date started: GONDATE GONDATE __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

SPLRAD SPLRAD

94. Splenic

1 ☐ yes → 95. Total dose: SPLTUNIT SPLTUNIT

0 ☐ no SPLDOSE SPLDOSE ___ ___ ___ ___ ___ 1 ☐ Gy 2 ☐ cGy CD_RADTUNIT

96. Date started: SPLDATE SPLDATE __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

TUMRAD TUMRAD

97. Site of residual tumor

☐ yes → 98. Total dose: TUMTUNIT TUMTUNIT

☐ no TUMDOSE TUMDOSE ___ ___ ___ ___ ___ ☐ Gy 2 ☐ cGy CD_RADTUNIT

1

99. Date started: TUMDATE TUMDATE __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

100. Specify site: TUMRADSP TUMRADSP

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

OTHRAD 101. Other site

OTHRAD 1 ☐ yes → 102. Total dose: OTHTUNIT OTHTUNIT

0 ☐ no OTHDOSE OTHDOSE ___ ___ ___ ___ ___ ☐ Gy 1 ☐ cGy 2 CD_RADTUNIT

OTHDATE 103. Date started: __ __ __ __ / __ __ / __ __

OTHDATE

104. Specify other site: OTHRADSP OTHRADSP

End Table ADDRADPR

IMDRUGS 105. Were drugs given for pre-HCT preparative regimen?

IMDRUGS ☐ yes → 106. Dosing body weight used for pre-HCT preparative regimen

☐ no (adjusted body weight): ADJWTPR ADJWTPR ADWTUNIT

Variable name start with 'P' merge form TED

☐ pounds 1 ☐ kilograms 2 ADWTUNIT

Start Table IMDRUGS CD_WTUNIT

ATG 107. ALG, ALS, ATG, ATS

ATG ☐ yes → 108. Total dose: ___ ___ ___ ___ ___ mg ATGDOSE ATGDOSE PATGDOSE

PATG ☐ no

109. Date started: ATGSTDT __ __ __ __ (YYYY) / __ __ __ __ ATGSTDT PATGSTDT

ATGSRC 110. Specify source

ATGSRC 1 ☐ Horse CD_ATGSRC 9=Not answered

PATGSRC 2 ☐ Rabbit 7=Other (from SUP_THL) 8=Unknown 4=Both Horse and Rabbit(002 core)

3 ☐ Other → 111. Specify other source:

ATGOSRSP ATGOSRSP

ANTH 112. Anthracycline

ANTH 1 ☐ yes → 113. Daunorubicin DAUNO DAUNO

PANTH 0 ☐ no 1 ☐ yes → 114. Total dose:

0 ☐ no DAUNDOSE DAUNDOSE ___ ___ ___ ___ mg PDAUNDOSE

115. Date started:

DAUNSTDT DAUNSTDT __ __ __ __ (YYYY) __ __ (MM) __ __ (DD)

DOXO 116. Doxorubicin (Adriamycin) PDOXODOSE

DOXO ☐ yes → 117. Total dose DOXODOSE

PDOXO ☐ no DOXODOSE ___ ___ ___ ___ mg

118. Date started:

DOXOSTDT DOXOSTDT __ __ __ __ (YYYY) __ __ (MM) __ __ (DD)

IDA 119. Idarubicin

IDA ☐ yes → 120. Total dose:

PIDA ☐ no IDADOSE IDADOSE ___ ___ ___ ___ mg PIDADOSE

121. Date started:

IDASTDT IDASTDT __ __ __ __ (YYYY) __ __ (MM) __ __ (DD)

RUBID 122. Rubidazone PRUBIDOSE

RUBID ☐ yes → 123. Total dose: RUBIDOSE

PRUBID ☐ no RUBIDOSE ___ ___ ___ ___ ___ mg

124. Date started: RUBISTDT RUBISTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

OTHANTH 125. Other anthracycline POANTDOSE
OTHANTH 1 ☐ yes → 126. Total dose: OANTDOSE
POTHANTH 0 ☐ no OANTDOSE
__ __ __ __ __ mg

127. Date started: OANTSTDT OANTSTDT __ __ / __ __ / __ __
YYYY MM DD

128. Specify other anthracycline: PANTHSP ANTHSP ANTHSP
_____

BLEO 129. Bleomycin (BLM, Blenoxane) BLEODOSE PBLEODOSE
BLEO 1 ☐ yes → 130. Total dose: BLEODOSE mg
PBLEO 0 ☐ no
131. Date started: BLEOSTDT BLEOSTDT __ __ __ __ / __ __ / __ __
YYYY MM DD

BU 132. Busulfan (Myleran) BUDOSE PBUDOSE
BU ☐ yes → 133. Total dose: BUDOSE
PBU ☐ no
134. Date started: BUSTDT BUSTDT PBUSTDT __ __ __ __ / __ __ / __ __
YYYY MM DD

BUMETH 135. Specify administration
PBUMETH BUMETH 1 ☐ Oral 2 ☐ IV 3 ☐ Both CD_REGMETH

CARB 136. Carboplatin CARBDOSE PCARBDOSE
CARB ☐ yes → 137. Total dose: CARBDOSE
PCARB ☐ no
138. Date started: CARBSTDT CARBSTDT PCARBSTDT __ __ __ __ / __ __ / __ __
YYYY MM DD

CISP 139. Cisplatin (Platinol, CDDP) CISPDOSE PCISPDOSE
CISP ☐ yes → 140. Total dose: CISPDOSE
PCISP ☐ no
141. Date started: CISPSTDT CISPSTDT __ __ __ __ / __ __ / __ __
YYYY MM DD

CLAD 142. Cladribine (2-CdA, Leustatin) CLADDOSE PCLADDOSE
CLAD ☐ yes → 143. Total dose: CLADDOSE
PCLAD ☐ no
144. Date started: CLADSTDT CLADSTDT __ __ __ __ / __ __ / __ __
YYYY MM PCLADSTDT

CORTICO 145. Corticosteroids **(excluding anti-nausea medication)**
CORTICO ☐ yes → 146. Methylprednisolone (Solu-Medrol) SOLUMED
PCORTICO ☐ no SOLUMED
1 ☐ yes → 147. Total dose: PSOLUMED
0 ☐ no SOLUDOSE mg
SOLUDOSE
PSOLUDOSE

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

148. Date started: SOLUSTDT SOLUSTDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

PREDNIS PREDNIS PPREDNIS
149. Prednisone
1 ☐ yes → 150. Total dose: PPREDOSE PREDOSE PREDOSE ___ ___ ___ ___ ___ mg
0 ☐ no

151. Date started: PPREDSTDT PREDSTDT PREDSTDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

DEXAMETH DEXAMETH PDEXAMETH
152. Dexamethasone
☐ yes → 153. Total dose: PDEXADOSE DEXADOSE DEXADOSE ___ ___ ___ ___ ___ mg
☐ no

154. Date started: PDEXASTDT DEXASTDT DEXASTDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

OTHCORT OTHCORT POTHCORT
155. Other corticosteroid
☐ yes → 156. Total dose: POCORDOSE OCORDOSE OCORDOSE ___ ___ ___ ___ ___ mg
☐ no

157. Date started: POCORSTDT OCORSTDT OCORSTDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

158. Specify other corticosteroid: PCORTSP CORTSP CORTSP
_____

CY CY PCY
159. Cyclophosphamide (Cytoxan) CYDOSE PCYDOSE
1 ☐ yes → 160. Total dose: CYDOSE ___ ___ ___ mg
0 ☐ no

161. Date started: CYSTDT CYSTDT PCYSTDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

ARAC ARAC PARAC
162. Cytarabine (Ara-C) ARACDOSE PARACDOSE
☐ yes → 163. Total dose: ARACDOSE ___ ___ ___ ___ ___ mg
☐ no

164. Date started: ARACSTDT ARACSTDT
__ __ __ __ / __ __ / PARACSTDT (YYYY / MM)

VP16 VP16
165. Etoposide (VP-16, VePesid) VP16DOSE
1 ☐ yes → 166. Total dose: VP16DOSE ___ ___ ___ ___ ___ mg
0 ☐ no

167. Date started: VP16STDT VP16STDT
__ __ __ __ / __ __ / PVP16STDT (YYYY / MM)

FLUDARA FLUDARA
168. Fludarabine
1 ☐ yes → 169. Total dose: FLUDDOSE ___ ___ ___ ___ ___ mg
0 ☐ no FLUDDOSE

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

PFLUDSTDT

170. Date started: FLUDSTDT FLUDSTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

IFOS
IFOS
PIFOS
171. Ifosfamide
☐ yes → 172. Total dose: IFOSDOSE __ __ __ __ __ mg
☐ no

IFOSDOSE PIFOSDOSE

173. Date started: IFOSSTDT IFOSSTDT
__ __ __ __ / __ __ / __ __
YYYY MM IFOSSTDT

GLEEVEC
GLEEVEC
174. Imatinib mesylate (STI571, Gleevec) GLEEDOSE
1 ☐ yes → 175. Total dose: GLEEDOSE __ __ __ __ __ mg
0 ☐ no

176. Date started: GLEESTDT GLEESTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

ITCHEMO
ITCHEMO
PITCHEMO
177. Intrathecal therapy
☐ yes → 178. Intrathecal cytarabine (IT Ara-C) ARACIT ARACIT
☐ no
☐ yes → 179. Total dose:
☐ no IARADOSE IARADOSE __ __ __ __ __ mg

180. Date started:
IARASTDT IARASTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

MTXIT
MTXIT
181. Intrathecal methotrexate (IT MTX)
☐ yes → 182. Total dose:
☐ no IMTXDOSE IMTXDOSE __ __ __ __ __ mg

183. Date started:
IMTXSTDT IMTXSTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

THIOIT
THIOIT
184. Intrathecal thiotepa
☐ yes → 185. Total dose ITHIDOSE
☐ no ITHIDOSE __ __ __ __ __ mg

186. Date started:
ITHISTDT ITHISTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

OTHIT
OTHIT
POTHIT
187. Other intrathecal drug
☐ yes → 188. Total dose IOTHDOSE
☐ no IOTHDOSE __ __ __ __ __ mg

189. Date started:
IOTHSTDT IOTHSTDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

190. Specify other intrathecal drug:
POTHISP OTHISP OTHISP
_____

LPAM
LPAM
PLPAM
191. Melphalan (L-Pam)
☐ yes → 192. Total dose: LPAMDOSE __ __ __ __ __ mg
☐ no LPAMDOSE PLPAMDOSE

193. Date started: LPAMSTDT LPAMSTDT
__ __ __ __ __ __
YYYY MM DD

LPMETH 194. Specify administration
PLPMETH LPMETH
1 ☐ Oral 2 ☐ IV 3 ☐ Both CD_REGMETH

MITO 195. Mitoxantrone (Novantrone) MITODOSE PMITODOSE
MITO
PMITO
☐ yes → 196. Total dose: __MITODOSE__ mg
☐ no

197. Date started: MITOSTDT MITOSTDT
__ __ __ __ __ __
YYYY MM DD

MAB 198. Monoclonal antibody
MAB
PMAB
1 ☐ yes → 199. Radio labeled MAb RADNMAB RADNMAB
0 ☐ no
1 ☐ yes → 200. Total dose of radioactive component: CD_RMABUNIT
0 ☐ no
RMABDOSE RMABDOSE
__ __ __ __ __
RMABUNIT 1 ☐ mCi 2 ☐ MBq
RMABUNIT

201. Date started:
RMABSTDT RMABSTDT
__ __ __ __ __ __ __ __
YYYY MM DD

**Specify radio labeled MAb:**

202. Tositumomab (Bexxar)
PBEXXAR BEXXAR BEXXAR ☐ yes ☐ no

203. Ibritumomab tiuxetan (Zevalin)
PZEVALIN ZEVALIN ZEVALIN ☐ yes ☐ no

204. Other radio labeled MAb
OTHRLMAB ☐ yes → 205. Specify other radio labeled MAb:
OTHRLMAB ☐ no

MABRADSP MABRADSP

CAMPATH 206. Alemtuzumab (Campath)
CAMPATH
☐ yes → 207. Total dose CAMPDOSE
☐ no
__CAMPDOSE__ mg

208. Date started:
CAMPSTDT CAMPSTDT
__ __ __ __ __ __
YYYY MM DD

ANTICD20 209. Rituximab (Rituxan, anti CD20)
ANTICD20
1 ☐ yes → 210. Total dose: CD20DOSE
0 ☐ no
__CD20DOSE__ mg

211. Date started:
CD20STDT CD20STDT
__ __ __ __ __ __
YYYY MM DD

MYLOTARG 212. Gemtuzumab (Mylotarg, anti CD33)
MYLOTARG
1 ☐ yes → 213. Total dose: MYLODOSE
0 ☐ no MYLODOSE ___ mg

214. Date started:
MYLOSTDT MYLOSTDT
__ __ __ __ __ __
YYYY MM DD

OTHMAB 215. Other MAb
OTHMAB
☐ yes → 216. Total dose: OMABDOSE
☐ no OMABDOSE ___ mg

217. Date started:
OMABSTDT OMABSTDT
__ __ __ __ __ __
YYYY MM DD

218. Specify other MAb:
OTHMABSP OTHMABSP
_____

NITRO 219. Nitrosourea
NITRO
1 ☐ yes → 220. Carmustine (BCNU)
PNITRO
0 ☐ no

PBCNU
BCNU BCNU
☐ yes → 221. Total dose:
☐ no BCNUDOSE BCNUDOSE ___ mg
PBCNUDOSE

222. Date started:
BCNUSTDT BCNUSTDT
__ __ __ __ __ __
YYYY MM DD

CCNU 223. CCNU (Lomustine)
CCNU
PCCNU
☐ yes → 224. Total dose:
☐ no

PCCNUDOSE
CCNUDOSE
CCNUDOSE ___ mg

225. Date started:
CCNUSTDT CCNUSTDT
__ __ __ __ __ __
YYYY MM DD

OTHNITRO 226. Other nitrosourea
OTHNITRO
1 ☐ yes → 227. Total dose: ONITDOSE
0 ☐ no ONITDOSE ___ mg

228. Date started:
ONITSTDT ONITSTDT
__ __ __ __ __ __
YYYY MM DD

229. Specify other nitrosourea:
PNITROSP NITROSP NITROSP
_____

TAXOL 230. Paclitaxel (Taxol, Xyotax)
TAXOL
PTAXOL
1 ☐ yes → 231. Total dose:
0 ☐ no

TAXODOSE PTAXODOSE
TAXODOSE ___ mg

232. Date started: TAXOSTDT TAXOSTDT
__ __ __ __ __ __
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

VM26 233. Teniposide (VM26) VM26DOSE PVM26DOSE
VM26 1 ☐ yes → 234. Total dose: VM26DOSE ___ ___ ___ ___ ___ mg
PVM26 0 ☐ no
235. Date started: VM26STDT VM26STDT __ __ __ __ __ __ __ __
YYYY MM DD

THIO 236. Thiotepa THIODOSE PTHIODOSE
THIO ☐ yes → 237. Total dose: THIODOSE ___ ___ ___ ___ mg
PTHIO ☐ no
238. Date started: THIOSTDT THIOSTDT __ __ __ __ , __ __ , __ __
YYYY MM DD

OTHDRUG 239. Other drug ODRGDOSE PODRGDOSE
OTHDRUG ☐ yes → 240. Total dose: ODRGDOSE ___ ___ ___ ___ mg
POTHDRUG ☐ no
241. Date started: ODRGSTDT ODRGSTDT __ __ __ __ __ __ __ __
YYYY MM DD

242. Specify other drug: OTHDRSP OTHDRSP _____
End Table IMDRUGS

PKINETIC 243. Were pharmacokinetics performed to determine preparative regimen drug dosing?
PKINETIC ☐ yes → Specify drugs: PKINETBU
PPKINETIC ☐ no 244. Busulfan PKINETBU ☐ yes ☐ no
PKINETCY PKINETCY 245. Cyclophosphamide (Cytoxan) ☐ yes ☐ no
PKINETOT PKINETOT 246. Other drug
1 ☐ yes → 247. Specify other drug:
0 ☐ no PKINOTSP PKINOTSP _____

End Table CONDIT

## Start Table CONFIDE — Socioeconomic Information — Questions: 248-264

248. Is the recipient an adult (18 years of age or older) or emancipated minor?

1 ☐ yes → PATAGE18 PATAGE18
0 ☐ no

249. Specify the recipient's marital status MARSTAT MARSTAT
CD_MARSTAT
1 ☐ single, never married
2 ☐ married or living with a partner
3 ☐ separated
4 ☐ divorced
5 ☐ widowed
8 ☐ Unknown
9=Not Answ/Inconsist

Start Table WORKSTAT

250. Specify the category which best describes the recipient's current occupation CUROCCUP CUROCCUP
**(If the recipient is not currently employed, check the box which best describes his/her last job.)** CD_OCCUP

1 ☐ Professional, technical, or related occupation (e.g., teacher/professor, nurse/physician, lawyer, engineer) ***- Go to question 252***
2 ☐ Manager, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster) ***- Go to question 252***
3 ☐ Clerical or related occupation (e.g., secretary, clerk, mail carrier) ***- Go to question 252***
4 ☐ Sales occupation (e.g., sales associate, demonstrator, agent, broker) ***- Go to question 252***
5 ☐ Service occupation (e.g., police officer, cook, hairdresser) ***- Go to question 252***
6 ☐ Skilled craft or related occupation (e.g., carpenter, repair technician, telephone line worker) ***- Go to question 252***
7 ☐ Equipment/vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker) ***- Go to question 252***
8 ☐ Laborer (e.g., helper, longshoreman, warehouse worker) ***- Go to question 252***
9 ☐ Farmer (e.g., owner, manager, operator, tenant) ***- Go to question 252***

10 ☐ Member of the military - ***Go to question 252***
11 ☐ Homemaker - ***Go to question 252***
12 ☐ Student - ***Go to question 252***
13 ☐ Under school age - ***Go to question 253***
14 ☐ Not previously employed - ***Go to question 252***
88 ☐ Unknown - ***Go to question 252***
90 ☐ Other →

99=Not Answ/Inconsist

251. Specify other occupation: COCCUPSP _ COCCUPSP _____

252. What is the recipient's current or most recent work status prior to illness? CURRWORK

1 ☐ Full time
21 ☐ Part time, by choice and not due to illness
22 ☐ Part time, due to illness
31 ☐ Unemployed, by choice and not due to illness
32 ☐ Unemployed, due to illness
4 ☐ Medical disability
5 ☐ Retired
8 ☐ Unknown

CD_CURRWORK CURRWORK

2=Part time
3=Unemployed
6=Recipient < 16 years old
7=Employed (full/part time unknown) 002 core
9=Not Answ/Inconsist

End Table WORKSTAT

253. What is the highest educational grade the recipient completed? HIGHEDUC HIGHEDUC CD_HIGHEDUC

1 ☐ No primary education/under school age: No schooling (US Equivalent: Less than 1st Grade Education)
2 ☐ Less than primary or elementary education: Some formal schooling, but less than a complete primary or elementary education (US Equivalent: More than 1st grade education, but less than 6th grade education)
3 ☐ Primary or elementary education: Beginning at age 5-7 and continuing for about 4-6 years (US Equivalent: Starts with 1st grade and ends with 6th grade)
4 ☐ Lower secondary education: Beginning at about age 11-12 and continuing for about 2-3 years (US Equivalent: Starts with 7th grade and typically ends with 9th grade)
5 ☐ Upper secondary education: Beginning at about age 15-16 and continuing for about 3 years (US Equivalent: Starts with 10th grade and ends with 12th grade)
6 ☐ Post-secondary, non-tertiary education: Programs lasting 6 months - 2 years (US Equivalent: Vocational programs of study)
7 ☐ Tertiary education, Type A: Programs that provide education that is largely theoretical, lasting 3-4 years (US Equivalent: Includes university programs that last 4 years and lead to the award of a bachelor's degree, and university programs that lead to a master's degree)
8 ☐ Tertiary education, Type B: Programs that focus on practical, technical or occupational skills with a minimum duration of 2 years of full-time enrollment (US Equivalent: Programs typically offered at community colleges that lead to an associate's degree)
9 ☐ Advanced research qualification: Programs that lead to the award of an advanced post-graduate degree, such as a Ph.D. (US Equivalent: Programs devoted to advanced study and original research)

11=1 - 8 grades (02CORE) 12=9 - 11 grades (02CORE)
13=High school graduate (02CORE) 14=Some college (02CORE)
15=Junior college degree (02CORE) 16=Bachelor's degree (02CORE)
17=Some graduate work (02CORE) 18=Advanced degree (02CORE) 88=Unknown 99=Not Answ/Inconsist

254. Is the recipient currently in school, or was enrolled prior to illness? 1 ☐ yes 0 ☐ no 8 ☐ Unknown CURRSCHL CURRSCHL

255. Is the recipient covered by health insurance? INSURANC INSURANC

1 ☐ yes →
0 ☐ no

**Specify type of health insurance:**

| | | | |
|---|---|---|---|
| MEDICAID MEDICAID | 256. Government-sponsored Medicaid (U.S.) | 1 ☐ yes | 0 ☐ no |
| MEDICARE MEDICARE | 257. Government-sponsored Medicare (U.S.) | ☐ yes | ☐ no |
| NATHI NATHI | 258. Government-sponsored National Health Insurance (non U.S.) | ☐ yes | ☐ no |
| VAMILHI VAMILHI | 259. Government-sponsored Veteran's Affairs/military | ☐ yes | ☐ no |
| INDGRPHI INDGRPH1 | 260. Private health insurance (premium paid by individual) or group health insurance | ☐ yes | ☐ no |
| DISABIL DISABIL | 261. Employer-sponsored disability insurance | ☐ yes | ☐ no |

262. Other OTHHI OTHHI

☐ yes → 263. Specify other health insurance: OTHHISP OTHHISP _____

☐ no

264. Specify the recipient's combined household gross annual income (Include earnings by all family members living in the household, before taxes.) (For U.S. residents only) ANINCOME ANINCOME

CD_ANINCOME

**11=$80,000 and over (02CORE)**
**99=Not Answ/Inconsist**

**1** ☐ Less than $20,000
**2** ☐ $20,000–$39,999
**3** ☐ $40,000–$59,999
**4** ☐ $60,000–$79,999
**5** ☐ $80,000–$99,999
**6** ☐ $100,000 and over
**7** ☐ Recipient declines to provide this information
**88** ☐ Unknown

End Table CONFIDE

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

**All underlined variables are new.**

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

# Confirmation of HLA Typing

DB Variables Overall Tx Each Tx

Start Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

OMB No: 0915-0310
Expiration date: 01/31/2020



Start Table RECIPIENT

CIBMTR Center Number: CCN __ __ __ __ __

End Table RECIPIENT

CIBMTR Research ID: CRID __ __ __ __ __ __ __ __ __ __

Start Table HSCT

Event date: TXDATE __ __ __ __ / __ __ / __ __
YYYY MM DD

HCT type (check all that apply): ☐ Autologous AUTOTX ☐ Allogeneic, unrelated UNRELATX ☐ Allogeneic, related RELATX

Product type (check all that apply):

☐ Bone marrow BM ☐ PBSC PB ☐ Single cord blood unit CB ☐ Multiple cord blood units MULTICB ☐ Other product. Specify: OPRODTSP OPRODUCT

End Table HSCT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Donor/Cord Blood Unit Identification

**This form must be completed for all non-NMDP allogeneic or syngeneic donors or recipients, or non-NMDP cord blood units. If the donor, recipient, or cord blood unit was secured through the NMDP, then report HLA typing on the appropriate NMDP forms.**

**A separate copy of this form should be completed for each non-NMDP donor, recipient, or cord blood unit. Parental typing (maternal and paternal) should be submitted for all mismatched related donor transplants (CRF track only), if available. Cord blood maternal typing should be submitted for all unrelated cord blood transplants (CRF track only), if available.**

Start Table DNA

1. Specify the person for whom this typing is being done: RELATID
   - ☐ Recipient — final typing - ***Go to question 13*** RECIPDNA DNDNA DN2DNA
   - ☐ Recipient's biological relative - ***Go to question 5***
   - ☐ Unrelated donor — confirmatory typing - ***Go to question 2***
   - ☐ Cord blood unit — confirmatory typing - ***Go to question 3*** CBDNA CB2DNA
   - ☐ Cord blood unit maternal HLA typing - ***Go to question 3*** DMDNA DM2DNA

2. Non-NMDP unrelated donor ID: (not applicable for related donor)
   (Table DONOR) DONORID DONORID DONORID2 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ - ***Go to question 7***

3. Non-NMDP cord blood unit ID: (include related and autologous CBUs)
   (Table DONOR) CBUID CBUID CB2UID ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ - ***If reporting Maternal HLA typing, go to question 12. If reporting Cord blood unit – confirmatory typing, go to question 4.***

CBMATHLA 4. Is cord blood unit maternal HLA typing available?
DMCBMHLA DM2CBMHLA CBCBMHLA CB2CBMHLA
- ☐ Yes - ***Go to question 7*** **Also complete form 2005 to report cord blood unit maternal HLA typing**
- ☐ No - ***Go to question 7***

BIORELAT 5. Specify recipient's biological relative and typing: CD_RELATIVE
MBIORELAT FBIORELAT DNBIORELAT DN2BIORELAT

**1=Parent**
**12=Paternal aunt**
**13=Paternal aunt**
**14=Paternal cousin**
**22=Maternal aunt**
**23=Maternal uncle**
**24=Maternal cousin**
**88=Unknown**
**99=Not answered**

- **6** ☐ Recipient's mother — confirmatory typing
- **7** ☐ Recipient's father — confirmatory typing
- **8** ☐ Recipient's sibling – confirmatory typing
- **9** ☐ Recipient's syngeneic (identical) twin– confirmatory typing
- **10** ☐ Recipient's fraternal twin– confirmatory typing
- **11** ☐ Recipient's child – confirmatory typing
- **2** ☐ Recipient's aunt – confirmatory typing
- **3** ☐ Recipient's uncle – confirmatory typing
- **4** ☐ Recipient's cousin – confirmatory typing
- **5** ☐ Other biological relative

6. Specify other biological relative and typing: DOTYPISP DOTYPISP DOTYDISP2 ___

DNRBDTKW 7. Date of birth: (donor / infant)
dnrbdtkw dnrbdtkw2
- **1** ☐ Known →
- **0** ☐ Unknown

8. Date of birth: (donor / infant): DNRBDATE dnrbdate dnrbdate2 __ __ __ __ / __ __ (YYYY / MM / DD) - ***Go to question 11***

DNRAGEKW 9. Age: (donor / infant)
dnragekw dnragekw2
- ☐ Known → 10. Age: (donor / infant) DNRAGE dnrage dnrage2 ___
- ☐ Unknown
- **2** ☐ Months (use only if less than year old)
- **1** ☐ 1 Years

DAGEYRMO dageyrmo
CD_DAGEYRMO dageyrmo2

**8=Unknown**
**9=Not answered/inconsistent**

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

dnrsex dnrsex2

CD_SEX 3=Male/Female donor(potencial multidonor) 98=Missing: converted data

DNRSEX 11. Sex: (donor / infant) 1 ☐ Male 2 ☐ Female

ASDONOR 12. Was the person for whom this typing is being done used as the donor? 1 ☐ Yes 0 ☐ No

MASDONOR FASDONOR DNASDONOR DN2ASDONOR DMASDONOR DM2ASDONOR CBASDONOR CB2ASDONOR

## HLA Typing by DNA Technology

LABRPT RLABRPT MLABRPT FLABRPT DMLABRPT CBLABRPT DM2LABRPT DNLABRPT CB2LABRPT DN2LABRPT

13. Was documentation submitted to the CIBMTR? ☐ Yes 1 ☐ No 0

**HLA Alleles Defined by DNA Technology (e.g., Sequence Specific Oligonucleotide Probe (SSOP) typing, Sequence Specific Primer (SSP) typing or Sequence Based (SBT) typing.)**

**DNA technology can be used to type for a single allele, combinations of alleles (allele strings) or a "generic" allele designation which is similar to a serologic typing result. For this reason, the number of digits, as well as the number of alleles, for reporting will vary.**

**Laboratories may use " / " , " – " or a combination of numbers and letters on the typing report as a shorthand notation for the results. Transcribe the information onto the form as directly as possible. The letters are called allele codes, and will be 1 or more characters in length which represent a combination of possible alleles at a locus. The same allele combination may be reported several different ways (e.g., DRB1*01:01 or 01:02, DRB1*01:01/01:02, DRB1*01:01/02, or DRB1*01:AB).**

**There will be two alleles reported for each locus, unless the individual is presumed homozygous (i.e., carries two copies of the same allele) at a locus. Transcribe the first allele designation in the first box, and the second allele designation in the second box. If the person is homozygous, leave the second box blank.**

**Class I**

14. Locus A NALSA RNALSA MNALSA FNALSA CBNALSA CB2NALSA

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES
0=None
1=One 2=Two
3=Not tested
9=Not answered

15. First A* allele designations DNAAX1 MDNAAX1 CBDNAAX1 CB2DNAAX1 FDNAAX1 DNDNAAX1 DN2DNAAX1

Second A* allele designations DNAAX2 RDNAAX2 DMDNAAX2 DM2DNAAX2 MDNAAX2 CBDNAAX2 CB2DNAAX2 FDNAAX2 DNDNAAX2 DN2DNAAX2

16. Locus B NALSB RNALSB MNALSB FNALSB CBNALSB CB2NALSB

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

17. First B* allele designations DNABX1 RDNABX1 DMDNABX1 DM2DNABX1 MDNABX1 CBDNABX1 CB2DNABX1 FDNABX1 DNDNABX1 DN2DNABX1

Second B* allele designations DNABX2 RDNABX2 DMDNABX2 DM2DNABX2 MDNABX2 CBDNABX2 CB2DNABX2 FDNABX2 DNDNABX2 DN2DNABX2

18. Locus C NALSC RNALSC MNALSC FNALSC CBNALSC CB2NALSC

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

19. First C* allele designations DNACX1 RDNACX1 DMDNACX1 DM2DNACX1 MDNACX1 CBDNACX1 CB2DNACX1 FDNACX1 DNDNACX1 DN2DNACX1

Second C* allele designations DNACX2 RDNACX2 DMDNACX2 DM2DNACX2 MDNACX2 CBDNACX2 CB2DNACX2 FDNACX2 DNDNACX2 DN2DNACX2

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Class II**

20. Locus DRB1 NALSDRB1 RNLDRB1 MNLDRB1 FNLDRB1 CBNLDRB1 CB2NLDRB1

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

21. First DRB1* allele designations DRB1X1 MDRB1X1 DMDRB1X1 CB2DRB1X1 RDRB1X1 CBDRB1X1 DN2DRB1X1 FDRB1X1 DNDRB1X1 DM2DRB1X1

Second DRB1* allele designations DRB1X2 RDRB1X2 DMDRB1X2 DM2DRB1X2 MDRB1X2 CBDRB1X2 CB2DRB1X2 FDRB1X2 DNDRB1X2 DN2DRB1X2

**Class II (Optional)**

**Please provide the optional allele information if it is available from your laboratory**

22. Locus DRB3 NALSDRB3 RNLDRB3 MNLDRB3 FNLDRB3 CBNLDRB3 CB2NLDRB3

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

23. First DRB3* allele designations DRB3X1 RDRB3X1 DMDRB3X1 DM2DRB3X1 MDRB3X1 CBDRB3X1 CB2DRB3X1 FDRB3X1 DNDRB3X1 DN2DRB3X1

Second DRB3* allele designations DRB3X2 RDRB3X2 DMDRB3X2 DM2DRB3X2 MDRB3X2 CBDRB3X2 CB2DRB3X2 FDRB3X2 DNDRB3X2 DN2DRB3X2

24. Locus DRB4 NALSDRB4 RNLDRB4 MNLDRB4 FNLDRB4 CBNLDRB4

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

25. First DRB4* allele designations DRB4X1 RDRB4X1 DMDRB4X1 MDRB4X1 CBDRB4X1 CB2DRB4X1 FDRB4X1 DNDRB4X1 DN2DRB4X1

Second DRB4* allele designations DRB4X2 RDRB4X2 DMDRB4X2 DM2DRB4X2 MDRB4X2 CBDRB4X2 CB2DRB4X2 FDRB4X2 DNDRB4X2 DNDRB4X2

26. Locus DRB5 NALSDRB5 RNLDRB5 MNLDRB5 FNLDRB5 CBNLDRB5 CB2NLDRB5

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

**0=None**
**1=One 2=Two**
**9=Not answered**

27. First DRB5* allele designations DRB5X1 RDRB5X1 DMDRB5X1 DM2DRB5X1 MDRB5X1 CBDRB5X1 CB2DRB5X1 FDRB5X1 DNDRB5X1 DN2DRB5X1

Second DRB5* allele designations DRB5X2 RDRB5X2 DMDRB5X2 DM2DRB5X2 MDRB5X2 CBDRB5X2 CB2DRB5X2 FDRB5X2 DNDRB5X2 DN2DRB5X2

28. Locus DQB1 NALSDQB1 RNLDQB1 MNLDQB1 FNLDQB1 CBNLDQB1 CB2NLDQB1

6 ☐ Known → 8 ☐ Unknown

CD_NALLELES

**0=None**
**1=One 2=Two**
**9=Not answered**

29. First DQB1* allele designations DQB1X1 RDQB1X1 DMDQB1X1 DM2DQB1X1 MDQB1X1 CBDQB1X1 CB2DQB1X1 FDQB1X1 DNDQB1X1 DN2DQB1X1

Second DQB1* allele designations DQB1X2 RDQB1X2 DMDQB1X2 DM2DQB1X2 MDQB1X2 CBDQB1X2 CB2DQB1X2 FDQB1X2 DNDQB1X2 DN2DQB1X2

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

30. Locus DPB1 NALSDPB1 RNLDPB1 MNLDPB1 FNLDPB1 CBNLDPB1 CB2NLDPB1

6☐ Known → 8☐ Unknown

CD_NALLELES

31. First DPB1* allele designations DPB1X1 RDPB1X1 DMDPB1X1 DM2DPB1X1 MDPB1X1 CBDPB1X1 CB2DPB1X1 FDPB1X1 DNDPB1X1 DN2DPB1X1

Second DPB1* allele designations DPB1X2 RDPB1X2 DMDPB1X2 DM2DPB1X2 MDPB1X2 CBDPB1X2 CB2DPB1X2 FDPB1X2 DNDPB1X2 DN2DPB1X2

32. Locus DQA1 NALSDQA1 CB2NLDQA1 RNLDQA1 MNLDQA1 FNLDQA1 CBNLDQA1

6☐ Known → 8☐ Unknown

CD_NALLELES

33. First DQA1* allele designations DQA1X1 RDQA1X1 DMDQA1X1 DM2DQA1X1 MDQA1X1 CBDQA1X1 CB2DQA1X1 FDQA1X1 DNDQA1X1 DN2DQA1X1

Second DQA1* allele designations DQA1X2 RDQA1X2 DMDQA1X2 DM2DOA1X2 MDQA1X2 CBDQA1X2 CB2DOA1X2 FDQA1X2 DNDQA1X2 DN2DQA1X2

34. Locus DPA1 NALSDPA1 RNLDPA1 MNLDPA1 FNLDPA1 CBNLDPA1 CB2NLDPA1

6☐ Known → 8☐ Unknown

CD_NALLELES

35. First DPA1* allele designations DPA1X1 RDPA1X1 DMDPA1X1 DM2DPA1X1 MDPA1X1 CBDPA1X1 CB2DPA1X1 FDPA1X1 DNDPA1X1 DN2DPA1X1

Second DPA1* allele designations DPA1X2 RDPA1X2 DMDPA1X2 DM2DPA1X2 MDPA1X2 CBDPA1X2 CB2DPA1X2 FDPA1X2 DNDPA1X2 DN2DPA1X2

End Table DNA

## Antigens Defined by Serologic Typing

**Use the following lists when reporting HLA-A and B antigens. Report broad antigens only when your laboratory was not able to confirm typing for a known split antigen.**

**Instructions for the use of the "X" Antigen Specificity for Typing By Serology**

Each HLA locus has a serologically defined "X" antigen specificity: AX, BX, CX, DRX, DPX, and DQX. At this time an "X" specificity is defined as "unknown but known to be different from the other antigen at that locus." This is different from a blank specificity. When comparisons between recipient and donor antigens involve an "X" or "blank" specificity, the "X" or "blank" is assumed to be homozygous for the antigen reported at the locus. In other words, the search algorithm treats typings containing "blank" or "X" antigens in the same manner as known homozygous typings.

Start Table SERO

**A Antigens**

36. Number of antigens provided: NSEROA

1☐ One - ***Go to question 37, then continue with question 39***

2☐ Two - ***Go to questions 37-38*** CD_NANTIGEN

RECPSERO MNSEROA FATHSERO DMSERO CBSERO DNSERO DM2SERO CB2SERO DN2SERO RNSEROA MOTHSERO FNSEROA DMNSEROA CBNSEROA DNNSEROA DM2NSEROA CB2NSEROA DN2NSEROA

**8=Unknown**
**9=Not answered**

37. Specificity – 1st antigen SEROA1

☐ A1 DM2SEROA1 CB2SEROA1 DN2SEROA1
☐ A2 RSEROA1 FSEROA1 CBSEROA1
☐ A203 MSEROA1 DMSEROA1 DNSEROA1
☐ A210
☐ A3

- ☐ A9
- ☐ A10
- ☐ A11
- ☐ A19
- ☐ A23(9)
- ☐ A24(9)
- ☐ A2403
- ☐ A25(10)
- ☐ A26(10)
- ☐ A28
- ☐ A29(19)
- ☐ A30(19)
- ☐ A31(19)
- ☐ A32(19)
- ☐ A33(19)
- ☐ A34(10)
- ☐ A36
- ☐ A43
- ☐ A66(10)
- ☐ A68(28)
- ☐ A69(28)
- ☐ A74(19)
- ☐ A80
- ☐ AX

38. Specificity – 2nd antigen SEROA2 DM2SEROA2 RSEROA2 FSEROA2 MSEROA2 DMSEROA2 CBSEROA2 CB2SEROA2 DN2SEROA2 DNSEROA2

- ☐ A1
- ☐ A2
- ☐ A203
- ☐ A210
- ☐ A3
- ☐ A9
- ☐ A10
- ☐ A11
- ☐ A19
- ☐ A23(9)
- ☐ A24(9)
- ☐ A2403
- ☐ A25(10)
- ☐ A26(10)
- ☐ A28
- ☐ A29(19)
- ☐ A30(19)

- ☐ A31(19)
- ☐ A32(19)
- ☐ A33(19)
- ☐ A34(10)
- ☐ A36
- ☐ A43
- ☐ A66(10)
- ☐ A68(28)
- ☐ A69(28)
- ☐ A74(19)
- ☐ A80
- ☐ AX

**B Antigens**

39. Number of antigens provided: NSEROB CD_NANTIGEN

**1** ☐ One - ***Go to question 40, then continue with question 42***

**2** ☐ Two - ***Go to questions 40-41***

RNSEROB MNSEROB DN2NSEROB FNSEROB DMNSEROB CBNSEROB DNNSEROB DM2NSEROB CB2NSEROB

**8=Unknown**
**9=Not answered**

40. Specificity – 1st antigen SEROB1 MSEROB1 FSEROB1 DMSEROB1 CBSEROB1 DNSEROB1 DM2SEROB1 CB2SEROB1 DN2SEROB1 RSEROB1

- ☐ B5
- ☐ B7
- ☐ B703
- ☐ B8
- ☐ B12
- ☐ B13
- ☐ B14
- ☐ B15
- ☐ B16
- ☐ B17
- ☐ B18
- ☐ B21
- ☐ B22
- ☐ B27
- ☐ B2708
- ☐ B35
- ☐ B37
- ☐ B38(16)
- ☐ B39(16)
- ☐ B3901
- ☐ B3902
- ☐ B40
- ☐ B4005
- ☐ B41
- ☐ B42

- ☐ B44(12)
- ☐ B45(12)
- ☐ B46
- ☐ B47
- ☐ B48
- ☐ B49(21)
- ☐ B50(21)
- ☐ B51(5)
- ☐ B5102
- ☐ B5103
- ☐ B52(5)
- ☐ B53
- ☐ B54(22)
- ☐ B55(22)
- ☐ B56(22)
- ☐ B57(17)
- ☐ B58(17)
- ☐ B59
- ☐ B60(40)
- ☐ B61(40)
- ☐ B62(15)
- ☐ B63(15)
- ☐ B64(14)
- ☐ B65(14)
- ☐ B67
- ☐ B70
- ☐ B71(70)
- ☐ B72(70)
- ☐ B73
- ☐ B75(15)
- ☐ B76(15)
- ☐ B77(15)
- ☐ B78
- ☐ B81
- ☐ B82
- ☐ BX

41. Specificity – 2nd antigen SEROB2 MSEROB2 FSEROB2 DMSEROB2 CBSEROB2 DNSEROB2 DM2SEROB2 CB2SEROB2 DN2SEROB2 RSEROB2

- ☐ B5
- ☐ B7
- ☐ B703
- ☐ B8
- ☐ B12

- ☐ B13
- ☐ B14
- ☐ B15
- ☐ B16
- ☐ B17
- ☐ B18
- ☐ B21
- ☐ B22
- ☐ B27
- ☐ B2708
- ☐ B35
- ☐ B37
- ☐ B38(16)
- ☐ B39(16)
- ☐ B3901
- ☐ B3902
- ☐ B40
- ☐ B4005
- ☐ B41
- ☐ B42
- ☐ B44(12)
- ☐ B45(12)
- ☐ B46
- ☐ B47
- ☐ B48
- ☐ B49(21)
- ☐ B50(21)
- ☐ B51(5)
- ☐ B5102
- ☐ B5103
- ☐ B52(5)
- ☐ B53
- ☐ B54(22)
- ☐ B55(22)
- ☐ B56(22)
- ☐ B57(17)
- ☐ B58(17)
- ☐ B59
- ☐ B60(40)
- ☐ B61(40)
- ☐ B62(15)
- ☐ B63(15)
- ☐ B64(14)
- ☐ B65(14)

- ☐ B67
- ☐ B70
- ☐ B71(70)
- ☐ B72(70)
- ☐ B73
- ☐ B75(15)
- ☐ B76(15)
- ☐ B77(15)
- ☐ B78
- ☐ B81
- ☐ B82
- ☐ BX

## Optional Antigen Reporting

**Please provide the following optional antigen information if it is available from your laboratory.**

**Antigens Defined by Serologic Typing**

**C Antigens**

42. Number of antigens provided: NSEROC CD_NANTIGEN

**1** ☐ One - ***Go to question 43, then continue with question 45***

**2** ☐ Two - ***Go to questions 43-44***

CB2NSEROC DN2NSEROC DNNSEROC DM2NSEROC DMNSEROC CBNSEROC RNSEROC MNSEROC FNSEROC

**8=Unknown**
**9=Not answered**

43. Specificity – 1st antigen SEROC1 RSEROC1 MSEROC1 FSEROC1 CBSEROC1 DNSEROC1 DM2SEROC1 CB2SEROC1 DN2SEROC1 DMSEROC1

- ☐ Cw1
- ☐ Cw2
- ☐ Cw3
- ☐ Cw4
- ☐ Cw5
- ☐ Cw6
- ☐ Cw7
- ☐ Cw8
- ☐ Cw9(w3)
- ☐ Cw10(w3)
- ☐ CX

44. Specificity – 2nd antigen SEROC2 RSEROC2 MSEROC2 FSEROC2 DMSEROC2 CBSEROC2 DNSEROC2 DM2SEROC2 CB2SEROC2 DN2SEROC2

- ☐ Cw1
- ☐ Cw2
- ☐ Cw3
- ☐ Cw4
- ☐ Cw5
- ☐ Cw6

☐ Cw7
☐ Cw8
☐ Cw9(w3)
☐ Cw10(w3)
☐ CX

**Bw Specificity**

DNSRBW4 DM2SRBW4 CB2SRBW4 DN2SRBW4

45. Specificity Bw4 present? SEROBW4 FSRBW4 DMSRBW4 CBSRBW4 RSRBW4 MSRBW4 **1** ☐ Yes **0** ☐ No

46. Specificity Bw6 present? SEROBW6 RSRBW6 MSRBW6 FSRBW6 DMSRBW6 CBSRBW6 DNSRBW6 DM2SRBW6 CB2SRBW6 DN2SRBW6 **1** ☐ Yes **0** ☐ No

**DR Antigens**

47. Number of antigens provided: NSERODR CD_NANTIGEN

**1** ☐ One - ***Go to question 48, then continue with question 50***

**2** ☐ Two - ***Go to questions 48-49***

CB2NSRDR DN2NSRDR DNNSRDR DM2NSRDR DMNSRDR CBNSRDR RNSRDR MNSRDR FNSRDR

**8=Unknown**
**9=Not answered**

48. Specificity – 1st antigen SERODR1 DMSRDR1 CBSRDR1 DNSRDR1 RSRDR1 MSRDR1 FSRDR1 DM2SRDR1 CB2SRDR1 DN2SRDR1

☐ DR1
☐ DR103
☐ DR2
☐ DR3
☐ DR4
☐ DR5
☐ DR6
☐ DR7
☐ DR8
☐ DR9
☐ DR10
☐ DR11(5)
☐ DR12(5)
☐ DR13(6)
☐ DR14(6)
☐ DR1403
☐ DR1404
☐ DR15(2)
☐ DR16(2)
☐ DR17(3)
☐ DR18(3)
☐ DRX

49. Specificity – 2nd antigen SERODR3 RSRDR2 MSRDR2 FSRDR2 DMSRDR2 CBSRDR2 DNSRDR2 DM2SRDR2 CB2SRDR2 DN2SRDR2

☐ DR1
☐ DR103
☐ DR2

- ☐ DR3
- ☐ DR4
- ☐ DR5
- ☐ DR6
- ☐ DR7
- ☐ DR8
- ☐ DR9
- ☐ DR10
- ☐ DR11(5)
- ☐ DR12(5)
- ☐ DR13(6)
- ☐ DR14(6)
- ☐ DR1403
- ☐ DR1404
- ☐ DR15(2)
- ☐ DR16(2)
- ☐ DR17(3)
- ☐ DR18(3)
- ☐ DRX

**DR51 Antigen**

50. Specificity DR51 present? ☐ Yes ☐ No

SERODR51 DN2SRDR51 DM2SRDR51 CB2SRDR51 RSRDR51 MSRDR51 CBSRDR51 DNSRDR51 FSRDR51 DMSRDR51

**DR52 Antigen**

51. Specificity DR52 present? ☐ Yes ☐ No

SERODR52 RSRDR52 MSRDR52 FSRDR52 DMSRDR52 CBSRDR52 DNSRDR52 DM2SRDR52 CB2SRDR52 DN2SRDR52

**DR53 Antigen**

52. Specificity DR53 present? ☐ Yes ☐ No

SERODR53 RSRDR53 MSRDR53 FSRDR53 DMSRDR53 CBSRDR53 DNSRDR53 DM2SRDR53 CB2SRDR53 DN2SRDR53

**DQ Antigens**

53. Number of antigens provided: NSERODQ CD_NANTIGEN

**1** ☐ One - ***Go to question 54, then continue with question 56***

**2** ☐ Two - ***Go to questions 54-55***

RNSRDQ MNSRDQ FNSRDQ DMNSRDQ CBNSRDQ DNNSRDQ DM2NSRDQ CB2NSRDQ DN2NSRDQ

**8=Unknown**
**9=Not answered**

54. Specificity – 1st antigen SERODQ1 RSRDQ1 MSRDQ1 FSRDQ1 DMSRDQ1 CBSRDQ1 DNSRDQ1 DM2SRDQ1 CB2SRDQ1 DN2SRDQ1

- ☐ DQ1
- ☐ DQ2
- ☐ DQ3
- ☐ DQ4
- ☐ DQ5(1)
- ☐ DQ6(1)
- ☐ DQ7(3)
- ☐ DQ8(3)

☐ DQ9(3)
☐ DQX

55. Specificity – 2nd antigen SERODQ2 RSRDQ2 MSRDQ2 FSRDQ2 DMSRDQ2 CBSRDQ2 DNSRDQ2 DM2SRDQ2 CB2SRDQ2 DN2SRDQ2

☐ DQ1
☐ DQ2
☐ DQ3
☐ DQ4
☐ DQ5(1)
☐ DQ6(1)
☐ DQ7(3)
☐ DQ8(3)
☐ DQ9(3)
☐ DQX

**DP Antigens**

56. Number of antigens provided: NSERODP CD_NANTIGEN

**1** ☐ One - ***Go to question 57, then continue with signature line***

**2** ☐ Two - ***Go to questions 57-58***

CB2NSRDP DN2NSRDP CBNSRDP DNNSRDP MNSRDP FNSRDP DM2NSRDP DMNSRDP RNSRDP

**8=Unknown**
**9=Not answered**

57. Specificity – 1st antigen SERODP1 RSRDP1 MSRDP1 FSRDP1 DMSRDP1 CBSRDP1 DNSRDP1 DM2SRDP1 CB2SRDP1 DN2SRDP1

☐ DPw1
☐ DPw2
☐ DPw3
☐ DPw4
☐ DPw5
☐ DPw6
☐ DPX

58. Specificity – 2nd antigen SERODP1 RSRDP1 MSRDP1 FSRDP1 DMSRDP1 CBSRDP1 DNSRDP1 DM2SRDP1 CB2SRDP1 DN2SRDP1

☐ DPw1
☐ DPw2
☐ DPw3
☐ DPw4
☐ DPw5
☐ DPw6
☐ DPX

End Table SERO

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

All underlined variables are new.

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

# 2006: Hematopoietic Cellular Transplant (HCT) Infusion

DB Variables Each Tx for BM (bmprod=1, bmdnrnum)

Start Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

| Key Fields | |
|---|---|

OMB No: 0915-0310
Expiration Date: 7/31/2016
**Public Burden Statement:** 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 project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 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 10-29, Rockville, Maryland, 20857.

CIBMTR Center Number: CCN_able RECIPIEN

Start Table HSCT
CIBMTR Recipient ID: CRID _ ___ ___ ___ ___ ___ ___ ___

Date of HCT for which this form is being completed: TXDATE / __ __ / __ __
YYYY MM DD

TXTYPE AUTOTX UNRELATX RELATX
HCT type (check only one) ☐ Autologous ☐ Allogeneic, unrelated ☐ Allogeneic, related

Product type (check only one) ☐ Bone marrow BM bmprod
☐ PBSC PB
☐ Single cord blood unit CB
☐ Other product. Specify: OPRODUCT —— OPRODTSP _____

End Table HSCT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Start Table DONOR | Donor/Cord Blood Unit Identification | Questions: 1-15 |
|---|---|---|

1. Specify donor DONORSRC donorsrc donorsrc2

CD_DONORSRC

**1** ☐ Autologous - ***Go to question 16***

**11** ☐ Autologous cord blood unit - ***Go to question 5***

**2** ☐ NMDP unrelated cord blood unit - ***Go to question 2***

**3** ☐ NMDP unrelated donor - ***Go to question 3***

**4** ☐ Related donor - ***Go to question 10***

**12** ☐ Related cord blood unit - ***Go to question 5***

**5** ☐ Non-NMDP unrelated donor - ***Go to question 4***

**6** ☐ Non-NMDP unrelated cord blood unit - ***Go to question 5***

**13=non-NMDP unrelated cord blood unit**
**77=Other**
**88=Unknown**
**99=Not Applicable**

2. NMDP cord blood unit ID: _____ donorid donorid2 ***Go to question 15***

3. NMDP donor ID: _____ - ***Go to question 15***

4. Non-NMDP unrelated donor ID: _____ (not applicable for related donor) - ***Go to question 8***

5. Non-NMDP cord blood unit ID: _____ (include related and autologous CBUs)

6. Is the CBU ID also the ISBT DIN number?

**1** ☐ yes

**0** ☐ no →

7. Specify the ISBT DIN number: _____ isbtdin isbtdin2

8. Registry or UCB Bank ID

☐ (A) Austrian Bone Marrow Donors
☐ (ACB) Austrian Cord Blood Registry
☐ (ACCB) StemCyte, Inc.
☐ (AE) Emirates Bone Marrow Donor Registry
☐ (AM) Armenian Bone Marrow Donor Registry Charitable Trust
☐ (AOCB) University of Colorado Cord Blood Bank
☐ (AR) Argentine CPH Donors Registry
☐ (ARCB) BANCEL - Argentina Cord Blood Bank
☐ (AUCB) Australian Cord Blood Registry
☐ (AUS) Australian/New Zealand Bone Marrow Donor Registry
☐ (B) Marrow Donor Program Belgium
☐ (BCB) Belgium Cord Blood Registry
☐ (BG) Bulgarian Bone Marrow Donor Registry
☐ (BR) INCA/REDOMO
☐ (BSCB) British Bone Marrow Registry - Cord Blood
☐ (CB) Cord Blood Registry
☐ (CH) Swiss BloodStem Cells - Adult Donors
☐ (CHCB) Swiss Blood Stem Cells - Cord Blood
☐ (CKCB) Celgene Cord Blood Bank
☐ (CN) China Marrow Donor Program (CMDP)
☐ (CNCB) Shan Dong Cord Blood Bank
☐ (CND) Canadian Blood Services Bone Marrow Donor Registry
☐ (CS2) Czech National Marrow Donor Registry

- ☐ (CSCR) Czech Stem Cells Registry
- ☐ (CY) Cyprus Paraskevaidio Bone Marrow Donor Registry
- ☐ (CY2) The Cyprus Bone Marrow Donor Registry
- ☐ (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors
- ☐ (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood
- ☐ (DK) The Danish Bone Marrow Donor Registry
- ☐ (DK2) Bone Marrow Donors Copenhagen (BMDC)
- ☐ (DUCB) German Branch of the European Cord Blood Bank
- ☐ (E) REDMO
- ☐ (ECB) Spanish Cord Blood Registry
- ☐ (F) France Greffe de Moelle - Adult Donors
- ☐ (FCB) France Greffe de Moelle - Cord Blood
- ☐ (FI) Finnish Bone Marrow Donor Registry
- ☐ (FICB) Finnish Cord Blood Registry
- ☐ (GB) The Anthony Nolan Trust
- ☐ (GB3) Welsh Bone Marrow Donor Registry
- ☐ (GB4) British Bone Marrow Registry
- ☐ (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece
- ☐ (GRCB) Michigan Community Blood Centers Cord Blood Bank
- ☐ (H) Hungarian Bone Marrow Donor Registry
- ☐ (HEM) Hema-Quebec
- ☐ (HK) Hong Kong Bone Marrow Donor Registry
- ☐ (HR) Croatian Bone Marrow Donor Registry
- ☐ (I) Italian Bone Marrow Donor Registry
- ☐ (I3CB) Sheba Medical Centre Cord Blood Registry
- ☐ (ICB) Italian Cord Blood Bank Network
- ☐ (IL) Hadassah BMDR
- ☐ (IL2) Ezer Mizion Bone Marrow Donor Registry
- ☐ (IL3) Sheba Medical Center Donor Registry
- ☐ (ILCB) Isreal Cord Blood Bank
- ☐ (IN) Asian Indian Donor Marrow Registry
- ☐ (IN2) Dept. of Transfusion Medicine
- ☐ (IRL) The Irish Unrelated Bone Marrow Panel
- ☐ (JP) Japan Marrow Donor Program
- ☐ (KR) Korea Marrow Donor Program
- ☐ (LT) Lithuanian National Bone Marrow Donor Registry
- ☐ (LVCB) Leuven Cord Blood Bank
- ☐ (MACB) Victoria Angel Registry of Hope
- ☐ (MX) Mexican Bone Marrow Donor Registry
- ☐ (N) The Norwegian Bone Marrow Donor Registry
- ☐ (NL) Europdonor Foundation- Adult Donors
- ☐ (NLCB) Europdonor Foundation - Cord Blood
- ☐ (NYCB) National Cord Blood Program, New York Blood Center
- ☐ (P) Portuguese Bone Marrow Donors Registry

- ☐ (PL) National Polish Bone Marrow Registry
- ☐ (PL2) Unrelated Bone Marrow Donor Registry -Adult Donors
- ☐ (PL3) Against Leukemia Foundation Marrow Donor Registry
- ☐ (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry
- ☐ (PL5) Polish Central Bone Marrow Donor Registry - Adult Donors
- ☐ (PMCB) Elie Katz Umbilical Cord Blood Program
- ☐ (R) Russian Bone Marrow Donor Registry
- ☐ (R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells
- ☐ (S) Tobias Registry of Swedish Bone Marrow Donors
- ☐ (SG) Singapore Bone Marrow Donor Programme (BMDP)
- ☐ (SK) Slovak National Bone Marrow Donor Registry
- ☐ (SKCB) Eurocord Slovakia/Slovak Pacental Stem Cell Registry
- ☐ (SLCBB) St Louis Cord Blood Bank
- ☐ (SLO) Slovenia Donor
- ☐ (SM) San Marino Bone Marrow Donor Registry
- ☐ (T1CB) TRAN - Cord Blood
- ☐ "(TACB) StemCyte, Inc. Taiwan"
- ☐ "(TECB) Healthbanks Biotech, Co., Ltd "
- ☐ (TH) Thai Stem Cell Donor Registry (TSCDR)
- ☐ (TOCB) Tokyo Cord Blood Bank
- ☐ (TPCB) BIONET/BabyBanks
- ☐ (TRAN) TRAN - Adult Donors
- ☐ (TRIS) Bone Marrow Bank of Istanbul Medical Faculty
- ☐ (TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors
- ☐ (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood
- ☐ (U1CB) National Marrow Donor Program - Cord Blood
- ☐ (USA1) National Marrow Donor Program - Adult Donors
- ☐ (USA2) America Bone Marrow Donor Registry
- ☐ (UY) SINDOME
- ☐ (VIAC) Viacord
- ☐ (W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood
- ☐ (WACB) Unrelated Bone Marrow Donor Registry - Cord Blood
- ☐ (ZA) South African Bone Marrow Registry
- ☐ (OTH) Other Registry →

9. Specify other Registry or UCB Bank: REGUCBSP

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

10. Date of birth (donor/infant) dnrbdtkw dnrbdtkw2

1 ☐ Known →

11. Date of birth: __ __ __ __ __ __ __ __ dnrbdate dnrbdate2
YYYY MM DD

0 ☐ Unknown →

12. Age (donor/infant) dnragekw dnragekw2

☐ Known → 13. Age (dongor/infant) dnrage dnrage2

☐ Unknown 2 ☐ Months (use only if less than 1 vear old) 1 ☐ years

dageyrmo CD_DAGEYRMO 8=Unknown

dageyrmo2 9=Not answered or inconsistent

14. Sex (donor/infant) ☐ male ☐ female CD_SEX dnrsex dnrsex2
1 2

15. Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?

1 ☐ yes 0 ☐ no pdnmdpcb pdnmdpcb2

## Pre-Collection Therapy

Questions: 16-27

16. Did the donor receive therapy, prior to any stem cell harvest, to enhance the product collection for this HCT?

1 ☐ yes →
0 ☐ no

bmdtreat
CD_DNRTREAT

3=NMDP donor
4=Cord blood unit
8=Unknown
9=not answered

bmdgf

bmdplrix DNRPLRIX

17. Growth and mobilizing factor(s)

☐ yes → 18. G-CSF bmdgcsf ☐ yes ☐ no

☐ no 19. Pegylated G-CSF DNRPGCSF bmdpgcsf yes ☐ no

20. GM-CSF DNRGMCSF bmdgmcsf ☐ yes ☐ no

21. Plerixafor (Mozobil) ☐ yes ☐ no

22. Other growth or mobilizing factor bmdgoth

☐ yes → 23. Specify other growth or mobilizing factor: bmdgotsp

☐ no

24. Systemic therapy (chemotherapy) (autologous only) bmauchem

☐ yes → 25. Anti-CD20 (rituximab, Rituxan) (autologous only)

☐ no ☐ yes ☐ no bmaucd20

26. Other therapy bmothtrt

☐ yes → 27. Specify other therapy: bmotrtsp

☐ no

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Product Collection | Questions: 28-42 |
|---|---|

If more than one type of HCT product is infused, each product type must be analyzed and reported separately.
A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if appicable), even if the collections are performed on different days.

28. Date of first collection for this mobilization: ___ ___ ___ ___ IARVD bmharvdt
YYYY MM DD

29. Was more than one collection required for this HCT?

1 ☐ yes → IORECOL bmmocoll
0 ☐ no

**Complete a separate CIBMTR form 2006 – HCT Infustion for each subsequent collection that was not part of this mobilization.**

30. Specify the number of subsequent days of collection in this episode: OLLDAY bmcolday

31. Were anticoagulants added to the product during collection?

☐ yes → NTCOA bmancoag
☐ no

**Specify anticoagulant(s):**

32. Acid citrate dextrose (ACD) CDCOA bmacdcog ☐ yes ☐ no
33. Citrate phosphate dextrose (CPD) PDCOA bmcpdcog ☐ yes ☐ no
34. Heparin EPACOA bmhepcog ☐ yes ☐ no
35. Other anticoagulant THCOA bmothcog
☐ yes → 36. Specify other anticoagulant: TCOAGS bmocogsp
☐ no

37. Were anticoagulants added to the product before freezing?

1 ☐ yes → NTCOGB bmantcob
0 ☐ no

**Specify anticoagulant(s):**

38. Acid citrate dextrose (ACD) CDCOGB bmacdcob ☐ yes ☐ no
39. Citrate phosphate dextrose (CPD) bmcpdcob PDCOGB ☐ yes ☐ no
40. Heparin bmhepcob EPCOGB ☐ yes ☐ no
41. Other anticoagulant bmothcob THCOGB
☐ yes → 42. Specify other anticoagulant: COGSPB bmocobsp
☐ no

| Product Transport and Receipt | Questions: 43-56 |
|---|---|

43. Was this product collected off-site and shipped to your facility?

1 ☐ yes → OFFSIT bmoffsit
0 ☐ no

44. Date of receipt of product at your facility: ___ ___ ___ ___ RECEID bmrecidt
YYYY MM DD

45. Time of receipt of product (24-hour clock): STDTIM bmrecitm

bmrecitm ___ ___ : ___ ___ RECEITM ☐ standard time ☐ daylight savings time CD_STDTIME
HH MM 1 2 8=Unknown 99=Not Answered

46. Specify the shipping environment of the product(s) SHIPEN bmshienv

CD_PSHIPENV
1 ☐ Frozen gel pack (refrigerator temperature)
2 ☐ Frozen cord blood unit(s)
3 ☐ Room temperature per transplant center request

4=Other temperature
10=Liquid Nitrogen(NMDP legacy)
11=Refrigerated:1-8 degrees Cel(NMDP legacy)
12=Vaporphase Liquid Nitrogen(NMDP legacy)
13=Wet ice 2-6 degrees Celsius(NMDP legacy)

☐ Other shipping environment → 47. Specify other shipping environment: bmoenvsp

48. Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment? **(Cord blood units only)**
☐ yes ☐ no

49 Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center? **(Cord blood units only)**
☐ yes ☐ no

50. Was the cord blood unit stored at your center prior to thawing?
1 ☐ yes → 51. Specify the storage method used for the cord blood unit
0 ☐ no
☐ Electric freezer ☐ Liquid nitrogen ☐ Vapor phase
3 1 2 CD_CBSTMETH

52. Temperature during storage
1 ☐ < -150° C
2 ☐ ≥ -150° C to < -135° C
3 ☐ ≥ -135° C to < -80° C
4 ☐ ≥ -80° C
CD_CBTEMPC
8=Unknown
9=Not answered or inconsistent

53. Date storage started: __ __ __ __ . __ __ / __ __
YYYY MM DD

**Report the total number of cells (not cells per kilogram) prior to cryopreservation: (Information provided for the unit by the cord blood bank).**

54. Total nucleated cells: ___ x 10 ___ ___ (Includes nucleated red and nucleated white cells) **(Cord blood units only)**

55. CD34+ cells **(cord blood units only)**
☐ Done → 56. Total number of CD34+ cells:
☐ Not done
___ x 10

| **Product Processing/Manipulation** | Questions: 57-108 |
|---|---|

57. Was a fresh product received (e.g. not frozen)? **(NMDP products only)** bmfrespd
1 ☐ Yes
0 ☐ No
7 ☐ not applicable, cord blood unit
CD_YESNO_NA

58. Was the entire fresh product cryopreserved at your facility prior to infusion? **(NMDP products only)** bmfscryo
☐ yes ☐ no

59. Was the product thawed from a cryopreserved state prior to infusion? bmthawed
☐ yes
☐ no

60. Was the entire product thawed? bmentitw
☐ yes
☐ no → 61. Was only a compartment of the bag thawed? **(Cord blood units only)** ☐ yes ☐ no bmcomptw

bmmulbag

62. Were there multiple product bags?
1 ☐ yes → 63. Specify number of bags thawed: bmnbagtw
0 ☐ no

64. Date thawing process initiated: bmtwindt
__ __ __ __ / __ __ / __ __
YYYY MM DD

bmtwintm

65. Time at initiation of thaw (24-hour clock):
CD_STDTIME ISTDTIME bmistdtm
___ ___ - ___ ___ ☐ standard time ☐ daylight savings time
HH MM 1 2
8=Unknown
9=Not Answered

THAWCMTM bmtwcmtm

66. Time product ready for infusion or expansion (24-hour clock):
CD_STDTIME CSTDTIME bmcstdtm
___ ___ - ___ ___ ☐ standard time ☐ daylight savings time
HH MM 1 2

INTATHAW bmintatw

67. Was the primary container (e.g., cord blood unit bag) intact upon thawing?
☐ yes ☐ no

THAWPROD bmthawpd

68. What method was used to thaw the product?
1 ☐ Waterbath CD_THAWPROD
2 ☐ Electric warmer
3 ☐ Other method → 69. Specify other method: bmothwsp OTHAWMSP
8=Unknown
9=Not answered or inconsistent

AETHAW bmaethaw

70. Did any adverse events, incidents, or product complaints occur while preparing or thawing the product?
1 ☐ yes 0 ☐ no

71. Was the product manipulated prior to infusion?
1 ☐ yes → MANIPGVH bmmanpgv
0 ☐ no
CD_MANIPGVH

2=Yes DBM(5/95) Q166 under Q162
3=089 no T-dep(Q47-H PGVHINV=0)
7=Double blind study 8=Unknown
9=Not answered
15=NMDP PBSC Product 1 and 2 manip codes differ
10=NMDP ABO incompatibility
77=Not App

End Table PRODUCT

Start Table MANIPGVH

bmmanip CD_ALLMANIP

72. Specify portion manipulated ☐ entire product ☐ portion of product 8=Unknown 9=Not answered
1 2

**Specify all methods used to manipulate the product:**

| | | | |
|---|---|---|---|
| 73. | Washed WASHED bmwashed | ☐ yes | ☐ no |
| 74. | Diluted DILUTED bmdilut | ☐ yes | ☐ no |
| 75. | Buffy coat enriched (buffy coat preparation) BUFFCOAT bmbuffcp | | no |
| 76. | B-cell reduced BCELRDUC bmbcelrc | ☐ yes | ☐ no |
| 77. | CD8 reduced CD8RDUC bmcd8rc | ☐ yes | ☐ no |
| 78. | Plasma reduced (removal) PLASMRMV bmplarmv | ☐ yes | ☐ no |
| 79. | RBC reduced RBCRDUC bmrbcrc | ☐ yes | ☐ no |
| 80. | Cultured (ex-vivo expansion) EXVIVEXP bmvivexp | ☐ yes | ☐ no |
| 81. | Genetic manipulation (gene transfer/transduction) bmgenemn | | |
| 82. | PUVA treated PUVATRT bmpuvatr | ☐ yes | ☐ no |
| 83. | CD34 enriched (CD34+ selection) CD34MAN bmcd34mn | es | ☐ no |
| 84. | CD133 enriched CD133ENR bmcd133e | ☐ yes | ☐ no |
| 85. | Monocyte enriched MONOCENR bmmonoce | ☐ yes | ☐ no |
| 86. | Mononuclear cells enriched MONONENR bmmonone | es | ☐ no |

87. T-cell depletion TDEPMAN bmtdepmn

1 ☐ yes → **Specify method:**

0 ☐ no

88. Antibody affinity column ABCOLUM bmabcolu
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

ABPLATE bmabplat
89. Antibody coated plates
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

LECTABPL bmleabpl
90. Antibody coated plates and soybean lectin
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

ABTOXIN bmabtoxi
91. Antibody + toxin
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

MBEADS bmmbeads
92. Immunomagnetic beads
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

CD34SRBC bmcd34sr
93. CD34 affinity column plus sheep red blood cell rosetting ☐ yes ☐ no

OTHMANIP bmothman
94. Other cell manipulation
☐ yes → 95. Specify other cell manipulation: OTHMANSP bmomansp
☐ no

96. Were antibodies used during product manipulation? ABMANIP bmabman

1 ☐ yes → **Specify antibodies:**

0 ☐ no

97. Anti CD2 ABCD2 bmabcd2 ☐ yes ☐ no
98. Anti CD3 ABCD3 bmabcd3 ☐ yes ☐ no
99. Anti CD4 ABCD4 bmabcd4 ☐ yes ☐ no
100. Anti CD5 ABCD5 bmabcd5 ☐ yes ☐ no
101. Anti CD6 ABCD6 bmabcd6 ☐ yes ☐ no
102. Anti CD7 ABCD7 bmabcd7 ☐ yes ☐ no
103. Anti CD8 ABCD8 bmabcd8 ☐ yes ☐ no
104. Anti CD19 ABCD19 bmabcd19 ☐ yes ☐ no
105. a/ß antibody ABABMAN bmababma ☐ yes ☐ no
106. Anti CD52 (Campath) ABCD52 bmabcd52 ☐ yes ☐ no
107. Other antibody ABOTH bmaboth
☐ yes → 108. Specify other antibody: ABOTHSP bmabotsp
☐ no

End Table MANIPGVH

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Start Table AUTO_GFT** **Autologous Products Only** | Questions: 109-157

**The following section refers to autologous products only, including autologous cord blood; if this is not an autologous HCT, continue with the Product Analysis section at question 158.**

109. Were tumor cells detected in the recipient or autologous product prior to HCT?

**1** ☐ yes → **0** ☐ no TUMORDET

CD_TUMORDET bmtumdet

**2=No, from legacy 002APB/ABM**
**3=Not tested**
**8=Unknown**
**9=Not Answered**

**Specify tumor cell detection method used and site(s) of tumor cells:**

110. Routine histopathology HPATHDET bmhptdet

☐ yes → **Specify site(s):** bmhpcc CD_YN_NOTTEST

☐ no

| | | | | |
|---|---|---|---|---|
| 111. Circulating blood cells HPATHCC | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmhpbmp HPATHBMP 112. Bone marrow (in the interval between last systemic therapy and collection) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmhpbma HPATHBMA 113. Collected cells (before purging) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |

114. Polymerase chain reaction (PCR) PCRDET bmpcrdet

☐ yes → **Specify site(s):** bmpcrcc

☐ no

| | | | |
|---|---|---|---|
| 115. Circulating blood cells PCRCC | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmpcrbmp PCRBMP 116. Bone marrow (in the interval between last systemic therapy and collection) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmpcrbma PCRBMA 117. Collected cells (before purging) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |

bmmtdet MTECHDET 118. Other molecular technique

☐ yes → 119. Specify method: MTECHSP bmmtchsp _____

☐ no **Specify site(s):**

| | | | |
|---|---|---|---|
| bmmolcc MTECHCC 120. Circulating blood cells | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmmolbmp MTECHBMP 121. Bone marrow (in the interval between last systemic therapy and collection) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmmolbma MTECHBMA 122. Collected cells (before purging) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |

bmihcdet IHCDET 123. Immunohistochemistry

☐ yes → **Specify site(s):** bmihccc

☐ no

| | | | |
|---|---|---|---|
| 124. Circulating blood cells IHCCC | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmihcbmp IHCBMP 125. Bone marrow (in the interval between last systemic therapy and collection) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmihcbma IHCBMA 126. Collected cells (before purging) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |

bmcctdet CCULTDET 127. Cell culture technique

**1** ☐ yes → **Specify site(s):** bmcctcc

**0** ☐ no

| | | | |
|---|---|---|---|
| 128. Circulating blood cells CCULTCC | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmcctbmp CCULTBMP 129. Bone marrow (in the interval between last systemic therapy and collection) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmcctbma CCULTBMA 130. Collected cells (before purging) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |

bmothdet OMETHDET 131. Other technique

☐ yes → 132. Specify: OMETHPSP bmothsp _____

☐ no **Specify site(s):**

| | | | |
|---|---|---|---|
| bmothcc OMETHCC 133. Circulating blood cells | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmothbmp OMETHBMP 134. Bone marrow (in the interval between last systemic therapy and collection) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |
| bmothbma OMETHBMA 135. Collected cells (before purging) | **1** ☐ Yes | **0** ☐ No | **3** ☐ Not done |

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

136. Was the product treated to remove malignant cells (purged)?

1 ☐ yes → PURGED bmpurged
0 ☐ no

**Specify method(s) used:**

137. Monoclonal antibody PRGMAB bmprgmab
☐ yes → 138. Specify monoclonal antibody: PRGMABSP bmpmabsp
☐ no

bmprg4hc PRG4HC 139. 4-hydroperoxycyclophosphamide (4HC) ☐ yes ☐ no

bmprgmaf PRGMAF 140. Mafosfamide ☐ yes ☐ no

bmprgodg PRGODRG 141. Other drug
☐ yes → 142. Specify other drug: PRGODRSP bmpodgsp _____
☐ no

bmprgelu PRGELU 143. Elutriation ☐ yes ☐ no

bmprgimc PRGIMC 144. Immunomagnetic column ☐ yes ☐ no

bmprgtox PRGTOX 145. Toxin
☐ yes → 146. Specify toxin: PRGTOXSP bmptoxsp _____
☐ no

bmprgpos PRGPOSEL 147. CD34 selection (other than preparation of mononuclear fraction)
☐ yes → 148. Specify method: PRGPOSSP bmpposSP _____
☐ no

bmprgoth PRGOTH 149. Other method
☐ yes → 150. Specify: PRGOTHSP bmpothsp _____
☐ no

**Specify if tumor cells were detected in the graft after purging by each method used:**

| | | | | |
|---|---|---|---|---|
| bmhpap HPATHAP | 151. Routine histopathology | ☐ Yes | ☐ No | ☐ Not done |
| bmpcrap PCRAP | 152. Polymerase chain reaction (PCR) | ☐ Yes | ☐ No | ☐ Not done |
| bmmolap MTECHAP | 153. Other molecular technique | ☐ Yes | ☐ No | ☐ Not done |
| bmihcap IHCAP | 154. Immunohistochemistry | ☐ Yes | ☐ No | ☐ Not done |
| bmcctap CCULTAP | 155. Cell culture technique | ☐ Yes | ☐ No | ☐ Not done |

bmothap OMETHAP 156. Other
1 ☐ Yes → 157. Specify: OMETHASP bmotapsp _____
0 ☐ No
3 ☐ Not done

End Table AUTO-GFT

## Start Table ANALYSIS Product Analysis (All Products)

Questions: 158-195

158. Specify the timepoint in the product preparation phase that the product was analyzed TIMEPREP
1 ☐ Product arrival 2 ☐ Pre-cryopreservation 3 ☐ Post-thaw 5 ☐ At infusion CD_TIMEPREP

**4=Post-manipulation**
**88=Unknown**
**99=Not answered**

159. Date of product analysis: __ __ __ __ / __ __ / __ __ ANALYSDT bmaalydt bmtalydt bmialydt bmpalydt bmmalydt
YYYY MM DD

160. Total volume of product plus additives: ___ ___ ___ ___ • ___ ANAVOLUM bmavolum bmpvolum bmtvolum bmmvolum bmivolum

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**In this section, report the total number of cells (not cells per kilogram) not corrected for viability**

161. Total nucleated cells (TNC) (Includes nucleated red and nucleated white cells)
☐ Done → bmanucnt bmpnucnt
☐ Not done NUCELNOT bmtnucnt bmmnucnt bminucnt

162. Total nucleated cells: NUCELTOT ___ ___ ___ ___ . ___ ___ x 10 ___ ___ NUCELEXP bmanucle bmpnucle bmtnucle bmmnucle bminucle
bmanuclt bmpnuclt bmtnuclt bmmnuclt bminuclt

163. Nucleated white blood cells
☐ Done → bmanwbcn bmpnwbcn
☐ Not done NCWBCNOT bmtnwbcn bminwbcn

164. Total number of nucleated white blood cells: NCWBCTOT ___ ___ ___ ___ • ___ ___ x 10 NCWBCEXP bmanwbce bmpnwbce bmtnwbce bminwbce
bmtnwbct bmanwbct bmpnwbct bminwbct

165. Mononuclear cells
☐ Done → bmamocnt bmpmocnt
☐ Not done MOCELNOT bmtmocnt bmmmocnt bmimocnt

166. Total number of mononuclear cells: MOCELTOT ___ ___ ___ ___ ___ ___ x 10 ___ ___ MOCELEXP bmamocle bmpmocle bmtmocle bmmmocle bmimocle
bmamocl bmpmoclt bmtmoclt bmmmoclt bmimoclt

167. Nucleated red blood cells
☐ Done → bmanrbnt bmpnrbnt
☐ Not done NCRBCNOT bmtnrbnt bmmnrbnt bminrbnt

168. Total number of nucleated red blood cells: NCRBCTOT ___ ___ ___ ___ ___ ___ x 10 ___ ___ NCRBCEXP bmanrbce bmpnrbce bmtnrbce bminrbce bmmnrbce
bmanrbct bmpnrbct bmtnrbct bmmnrbct bminrbct

169. CD34+ cells
☐ Done → bmacd34n bmpcd34n
☐ Not done CD34NOT bmtcd34n bmmcd34n bmicd34n

170. Total number of CD34+ cells: CD34TOT ___ ___ ___ ___ • ___ ___ x 10 ___ ___ CD34EXP bmacd34e bmpcd34e bmtcd34e bmmcd34e bmicd34e
bmacd34t bmpcd34t bmtcd34t bmmcd34t bmicd34t

171. CD3+ cells
☐ Done → bmacd3nt bmpcd3nt
☐ Not done CD3NOT bmtcd3nt bmmcd3nt bmicd3nt

172. Total number of CD3+ cells: CD3TOT ___ ___ ___ ___ • ___ ___ x 10 ___ ___ CD3EXP bmacd3e bmpcd3e bmtcd3e bmmcd3e bmicd3e
bmacd3t bmpcd3t bmtcd3t bmmcd3t bmicd3t

173. CD3+CD4+ cells
☐ Done → bmac3c4n bmpc3c4n
☐ Not done CD3CD4NT bmtc3c4n bmic3c4n

174. Total number of CD3+CD4+ cells: CD3CD4TO ___ ___ ___ ___ x 10 CD3CD4EX bmac3c4e bmpc3c4e bmtc3c4e bmic3c4e
bmac3c4t bmpc3c4t bmtc3c4t bmic3c4t

175. CD3+CD8+ cells
☐ Done → bmac3c8n bmpc3c8n
☐ Not done CD3CD8NT bmtc3c8n bmic3c8n

176. Total number of CD3+CD8+ cells: CD3CD8TO ___ ___ ___ ___ x 10 CD3CD8EX bmac3c8e bmpc3c8e bmtc3c8e bmic3c8e
bmac3c8t bmpc3c8t bmtc3c8t bmic3c8t

177. Viability of cells
☐ Done →
☐ Not done VIABINOT bmavbcnt bmpvbcnt bmtvbcnt bmmvbcnt bmivbcnt

178. Viability of cells: VIABICEL bmavbclt bmpvbclt bmtvbclt bmmvbclt bmivbclt

179. Method of testing cell viability VIABIMET CD_VIABIMET bmavbmet bmpvbmet bmtvbmet bmmvbmet bmivbmet
1 ☐ 7-AAD
2 ☐ Propidium iodide
3 ☐ Trypan blue
4 ☐ Other method → 180. Specify other method: VIABOMSP bmavbosp bmpvbosp bmtvbosp bmmvbosp bmivbosp

181. Were the colony-forming units (CFU) assessed after thawing? **(Cord blood units only)**
1 ☐ yes → CBCFUAT
0 ☐ no

182. Was there growth? ☐ yes ☐ no CBCFUGRW

183. Total CFU-GM CBCFUGNT
☐ Done → 184. Total CFU-GM: CBCFUGM ___ x 10 CBCFUGEX
☐ Not done

185. Total BFU-E CBBFUENT
☐ Done → 186. Total BFU-E: CBBFUE__ • ___ x 10 CBBFUEXP
☐ Not done

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

187. Were cultures performed before infusion to test the product(s) for bacterial or fungal infection? **(complete for all cell products)**

**1** ☐ yes → GRAFTCUL
**0** ☐ no

bmacultu bmpcultu bmtcultu bmmcultu bmicultu

**3=Not done** **2=Indeterminate/equivocal (095LYM)** CD_POSNEG

188. Specify results ☐ Positive **1** ☐ Negative **0** ☐ Unknown **8** CULRESLT

bmaclrsl bmpclrsl bmtclrsl bmmclrsl bmiclrsl

**Specify organism(s):** CD_ORGNSM

189. ☐ 121 Acinetobacter **121** CULORG1

bmacorg1 bmtcorg1 bmpcorg1 bmmcorg1 bmicorg1

**122** ☐ 122 Actinomyces
**123** ☐ 123 Bacillus
**124** ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
**125** ☐ 125 Bordetella pertussis (whooping cough)
**126** ☐ 126 Borrelia (lyme disease)
**127** ☐ 127 Branhamella or Moraxella catarrhalis(other species)
**128** ☐ 128 Campylobacter (all species)
**129** ☐ 129 Capnocytophaga
**171** ☐ 171 Chlamydia pneumoniae
**172** ☐ 172 Other chlamydia, specify
**113** ☐ 113 Chlamydia, NOS
**130** ☐ 130 Citrobacter (freundii, other species)
**131** ☐ 131 Clostridium (all species except difficile)
**132** ☐ 132 Clostridium difficile
**173** ☐ 173 Corynebacterium jeikeium
**133** ☐ 133 Corynebacterium (all non-diptheria species)
**101** ☐ 101 Coxiella
**134** ☐ 134 Enterobacter
**177** ☐ 177 Enterococcus, vancomycin resistant(VRE)
**135** ☐ 135 Enterococcus(all species)
**136** ☐ 136 Escherichia (also E.coli)
**137** ☐ 137 Flavimonas oryzihabitans
**138** ☐ 138 Flavobacterium
**139** ☐ 139 Fusobacterium
**144** ☐ 144 Haemophilus(all species, including influenzae)
**145** ☐ 145 Helicobacter pylori
**146** ☐ 146 Klebsiella
**147** ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
**102** ☐ 102 Legionella
**103** ☐ 103 Leptospira
**148** ☐ 148 Leptorichia buccalis
**149** ☐ 149 Leuconostoc(all species)
**104** ☐ 104 Listeria
**150** ☐ 150 Methylobacterium
**151** ☐ 151 Micrococcus, NOS
**112** ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
**174** ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
**110** ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
**175** ☐ 175 Other mycobacterium, specify

- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- 198 ☐ 198 Other bacteria, specify
- 501 ☐ 501 Suspected atypical bacterial infection
- 502 ☐ 502 Suspected bacterial infection
- 200 ☐ 200 Candida, NOS
- 201 ☐ 201 Candida albicans
- 206 ☐ 206 Candida guillermondi
- 202 ☐ 202 Candida krusei
- 207 ☐ 207 Candida lusitaniae
- 203 ☐ 203 Candida parapsilosis
- 204 ☐ 204 Candida tropicalis
- 205 ☐ 205 Candida (Torulopsis) glabrata
- 209 ☐ 209 Other Candida, specify
- 210 ☐ 210 Aspergillus, NOS
- 211 ☐ 211 Aspergillus flavus
- 212 ☐ 212 Aspergillus fumigatus
- 213 ☐ 213 Aspergillus niger
- 219 ☐ 219 Other Aspergillus, specify
- 220 ☐ 220 Cryptococcus species
- 230 ☐ 230 Fusarium species
- 261 ☐ 261 Histoplasmosis

240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

190. ☐ 121 Acinetobacter **121** CULORG2 bmacorg2 bmtcorg2
122 ☐ 122 Actinomyces CD_ORGNSM bmpcorg2 bmmcorg2
123 ☐ 123 Bacillus bmicorg2
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)
145 ☐ 145 Helicobacter pylori
146 ☐ 146 Klebsiella
147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
102 ☐ 102 Legionella
103 ☐ 103 Leptospira
148 ☐ 148 Leptorichia buccalis
149 ☐ 149 Leuconostoc(all species)
104 ☐ 104 Listeria
150 ☐ 150 Methylobacterium
151 ☐ 151 Micrococcus, NOS

- **112** ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
- **174** ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- **110** ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- **175** ☐ 175 Other mycobacterium, specify
- **176** ☐ 176 Mycobacterium, NOS
- **105** ☐ 105 Mycoplasma
- **152** ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- **106** ☐ 106 Nocardia
- **153** ☐ 153 Pasteurella multocida
- **154** ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- **155** ☐ 155 Proteus
- **156** ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- **157** ☐ 157 Pseudomonas or Burkholderia cepacia
- **158** ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- **159** ☐ 159 Rhodococcus
- **107** ☐ 107 Rickettsia
- **160** ☐ 160 Salmonella (all species)
- **161** ☐ 161 Serratia marcescens
- **162** ☐ 162 Shigella
- **163** ☐ 163 Staphylococcus, coagulase negative(not aureus)
- **164** ☐ 164 Staphylococcus aureus
- **165** ☐ 165 Staphylococcus, NOS
- **166** ☐ 166 Stomatococcus mucilaginosis
- **167** ☐ 167 Streptococcus (all species except Enterococcus)
- **178** ☐ 178 Streptococcus pneumoniae
- **168** ☐ 168 Treponema ( syphilis )
- **169** ☐ 169 Vibrio (all species)
- **197** ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- **198** ☐ 198 Other bacteria, specify
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- **202** ☐ 202 Candida krusei
- **207** ☐ 207 Candida lusitaniae
- **203** ☐ 203 Candida parapsilosis
- **204** ☐ 204 Candida tropicalis
- **205** ☐ 205 Candida (Torulopsis) glabrata
- **209** ☐ 209 Other Candida, specify
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- **212** ☐ 212 Aspergillus fumigatus

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219 ☐ 219 Other Aspergillus, specify
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242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
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191. ☐ 121 Acinetobacter 121 CULORG3 bmacorg3 bmtcorg3 bmpcorg3 bmmcorg3 bmicorg3
122 ☐ 122 Actinomyces CD_ORGNSM
123 ☐ 123 Bacillus
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
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202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis

205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
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230 ☐ 230 Fusarium species
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242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
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192. ☐ 121 Acinetobacter
121 CULORG4 bmacorg4 bmtcorg4 bmpcorg4 bmmcorg4 bmicorg4
122 ☐ 122 Actinomyces CD_ORGNSM
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202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

193. ☐ 121 Acinetobacter
122 ☐ 122 Actinomyces
123 ☐ 123 Bacillus
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173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)

121 CULORG5 CD_ORGNSM bmacorg5 bmtcorg5 bmpcorg5 bmmcorg5 bmicorg5

- 136 ☐ 136 Escherichia (also E.coli)
- 137 ☐ 137 Flavimonas oryzihabitans
- 138 ☐ 138 Flavobacterium
- 139 ☐ 139 Fusobacterium
- 144 ☐ 144 Haemophilus(all species, including influenzae)
- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
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- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc(all species)
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- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes

198 ☐ 198 Other bacteria, specify
501 ☐ 501 Suspected atypical bacterial infection
502 ☐ 502 Suspected bacterial infection
200 ☐ 200 Candida, NOS
201 ☐ 201 Candida albicans
206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

194. ☐ 121 Acinetobacter
121 ☐ 122 Actinomyces
123 ☐ 123 Bacillus
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium

CULORG6
CD_ORGNSM
bmacorg6 bmtcorg6 bmpcorg6 bmicorg6 bmmcorg6

- 133 ☐ 133 Corynebacterium (all non-diptheria species)
- 101 ☐ 101 Coxiella
- 134 ☐ 134 Enterobacter
- 177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
- 135 ☐ 135 Enterococcus (all species)
- 136 ☐ 136 Escherichia (also E.coli)
- 137 ☐ 137 Flavimonas oryzihabitans
- 138 ☐ 138 Flavobacterium
- 139 ☐ 139 Fusobacterium
- 144 ☐ 144 Haemophilus(all species, including influenzae)
- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc (all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare (MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis

**167** ☐ 167 Streptococcus (all species except Enterococcus)
**178** ☐ 178 Streptococcus pneumoniae
**168** ☐ 168 Treponema (syphilis)
**169** ☐ 169 Vibrio (all species)
**197** ☐ 197 Multiple bacteria at a single site, specify bacterial codes
**198** ☐ 198 Other bacteria, specify ***- Go to question 195***
**501** ☐ 501 Suspected atypical bacterial infection
**502** ☐ 502 Suspected bacterial infection
**200** ☐ 200 Candida, NOS
**201** ☐ 201 Candida albicans
**206** ☐ 206 Candida guillermondi
**202** ☐ 202 Candida krusei
**207** ☐ 207 Candida lusitaniae
**203** ☐ 203 Candida parapsilosis
**204** ☐ 204 Candida tropicalis
**205** ☐ 205 Candida (Torulopsis) glabrata
**209** ☐ 209 Other Candida, specify ***- Go to question 195***
**210** ☐ 210 Aspergillus, NOS
**211** ☐ 211 Aspergillus flavus
**212** ☐ 212 Aspergillus fumigatus
**213** ☐ 213 Aspergillus niger
**219** ☐ 219 Other Aspergillus, specify ***- Go to question 195***
**220** ☐ 220 Cryptococcus species
**230** ☐ 230 Fusarium species
**261** ☐ 261 Histoplasmosis
**240** ☐ 240 Zygomycetes, NOS
**241** ☐ 241 Mucormycosis
**242** ☐ 242 Rhizopus
**250** ☐ 250 Yeast, NOS
**259** ☐ 259 Other fungus, specify ***- Go to question 195***
**260** ☐ 260 Pneumocystis (PCP/PJP)
**503** ☐ 503 Suspected fungal infection

bmacosp1 bmtcosp1 bmpcosp1

195. Specify organism: CUORGSP1 bmmcosp1 bmicosp1

**Copy questions 158 - 195 if needed for Product Analysis**

End Table ANALYSIS

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Start Table PRODUCT** | **Product Infusion** | Questions: 196-249

196. Date of this product infusion: PRDINFDT bmpinfdt ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

197. Was more than one product infused? **(e.g., marrow and PBSC, PBSC and cord blood, two different cords, etc.)**

1 ☐ yes → MOREPROD bmmoprod
0 ☐ no

198. Was the product infusion described on this insert intended to produce hematopoietic engraftment? ☐ yes ☐ no INFENGFT bmifengf

199. Date infusion started: INFSTRDT bmistrdt ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

200. Time product infusion initiated (24-hour clock): INFINITM bmifistm bmifintm IFISTDTM CD_STDTIME ___ ___ : ___ ___ (HH : MM) ☐ standard time (1) ☐ daylight savings time (2) **8=Unknown 9=Not answered**

201. Date infusion stopped: INFSTPDT bmistpdt ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

202. Time product infusion completed (24-hour clock): INFCMPTM bmifcstm bmifcmtm IFCSTDTM CD_STDTIME ___ ___ : ___ ___ (HH : MM) ☐ standard time (1) ☐ daylight savings time (2) **8=Unknown 9=Not answered**

203. Total volume of product plus additives intended for infusion: INFTOVOL bmiftvol ___ ___ ___ • ___ mL

204. Was the entire volume of product infused?

1 ☐ yes
0 ☐ no → ENTIRVOL bmentvol

205. Specify what happened to the reserved portion RESVPORT bmrsvpor

1 ☐ discarded
2 ☐ cryopreserved for future use
3 ☐ other fate → 206. Specify other fate: OTFATESP bmofatsp ___

CD_RESVPORT **8=Unknown 9=Not answered**

207. Specify the route of product infusion INFROUTE bmifrout

1 ☐ intravenous
2 ☐ intramedullary
3 ☐ intraperitoneal
4 ☐ other route of infusion →

CD_INFROUTE **11=Intra arterial 12=Intra arterial 13=Intra arterial 14=Intraorgan 15=Locally in the tissue 88=Unknown 99=Not answered**

208. Specify other route of infusion: INFORTSP bmiforsp _____

**The following questions refer to all stem cell products except for autologous marrow and autologous PBSC products. If this HCT used an autologous marrow or autologous PBSC product, continue with the signature lines.**

209. Were there any adverse events or incidents associated with the stem cell infusion?

1 ☐ yes → INFUSAE bminfsae
0 ☐ no

**End Table PRODUCT**

**Start Table INFUSAE**

**Specify the following adverse event(s):**

210. Brachycardia BRACHYAE bmbracae
☐ yes → 211. In the Medical Director's judgment, was the adverse event a direct result of the infusion? BRCRSTAE bmbrcrae ☐ yes ☐ no
☐ no

CHESTAE bmchstae
212. Chest tightness/pain
☐ yes → 213. In the Medical Director's judgment, was the adverse event a direct result of the infusion? CHSRSTAE bmchsrae ☐ yes ☐ no
☐ no

CHILLAE bmchilae
214. Chills at time of infusion
☐ yes → 215. In the Medical Director's judgment, was the adverse event a direct result of the infusion? CHLRSTAE bmchlrae ☐ yes ☐ no
☐ no

FEVLEAE bmfvleae
216. Fever ≤ 103° F within 24 hours of infusion
1 ☐ yes → 217. In the Medical Director's judgment, was the adverse event a direct result of the infusion? FELRSTAE bmfelrae ☐ yes ☐ no
0 ☐ no

FEVGTAE bmfvgtae
218. Fever > 103° F within 24 hours of infusion
1 ☐ yes → 219. In the Medical Director's judgment, was the adverse event a direct result of the infusion? FEGRSTAE bmfegrae ☐ yes ☐ no
0 ☐ no

GROHBAE bmgrhbae
220. Gross hemoglobinuria
1 ☐ yes → 221. In the Medical Director's judgment, was the adverse event a direct result of the infusion? GRHRSTAE bmgrhrae ☐ yes ☐ no
0 ☐ no

HEADAE bmheadae
222. Headache
☐ yes → 223. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HEDRSTAE bmhedrae ☐ yes ☐ no
☐ no

HIVESAE bmhiveae
224. Hives
☐ yes → 225. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HIVRSTAE bmhivrae ☐ yes ☐ no
☐ no

HYPERTAE bmhypeae
226. Hypertension
☐ yes → 227. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HPRRSTAE bmhprrae ☐ yes ☐ no
☐ no

HYPOTAE bmhypoae
228. Hypotension
☐ yes → 229. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HPORSTAE bmhporae ☐ yes ☐ no
☐ no

HYPOXAE bmhypxae
230. Hypoxia requiring oxygen ($O_2$) support
☐ yes → 231. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HPXRSTAE bmhpxrae ☐ yes ☐ no
☐ no

NAUSEAE bmnausae
232. Nausea
☐ yes → 233. In the Medical Director's judgment, was the adverse event a direct result of the infusion? NUSRSTAE bmnusrae ☐ yes ☐ no
☐ no

RIGMILAE bmrmilae
234. Rigors, mild
☐ yes → 235. In the Medical Director's judgment, was the adverse event a direct result of the infusion? RGMRSTAE bmrgmrae ☐ yes ☐ no
☐ no

RIGSEVAE bmrsevae
236. Rigors, severe
☐ yes → 237. In the Medical Director's judgment, was the adverse event a direct result of the infusion? RGSRSTAE bmrgsrae ☐ yes ☐ no
☐ no

SOBAE bmsobae
238. Shortness of breath (SOB)
☐ yes → 239. In the Medical Director's judgment, was the adverse event a direct result of the infusion? SOBRSTAE bmsobrae ☐ yes ☐ no
☐ no

TACHYAE bmtachae
240. Tachycardia
1 ☐ yes → 241. In the Medical Director's judgment, was the adverse event a direct result of the infusion? TCHRSTAE bmtchrae ☐ yes ☐ no
0 ☐ no

VOMITAE bmvomtae
242. Vomiting
☐ yes → 243. In the Medical Director's judgment, was the adverse event a direct result of the infusion? VOMRSTAE bmvomrae ☐ yes ☐ no
☐ no

OEXPAE bmoexpae
244. Other expected AE
☐ yes → 245. Specify other expected AE: OEXPAESP bmoeaesp
☐ no 246. In the Medical Director's judgment, was the adverse event a direct result of the infusion? OEXRSTAE bmoexrae ☐ yes ☐ no

OUNEXPAE bmouexae
247. Other unexpected AE
1 ☐ yes → 248. Specify other unexpected AE: OUNEXPSP bmouexsp
0 ☐ no 249. In the Medical Director's judgment, was the adverse event a direct result of the infusion? OUNRSTAE bmounrae ☐ yes ☐ no

End Table INFUSAE

Start Table DONOR **Donor/Infant Demographic Information** | Questions: 250-285

**The Donor Demographic Information section (questions 250-270) is to be completed for all non-NMDP allogeneneic donors. If the stem cell product was from an NMDP donor or an autologous donor, continue with the signature lines.**

250. Was the donor ever pregnant? DNRPREG dnrpreg dnrpreg2
1 ☐ Yes →
0 ☐ No
8 ☐ Unknown
7 ☐ Not applicable (male donor or cord blood unit)

251. Number of pregnancies DNPRGKNW dnprgknw dnprgknw2
1 ☐ Known → 252. Specify number of pregnancies: DNRNPREG dnrnpreg dnrnpreg2
0 ☐ Unknown

9=Not answered or inconsistent

253. Specify blood type ☐ A (1) ☐ B (2) ☐ AB (3) ☐ O (4) DABOTYPE dabotype dabotype2 CD_ABOTYPE 8=Unknown

254. Specify Rh factor ☐ Positive (1) ☐ Negative (0) DABORH CD_POSNEG daborh daborh2
2=Suggestive 3=Not done 4=Inconclusive(VOD)/Indetermine(095LYM) 7=Not report 8=Unknown 9=Not Answ/Inconsist

255. Did this donor have a central line placed? CLPLACED clplaced clplaced2
1 ☐ Yes →
0 ☐ No
7 ☐ Not applicable (cord blood unit or marrow product)

256. Specify the site of the central line placement CLSITE clsite clsite2
1 ☐ femoral CD_CLSITE
2 ☐ subclavian 8=Uknown
3 ☐ internal jugular 9=Not answered clsteosp clsteosp2
4 ☐ Other site → 257. Specify other site: CLSTEOSP _____

258. Ethnicity (donor) DNRETHNI CD_ETHNICIT dnrethni dnrethni2
☐ Hispanic or Latino (1) ☐ Not Hispanic or Latino (2) ☐ Not applicable (not a resident of the USA) (3) ☐ Unknown (8)

CIBMTR Center Number: CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Start Table DNRRACE(CRID,TXNUM,RPTNUM,DNRNUM)

259. Race (donor) DNRRACE dnrrace dnrrace2 dnrracsp dnrracsp2 dnrrace2 dnrrace22 dnracsp2 dnracsp22

- 10 ☐ White — CD_RACE →
- 20 ☐ Black or African American →
- 30 ☐ Asian →
- 59 ☐ American Indian or Alaska Native →
- 69 ☐ Native Hawaiian or Other Pacific Islander →
- 99 ☐ Not reported
- 88 ☐ Unknown

11=European, NOS
12=Middle East or North Coast Africa
14=White North American
33=Hawaiian-Polynesian
40=Hispanic, Unspecified
41=Caribbean Hispanic
42=Mexican-SW U.S. Hispanic
43=South/Central American Hispanic
50=Native American, Unspecified
52=American Indian, NOS
58=NMDP Oth Asian-Pacific Islander (MNDP leg.)
60=Native Pacific Islander, NOS
77=Patient declines to provide race
98=NMDP Mult Hawaiian-Other Pacific Islander (NMDP dnr)

260. Race detail (donor) DSUBRACE dsubrace dsubrace2 dsubrace21 dsubrace22 CD_RACE

- 16 ☐ Eastern European
- 13 ☐ Mediterranean
- 83 ☐ Middle Eastern
- 82 ☐ North Coast of Africa
- 25 ☐ North American
- 17 ☐ Northern European
- 18 ☐ Western European
- 81 ☐ White Caribbean
- 15 ☐ White South or Central American
- 10 ☐ Other White
- 22 ☐ African (both parents born in Africa)
- 21 ☐ African American
- 23 ☐ Black Caribbean
- 24 ☐ Black South or Central American
- 51 ☐ Alaskan Native or Aleut
- 53 ☐ North American Indian
- 31 ☐ American Indian, South or Central America
- 55 ☐ Caribbean Indian
- 54 ☐ South Asian
- 32 ☐ Filipino (Pilipino)
- 34 ☐ Japanese
- 35 ☐ Korean
- 36 ☐ Chinese
- 38 ☐ Vietnamese
- 37 ☐ Other Southeast Asian
- 61 ☐ Guamanian
- 62 ☐ Hawaiian
- 63 ☐ Samoan
- 69 ☐ Other Pacific Islander

90=095 other
91=089 other
92=NMDP Mult Black (NMDP dnr)
93=NMDP Mult Asian-Pacific Islndr (NMDP dnr)
94=NMDP Mult Race (dnr)
95=NMDP Mult Hispanic (NMDP dnr)
96=NMDP Mult Caucasian (NMDP dnr)
89=NMDP Recip declines to provide race (NMDP leg.)
97=NMDP Mult American Indian-Alaskan Native (NMDP dnr)

Copy questions 259 - 260 if needed for Race

End Table DNRRACE

261. What is the biological relationship of the donor to the patient? DNRRELAT dnrrelat dnrrelat2

- 1 ☐ Sibling CD_DNRRELAT
- 11 ☐ Half-sibling
- 2 ☐ Syngeneic (identical) twin
- 12 ☐ Fraternal twin
- 4 ☐ Recipient's child
- 5 ☐ Other biological relative →
- 6 ☐ Unrelated

3=Recipient parent
7=Fetal tissue
88=Unknown
99=Not applicable

262. Specify the biological relationship of the donor to the recipient

- 6 ☐ Mother RELATIVE relative relative2
- 7 ☐ Father CD_RELATIVE
- 22 ☐ Maternal aunt
- 23 ☐ Maternal uncle
- 24 ☐ Maternal cousin
- 12 ☐ Paternal aunt
- 13 ☐ Paternal uncle
- 14 ☐ Paternal cousin
- 5 ☐ Other biological relative → 263. Specify: RELAOTSP relaotsp relaotsp2

1=Parent
2=Aunt
3=Uncle
4=Cousin
8=Sibling
9=Syngeneic twin
10=Fraternal twin
11=Child
88=Unknown
99=Not ans.

264. Was the donor/product tested for potentially transplantable genetic diseases? DNRGENDZ dnrgendz dnrgendz2

- ☐ yes →
- ☐ no
- ☐ Unknown

Specify disease(s) tested:

265. Sickle cell anemia DNRSCA dnrsca dnrsca2
- ☐ yes → 266. Specify results DSCARSLT dscarslt dscarslt2
- ☐ no

1 ☐ Positive 2 ☐ Carrier of the trait 0 ☐ Negative

267. Thalassemia DNRTHAL dnrthal dnrthal2
- ☐ yes → 268. Specify results DTHARSLT dtharslt dtharslt2
- ☐ no

☐ Positive 1 ☐ Carrier of the trait 2 ☐ Negative 0

CD_DSCARSLT 8=Unknown 9=Not answered or inconsistent

8=Unknown
9=Not answered or inconsistent

CIBMTR Center Number: ___ ___ ___ ___ ___ CD_DSCARSLT CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

DNROTHDZ dnrothdz dnrothdz2

269. Other disease
☐ yes → 270. Specify other disease: dothdzsp dothdzsp2 DOTHDZSP
☐ no
271. Specify results DOTHRSLT dothrslt dothrslt2
1 ☐ Positive 2 ☐ Carrier of the trait 0 ☐ Negative
CD_DSCARSLT 8=Unknown
9=Not answered or inconsistent

**The following questions (272–285) apply only to allogeneic related donors. If the stem cell product was from an autologous donor, Non-NMDP unrelated donor, NMDP donor, or was a cord blood unit, then continue with the signature lines.**

272. Was the donor hospitalized (inpatient) during or after the collection? ☐ yes ☐ no DHRHOSP dnrhosp dnrhosp2

273. Did the donor experience any life-threatening complications during or after the collection? DNRCOMP dnrcomp dnrcomp2
☐ yes → 274. Specify: DNRCMPSP dnrcmpsp dnrcmpsp2 _____
☐ no

275. Did the donor receive blood transfusions as a result of the collection? DNRTFPST dnrtfpst dnrtfpst2
☐ yes →
☐ no

DNRTFAU dnrtfau dnrtfau2
276. Was the blood transfusion product autologous?
☐ yes → 277. Specify number of units: DNRTFAUN dnrtfaun dnrtfaun2
☐ no

DNRTFAL dnrtfal dnrtfal2
278. Was the blood transfusion product allogeneic (homologous)?
1 ☐ yes → 279. Specify number of units: DNRTFALN dnrtfaln dnrtfaln2
2 ☐ no

280. Did the donor die as a result of the collection?
1 ☐ yes → 281. Specify cause of death: DNRDTHSP dnrdthsp dnrdthsp2 ____
2 ☐ no
DNRDTH dnrdth dnrdth2

282. Did the recipient submit a research sample to the NMDP/CIBMTR repository? **(Related donors only)**
☐ yes → 283. Research sample recipient ID: RCPSMPID rcpsmpid rcpsmpid2
☐ no
RCPSAMPL rcpsampl rcpsampl2

284. Did the donor submit a research sample to the NMDP/CIBMTR repository? **(Related donors only)**
1 ☐ yes → 285. Research sample donor ID: DNRSMPID dnrsmpid dnrsmpid2
2 ☐ no
DNRSAMPL dnrsampl dnrsampl2

End Table DONOR

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

All underlined variables are new.

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

# 2006: Hematopoietic Cellular Transplant (HCT) Infusion

DB Variables Each Tx for CB (cbprod=1, cbunum)

Start Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

**Key Fields**

OMB No: 0915-0310
Expiration Date: 7/31/2016
**Public Burden Statement:** 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 project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 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 10-29, Rockville, Maryland, 20857.

CIBMTR Center Number: CCN_able RECIPIEN

Start Table HSCT
CIBMTR Recipient ID: _ CRID _ ___ ___ ___ ___ ___ ___ ___

Date of HCT for which this form is being completed: TXDATE / __ __ / __ __
YYYY MM DD

TXTYPE AUTOTX UNRELATX RELATX
HCT type (check only one) ☐ Autologous ☐ Allogeneic, unrelated ☐ Allogeneic, related

Product type (check only one) ☐ Bone marrow BM
☐ PBSC PB
☐ Single cord blood unit CB cbprod
☐ Other product. Specify: OPRODUCT —— OPRODTSP _____

End Table HSCT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Start Table DONOR** **Donor/Cord Blood Unit Identification** | Questions: 1-15

1. Specify donor DONORSRC CD_DONORSRC donorsrc donorsrc2

**1** ☐ Autologous - ***Go to question 16***
**11** ☐ Autologous cord blood unit - ***Go to question 5***
**2** ☐ NMDP unrelated cord blood unit - ***Go to question 2***
**3** ☐ NMDP unrelated donor - ***Go to question 3***
**4** ☐ Related donor - ***Go to question 10***
**12** ☐ Related cord blood unit - ***Go to question 5***
**5** ☐ Non-NMDP unrelated donor - ***Go to question 4***
**6** ☐ Non-NMDP unrelated cord blood unit - ***Go to question 5***

**13=non-NMDP unrelated cord blood unit**
**77=Other**
**88=Unknown**
**99=Not Applicable**

2. NMDP cord blood unit ID: _ donorid _ donorid2 ***- Go to question 15***

3. NMDP donor ID: _____ ***- Go to question 15***

4. Non-NMDP unrelated donor ID: _____ (not applicable for related donor) ***- Go to question 8***

5. Non-NMDP cord blood unit ID: _____ (include related and autologous CBUs)

6. Is the CBU ID also the ISBT DIN number?

**1** ☐ yes
**0** ☐ no →

7. Specify the ISBT DIN number: _____ isbtdin isbtdin2

8. Registry or UCB Bank ID

☐ (A) Austrian Bone Marrow Donors
☐ (ACB) Austrian Cord Blood Registry
☐ (ACCB) StemCyte, Inc.
☐ (AE) Emirates Bone Marrow Donor Registry
☐ (AM) Armenian Bone Marrow Donor Registry Charitable Trust
☐ (AOCB) University of Colorado Cord Blood Bank
☐ (AR) Argentine CPH Donors Registry
☐ (ARCB) BANCEL - Argentina Cord Blood Bank
☐ (AUCB) Australian Cord Blood Registry
☐ (AUS) Australian/New Zealand Bone Marrow Donor Registry
☐ (B) Marrow Donor Program Belgium
☐ (BCB) Belgium Cord Blood Registry
☐ (BG) Bulgarian Bone Marrow Donor Registry
☐ (BR) INCA/REDOMO
☐ (BSCB) British Bone Marrow Registry - Cord Blood
☐ (CB) Cord Blood Registry
☐ (CH) Swiss BloodStem Cells - Adult Donors
☐ (CHCB) Swiss Blood Stem Cells - Cord Blood
☐ (CKCB) Celgene Cord Blood Bank
☐ (CN) China Marrow Donor Program (CMDP)
☐ (CNCB) Shan Dong Cord Blood Bank
☐ (CND) Canadian Blood Services Bone Marrow Donor Registry
☐ (CS2) Czech National Marrow Donor Registry

- ☐ (CSCR) Czech Stem Cells Registry
- ☐ (CY) Cyprus Paraskevaidio Bone Marrow Donor Registry
- ☐ (CY2) The Cyprus Bone Marrow Donor Registry
- ☐ (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors
- ☐ (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood
- ☐ (DK) The Danish Bone Marrow Donor Registry
- ☐ (DK2) Bone Marrow Donors Copenhagen (BMDC)
- ☐ (DUCB) German Branch of the European Cord Blood Bank
- ☐ (E) REDMO
- ☐ (ECB) Spanish Cord Blood Registry
- ☐ (F) France Greffe de Moelle - Adult Donors
- ☐ (FCB) France Greffe de Moelle - Cord Blood
- ☐ (FI) Finnish Bone Marrow Donor Registry
- ☐ (FICB) Finnish Cord Blood Registry
- ☐ (GB) The Anthony Nolan Trust
- ☐ (GB3) Welsh Bone Marrow Donor Registry
- ☐ (GB4) British Bone Marrow Registry
- ☐ (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece
- ☐ (GRCB) Michigan Community Blood Centers Cord Blood Bank
- ☐ (H) Hungarian Bone Marrow Donor Registry
- ☐ (HEM) Hema-Quebec
- ☐ (HK) Hong Kong Bone Marrow Donor Registry
- ☐ (HR) Croatian Bone Marrow Donor Registry
- ☐ (I) Italian Bone Marrow Donor Registry
- ☐ (I3CB) Sheba Medical Centre Cord Blood Registry
- ☐ (ICB) Italian Cord Blood Bank Network
- ☐ (IL) Hadassah BMDR
- ☐ (IL2) Ezer Mizion Bone Marrow Donor Registry
- ☐ (IL3) Sheba Medical Center Donor Registry
- ☐ (ILCB) Isreal Cord Blood Bank
- ☐ (IN) Asian Indian Donor Marrow Registry
- ☐ (IN2) Dept. of Transfusion Medicine
- ☐ (IRL) The Irish Unrelated Bone Marrow Panel
- ☐ (JP) Japan Marrow Donor Program
- ☐ (KR) Korea Marrow Donor Program
- ☐ (LT) Lithuanian National Bone Marrow Donor Registry
- ☐ (LVCB) Leuven Cord Blood Bank
- ☐ (MACB) Victoria Angel Registry of Hope
- ☐ (MX) Mexican Bone Marrow Donor Registry
- ☐ (N) The Norwegian Bone Marrow Donor Registry
- ☐ (NL) Europdonor Foundation- Adult Donors
- ☐ (NLCB) Europdonor Foundation - Cord Blood
- ☐ (NYCB) National Cord Blood Program, New York Blood Center
- ☐ (P) Portuguese Bone Marrow Donors Registry

- ☐ (PL) National Polish Bone Marrow Registry
- ☐ (PL2) Unrelated Bone Marrow Donor Registry -Adult Donors
- ☐ (PL3) Against Leukemia Foundation Marrow Donor Registry
- ☐ (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry
- ☐ (PL5) Polish Central Bone Marrow Donor Registry - Adult Donors
- ☐ (PMCB) Elie Katz Umbilical Cord Blood Program
- ☐ (R) Russian Bone Marrow Donor Registry
- ☐ (R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells
- ☐ (S) Tobias Registry of Swedish Bone Marrow Donors
- ☐ (SG) Singapore Bone Marrow Donor Programme (BMDP)
- ☐ (SK) Slovak National Bone Marrow Donor Registry
- ☐ (SKCB) Eurocord Slovakia/Slovak Pacental Stem Cell Registry
- ☐ (SLCBB) St Louis Cord Blood Bank
- ☐ (SLO) Slovenia Donor
- ☐ (SM) San Marino Bone Marrow Donor Registry
- ☐ (T1CB) TRAN - Cord Blood
- ☐ "(TACB) StemCyte, Inc. Taiwan"
- ☐ "(TECB) Healthbanks Biotech, Co., Ltd "
- ☐ (TH) Thai Stem Cell Donor Registry (TSCDR)
- ☐ (TOCB) Tokyo Cord Blood Bank
- ☐ (TPCB) BIONET/BabyBanks
- ☐ (TRAN) TRAN - Adult Donors
- ☐ (TRIS) Bone Marrow Bank of Istanbul Medical Faculty
- ☐ (TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors
- ☐ (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood
- ☐ (U1CB) National Marrow Donor Program - Cord Blood
- ☐ (USA1) National Marrow Donor Program - Adult Donors
- ☐ (USA2) America Bone Marrow Donor Registry
- ☐ (UY) SINDOME
- ☐ (VIAC) Viacord
- ☐ (W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood
- ☐ (WACB) Unrelated Bone Marrow Donor Registry - Cord Blood
- ☐ (ZA) South African Bone Marrow Registry
- ☐ (OTH) Other Registry →

9. Specify other Registry or UCB Bank: EGUCBS

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

10. Date of birth (donor/infant) dnrbdtkw dnrbdtkw2

0☐ Known →

11. Date of birth: dnrbdate dnrbdate2
YYYY MM DD

1☐ Unknown →

12. Age (donor/infant) dnragekw dnragekw2

☐ Known → 13. Age (dongor/infant) dnrage dnrage2

☐ Unknown 2☐ Months (use only if less than 1 year old) 1☐ years

dageyrmo dageyrmo2 CD_DAGEYRMO 8=Unknown 9=Not answered or inconsistent

dnrsex dnrsex2

14. Sex (donor/infant) ☐ male 1 ☐ female 2 CD_SEX 3=Male/Female donor(potencial multidonor) 8=Unknown 9=Not answered 98=Missing: converted data

15. Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?

0☐ yes 1☐ no pdnmdpcb pdnmdpcb2

## Pre-Collection Therapy

Questions: 16-27

16. Did the donor receive therapy, prior to any stem cell harvest product collection for this HCT? CD_DAGEYRMO

0☐ yes →
1☐ no

cbdtreat

CD_DNRTREAT
3=NMDP donor
4=Cord blood unit
8=Unknown
9=not answered

17. Growth and mobilizing factor(s) cbdgf

☐ yes → 18. G-CSF cbdgcsf ☐ yes ☐ no

☐ no 19. Pegylated G-CSF DNRPGCSF cbdpgcsf ☐ yes ☐ no

20. GM-CSF cbdgmcsf ☐ yes ☐ no

21. Plerixafor (Mozobil) cbdplrix ☐ no

22. Other growth or mobilizing factor cbdgoth

☐ yes → 23. Specify other growth or mobilizing factor: cbdgotsp

☐ no

cbauchem

24. Systemic therapy (chemotherapy) (autologous only)

☐ yes → 25. Anti-CD20 (rituximab, Rituxan) (autologous only)

☐ no ☐ yes ☐ no cbaucd20

cbothtrt

26. Other therapy

0☐ yes → 27. Specify other therapy: cbotrtsp

1☐ no

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Product Collection | Questions: 28-42 |
|---|---|

If more than one type of HCT product is infused, each product type must be analyzed and reported separately.
A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if appicable), even if the collections are performed on different days.

28. Date of first collection for this mobilization: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) cbharvdt

29. Was more than one collection required for this HCT?

0 ☐ yes → IORECOL
1 ☐ no
cbmocoll

**Complete a separate CIBMTR form 2006 – HCT Infustion for each subsequent collection that was not part of this mobilization.**

30. Specify the number of subsequent days of collection in this episode: OLLDAY cbcolday

31. Were anticoagulants added to the product during collection?

☐ yes → NTICOA cbancoag
☐ no

**Specify anticoagulant(s):**

32. Acid citrate dextrose (ACD) CDCOA cbacdcog ☐ yes ☐ no
33. Citrate phosphate dextrose (CPD) CPDCOAG cbcpdcog ☐ yes ☐ no
34. Heparin EPACOA cbhepcog ☐ yes ☐ no
35. Other anticoagulant THCOA cbothcog
    ☐ yes → 36. Specify other anticoagulant: TCOAGS _____ cbocogsp
    ☐ no

37. Were anticoagulants added to the product before freezing?

☐ yes → NTCOGB cbantcob
☐ no

**Specify anticoagulant(s):**

38. Acid citrate dextrose (ACD) CDCOGB cbacdcob ☐ yes ☐ no
39. Citrate phosphate dextrose (CPD) cbcpdcob PDCOGB ☐ yes ☐ no
40. Heparin cbhepcob EPCOGB ☐ yes ☐ no
41. Other anticoagulant cbothcob THCOGB
    ☐ yes → 42. Specify other anticoagulant: TCOGSPB cbocobsp
    ☐ no

| Product Transport and Receipt | Questions: 43-56 |
|---|---|

43. Was this product collected off-site and shipped to your facility?

0 ☐ yes → OFFSIT
1 ☐ no
cboffsit

44. Date of receipt of product at your facility: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) RECEID cbrecidt

45. Time of receipt of product (24-hour clock): STDTIM cbrstdtm

cbrecitm RECEITM __ __ : __ __ (HH : MM) ☐ standard time 1 ☐ daylight savings time 2 CD_STDTIME
8=Unknown 99=Not Answered

CD_PSHIPENV 46. Specify the shipping environment of the product(s) SHIPEN cbshienv

1 ☐ Frozen gel pack (refrigerator temperature)
2 ☐ Frozen cord blood unit(s)
3 ☐ Room temperature per transplant center request

4=Other temperature
10=Liquid Nitrogen(NMDP legacy)
11=Refrigerated:1-8 degrees Cel(NMDP legacy)
12=Vaporphase Liquid Nitrogen(NMDP legacy)
13=Wet ice 2-6 degrees Celsius(NMDP legacy)

☐ Other shipping environment → 47. Specify other shipping environment: cboenvsp

48. Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment? **(Cord blood units only)** cboutemp
☐ yes ☐ no

49 Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center? **(Cord blood units only)**
☐ yes ☐ no cb2ndcon

cbstored 50. Was the cord blood unit stored at your center prior to thawing? cbstmeth
0 ☐ yes → 51. Specify the storage method used for the cord blood unit
1 ☐ no
☐ Electric freezer 3 ☐ Liquid nitrogen 1 ☐ Vapor phase 2
CD_CBSTMETH

cbtempc 52. Temperature during storage
1 ☐ < -150° C
2 ☐ ≥ -150° C to < -135° C
3 ☐ ≥ -135° C to < -80° C
4 ☐ ≥ -80° C
CD_CBTEMPC
8=Unknown
9=Not answered or inconsistent

53. Date storage started: __ __ __ __ __ __ __ __ cbstordt
YYYY MM DD

**Report the total number of cells (not cells per kilogram) prior to cryopreservation: (Information provided for the unit by the cord blood bank).**

cbbnucpc cbbnucex
54. Total nucleated cells: CBBNUCPC ___ x 10 ___ ___ (Includes nucleated red and nucleated white cells) **(Cord blood units only)**

55. CD34+ cells **(cord blood units only)** cbbc34nt
☐ Done → 56. Total number of CD34+ cells:
☐ Not done
___ ___ ___ ___ ___ x 10 ___ ___
cbbc34pc cbbc34ex

| Product Processing/Manipulation | Questions: 57-108 |
|---|---|

57. Was a fresh product received (e.g. not frozen)? **(NMDP products only)** cbfrespd
1 ☐ Yes → CD_YESNO_NA
0 ☐ No
7 ☐ not applicable, cord blood unit

58. Was the entire fresh product cryopreserved at your facility prior to infusion? **(NMDP products only)** cbfscryo
☐ yes ☐ no

59. Was the product thawed from a cryopreserved state prior to infusion?
0 ☐ yes → cbthawed
1 ☐ no

60. Was the entire product thawed? cbentitw
☐ yes
☐ no → 61. Was only a compartment of the bag thawed? **(Cord blood units only)** ☐ yes ☐ no cbcomptw

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

cbmulbag

62. Were there multiple product bags?
0 ☐ yes → 63. Specify number of bags thawed: NBAGTHAW cbnbagtw
1 ☐ no

64. Date thawing process initiated: __ __ __ __ cbtwindt
YYYY MM DD

cbtwintm

65. Time at initiation of thaw (24-hour clock):
ISTDTIME cbistdtm CD_STDTIME
___ ___ - ___ ___ ☐ standard time ☐ daylight savings time 8=Unknown 9=Not Answered
HH MM 1 2

66. Time product ready for infusion or expansion (24-hour clock):
CSTDTIME cbcstdtm CD_STDTIME
cbtwcmtm THAWCMTM ___ ___ - ___ ___ ☐ standard time ☐ daylight savings time 8=Unknown 9=Not Answered
HH MM 1 2

INTATHAW cbintatw

67. Was the primary container (e.g., cord blood unit bag) intact upon thawing?
0 ☐ yes 1 ☐ no

THAWPROD cbthawpd

68. What method was used to thaw the product?
1 ☐ Waterbath CD_THAWPROD 8=Unknown 9=Not answered or inconsistent
2 ☐ Electric warmer
3 ☐ Other method → 69. Specify other method: cbothwsp OTHAWMSP

AETHAW cbaethaw

70. Did any adverse events, incidents, or product complaints occur while preparing or thawing the product?
☐ yes ☐ no

71. Was the product manipulated prior to infusion?
0 ☐ yes → MANIPGVH cbmanpgv CD_MANIPGVH
1 ☐ no cbmanip

2=Yes DBM(5/95) Q166 under Q162
3=089 no T-dep(Q47-H PGVHINV=0)
7=Double blind study 8=Unknown
9=Not answered
15=NMDP PBSC Product 1 and 2 manip codes differ
10=NMDP ABO incompatibility
77=Not App

End Table PRODUCT

Start Table MANIPGVH

CD_ALLMANIP 8=Unknown 9=Not answered

72. Specify portion manipulated ☐ entire product ☐ portion of product
1 2

**Specify all methods used to manipulate the product:**

| | | | |
|---|---|---|---|
| 73. | Washed WASHED cbwashed | ☐ yes | ☐ no |
| 74. | Diluted DILUTED cbdilut | ☐ yes | ☐ no |
| 75. | Buffy coat enriched (buffy coat preparation) BUFFCOAT cbbuffcp | ☐ yes | ☐ no |
| 76. | B-cell reduced BCELRDUC cbbcelrc | ☐ yes | ☐ no |
| 77. | CD8 reduced CD8RDUC cbcd8rc | ☐ yes | ☐ no |
| 78. | Plasma reduced (removal) PLASMRMV cbplarmv | ☐ yes | ☐ no |
| 79. | RBC reduced RBCRDUC cbrbcrc | ☐ yes | ☐ no |
| 80. | Cultured (ex-vivo expansion) EXVIVEXP cbvivexp | ☐ yes | ☐ no |
| 81. | Genetic manipulation (gene transfer/transduction) GENETMAN cbgenemn | | |
| 82. | PUVA treated PUVATRT cbpuvatr | ☐ yes | ☐ no |
| 83. | CD34 enriched (CD34+ selection) CD34MAN cbcd34mn | ☐ yes | ☐ no |
| 84. | CD133 enriched CD133ENR cbcd133e | ☐ yes | ☐ no |
| 85. | Monocyte enriched MONOCENR cbmonoce | ☐ yes | ☐ no |
| 86. | Mononuclear cells enriched MONONENR cbmonone | ☐ yes | ☐ no |

87. T-cell depletion TDEPMAN cbtdepmn

0 ☐ yes → **Specify method:**

1 ☐ no

88. Antibody affinity column ABCOLUM cbabcolu
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

89. Antibody coated plates ABPLATE cbabplat
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

LECTABPL cbleabpl
90. Antibody coated plates and soybean lectin
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

91. Antibody + toxin ABTOXIN cbabtoxi
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

92. Immunomagnetic beads MBEADS cbmbeads
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

CD34SRBC cbcd34sr
93. CD34 affinity column plus sheep red blood cell rosetting ☐ yes ☐ no

OTHMANIP cbothman
94. Other cell manipulation
☐ yes → 95. Specify other cell manipulation: OTHMANSP cbomansp
☐ no

96. Were antibodies used during product manipulation? ABMANIP cbabman
☐ yes → **Specify antibodies:**
☐ no

97. Anti CD2 ABCD2 cbabcd2 ☐ yes ☐ no
98. Anti CD3 ABCD3 cbabcd3 ☐ yes ☐ no
99. Anti CD4 ABCD4 cbabcd4 ☐ yes ☐ no
100. Anti CD5 ABCD5 cbabcd5 ☐ yes ☐ no
101. Anti CD6 ABCD6 cbabcd6 ☐ yes ☐ no
102. Anti CD7 ABCD7 cbabcd7 ☐ yes ☐ no
103. Anti CD8 ABCD8 cbabcd8 ☐ yes ☐ no
104. Anti CD19 ABCD19 cbabcd19 ☐ yes ☐ no
105. a/ß antibody ABABMAN cbababma ☐ yes ☐ no
cbabcd52 ABCD52 106. Anti CD52 (Campath) ☐ yes ☐ no
cbaboth ABOTH 107. Other antibody cbabotsp
0 ☐ yes → 108. Specify other antibody: ABOTHSP ___
1 ☐ no

End Table MANIPGVH

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Start Table AUTO_GFT **Autologous Products Only** | Questions: 109-157

**The following section refers to autologous products only, including autologous cord blood; if this is not an autologous HCT, continue with the Product Analysis section at question 158.**

109. Were tumor cells detected in the recipient or autologous product prior to HCT?

0 ☐ yes → 1 ☐ no TUMORDET

**Specify tumor cell detection method used and site(s) of tumor cells:**

110. Routine histopathology HPATHDET

0 ☐ yes → **Specify site(s):** CD_YN_NOTTEST

1 ☐ no

| | | | | |
|---|---|---|---|---|
| | 111. Circulating blood cells HPATHCC | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| HPATHBMP | 112. Bone marrow (in the interval between last systemic therapy and collection) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| HPATHBMA | 113. Collected cells (before purging) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |

PCRDET 114. Polymerase chain reaction (PCR)

☐ yes → **Specify site(s):**

☐ no

| | | | | |
|---|---|---|---|---|
| | 115. Circulating blood cells PCRCC | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| PCRBMP | 116. Bone marrow (in the interval between last systemic therapy and collection) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| PCRBMA | 117. Collected cells (before purging) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |

MTECHDET 118. Other molecular technique

0 ☐ yes → 119. Specify method: MTECHSP _____

1 ☐ no **Specify site(s):**

| | | | | |
|---|---|---|---|---|
| MTECHCC | 120. Circulating blood cells | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| MTECHBMP | 121. Bone marrow (in the interval between last systemic therapy and collection) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| MTECHBMA | 122. Collected cells (before purging) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |

IHCDET 123. Immunohistochemistry

0 ☐ yes → **Specify site(s):**

1 ☐ no

| | | | | |
|---|---|---|---|---|
| | 124. Circulating blood cells IHCCC | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| IHCBMP | 125. Bone marrow (in the interval between last systemic therapy and collection) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| IHCBMA | 126. Collected cells (before purging) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |

CCULTDET 127. Cell culture technique

☐ yes → **Specify site(s):**

☐ no

| | | | | |
|---|---|---|---|---|
| | 128. Circulating blood cells CCULTCC | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| CCULTBMP | 129. Bone marrow (in the interval between last systemic therapy and collection) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| CCULTBMA | 130. Collected cells (before purging) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |

OMETHDET 131. Other technique

0 ☐ yes → 132. Specify: OMETHPSP _____

1 ☐ no **Specify site(s):**

| | | | | |
|---|---|---|---|---|
| OMETHCC | 133. Circulating blood cells | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| OMETHBMP | 134. Bone marrow (in the interval between last systemic therapy and collection) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |
| OMETHBMA | 135. Collected cells (before purging) | 1 ☐ Yes | 0 ☐ No | 3 ☐ Not done |

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

136. Was the product treated to remove malignant cells (purged)?

**0** ☐ yes → PURGED

**1** ☐ no

**Specify method(s) used:**

137. Monoclonal antibody PRGMAB
- ☐ yes → 138. Specify monoclonal antibody: PRGMABSP _____
- ☐ no

PRG4HC 139. 4-hydroperoxycyclophosphamide (4HC) ☐ yes ☐ no

PRGMAF 140. Mafosfamide ☐ yes ☐ no

PRGODRG 141. Other drug
- ☐ yes → 142. Specify other drug: PRGODRSP _____
- ☐ no

PRGELU 143. Elutriation ☐ yes ☐ no

PRGIMC 144. Immunomagnetic column ☐ yes ☐ no

PRGTOX 145. Toxin
- ☐ yes → 146. Specify toxin: PRGTOXSP _____
- ☐ no

PRGPOSEL 147. CD34 selection (other than preparation of mononuclear fraction)
- ☐ yes → 148. Specify method: PRGPOSSP _____
- ☐ no

PRGOTH 149. Other method

**0** ☐ yes → 150. Specify: PRGOTHSP _____

**1** ☐ no

**Specify if tumor cells were detected in the graft after purging by each method used:**

| | | | | |
|---|---|---|---|---|
| 151. Routine histopathology HPATHAP | ☐ Yes | ☐ No | ☐ Not done |
| 152. Polymerase chain reaction (PCR) PCRAP | ☐ Yes | ☐ No | ☐ Not done |
| 153. Other molecular technique MTECHAP | ☐ Yes | ☐ No | ☐ Not done |
| 154. Immunohistochemistry IHCAP | ☐ Yes | ☐ No | ☐ Not done |
| 155. Cell culture technique CCULTAP | ☐ Yes | ☐ No | ☐ Not done |

156. Other OMETHAP
- ☐ Yes → 157. Specify: OMETHASP _____
- ☐ No
- ☐ Not done

End Table AUTO-GFT

## Start Table ANALYSIS Product Analysis (All Products)

Questions: 158-195

158. Specify the timepoint in the product preparation phase that the product was analyzed TIMEPREP / CD_TIMEPREP

**1** ☐ Product arrival cbarrivl **2** ☐ Pre-cryopreservation cbpcryop **3** ☐ Post-thaw cbpsthaw **5** ☐ At infusion cbinfus

**4=Post-manipulation**
**88=Unknown**
**99=Not answered**

159. Date of product analysis: ANALYSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) cbaalydt cbpalydt cbtalydt cbmalydt cbialydt

160. Total volume of product plus additives: ANAVOLUM ___ ___ ___ ___ ___ • ___

cbavolum
cbpvolum
cbtvolum
cbmvolum
cbivolum

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**In this section, report the total number of cells (not cells per kilogram) not corrected for viability**

161. Total nucleated cells (TNC) (Includes nucleated red and nucleated white cells)
☐ Done → cbanucnt cbpnucnt
☐ Not done NUCELNOT cbtnucnt cbmnucnt cbinucnt

162. Total nucleated cells: NUCELTOT ___ ___ ___ • ___ x 10 ___ ___ NUCELEXP cbanucle cbpnucle cbtnucle cbmnucle cbinucle
cbanuclt cbpnuclt cbtnuclt cbmnuclt cbinuclt

163. Nucleated white blood cells
☐ Done → cbanwbcn cbpnwbcn
☐ Not done NCWBCNOT cbtnwbcn cbinwbcn

164. Total number of nucleated white blood cells NCWBCTOT ___ ___ ___ ___ x 10 NCWBCEXP cbanwbce cbpnwbce cbtnwbce cbinwbce
cbtnwbct cbanwbct cbpnwbct cbinwbct

165. Mononuclear cells
☐ Done → cbamocnt cbpmocnt
☐ Not done MOCELNOT cbtmocnt cbmmocnt cbimocnt

166. Total number of mononuclear cells: MOCELTOT ___ ___ x 10 MOCELEXP cbamocle cbpmocle cbtmocle cbmmocle cbimocle
cbamoclt cbpmoclt cbtmoclt cbmmoclt cbimoclt

167. Nucleated red blood cells
☐ Done → cbanrbnt cbpnrbnt
☐ Not done NCRBCNOT cbtnrbnt cbmnrbnt cbinrbnt

168. Total number of nucleated red blood cells: NCRBCTOT ___ ___ ___ ___ ___ ___ x 10 NCRBCEXP cbanrbce cbtnrbce cbmnrbce cbpnrbce cbinrbce
cbanrbct cbpnrbct cbtnrbct cbmnrbct cbinrbct

169. CD34+ cells
☐ Done → cbacd34n cbpcd34n
☐ Not done CD34NOT cbtcd34n cbmcd34n cbicd34n

170. Total number of CD34+ cells: CD34TOT ___ ___ ___ ___ • ___ ___ x 10 ___ ___ CD34EXP cbacd34e cbpcd34e cbmcd34e cbtcd34e cbicd34e
cbacd34t cbpcd34t cbmcd34t cbtcd34t cbicd34t

171. CD3+ cells
☐ Done → cbacd3nt cbpcd3nt
☐ Not done CD3NOT cbtcd3nt cbmcd3nt cbicd3nt

172. Total number of CD3+ cells: CD3TOT ___ ___ ___ • ___ ___ x 10 ___ ___ CD3EXP cbacd3e cbpcd3e cbicd3e cbtcd3e cbmcd3e
cbacd3t cbpcd3t cbtcd3t cbmcd3t cbicd3t

173. CD3+CD4+ cells
☐ Done → cbac3c4n cbpc3c4n
☐ Not done CD3CD4NT cbtc3c4n cbic3c4n

174. Total number of CD3+CD4+ cells: CD3CD4TO ___ ___ ___ ___ x 10 CD3CD4EX cbac3c4e cbpc3c4e cbtc3c4e cbic3c4e
cbac3c4t cbpc3c4t cbtc3c4t cbic3c4t

175. CD3+CD8+ cells
☐ Done → cbac3c8n cbpc3c8n
☐ Not done CD3CD8NT cbtc3c8n cbic3c8n

176. Total number of CD3+CD8+ cells: CD3CD8TO ___ ___ ___ ___ x 10 CD3CD8EX cbac3c8e cbpc3c8e cbtc3c8e cbic3c8e
cbac3c8t cbpc3c8t cbtc3c8t cbic3c8t

177. Viability of cells
☐ Done →
☐ Not done VIABINOT cbpvbcnt cbmvbcnt cbavbcnt cbtvbcnt cbivbcnt

178. Viability of cells: VIABICEL cbavbclt cbpvbclt cbtvbclt cbmvbclt cbivbclt

179. Method of testing cell viability VIABIMET
1 ☐ 7-AAD CD_VIABIMET cbavbmet cbpvbmet cbtvbmet cbmvbmet cbivbmet
2 ☐ Propidium iodide
3 ☐ Trypan blue
4 ☐ Other method → 180. Specify other method: VIABOMSP cbavbosp cbpvbosp cbtvbosp cbmvbosp cbivbosp

181. Were the colony-forming units (CFU) assessed after thawing? **(Cord blood units only)**
0 ☐ yes → CBCFUAT cbacfuat cbpcfuat cbtcfuat cbmcfuat cbicfuat
1 ☐ no

182. Was there growth? ☐ yes ☐ no CBCFUGRW cbicfgrw cbacfgrw cbpcfgrw cbtcfgrw cbmcfgrw

183. Total CFU-GM CBCFUGNT cbacfugn
☐ Done → 184. Total CFU-GM CBCFUGM ___ ___ ___ ___ • ___ x 10 CBCFUGEX cbicfugm cbacfuge cbacfugm cbpcfugm cbtcfugm cbmcfugm
☐ Not done

185. Total BFU-E CBBFUENT cbabfuen
☐ Done → 186. Total BFU-E: CBBFUE ___ • ___ x 10 CBBFUEXP cbabfuet cbabfue
☐ Not done

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

187. Were cultures performed before infusion to test the product(s) for bacterial or fungal infection? **(complete for all cell products)**

**0** ☐ yes → GRAFTCUL cbacultu cbpcultu cbtcultu cbmcultu cbicultu

**1** ☐ no

**3=Not done 2=Indeterminate/equivocal (095LYM)**

188. Specify results ☐ Positive **1** ☐ Negative **0** ☐ Unknown **8** CD_POSNEG — CULRESLT cbaclrsl cbpclrsl cbtclrsl cbmclrsl cbiclrsl

**Specify organism(s):** CULORG1 CD_ORGNSM cbacorg1 cbpcorg1 cbtcorg1 cbicorg1 cbmcorg1

189.
- ☐ 121 Acinetobacter **121**
- **122** ☐ 122 Actinomyces
- **123** ☐ 123 Bacillus
- **124** ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
- **125** ☐ 125 Bordetella pertussis (whooping cough)
- **126** ☐ 126 Borrelia (lyme disease)
- **127** ☐ 127 Branhamella or Moraxella catarrhalis(other species)
- **128** ☐ 128 Campylobacter (all species)
- **129** ☐ 129 Capnocytophaga
- **171** ☐ 171 Chlamydia pneumoniae
- **172** ☐ 172 Other chlamydia, specify
- **113** ☐ 113 Chlamydia, NOS
- **130** ☐ 130 Citrobacter (freundii, other species)
- **131** ☐ 131 Clostridium (all species except difficile)
- **132** ☐ 132 Clostridium difficile
- **173** ☐ 173 Corynebacterium jeikeium
- **133** ☐ 133 Corynebacterium (all non-diptheria species)
- **101** ☐ 101 Coxiella
- **134** ☐ 134 Enterobacter
- **177** ☐ 177 Enterococcus, vancomycin resistant(VRE)
- **135** ☐ 135 Enterococcus(all species)
- **136** ☐ 136 Escherichia (also E.coli)
- **137** ☐ 137 Flavimonas oryzihabitans
- **138** ☐ 138 Flavobacterium
- **139** ☐ 139 Fusobacterium
- **144** ☐ 144 Haemophilus(all species, including influenzae)
- **145** ☐ 145 Helicobacter pylori
- **146** ☐ 146 Klebsiella
- **147** ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- **102** ☐ 102 Legionella
- **103** ☐ 103 Leptospira
- **148** ☐ 148 Leptorichia buccalis
- **149** ☐ 149 Leuconostoc(all species)
- **104** ☐ 104 Listeria
- **150** ☐ 150 Methylobacterium
- **151** ☐ 151 Micrococcus, NOS
- **112** ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
- **174** ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- **110** ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- **175** ☐ 175 Other mycobacterium, specify

- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- 198 ☐ 198 Other bacteria, specify
- 501 ☐ 501 Suspected atypical bacterial infection
- 502 ☐ 502 Suspected bacterial infection
- 200 ☐ 200 Candida, NOS
- 201 ☐ 201 Candida albicans
- 206 ☐ 206 Candida guillermondi
- 202 ☐ 202 Candida krusei
- 207 ☐ 207 Candida lusitaniae
- 203 ☐ 203 Candida parapsilosis
- 204 ☐ 204 Candida tropicalis
- 205 ☐ 205 Candida (Torulopsis) glabrata
- 209 ☐ 209 Other Candida, specify
- 210 ☐ 210 Aspergillus, NOS
- 211 ☐ 211 Aspergillus flavus
- 212 ☐ 212 Aspergillus fumigatus
- 213 ☐ 213 Aspergillus niger
- 219 ☐ 219 Other Aspergillus, specify
- 220 ☐ 220 Cryptococcus species
- 230 ☐ 230 Fusarium species
- 261 ☐ 261 Histoplasmosis

240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

190. ☐ 121 Acinetobacter 121 CULORG2 cbacorg2 cbpcorg2
122 ☐ 122 Actinomyces CD_ORGNSM cbmcorg2 cbtcorg2
123 ☐ 123 Bacillus cbicorg2
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)
145 ☐ 145 Helicobacter pylori
146 ☐ 146 Klebsiella
147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
102 ☐ 102 Legionella
103 ☐ 103 Leptospira
148 ☐ 148 Leptorichia buccalis
149 ☐ 149 Leuconostoc(all species)
104 ☐ 104 Listeria
150 ☐ 150 Methylobacterium
151 ☐ 151 Micrococcus, NOS

- **112** ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
- **174** ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- **110** ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- **175** ☐ 175 Other mycobacterium, specify
- **176** ☐ 176 Mycobacterium, NOS
- **105** ☐ 105 Mycoplasma
- **152** ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- **106** ☐ 106 Nocardia
- **153** ☐ 153 Pasteurella multocida
- **154** ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- **155** ☐ 155 Proteus
- **156** ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- **157** ☐ 157 Pseudomonas or Burkholderia cepacia
- **158** ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- **159** ☐ 159 Rhodococcus
- **107** ☐ 107 Rickettsia
- **160** ☐ 160 Salmonella (all species)
- **161** ☐ 161 Serratia marcescens
- **162** ☐ 162 Shigella
- **163** ☐ 163 Staphylococcus, coagulase negative(not aureus)
- **164** ☐ 164 Staphylococcus aureus
- **165** ☐ 165 Staphylococcus, NOS
- **166** ☐ 166 Stomatococcus mucilaginosis
- **167** ☐ 167 Streptococcus (all species except Enterococcus)
- **178** ☐ 178 Streptococcus pneumoniae
- **168** ☐ 168 Treponema ( syphilis )
- **169** ☐ 169 Vibrio (all species)
- **197** ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- **198** ☐ 198 Other bacteria, specify
- **501** ☐ 501 Suspected atypical bacterial infection
- **502** ☐ 502 Suspected bacterial infection
- **200** ☐ 200 Candida, NOS
- **201** ☐ 201 Candida albicans
- **206** ☐ 206 Candida guillermondi
- **202** ☐ 202 Candida krusei
- **207** ☐ 207 Candida lusitaniae
- **203** ☐ 203 Candida parapsilosis
- **204** ☐ 204 Candida tropicalis
- **205** ☐ 205 Candida (Torulopsis) glabrata
- **209** ☐ 209 Other Candida, specify
- **210** ☐ 210 Aspergillus, NOS
- **211** ☐ 211 Aspergillus flavus
- **212** ☐ 212 Aspergillus fumigatus

213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

191. ☐ 121 Acinetobacter 121 CULORG3 cbacorg3 cbpcorg3
122 ☐ 122 Actinomyces CD_ORGNSM cbtcorg3 cbmcorg3
123 ☐ 123 Bacillus cbicorg3
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)
145 ☐ 145 Helicobacter pylori
146 ☐ 146 Klebsiella
147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
102 ☐ 102 Legionella
103 ☐ 103 Leptospira

148 ☐ 148 Leptorichia buccalis
149 ☐ 149 Leuconostoc(all species)
104 ☐ 104 Listeria
150 ☐ 150 Methylobacterium
151 ☐ 151 Micrococcus, NOS
112 ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
175 ☐ 175 Other mycobacterium, specify
176 ☐ 176 Mycobacterium, NOS
105 ☐ 105 Mycoplasma
152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
106 ☐ 106 Nocardia
153 ☐ 153 Pasteurella multocida
154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
155 ☐ 155 Proteus
156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
157 ☐ 157 Pseudomonas or Burkholderia cepacia
158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
159 ☐ 159 Rhodococcus
107 ☐ 107 Rickettsia
160 ☐ 160 Salmonella (all species)
161 ☐ 161 Serratia marcescens
162 ☐ 162 Shigella
163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
164 ☐ 164 Staphylococcus aureus
165 ☐ 165 Staphylococcus, NOS
166 ☐ 166 Stomatococcus mucilaginosis
167 ☐ 167 Streptococcus (all species except Enterococcus)
178 ☐ 178 Streptococcus pneumoniae
168 ☐ 168 Treponema ( syphilis )
169 ☐ 169 Vibrio (all species)
197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
198 ☐ 198 Other bacteria, specify
501 ☐ 501 Suspected atypical bacterial infection
502 ☐ 502 Suspected bacterial infection
200 ☐ 200 Candida, NOS
201 ☐ 201 Candida albicans
206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis

205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

192. ☐ 121 Acinetobacter 121 CULORG4 cbacorg4 cbpcorg4
122 ☐ 122 Actinomyces CD_ORGNSM cbtcorg4 cbicorg4
123 ☐ 123 Bacillus cbmcorg4
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)

- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc(all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- 198 ☐ 198 Other bacteria, specify
- 501 ☐ 501 Suspected atypical bacterial infection
- 502 ☐ 502 Suspected bacterial infection
- 200 ☐ 200 Candida, NOS
- 201 ☐ 201 Candida albicans

206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

193. ☐ 121 Acinetobacter 121 CULORG5 cbacorg5 cbpcorg5 cbtcorg5 cbmcorg5 cbicorg5
122 ☐ 122 Actinomyces CD_ORGNSM
123 ☐ 123 Bacillus
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)

- 136 ☐ 136 Escherichia (also E.coli)
- 137 ☐ 137 Flavimonas oryzihabitans
- 138 ☐ 138 Flavobacterium
- 139 ☐ 139 Fusobacterium
- 144 ☐ 144 Haemophilus(all species, including influenzae)
- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc(all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare (MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes

198 ☐ 198 Other bacteria, specify
501 ☐ 501 Suspected atypical bacterial infection
502 ☐ 502 Suspected bacterial infection
200 ☐ 200 Candida, NOS
201 ☐ 201 Candida albicans
206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

194. ☐ 121 Acinetobacter **121** CULORG6 cbacorg6 cbpcorg6 cbmcorg6 cbtcorg6 cbicorg6
122 ☐ 122 Actinomyces CD_ORGNSM
123 ☐ 123 Bacillus
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium

- 133 ☐ 133 Corynebacterium (all non-diptheria species)
- 101 ☐ 101 Coxiella
- 134 ☐ 134 Enterobacter
- 177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
- 135 ☐ 135 Enterococcus (all species)
- 136 ☐ 136 Escherichia (also E.coli)
- 137 ☐ 137 Flavimonas oryzihabitans
- 138 ☐ 138 Flavobacterium
- 139 ☐ 139 Fusobacterium
- 144 ☐ 144 Haemophilus(all species, including influenzae)
- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc (all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare (MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis

**167** ☐ 167 Streptococcus (all species except Enterococcus)
**178** ☐ 178 Streptococcus pneumoniae
**168** ☐ 168 Treponema (syphilis)
**169** ☐ 169 Vibrio (all species)
**197** ☐ 197 Multiple bacteria at a single site, specify bacterial codes
**198** ☐ 198 Other bacteria, specify ***- Go to question 195***
**501** ☐ 501 Suspected atypical bacterial infection
**502** ☐ 502 Suspected bacterial infection
**200** ☐ 200 Candida, NOS
**201** ☐ 201 Candida albicans
**206** ☐ 206 Candida guillermondi
**202** ☐ 202 Candida krusei
**207** ☐ 207 Candida lusitaniae
**203** ☐ 203 Candida parapsilosis
**204** ☐ 204 Candida tropicalis
**205** ☐ 205 Candida (Torulopsis) glabrata
**209** ☐ 209 Other Candida, specify ***- Go to question 195***
**210** ☐ 210 Aspergillus, NOS
**211** ☐ 211 Aspergillus flavus
**212** ☐ 212 Aspergillus fumigatus
**213** ☐ 213 Aspergillus niger
**219** ☐ 219 Other Aspergillus, specify ***- Go to question 195***
**220** ☐ 220 Cryptococcus species
**230** ☐ 230 Fusarium species
**261** ☐ 261 Histoplasmosis
**240** ☐ 240 Zygomycetes, NOS
**241** ☐ 241 Mucormycosis
**242** ☐ 242 Rhizopus
**250** ☐ 250 Yeast, NOS
**259** ☐ 259 Other fungus, specify ***- Go to question 195***
**260** ☐ 260 Pneumocystis (PCP/PJP)
**503** ☐ 503 Suspected fungal infection

195. Specify organism: CUORGSP1 cbacosp1 cbpcosp1 cbtcosp1 cbmcosp1 cbicosp1

**Copy questions 158 - 195 if needed for Product Analysis**

End Table ANALYSIS

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Start Table PRODUCT** **Product Infusion** Questions: 196-249

196. Date of this product infusion: PRDINFDT cbpinfdt ___ ___ ___ ___ ___ ___ (YYYY MM DD)

197. Was more than one product infused? **(e.g., marrow and PBSC, PBSC and cord blood, two different cords, etc.)**

☐ yes → MOREPROD cbmoprod
☐ no

198. Was the product infusion described on this insert intended to produce hematopoietic engraftment? ☐ yes ☐ no INFENGFT cbifengf

199. Date infusion started: INFSTRDT cbistrdt ___ ___ ___ ___ ___ ___ (YYYY MM DD)

200. Time product infusion initiated (24-hour clock): cbifintm INFINITM cbifistm IFISTDTM CD_STDTIME ___ ___ ___ ___ (HH MM) ☐ standard time 1 ☐ daylight savings time 2 **8=Unknown 9=Not answered**

201. Date infusion stopped: INFSTPDT cbistpdt ___ ___ ___ ___ ___ ___ (YYYY MM DD)

202. Time product infusion completed (24-hour clock): cbifcmtm INFCMPTM cbifcstm IFCSTDTM CD_STDTIME ___ ___ ___ ___ (HH MM) ☐ standard time 1 ☐ daylight savings time 2 **8=Unknown 9=Not answered**

203. Total volume of product plus additives intended for infusion: INFTOVOL cbiftvol ___ ___ ___ ___ ___ . ___ mL

204. Was the entire volume of product infused?

0 ☐ yes
1 ☐ no → ENTIRVOL cbentvol

205. Specify what happened to the reserved portion RESVPORT cbrsvpor

1 ☐ discarded
2 ☐ cryopreserved for future use
3 ☐ other fate → 206. Specify other fate: OTFATESP cbofatsp

CD_RESVPORT **8=Unknown 9=Not answered**

207. Specify the route of product infusion INFROUTE cbifrout

1 ☐ intravenous
2 ☐ intramedullary
3 ☐ intraperitoneal
4 ☐ other route of infusion → 208. Specify other route of infusion: INFORTSP cbiforsp

CD_INFROUTE **11=Intra arterial 12=Intra arterial 13=Intra arterial 14=Intraorgan 15=Locally in the tissue 88=Unknown 99=Not answered**

**The following questions refer to all stem cell products except for autologous marrow and autologous PBSC products. If this HCT used an autologous marrow or autologous PBSC product, continue with the signature lines.**

209. Were there any adverse events or incidents associated with the stem cell infusion?

☐ yes → INFUSAE cbinfsae
☐ no

End Table PRODUCT

Start Table INFUSAE

**Specify the following adverse event(s):**

210. Brachycardia BRACHYAE cbbracae
☐ yes → 211. In the Medical Director's judgment, was the adverse event a direct result of the infusion? BRCRSTAE cbbrcrae ☐ yes ☐ no
☐ no

CHESTAE cbchstae
212. Chest tightness/pain
☐ yes → 213. In the Medical Director's judgment, was the adverse event a direct result of the infusion? CHSRSTAE cbchsrae ☐ yes ☐ no
☐ no

CHILLAE cbchilae
214. Chills at time of infusion
☐ yes → 215. In the Medical Director's judgment, was the adverse event a direct result of the infusion? CHLRSTAE cbchlrae ☐ yes ☐ no
☐ no

FEVLEAE cbfvleae
216. Fever ≤ 103° F within 24 hours of infusion
0 ☐ yes → 217. In the Medical Director's judgment, was the adverse event a
1 ☐ no direct result of the infusion? FELRSTAE cbfelrae ☐ yes ☐ no

FEVGTAE cbfvgtae
218. Fever > 103° F within 24 hours of infusion
☐ yes → 219. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? FEGRSTAE cbfegrae ☐ yes ☐ no

GROHBAE cbgrhbae
220. Gross hemoglobinuria
☐ yes → 221. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? GRHRSTAE cbgrhrae ☐ yes ☐ no

HEADAE cbheadae
222. Headache
☐ yes → 223. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? HEDRSTAE cbhedrae ☐ yes ☐ no

HIVESAE cbhiveae
224. Hives
☐ yes → 225. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? HIVRSTAE cbhivrae ☐ yes ☐ no

HYPERTAE cbhypeae
226. Hypertension
☐ yes → 227. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? HPRRSTAE cbhprrae ☐ yes ☐ no

HYPOTAE cbhypoae
228. Hypotension
☐ yes → 229. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? HPORSTAE cbhporae ☐ yes ☐ no

HYPOXAE cbhypxae
230. Hypoxia requiring oxygen ($O_2$) support
☐ yes → 231. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? HPXRSTAE cbhpxrae ☐ yes ☐ no

NAUSEAE cbnausae
232. Nausea
☐ yes → 233. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? NUSRSTAE cbnusrae ☐ yes ☐ no

RIGMILAE cbrmilae
234. Rigors, mild
☐ yes → 235. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? RGMRSTAE cbrgmrae ☐ yes ☐ no

RIGSEVAE cbrsevae
236. Rigors, severe
☐ yes → 237. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? RGSRSTAE cbrgsrae ☐ yes ☐ no

SOBAE cbsobae
238. Shortness of breath (SOB)
☐ yes → 239. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? SOBRSTAE cbsobrae ☐ yes ☐ no

TACHYAE cbtachae
240. Tachycardia
☐ yes → 241. In the Medical Director's judgment, was the adverse event a
☐ no direct result of the infusion? TCHRSTAE cbtchrae ☐ yes ☐ no

VOMITAE cbvomtae
242. Vomiting
☐ yes → 243. In the Medical Director's judgment, was the adverse event a direct result of the infusion? VOMRSTAE cbvomrae ☐ yes ☐ no
☐ no

OEXPAE cboexpae
244. Other expected AE
☐ yes → 245. Specify other expected AE: OEXPAESP cboeaesp
☐ no 246. In the Medical Director's judgment, was the adverse event a direct result of the infusion? OEXRSTAE cboexrae ☐ yes ☐ no

OUNEXPAE cbouexae
247. Other unexpected AE
☐ yes → 248. Specify other unexpected AE: OUNEXPSP cbouexsp
☐ no 249. In the Medical Director's judgment, was the adverse event a direct result of the infusion? OUNRSTAE cbounrae ☐ yes ☐ no

End Table INFUSAE

Start Table DONOR

## Donor/Infant Demographic Information

Questions: 250-285

**The Donor Demographic Information section (questions 250-270) is to be completed for all non-NMDP allogeneneic donors. If the stem cell product was from an NMDP donor or an autologous donor, continue with the signature lines.**

250. Was the donor ever pregnant? DNRPREG dnrpreg dnrpreg2
1 ☐ Yes
0 ☐ No
8 ☐ Unknown
7 ☐ Not applicable (male donor or cord blood unit)

251. Number of pregnancies DNPRGKNW dnprgknw dnprgknw2
1 ☐ Known → 252. Specify number of pregnancies: DNRNPREG dnrnpreg dnrnpreg2
0 ☐ Unknown

253. Specify blood type ☐ A (1) ☐ B (2) ☐ AB (3) ☐ O (4) DABOTYPE dabotype dabotype2 CD_ABOTYPE 8=Unknown 9=Not answered or inconsistent

254. Specify Rh factor ☐ Positive ☐ Negative DABORH daborh daborh2 CD_POSNEG 2=Suggestive 3=Not done 4=Inconclusive(VOD)/Indetermine(095LYM) 7=Not report 8=Unknown 9=Not Answ/Inconsist

255. Did this donor have a central line placed? CLPLACED clplaced clplaced2
1 ☐ Yes
0 ☐ No
7 ☐ Not applicable (cord blood unit or marrow product)

256. Specify the site of the central line placement CLSITE clsite clsite2 CD_CLSITE 8=Uknown 9=Not answered
1 ☐ femoral
2 ☐ subclavian
3 ☐ internal jugular
4 ☐ Other site → 257. Specify other site: CLSTEOSP clsteosp clsteosp2

CD_ETHNICIT
258. Ethnicity (donor) DNRETHNI dnrethni dnrethni2 ☐ Hispanic or Latino (1) ☐ Not Hispanic or Latino (2) ☐ Not applicable (not a resident of the USA) (3) ☐ Unknown (8)

Start Table DNRRACE(CRID,TXNUM,RPTNUM,DNRNUM)

ipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

dnrrace dnrrace2 dnrracsp dnracsp2 dnrrace2 dnrrace22 dnracsp2 dnracsp22

259. Race (donor) DNRRACE CD_RACE

- 10 ☐ White →
- 20 ☐ Black or African American →
- 30 ☐ Asian →
- 59 ☐ American Indian or Alaska Native →
- 69 ☐ Native Hawaiian or Other Pacific Islander →
- 99 ☐ Not reported
- 88 ☐ Unknown

11=European, NOS
12=Middle East or North Coast Africa
14=White North American
33=Hawaiian-Polynesian
40=Hispanic, Unspecified
41=Caribbean Hispanic
42=Mexican-SW U.S. Hispanic
43=South/Central American Hispanic
50=Native American, Unspecified
52=American Indian, NOS
58=NMDP Oth Asian-Pacific Islander (MNDP leg.)
60=Native Pacific Islander, NOS
77=Patient declines to provide race
98=NMDP Mult Hawaiian-Other Pacific Islander (NMDP dnr)

260. Race detail (donor) DSUBRACE CD_RACE

dsubrace dsubrace2 dsubrace21 dsubrace22

- 16 ☐ Eastern European
- 13 ☐ Mediterranean
- 83 ☐ Middle Eastern
- 82 ☐ North Coast of Africa
- 25 ☐ North American
- 17 ☐ Northern European
- 18 ☐ Western European
- 81 ☐ White Caribbean
- 15 ☐ White South or Central American
- 10 ☐ Other White
- 22 ☐ African (both parents born in Africa)
- 21 ☐ African American
- 23 ☐ Black Caribbean
- 24 ☐ Black South or Central American
- 51 ☐ Alaskan Native or Aleut
- 53 ☐ North American Indian
- 31 ☐ American Indian, South or Central America
- 55 ☐ Caribbean Indian
- 54 ☐ South Asian
- 32 ☐ Filipino (Pilipino)
- 34 ☐ Japanese
- 35 ☐ Korean
- 36 ☐ Chinese
- 38 ☐ Vietnamese
- 37 ☐ Other Southeast Asian
- 61 ☐ Guamanian
- 62 ☐ Hawaiian
- 63 ☐ Samoan
- 69 ☐ Other Pacific Islander

90=095 other
91=089 other
92=NMDP Mult Black (NMDP dnr)
93=NMDP Mult Asian-Pacific Islndr (NMDP dnr)
94=NMDP Mult Race (dnr)
95=NMDP Mult Hispanic (NMDP dnr)
96=NMDP Mult Caucasian (NMDP dnr)
89=NMDP Recip declines to provide race (NMDP leg.)
97=NMDP Mult American Indian-Alaskan Native (NMDP dnr)

Copy questions 259 - 260 if needed for Race

End Table DNRRACE

261. What is the biological relationship of the donor to the patient? DNRRELAT dnrrelat dnrrelat2

CD_DNRRELAT

- 1 ☐ Sibling
- 11 ☐ Half-sibling
- 2 ☐ Syngeneic (identical) twin
- 12 ☐ Fraternal twin
- 4 ☐ Recipient's child
- 5 ☐ Other biological relative →
- 6 ☐ Unrelated

3=Recipient parent
7=Fetal tissue
88=Unknown
99=Not applicable

262. Specify the biological relationship of the donor to the recipient

RELATIVE relative relative2

CD_RELATIVE

- 6 ☐ Mother
- 7 ☐ Father
- 22 ☐ Maternal aunt
- 23 ☐ Maternal uncle
- 24 ☐ Maternal cousin
- 12 ☐ Paternal aunt
- 13 ☐ Paternal uncle
- 14 ☐ Paternal cousin
- 5 ☐ Other biological relative → 263. Specify: RELAOTSP _____

1=Parent
2=Aunt
3=Uncle
4=Cousin
8=Sibling
9=Syngeneic twin
10=Fraternal twin
11=Child
88=Unknown
99=Not ans.

relaotsp relaotsp2

264. Was the donor/product tested for potentially transplantable genetic diseases? DNRGENDZ dnrgendz dnrgendz2

- ☐ yes →
- ☐ no
- ☐ Unknown

Specify disease(s) tested:

DNRSCA dnrsca dnrsca2

265. Sickle cell anemia

CD_DSCARSLT

- ☐ yes → 266. Specify results DSCARSLT dscarslt dscarslt2
  - ☐ Positive 1
  - ☐ Carrier of the trait 2
  - ☐ Negative 0
- ☐ no

DNRTHAL dnrthal dnrthal2

267. Thalassemia

- ☐ yes → 268. Specify results DTHARSLT dtharslt dtharslt2
  - ☐ Positive 1
  - ☐ Carrier of the trait 2
  - ☐ Negative 0
- ☐ no

CD_DSCARSLT

8=Unknown
9=Not answered or inconsistent

dothrslt2

CIBMTR Center Number: ___ ___ CD_DSCARSLT CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

DNROTHDZ dnrothdz dnrothdz2

269. Other disease
☐ yes → 270. Specify other disease: dothdzsp dothdzsp2 DOTHDZSP _____
☐ no 271. Specify results CD_DSCARSLT
DOTHRSLT dothrslt dothrslt2 1 ☐ Positive 2 ☐ Carrier of the trait 0 ☐ Negative
8=Unknown 9=Not answered or inconsistent

**The following questions (272–285) apply only to allogeneic related donors. If the stem cell product was from an autologous donor, Non-NMDP unrelated donor, NMDP donor, or was a cord blood unit, then continue with the signature lines.**

272. Was the donor hospitalized (inpatient) during or after the collection? ☐ yes ☐ no DHRHOSP dnrhosp dnrhosp2

273. Did the donor experience any life-threatening complications during or after the collection? DNRCOMP dnrcomp dnrcomp2
☐ yes → 274. Specify: DNRCMPSP dnrcmpsp dnrcmpsp2 _____
☐ no

275. Did the donor receive blood transfusions as a result of the collection? DNRTFPST dnrtfpst dnrtfpst2
☐ yes →
☐ no

DNRTFAU dnrtfau dnrtfau2
276. Was the blood transfusion product autologous?
☐ yes → 277. Specify number of units: DNRTFAUN dnrtfaun dnrtfaun2
☐ no

DNRTFAL dnrtfal dnrtfal2
278. Was the blood transfusion product allogeneic (homologous)?
☐ yes → 279. Specify number of units: DNRTFALN dnrtfaln dnrtfaln2
☐ no

280. Did the donor die as a result of the collection?
☐ yes →
☐ no DNRDTH dnrdth dnrdth2

281. Specify cause of death: DNRDTHSP dnrdthsp dnrdthsp2 ____

282. Did the recipient submit a research sample to the NMDP/CIBMTR repository? **(Related donors only)**
☐ yes →
☐ no RCPSAMPL rcpsampl rcpsampl2

283. Research sample recipient ID: RCPSMPID rcpsmpid rcpsmpid2 __ __ __ __ __ __ __ __ __ __

284. Did the donor submit a research sample to the NMDP/CIBMTR repository? **(Related donors only)**
☐ yes →
☐ no DNRSAMPL dnrsampl dnrsampl2

285. Research sample donor ID: DNRSMPID dnrsmpid dnrsmpid2 __ __ __ __ __ __ __ __ __ __

End Table DONOR

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

All underlined variables are new.

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

# 2006: Hematopoietic Cellular Transplant (HCT) Infusion

DB Variables Each Tx for PB (pbprod=1, pbdnrnum)

Start Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

| Key Fields | |
|---|---|

OMB No: 0915-0310
Expiration Date: 7/31/2016
**Public Burden Statement:** 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 project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 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 10-29, Rockville, Maryland, 20857.

CIBMTR Center Number: CCN_able RECIPIEN

Start Table HSCT

CIBMTR Recipient ID: CRID _ ___ ___ ___ ___ ___ ___ ___

Date of HCT for which this form is being completed: TXDATE / __ __ / __ __
YYYY MM DD

TXTYPE AUTOTX UNRELATX RELATX

HCT type (check only one) ☐ Autologous ☐ Allogeneic, unrelated ☐ Allogeneic, related

Product type (check only one)
☐ Bone marrow BM
☐ PBSC PB pbprod
☐ Single cord blood unit CB
☐ Other product. Specify: OPRODUCT —— OPRODTSP _____

End Table HSCT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

| Start Table DONOR **Donor/Cord Blood Unit Identification** | Questions: 1-15 |
|---|---|

1. Specify donor DONORSRC CD_DONORSRC donorsrc donorsrc2

**13=non-NMDP unrelated cord blood unit**
**77=Other**
**88=Unknown**
**99=Not Applicable**

- **1** ☐ Autologous - ***Go to question 16***
- **11** ☐ Autologous cord blood unit - ***Go to question 5***
- **2** ☐ NMDP unrelated cord blood unit - ***Go to question 2***
- **3** ☐ NMDP unrelated donor - ***Go to question 3***
- **4** ☐ Related donor - ***Go to question 10***
- **12** ☐ Related cord blood unit - ***Go to question 5***
- **5** ☐ Non-NMDP unrelated donor - ***Go to question 4***
- **6** ☐ Non-NMDP unrelated cord blood unit - ***Go to question 5***

2. NMDP cord blood unit ID: _ donorid donorid2 __ - ***Go to question 15***

3. NMDP donor ID: _ _____ - ***Go to question 15***

4. Non-NMDP unrelated donor ID: _ _____ (not applicable for related donor) - ***Go to question 8***

5. Non-NMDP cord blood unit ID: _ _____ (include related and autologous CBUs)

6. Is the CBU ID also the ISBT DIN number?
   - ☐ yes
   - ☐ no →

7. Specify the ISBT DIN number: isbtdin isbtdin2 _

8. Registry or UCB Bank ID
   - ☐ (A) Austrian Bone Marrow Donors
   - ☐ (ACB) Austrian Cord Blood Registry
   - ☐ (ACCB) StemCyte, Inc.
   - ☐ (AE) Emirates Bone Marrow Donor Registry
   - ☐ (AM) Armenian Bone Marrow Donor Registry Charitable Trust
   - ☐ (AOCB) University of Colorado Cord Blood Bank
   - ☐ (AR) Argentine CPH Donors Registry
   - ☐ (ARCB) BANCEL - Argentina Cord Blood Bank
   - ☐ (AUCB) Australian Cord Blood Registry
   - ☐ (AUS) Australian/New Zealand Bone Marrow Donor Registry
   - ☐ (B) Marrow Donor Program Belgium
   - ☐ (BCB) Belgium Cord Blood Registry
   - ☐ (BG) Bulgarian Bone Marrow Donor Registry
   - ☐ (BR) INCA/REDOMO
   - ☐ (BSCB) British Bone Marrow Registry - Cord Blood
   - ☐ (CB) Cord Blood Registry
   - ☐ (CH) Swiss BloodStem Cells - Adult Donors
   - ☐ (CHCB) Swiss Blood Stem Cells - Cord Blood
   - ☐ (CKCB) Celgene Cord Blood Bank
   - ☐ (CN) China Marrow Donor Program (CMDP)
   - ☐ (CNCB) Shan Dong Cord Blood Bank
   - ☐ (CND) Canadian Blood Services Bone Marrow Donor Registry
   - ☐ (CS2) Czech National Marrow Donor Registry

- ☐ (CSCR) Czech Stem Cells Registry
- ☐ (CY) Cyprus Paraskevaidio Bone Marrow Donor Registry
- ☐ (CY2) The Cyprus Bone Marrow Donor Registry
- ☐ (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors
- ☐ (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood
- ☐ (DK) The Danish Bone Marrow Donor Registry
- ☐ (DK2) Bone Marrow Donors Copenhagen (BMDC)
- ☐ (DUCB) German Branch of the European Cord Blood Bank
- ☐ (E) REDMO
- ☐ (ECB) Spanish Cord Blood Registry
- ☐ (F) France Greffe de Moelle - Adult Donors
- ☐ (FCB) France Greffe de Moelle - Cord Blood
- ☐ (FI) Finnish Bone Marrow Donor Registry
- ☐ (FICB) Finnish Cord Blood Registry
- ☐ (GB) The Anthony Nolan Trust
- ☐ (GB3) Welsh Bone Marrow Donor Registry
- ☐ (GB4) British Bone Marrow Registry
- ☐ (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece
- ☐ (GRCB) Michigan Community Blood Centers Cord Blood Bank
- ☐ (H) Hungarian Bone Marrow Donor Registry
- ☐ (HEM) Hema-Quebec
- ☐ (HK) Hong Kong Bone Marrow Donor Registry
- ☐ (HR) Croatian Bone Marrow Donor Registry
- ☐ (I) Italian Bone Marrow Donor Registry
- ☐ (I3CB) Sheba Medical Centre Cord Blood Registry
- ☐ (ICB) Italian Cord Blood Bank Network
- ☐ (IL) Hadassah BMDR
- ☐ (IL2) Ezer Mizion Bone Marrow Donor Registry
- ☐ (IL3) Sheba Medical Center Donor Registry
- ☐ (ILCB) Isreal Cord Blood Bank
- ☐ (IN) Asian Indian Donor Marrow Registry
- ☐ (IN2) Dept. of Transfusion Medicine
- ☐ (IRL) The Irish Unrelated Bone Marrow Panel
- ☐ (JP) Japan Marrow Donor Program
- ☐ (KR) Korea Marrow Donor Program
- ☐ (LT) Lithuanian National Bone Marrow Donor Registry
- ☐ (LVCB) Leuven Cord Blood Bank
- ☐ (MACB) Victoria Angel Registry of Hope
- ☐ (MX) Mexican Bone Marrow Donor Registry
- ☐ (N) The Norwegian Bone Marrow Donor Registry
- ☐ (NL) Europdonor Foundation- Adult Donors
- ☐ (NLCB) Europdonor Foundation - Cord Blood
- ☐ (NYCB) National Cord Blood Program, New York Blood Center
- ☐ (P) Portuguese Bone Marrow Donors Registry

- ☐ (PL) National Polish Bone Marrow Registry
- ☐ (PL2) Unrelated Bone Marrow Donor Registry -Adult Donors
- ☐ (PL3) Against Leukemia Foundation Marrow Donor Registry
- ☐ (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry
- ☐ (PL5) Polish Central Bone Marrow Donor Registry - Adult Donors
- ☐ (PMCB) Elie Katz Umbilical Cord Blood Program
- ☐ (R) Russian Bone Marrow Donor Registry
- ☐ (R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells
- ☐ (S) Tobias Registry of Swedish Bone Marrow Donors
- ☐ (SG) Singapore Bone Marrow Donor Programme (BMDP)
- ☐ (SK) Slovak National Bone Marrow Donor Registry
- ☐ (SKCB) Eurocord Slovakia/Slovak Pacental Stem Cell Registry
- ☐ (SLCBB) St Louis Cord Blood Bank
- ☐ (SLO) Slovenia Donor
- ☐ (SM) San Marino Bone Marrow Donor Registry
- ☐ (T1CB) TRAN - Cord Blood
- ☐ "(TACB) StemCyte, Inc. Taiwan"
- ☐ "(TECB) Healthbanks Biotech, Co., Ltd "
- ☐ (TH) Thai Stem Cell Donor Registry (TSCDR)
- ☐ (TOCB) Tokyo Cord Blood Bank
- ☐ (TPCB) BIONET/BabyBanks
- ☐ (TRAN) TRAN - Adult Donors
- ☐ (TRIS) Bone Marrow Bank of Istanbul Medical Faculty
- ☐ (TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors
- ☐ (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood
- ☐ (U1CB) National Marrow Donor Program - Cord Blood
- ☐ (USA1) National Marrow Donor Program - Adult Donors
- ☐ (USA2) America Bone Marrow Donor Registry
- ☐ (UY) SINDOME
- ☐ (VIAC) Viacord
- ☐ (W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood
- ☐ (WACB) Unrelated Bone Marrow Donor Registry - Cord Blood
- ☐ (ZA) South African Bone Marrow Registry
- ☐ (OTH) Other Registry →

9. Specify other Registry or UCB Bank: EGUCBS

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

10. Date of birth (donor/infant) dnrbdtkw dnrbdtkw2

☐ Known →

11. Date of birth: __ __ __ __ / __ __ / __ __ dnrbdate dnrbdate2
YYYY MM DD

☐ Unknown →

12. Age (donor/infant) dnragekw dnragekw2

☐ Known → 13. Age (dongor/infant) __ __ dnrage dnrage2

☐ Unknown 2 ☐ Months (use onlv if less than 1 vear old) 1 ☐ years

dageyrmo dageyrmo2 CD_DAGEYRMO 8=Unknown 9=Not answered or inconsistent

14. Sex (donor/infant) ☐ male 1 ☐ female 2 CD_SEX dnrsex dnrsex2

15. Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?

☐ yes ☐ no pdnmdpcb pdnmdpcb2

## Pre-Collection Therapy

Questions: 16-27

16. Did the donor receive therapy, prior to any stem cell harvest, to enhance the product collection for this HCT?

1 ☐ yes →
0 ☐ no

CD_DNRTREAT pbdtreat

3=NMDP donor
4=Cord blood unit
8=Unknown
9=Not answered

17. Growth and mobilizing factor(s) pbdgf

☐ yes → 18. G-CSF pbdgcsf ☐ yes ☐ no
☐ no 19. Pegylated G-CSF DNRPGCSF pbdpgcsf ☐ yes ☐ no
20. GM-CSF DNRGMCSF pbdgmcsf ☐ yes ☐ no
pbdplrix 21. Plerixafor (Mozobil) ☐ yes ☐ no
pbdgoth 22. Other growth or mobilizing factor
☐ yes → 23. Specify other growth or mobilizing factor: pbdgotsp
☐ no

pbauchem 24. Systemic therapy (chemotherapy) (autologous only)
☐ yes → 25. Anti-CD20 (rituximab, Rituxan) (autologous only)
☐ no ☐ yes ☐ no pbaucd20

pbothtrt 26. Other therapy
☐ yes → 27. Specify other therapy: pbotrtsp
☐ no

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Product Collection | Questions: 28-42

If more than one type of HCT product is infused, each product type must be analyzed and reported separately.
A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if appicable), even if the collections are performed on different days.

28. Date of first collection for this mobilization: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) pbharvdt

29. Was more than one collection required for this HCT?
☐ yes → IORECOL
☐ no
pbmocoll

**Complete a separate CIBMTR form 2006 – HCT Infustion for each subsequent collection that was not part of this mobilization.**
30. Specify the number of subsequent days of collection in this episode: OLLDAY
pbcolday

31. Were anticoagulants added to the product during collection?
☐ yes → NTICOA
☐ no
pbancoag

**Specify anticoagulant(s):**
32. Acid citrate dextrose (ACD) CDCOA pbacdcog ☐ yes ☐ no
33. Citrate phosphate dextrose (CPD) CPDCOAG pbcpdcog ☐ yes ☐ no
34. Heparin EPACOA pbhepcog ☐ yes ☐ no
35. Other anticoagulant THCOA pbothcog
☐ yes → 36. Specify other anticoagulant: TCOAGS pbocogsp
☐ no

37. Were anticoagulants added to the product before freezing?
☐ yes → NTCOGB pbantcob
☐ no

**Specify anticoagulant(s):**
38. Acid citrate dextrose (ACD) CDCOGB pbacdcob ☐ yes ☐ no
39. Citrate phosphate dextrose (CPD) PDCOGB pbcpdcob ☐ yes ☐ no
40. Heparin EPCOGB pbhepcob ☐ yes ☐ no
41. Other anticoagulant THCOGB pbothcob
☐ yes → 42. Specify other anticoagulant: COGSPB pbocobsp
☐ no

## Product Transport and Receipt | Questions: 43-56

43. Was this product collected off-site and shipped to your facility?
☐ yes → OFFSIT
☐ no
pboffsit

44. Date of receipt of product at your facility: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) RECEID pbrecidt

45. Time of receipt of product (24-hour clock): STDTIM pbrstdtm
pbrecitm RECEITM __ __ : __ __ (HH : MM) ☐ standard time 1 ☐ daylight savings time 2 CD_STDTIME
8=Unknown 99=Not Answered

46. Specify the shipping environment of the product(s) SHIPENV pbshienv
CD_PSHIPENV
1 ☐ Frozen gel pack (refrigerator temperature)
2 ☐ Frozen cord blood unit(s)
3 ☐ Room temperature per transplant center request

4=Other temperature
10=Liquid Nitrogen(NMDP legacy)
11=Refrigerated:1-8 degrees Cel(NMDP legacy)
12=Vaporphase Liquid Nitrogen(NMDP legacy)
13=Wet ice 2-6 degrees Celsius(NMDP legacy)

4 ☐ Other shipping environment → 47. Specify other shipping environment: SOENVS pboenvsp

48. Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment? **(Cord blood units only)** BOOTEM
☐ yes ☐ no

49 Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center? **(Cord blood units only)**
☐ yes ☐ no B2NDCO

50. Was the cord blood unit stored at your center prior to thawing? BSTORE
☐ yes → 51. Specify the storage method used for the cord blood unit BSTMET
☐ no
☐ Electric freezer ☐ Liquid nitrogen ☐ Vapor phase
3 1 2 CD_CBSTMETH

52. Temperature during storage BTEMP
1 ☐ < -150° C
2 ☐ ≥ -150° C to < -135° C
3 ☐ ≥ -135° C to < -80° C
4 ☐ ≥ -80° C
CD_CBTEMPC
8=Unknown
9=Not answered or inconsistent

53. Date storage started: BSTORD __ __ __ __ / __ __ / __ __
YYYY MM DD

**Report the total number of cells (not cells per kilogram) prior to cryopreservation: (Information provided for the unit by the cord blood bank).**

54. Total nucleated cells: BBNUCP ___ ___ ___ ___ ___ x 10 BBNUCE ___ ___ (Includes nucleated red and nucleated white cells) **(Cord blood units only)**

55. CD34+ cells **(cord blood units only)** BBCD34N
☐ Done → 56. Total number of CD34+ cells:
☐ Not done
BBCD34P ___ ___ ___ ___ ___ x 10 BBCD34E ___ ___

| Product Processing/Manipulation | Questions: 57-108 |
|---|---|

57. Was a fresh product received (e.g. not frozen)? **(NMDP products only)** RESPROD pbfrespd
1 ☐ Yes
0 ☐ No
7 ☐ not applicable, cord blood unit
CD_YESNO_NA

58. Was the entire fresh product cryopreserved at your facility prior to infusion? **(NMDP products only)** RESCRYO pbfscryo
☐ yes ☐ no

59. Was the product thawed from a cryopreserved state prior to infusion? THAWED pbthawed
☐ yes
☐ no

60. Was the entire product thawed? NTITHAW pbentitw
☐ yes
☐ no → 61. Was only a compartment of the bag thawed? **(Cord blood units only)** ☐ yes ☐ no OMPTHAW pbcomptw

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

TOTTBA pbmulbag 62. Were there multiple product bags?
☐ yes → 63. Specify number of bags thawed: BAGTHAW pbnbagtw
☐ no

64. Date thawing process initiated: THAWIND pbtwindt __ __ __ __ __ __ __ __
YYYY MM DD

THAWINTM pbtwintm 65. Time at initiation of thaw (24-hour clock):
CD_STDTIME ISTDTIME pbistdtm
___ ___ - ___ ___ ☐ standard time ☐ daylight savings time
HH MM 1 2

THAWCMTM pbtwcmtm 66. Time product ready for infusion or expansion (24-hour clock):
CD_STDTIME CSTDTIME pbcstdtm
___ ___ - ___ ___ ☐ standard time ☐ daylight savings time 8=Unknown 9=Not Answered
HH MM 1 2

INTATHAW pbintatw 67. Was the primary container (e.g., cord blood unit bag) intact upon thawing?
☐ yes ☐ no

THAWPROD pbthawpd 68. What method was used to thaw the product?
1 ☐ Waterbath 8=Unknown 9=Not answered or inconsistent CD_THAWPROD
2 ☐ Electric warmer pbothwsp
3 ☐ Other method → 69. Specify other method: OTHAWMSP

AETHAW pbaethaw 70. Did any adverse events, incidents, or product complaints occur while preparing or thawing the product?
☐ yes ☐ no

10=NMDP ABO incompatibility 77=Not App
15=NMDP PBSC Product 1 and 2 manip codes differ

71. Was the product manipulated prior to infusion? MANIPGVH pbmanpgv
1 ☐ yes → CD_MANIPGVH
0 ☐ no

2=Yes DBM(5/95) Q166 under Q162
3=089 no T-dep(Q47-H PGVHINV=0)
7=Double blind study 8=Unknown 9=Not answ

End Table PRODUCT

Start Table MANIPGVH pbmanip ALLMANI CD_ALLMANIP

72. Specify portion manipulated ☐ entire product ☐ portion of product 8=Unknown 9=Not answered
1 2

Specify all methods used to manipulate the product:

| | | | |
|---|---|---|---|
| 73. | Washed WASHED pbwashed | 1 ☐ yes | 0 ☐ no |
| 74. | Diluted DILUTED pbdilut | 1 ☐ yes | 0 ☐ no |
| 75. | Buffy coat enriched (buffy coat preparation) pbbuffcp BUFFCOAT | 1 ☐ yes | 0 ☐ no |
| 76. | B-cell reduced pbbcelrc BCELRDUC | 1 ☐ yes | 0 ☐ no |
| 77. | CD8 reduced pbcd8rc CD8RDUC | 1 ☐ yes | 0 ☐ no |
| 78. | Plasma reduced (removal) pbplarmv PLASMRMV | 1 ☐ yes | 0 ☐ no |
| 79. | RBC reduced pbrbcrc RBCRDUC | 1 ☐ yes | 0 ☐ no |
| 80. | Cultured (ex-vivo expansion) pbvivexp EXVIVEXP | 1 ☐ yes | 0 ☐ no |
| 81. | Genetic manipulation (gene transfer/transduction) pbgenemn ENETMA | 1 ☐ yes | 0 ☐ no |
| 82. | PUVA treated pbpuvatr PUVATRT | 1 ☐ yes | 0 ☐ no |
| 83. | CD34 enriched (CD34+ selection) pbcd34mn CD34MAN | 1 ☐ yes | 0 ☐ no |
| 84. | CD133 enriched pbcd133e CD133ENR | 1 ☐ yes | 0 ☐ no |
| 85. | Monocyte enriched pbmonoce MONOCENR | 1 ☐ yes | 0 ☐ no |
| 86. | Mononuclear cells enriched pbmonone MONONENR | 1 ☐ yes | 0 ☐ no |

87. T-cell depletion TDEPMAN pbtdepmn
☐ yes → **Specify method:**
☐ no

88. Antibody affinity column ABCOLUM pbabcolu
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

89. Antibody coated plates ABPLATE pbabplat
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

pbleabpl
90. Antibody coated plates and soybean lectin LECTABPL
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

91. Antibody + toxin ABTOXIN pbabtoxi
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

92. Immunomagnetic beads MBEADS pbmbeads
☐ yes - **Report the antibodies used for T-cell depletion at question 96**
☐ no

CD34SRBC pbcd34sr
93. CD34 affinity column plus sheep red blood cell rosetting ☐ yes ☐ no

OTHMANIP pbothman
94. Other cell manipulation
☐ yes → 95. Specify other cell manipulation: OTHMANSP pbtdotsp
☐ no

ABMANIP pbabman
96. Were antibodies used during product manipulation?
☐ yes → **Specify antibodies:**
☐ no

97. Anti CD2 ABCD2 pbabcd2 ☐ yes ☐ no
98. Anti CD3 ABCD3 pbabcd3 ☐ yes ☐ no
99. Anti CD4 ABCD4 pbabcd4 ☐ yes ☐ no
100. Anti CD5 ABCD5 pbabcd5 ☐ yes ☐ no
101. Anti CD6 ABCD6 pbabcd6 ☐ yes ☐ no
102. Anti CD7 ABCD7 pbabcd7 ☐ yes ☐ no
103. Anti CD8 ABCD8 pbabcd8 ☐ yes ☐ no
104. Anti CD19 ABCD19 pbabcd19 ☐ yes ☐ no
105. a/ß antibody ABABMAN pbababma ☐ yes ☐ no

pbabcd52 ABCD52
106. Anti CD52 (Campath) ☐ yes ☐ no

pbaboth ABOTH
107. Other antibody
☐ yes → 108. Specify other antibody: ABOTHSP pbabotsp
☐ no

End Table MANIPGVH

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Start Table AUTO_GFT** **Autologous Products Only** | Questions: 109-157

**The following section refers to autologous products only, including autologous cord blood; if this is not an autologous HCT, continue with the Product Analysis section at question 158.**

109. Were tumor cells detected in the recipient or autologous product prior to HCT?

1 ☐ yes → **Specify tumor cell detection method used and site(s) of tumor cells:**
0 ☐ no TUMORDET

CD_TUMORDET pbtumdet
2=No, from legacy 002APB/ABM
3=Not tested
8=Unknown
9=Not Answered

110. Routine histopathology HPATHDET pbhptdet
☐ yes → **Specify site(s):** pbhpcc CD_YN_NOTTEST
☐ no
111. Circulating blood cells HPATHCC 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbhpbmp HPATHBMP 112. Bone marrow (in the interval between last systemic therapy and collection) 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbhpbma HPATHBMA 113. Collected cells (before purging) 1 ☐ Yes 0 ☐ No 3 ☐ Not done

114. Polymerase chain reaction (PCR) PCRDET pbpcrdet
☐ yes → **Specify site(s):** pbpcrcc
☐ no
115. Circulating blood cells PCRCC 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbpcrbmp PCRBMP 116. Bone marrow (in the interval between last systemic therapy and collection) 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbpcrbma PCRBMA 117. Collected cells (before purging) 1 ☐ Yes 0 ☐ No 3 ☐ Not done

MTECHDET 118. Other molecular technique
pbmtdet ☐ yes → 119. Specify method: MTECHSP pbmtchsp
☐ no **Specify site(s):** pbmolcc
120. Circulating blood cells MTECHCC 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbmolbmp MTECHBMP 121. Bone marrow (in the interval between last systemic therapy and collection) 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbmolbma MTECHBMA 122. Collected cells (before purging) 1 ☐ Yes 0 ☐ No 3 ☐ Not done

IHCDET 123. Immunohistochemistry
pbihcdet ☐ yes → **Specify site(s):** pbihccc
☐ no
124. Circulating blood cells IHCCC 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbihcbmp IHCBMP 125. Bone marrow (in the interval between last systemic therapy and collection) 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbihcbma IHCBMA 126. Collected cells (before purging) 1 ☐ Yes 0 ☐ No 3 ☐ Not done

CCULTDET 127. Cell culture technique
pbcctdet ☐ yes → **Specify site(s):** pbcctcc
☐ no
128. Circulating blood cells CCULTCC 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbcctbmp CCULTBMP 129. Bone marrow (in the interval between last systemic therapy and collection) 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbcctbma CCULTBMA 130. Collected cells (before purging) 1 ☐ Yes 0 ☐ No 3 ☐ Not done

OMETHDET 131. Other technique
pbothdet ☐ yes → 132. Specify: OMETHPSP pbothsp
☐ no **Specify site(s):**
pbothcc OMETHCC 133. Circulating blood cells 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbothbmp OMETHBMP 134. Bone marrow (in the interval between last systemic therapy and collection) 1 ☐ Yes 0 ☐ No 3 ☐ Not done
pbothbma OMETHBMA 135. Collected cells (before purging) 1 ☐ Yes 0 ☐ No 3 ☐ Not done

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

136. Was the product treated to remove malignant cells (purged)?

☐ yes → PURGED pbpurged
☐ no

**Specify method(s) used:**

137. Monoclonal antibody PRGMAB pbprgmab
☐ yes → 138. Specify monoclonal antibody: PRGMABSP pbpmabsp
☐ no

pbprg4hc PRG4HC 139. 4-hydroperoxycyclophosphamide (4HC) ☐ yes ☐ no

pbprgmaf PRGMAF 140. Mafosfamide ☐ yes ☐ no

pbprgodg PRGODRG 141. Other drug
☐ yes → 142. Specify other drug: PRGODRSP pbpodgsp
☐ no

pbprgelu PRGELU 143. Elutriation ☐ yes ☐ no

pbprgimc PRGIMC 144. Immunomagnetic column ☐ yes ☐ no

pbprgtox PRGTOX 145. Toxin
☐ yes → 146. Specify toxin: PRGTOXSP pbptoxsp
☐ no

PRGPOSEL pbprgpos 147. CD34 selection (other than preparation of mononuclear fraction)
☐ yes → 148. Specify method: PRGPOSSP pbpposSP
☐ no

PRGOTH pbprgoth 149. Other method
☐ yes → 150. Specify: PRGOTHSP pbpothsp
☐ no

**Specify if tumor cells were detected in the graft after purging by each method used:**

pbhpap HPATHAP 151. Routine histopathology ☐ Yes ☐ No ☐ Not done

pbpcrap PCRAP 152. Polymerase chain reaction (PCR) ☐ Yes ☐ No ☐ Not done

pbmolap MTECHAP 153. Other molecular technique ☐ Yes ☐ No ☐ Not done

pbihcap IHCAP 154. Immunohistochemistry ☐ Yes ☐ No ☐ Not done

pbcctap CCULTAP 155. Cell culture technique ☐ Yes ☐ No ☐ Not done

OMETHAP pbothap 156. Other
☐ Yes → 157. Specify: OMETHASP pbotapsp
☐ No
☐ Not done

End Table AUTO-GFT

Start Table ANALYSIS **Product Analysis (All Products)** Questions: 158-195

158. Specify the timepoint in the product preparation phase that the product was analyzed

TIMEPREP / CD_TIMEPREP

**1** ☐ Product arrival (pbarrivl) **2** ☐ Pre-cryopreservation (pbpcryop) **3** ☐ Post-thaw (pbpsthaw) **5** ☐ At infusion (pbinfus)

**4=Post-manipulation**
**88=Unknown**
**99=Not answered**

159. Date of product analysis: ANALYSDT pbaalydt pbpalydt pbtalydt pbmalydt pbialydt
__ __ __ __ - __ __ - __ __
YYYY MM DD

160. Total volume of product plus additives: ANAVOLUM pbavolum pbpvolum pbtvolum pbmvolum pbivolum
___ ___ ___ ___ ___ • ___

NCWBCEXP

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**In this section, report the total number of cells (not cells per kilogram) not corrected for viability**

161. Total nucleated cells (TNC) (Includes nucleated red and nucleated white cells)
- ☐ Done → pbanuclt pbpnuclt
- ☐ Not done NUCELNOT pbmnuclt pbtnuclt pbinuclt

162. Total nucleated cells: NUCELTOT ___ ___ ___ ___ . ___ ___ x 10 ___ ___ NUCELEXP pbmnucle
pbanucle pbpnucle pbanuclt – pbpnuclt – pbtnuclt – pbinucle – pbtnucle pbmnuclt pbinuclt

163. Nucleated white blood cells
- ☐ Done → pbanwbcn pbpnwbcn
- ☐ Not done NCWBCNOT pbtnwbcn pbinwbcn

164. Total number of nucleated white blood cells: NCWBCTOT ___ ___ ___ ___ . ___ ___ x 10 NCWBCEXP
pbanwbce pbpnwbce pbtnwbct pbanwbct – pbpnwbct – pbtnwbce – pbinwbce pbinwbct

165. Mononuclear cells
- ☐ Done → pbamocnt pbpmocnt
- ☐ Not done MOCELNOT pbtmocnt pbmmocnt pbimocnt

166. Total number of mononuclear cells: MOCELTOT ___ ___ ___ ___ . ___ ___ x 10 MOCELEXP
pbamocle pbpmocle pbamoclt – pbpmoclt – pbtmoclt – pbtmocle – pbmmocle pbmmoclt pbimoclt pbimocle

167. Nucleated red blood cells
- ☐ Done → pbanrbnt pbpnrbnt
- ☐ Not done NCRBCNOT pbtnrbnt pbmnrbnt pbinrbnt

168. Total number of nucleated red blood cells: NCRBCTOT ___ ___ ___ ___ . ___ ___ x 10 NCRBCEXP
pbanrbce pbpnrbce pbanrbct – pbpnrbct – pbtnrbct – pbtnrbce pbmnrbce pbmnrbct pbinrbct pbinrbce

169. CD34+ cells
- ☐ Done → pbacd34n pbpcd34n
- ☐ Not done CD34NOT pbtcd34n pbmcd34n pbicd34n

170. Total number of CD34+ cells: CD34TOT ___ ___ ___ ___ • ___ ___ x 10 CD34EXP
pbacd34e pbpcd34e pbacd34t – pbpcd34t – pbtcd34t – pbtcd34e pbmcd34e pbmcd34t pbicd34t pbicd34e

171. CD3+ cells
- ☐ Done → pbacd3nt pbpcd3nt
- ☐ Not done CD3NOT pbtcd3nt pbmcd3nt pbicd3nt

172. Total number of CD3+ cells: CD3TOT ___ ___ ___ ___ • ___ ___ x 10 CD3EXP
pbacd3e pbpcd3e pbacd3t – pbpcd3t – pbtcd3t – pbtcd3e – pbmcd3e pbmcd3t pbicd3t pbicd3e

173. CD3+CD4+ cells
- ☐ Done → pbac3c4n pbpc3c4n
- ☐ Not done CD3CD4NT pbtc3c4n pbic3c4n

174. Total number of CD3+CD4+ cells: CD3CD4TO ___ ___ ___ ___ x 10 CD3CD4EX
pbac3c4t – pbpc3c4t – pbtc3c4t – pbic3c4t pbac3c4e pbpc3c4e pbtc3c4e pbic3c4e

175. CD3+CD8+ cells
- ☐ Done → pbac3c8n pbpc3c8n
- ☐ Not done CD3CD8NT pbtc3c8n pbic3c8n

176. Total number of CD3+CD8+ cells: CD3CD8TO ___ ___ ___ ___ x 10 CD3CD8EX
pbac3c8t pbpc3c8t – pbtc3c8t – pbic3c8t pbac3c8e pbpc3c8e pbtc3c8e pbic3c8e

177. Viability of cells
- ☐ Done →
- ☐ Not done VIABINOT pbpvbcnt pbtvbcnt pbmvbcnt pbivbcnt pbavbcnt

178. Viability of cells: VIABICEL pbavbclt pbpvbclt pbtvbclt pbmvbclt pbivbclt

179. Method of testing cell viability VIABIMET
1. ☐ 7-AAD CD_VIABIMET pbavbmet pbpvbmet pbtvbmet pbmvbmet pbivbmet
2. ☐ Propidium iodide
3. ☐ Trypan blue
4. ☐ Other method → 180. Specify other method: VIABOMSP pbtvbosp – pbmvbosp – pbivbosp pbpvbosp pbavbosp

181. Were the colony-forming units (CFU) assessed after thawing? **(Cord blood units only)**
- ☐ yes →
- ☐ no CBCFUAT

182. Was there growth? ☐ yes ☐ no CBCFUGRW

183. Total CFU-GM CBCFUGNT
- ☐ Done → 184. Total CFU-GM: ___ ___ ___ ___ ___ x 10 CBCFUGEX
- ☐ Not done

185. Total BFU-E CBBFUENT
- ☐ Done → 186. Total BFU-E: ___ ___ ___ ___ • ___ x 10 CBBFUEXP
- ☐ Not done

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

187. Were cultures performed before infusion to test the product(s) for bacterial or fungal infection? **(complete for all cell products)**

☐ yes → GRAFTCUL
pbacultu pbpcultu pbtcultu pbmcultu pbicultu

☐ no

CD_POSNEG - **3=Not done 2=Indeterminate/equivocal (095LYM)**

188. Specify results ☐ Positive **1** ☐ Negative **0** ☐ Unknown **8** CULRESLT
pbaclrsl pbpclrsl pbtclrsl pbmclrsl pbiclrsl

**Specify organism(s):** CD_ORGNSM

189. ☐ 121 Acinetobacter **121** CULORG1
pbacorg1 pbpcorg1 pbtcorg1 pbmcorg1 pbicorg1

**122** ☐ 122 Actinomyces
**123** ☐ 123 Bacillus
**124** ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
**125** ☐ 125 Bordetella pertussis (whooping cough)
**126** ☐ 126 Borrelia (lyme disease)
**127** ☐ 127 Branhamella or Moraxella catarrhalis(other species)
**128** ☐ 128 Campylobacter (all species)
**129** ☐ 129 Capnocytophaga
**171** ☐ 171 Chlamydia pneumoniae
**172** ☐ 172 Other chlamydia, specify
**113** ☐ 113 Chlamydia, NOS
**130** ☐ 130 Citrobacter (freundii, other species)
**131** ☐ 131 Clostridium (all species except difficile)
**132** ☐ 132 Clostridium difficile
**173** ☐ 173 Corynebacterium jeikeium
**133** ☐ 133 Corynebacterium (all non-diptheria species)
**101** ☐ 101 Coxiella
**134** ☐ 134 Enterobacter
**177** ☐ 177 Enterococcus, vancomycin resistant(VRE)
**135** ☐ 135 Enterococcus(all species)
**136** ☐ 136 Escherichia (also E.coli)
**137** ☐ 137 Flavimonas oryzihabitans
**138** ☐ 138 Flavobacterium
**139** ☐ 139 Fusobacterium
**144** ☐ 144 Haemophilus(all species, including influenzae)
**145** ☐ 145 Helicobacter pylori
**146** ☐ 146 Klebsiella
**147** ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
**102** ☐ 102 Legionella
**103** ☐ 103 Leptospira
**148** ☐ 148 Leptorichia buccalis
**149** ☐ 149 Leuconostoc(all species)
**104** ☐ 104 Listeria
**150** ☐ 150 Methylobacterium
**151** ☐ 151 Micrococcus, NOS
**112** ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
**174** ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
**110** ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
**175** ☐ 175 Other mycobacterium, specify

- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- 198 ☐ 198 Other bacteria, specify
- 501 ☐ 501 Suspected atypical bacterial infection
- 502 ☐ 502 Suspected bacterial infection
- 200 ☐ 200 Candida, NOS
- 201 ☐ 201 Candida albicans
- 206 ☐ 206 Candida guillermondi
- 202 ☐ 202 Candida krusei
- 207 ☐ 207 Candida lusitaniae
- 203 ☐ 203 Candida parapsilosis
- 204 ☐ 204 Candida tropicalis
- 205 ☐ 205 Candida (Torulopsis) glabrata
- 209 ☐ 209 Other Candida, specify
- 210 ☐ 210 Aspergillus, NOS
- 211 ☐ 211 Aspergillus flavus
- 212 ☐ 212 Aspergillus fumigatus
- 213 ☐ 213 Aspergillus niger
- 219 ☐ 219 Other Aspergillus, specify
- 220 ☐ 220 Cryptococcus species
- 230 ☐ 230 Fusarium species
- 261 ☐ 261 Histoplasmosis

240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

190. ☐ 121 Acinetobacter 121 CD_ORGNSM CULORG2
122 ☐ 122 Actinomyces pbacorg2 pbpcorg2
123 ☐ 123 Bacillus pbtcorg2 pbmcorg2
pbicorg2
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)
145 ☐ 145 Helicobacter pylori
146 ☐ 146 Klebsiella
147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
102 ☐ 102 Legionella
103 ☐ 103 Leptospira
148 ☐ 148 Leptorichia buccalis
149 ☐ 149 Leuconostoc(all species)
104 ☐ 104 Listeria
150 ☐ 150 Methylobacterium
151 ☐ 151 Micrococcus, NOS

- **112** ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
- **174** ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- **110** ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- **175** ☐ 175 Other mycobacterium, specify
- **176** ☐ 176 Mycobacterium, NOS
- **105** ☐ 105 Mycoplasma
- **152** ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- **106** ☐ 106 Nocardia
- **153** ☐ 153 Pasteurella multocida
- **154** ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- **155** ☐ 155 Proteus
- **156** ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- **157** ☐ 157 Pseudomonas or Burkholderia cepacia
- **158** ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- **159** ☐ 159 Rhodococcus
- **107** ☐ 107 Rickettsia
- **160** ☐ 160 Salmonella (all species)
- **161** ☐ 161 Serratia marcescens
- **162** ☐ 162 Shigella
- **163** ☐ 163 Staphylococcus, coagulase negative(not aureus)
- **164** ☐ 164 Staphylococcus aureus
- **165** ☐ 165 Staphylococcus, NOS
- **166** ☐ 166 Stomatococcus mucilaginosis
- **167** ☐ 167 Streptococcus (all species except Enterococcus)
- **178** ☐ 178 Streptococcus pneumoniae
- **168** ☐ 168 Treponema ( syphilis )
- **169** ☐ 169 Vibrio (all species)
- **197** ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- **198** ☐ 198 Other bacteria, specify
- **501** ☐ 501 Suspected atypical bacterial infection
- **502** ☐ 502 Suspected bacterial infection
- **200** ☐ 200 Candida, NOS
- **201** ☐ 201 Candida albicans
- **206** ☐ 206 Candida guillermondi
- **202** ☐ 202 Candida krusei
- **207** ☐ 207 Candida lusitaniae
- **203** ☐ 203 Candida parapsilosis
- **204** ☐ 204 Candida tropicalis
- **205** ☐ 205 Candida (Torulopsis) glabrata
- **209** ☐ 209 Other Candida, specify
- **210** ☐ 210 Aspergillus, NOS
- **211** ☐ 211 Aspergillus flavus
- **212** ☐ 212 Aspergillus fumigatus

213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

191. ☐ 121 Acinetobacter **121** CULORG3 pbacorg3 pbpcorg3
122 ☐ 122 Actinomyces CD_ORGNSM pbtcorg3 pbmcorg3
123 ☐ 123 Bacillus pbicorg3
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)
145 ☐ 145 Helicobacter pylori
146 ☐ 146 Klebsiella
147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
102 ☐ 102 Legionella
103 ☐ 103 Leptospira

148 ☐ 148 Leptorichia buccalis
149 ☐ 149 Leuconostoc(all species)
104 ☐ 104 Listeria
150 ☐ 150 Methylobacterium
151 ☐ 151 Micrococcus, NOS
112 ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
175 ☐ 175 Other mycobacterium, specify
176 ☐ 176 Mycobacterium, NOS
105 ☐ 105 Mycoplasma
152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
106 ☐ 106 Nocardia
153 ☐ 153 Pasteurella multocida
154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
155 ☐ 155 Proteus
156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
157 ☐ 157 Pseudomonas or Burkholderia cepacia
158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
159 ☐ 159 Rhodococcus
107 ☐ 107 Rickettsia
160 ☐ 160 Salmonella (all species)
161 ☐ 161 Serratia marcescens
162 ☐ 162 Shigella
163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
164 ☐ 164 Staphylococcus aureus
165 ☐ 165 Staphylococcus, NOS
166 ☐ 166 Stomatococcus mucilaginosis
167 ☐ 167 Streptococcus (all species except Enterococcus)
178 ☐ 178 Streptococcus pneumoniae
168 ☐ 168 Treponema ( syphilis )
169 ☐ 169 Vibrio (all species)
197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
198 ☐ 198 Other bacteria, specify
501 ☐ 501 Suspected atypical bacterial infection
502 ☐ 502 Suspected bacterial infection
200 ☐ 200 Candida, NOS
201 ☐ 201 Candida albicans
206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis

205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

192. ☐ 121 Acinetobacter
121 CULORG4 pbacorg4 pbpcorg4
122 ☐ 122 Actinomyces CD_ORGNSM pbtcorg4 pbmcorg4
123 ☐ 123 Bacillus pbicorg4
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)
136 ☐ 136 Escherichia (also E.coli)
137 ☐ 137 Flavimonas oryzihabitans
138 ☐ 138 Flavobacterium
139 ☐ 139 Fusobacterium
144 ☐ 144 Haemophilus(all species, including influenzae)

- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc(all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare(MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes
- 198 ☐ 198 Other bacteria, specify
- 501 ☐ 501 Suspected atypical bacterial infection
- 502 ☐ 502 Suspected bacterial infection
- 200 ☐ 200 Candida, NOS
- 201 ☐ 201 Candida albicans

206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

193. ☐ 121 Acinetobacter 121 CULORG5 pbacorg5 pbpcorg5 pbtcorg5 pbmcorg5 pbicorg5
122 ☐ 122 Actinomyces CD_ORGNSM
123 ☐ 123 Bacillus
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium
133 ☐ 133 Corynebacterium (all non-diptheria species)
101 ☐ 101 Coxiella
134 ☐ 134 Enterobacter
177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
135 ☐ 135 Enterococcus(all species)

- 136 ☐ 136 Escherichia (also E.coli)
- 137 ☐ 137 Flavimonas oryzihabitans
- 138 ☐ 138 Flavobacterium
- 139 ☐ 139 Fusobacterium
- 144 ☐ 144 Haemophilus(all species, including influenzae)
- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc(all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare (MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis
- 167 ☐ 167 Streptococcus (all species except Enterococcus)
- 178 ☐ 178 Streptococcus pneumoniae
- 168 ☐ 168 Treponema ( syphilis )
- 169 ☐ 169 Vibrio (all species)
- 197 ☐ 197 Multiple bacteria at a single site, specify bacterial codes

198 ☐ 198 Other bacteria, specify
501 ☐ 501 Suspected atypical bacterial infection
502 ☐ 502 Suspected bacterial infection
200 ☐ 200 Candida, NOS
201 ☐ 201 Candida albicans
206 ☐ 206 Candida guillermondi
202 ☐ 202 Candida krusei
207 ☐ 207 Candida lusitaniae
203 ☐ 203 Candida parapsilosis
204 ☐ 204 Candida tropicalis
205 ☐ 205 Candida (Torulopsis) glabrata
209 ☐ 209 Other Candida, specify
210 ☐ 210 Aspergillus, NOS
211 ☐ 211 Aspergillus flavus
212 ☐ 212 Aspergillus fumigatus
213 ☐ 213 Aspergillus niger
219 ☐ 219 Other Aspergillus, specify
220 ☐ 220 Cryptococcus species
230 ☐ 230 Fusarium species
261 ☐ 261 Histoplasmosis
240 ☐ 240 Zygomycetes, NOS
241 ☐ 241 Mucormycosis
242 ☐ 242 Rhizopus
250 ☐ 250 Yeast, NOS
259 ☐ 259 Other fungus, specify
260 ☐ 260 Pneumocystis (PCP/PJP)
503 ☐ 503 Suspected fungal infection

194. ☐ 121 Acinetobacter **121** CULORG6 pbacorg6 pbpcorg6
122 ☐ 122 Actinomyces CD_ORGNSM pbtcorg6 pbmcorg6
123 ☐ 123 Bacillus pbicorg6
124 ☐ 124 Bacteroides(gracillis,uniformis,vulgaris, other species)
125 ☐ 125 Bordetella pertussis (whooping cough)
126 ☐ 126 Borrelia (lyme disease)
127 ☐ 127 Branhamella or Moraxella catarrhalis(other species)
128 ☐ 128 Campylobacter (all species)
129 ☐ 129 Capnocytophaga
171 ☐ 171 Chlamydia pneumoniae
172 ☐ 172 Other chlamydia, specify
113 ☐ 113 Chlamydia, NOS
130 ☐ 130 Citrobacter (freundii, other species)
131 ☐ 131 Clostridium (all species except difficile)
132 ☐ 132 Clostridium difficile
173 ☐ 173 Corynebacterium jeikeium

- 133 ☐ 133 Corynebacterium (all non-diptheria species)
- 101 ☐ 101 Coxiella
- 134 ☐ 134 Enterobacter
- 177 ☐ 177 Enterococcus, vancomycin resistant(VRE)
- 135 ☐ 135 Enterococcus (all species)
- 136 ☐ 136 Escherichia (also E.coli)
- 137 ☐ 137 Flavimonas oryzihabitans
- 138 ☐ 138 Flavobacterium
- 139 ☐ 139 Fusobacterium
- 144 ☐ 144 Haemophilus(all species, including influenzae)
- 145 ☐ 145 Helicobacter pylori
- 146 ☐ 146 Klebsiella
- 147 ☐ 147 Lactobacillus(bulgaricus, acidophilus, other species)
- 102 ☐ 102 Legionella
- 103 ☐ 103 Leptospira
- 148 ☐ 148 Leptorichia buccalis
- 149 ☐ 149 Leuconostoc (all species)
- 104 ☐ 104 Listeria
- 150 ☐ 150 Methylobacterium
- 151 ☐ 151 Micrococcus, NOS
- 112 ☐ 112 Mycobacterium avium-intracellulare (MAC, MAI)
- 174 ☐ 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
- 110 ☐ 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
- 175 ☐ 175 Other mycobacterium, specify
- 176 ☐ 176 Mycobacterium, NOS
- 105 ☐ 105 Mycoplasma
- 152 ☐ 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 ☐ 106 Nocardia
- 153 ☐ 153 Pasteurella multocida
- 154 ☐ 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 ☐ 155 Proteus
- 156 ☐ 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 ☐ 157 Pseudomonas or Burkholderia cepacia
- 158 ☐ 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 ☐ 159 Rhodococcus
- 107 ☐ 107 Rickettsia
- 160 ☐ 160 Salmonella (all species)
- 161 ☐ 161 Serratia marcescens
- 162 ☐ 162 Shigella
- 163 ☐ 163 Staphylococcus, coagulase negative(not aureus)
- 164 ☐ 164 Staphylococcus aureus
- 165 ☐ 165 Staphylococcus, NOS
- 166 ☐ 166 Stomatococcus mucilaginosis

**167** ☐ 167 Streptococcus (all species except Enterococcus)
**178** ☐ 178 Streptococcus pneumoniae
**168** ☐ 168 Treponema (syphilis)
**169** ☐ 169 Vibrio (all species)
**197** ☐ 197 Multiple bacteria at a single site, specify bacterial codes
**198** ☐ 198 Other bacteria, specify ***- Go to question 195***
**501** ☐ 501 Suspected atypical bacterial infection
**502** ☐ 502 Suspected bacterial infection
**200** ☐ 200 Candida, NOS
**201** ☐ 201 Candida albicans
**206** ☐ 206 Candida guillermondi
**202** ☐ 202 Candida krusei
**207** ☐ 207 Candida lusitaniae
**203** ☐ 203 Candida parapsilosis
**204** ☐ 204 Candida tropicalis
**205** ☐ 205 Candida (Torulopsis) glabrata
**209** ☐ 209 Other Candida, specify ***- Go to question 195***
**210** ☐ 210 Aspergillus, NOS
**211** ☐ 211 Aspergillus flavus
**212** ☐ 212 Aspergillus fumigatus
**213** ☐ 213 Aspergillus niger
**219** ☐ 219 Other Aspergillus, specify ***- Go to question 195***
**220** ☐ 220 Cryptococcus species
**230** ☐ 230 Fusarium species
**261** ☐ 261 Histoplasmosis
**240** ☐ 240 Zygomycetes, NOS
**241** ☐ 241 Mucormycosis
**242** ☐ 242 Rhizopus
**250** ☐ 250 Yeast, NOS
**259** ☐ 259 Other fungus, specify ***- Go to question 195***
**260** ☐ 260 Pneumocystis (PCP/PJP)
**503** ☐ 503 Suspected fungal infection

pbpcosp1

195. Specify organism: CUORGSP1 pbacosp1
pbtcosp1 pbmcosp1 pbicosp1

**Copy questions 158 - 195 if needed for Product Analysis**

End Table ANALYSIS

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Start Table PRODUCT** | **Product Infusion** | Questions: 196-249

196. Date of this product infusion: PRDINFDT pbpinfdt ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY MM DD)

197. Was more than one product infused? **(e.g., marrow and PBSC, PBSC and cord blood, two different cords, etc.)**

☐ yes → MOREPROD pbmoprod
☐ no

198. Was the product infusion described on this insert intended to produce hematopoietic engraftment? ☐ yes ☐ no INFENGFT pbifengf

199. Date infusion started: INFSTRDT pbistrdt ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY MM DD) pbifintm pbifistm

200. Time product infusion initiated (24-hour clock): INFINITM IFISTDTM CD_STDTIME ___ ___ - ___ ___ (HH MM) ☐ standard time 1 ☐ daylight savings time 2 **8=Unknown 9=Not answered**

201. Date infusion stopped: INFSTPDT pbistpdt ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY MM DD) pbifcmtm pbifcstm

202. Time product infusion completed (24-hour clock): INFCMPTM IFCSTDTM CD_STDTIME ___ ___ ___ ___ (HH MM) ☐ standard time 1 ☐ daylight savings time 2 **8=Unknown 9=Not answered**

203. Total volume of product plus additives intended for infusion: INFTOVOL pbiftvol ___ ___ ___ ___ ___ • ___ mL

204. Was the entire volume of product infused?

☐ yes
☐ no → ENTIRVOL pbentvol

205. Specify what happened to the reserved portion RESVPORT pbrsvpor

1 ☐ discarded
2 ☐ cryopreserved for future use
3 ☐ other fate → 206. Specify other fate: OTFATESP pbofatsp

CD_RESVPORT **8=Unknown 9=Not answered**

207. Specify the route of product infusion INFROUTE pbifrout

1 ☐ intravenous
2 ☐ intramedullary
3 ☐ intraperitoneal
4 ☐ other route of infusion →

CD_INFROUTE **11=Intra arterial 12=Intra arterial 13=Intra arterial 14=Intraorgan 15=Locally in the tissue 88=Unknown 99=Not answered**

208. Specify other route of infusion: INFORTSP pbiforsp _____

**The following questions refer to all stem cell products except for autologous marrow and autologous PBSC products. If this HCT used an autologous marrow or autologous PBSC product, continue with the signature lines.**

209. Were there any adverse events or incidents associated with the stem cell infusion?

☐ yes → INFUSAE pbinfsae
☐ no

**End Table PRODUCT**

**Start Table INFUSAE**

**Specify the following adverse event(s):**

210. Brachycardia BRACHYAE pbbracae
☐ yes → 211. In the Medical Director's judgment, was the adverse event a direct result of the infusion? BRCRSTAE pbbrcrae ☐ yes ☐ no
☐ no

CHESTAE pbchstae
212. Chest tightness/pain
☐ yes → 213. In the Medical Director's judgment, was the adverse event a direct result of the infusion? CHSRSTAE pbchsrae ☐ yes ☐ no
☐ no

CHILLAE pbchilae
214. Chills at time of infusion
☐ yes → 215. In the Medical Director's judgment, was the adverse event a direct result of the infusion? CHLRSTAE pbchlrae ☐ yes ☐ no
☐ no

FEVLEAE pbfvleae
216. Fever ≤ 103° F within 24 hours of infusion
☐ yes → 217. In the Medical Director's judgment, was the adverse event a direct result of the infusion? FELRSTAE pbfelrae ☐ yes ☐ no
☐ no

FEVGTAE pbfvgtae
218. Fever > 103° F within 24 hours of infusion
☐ yes → 219. In the Medical Director's judgment, was the adverse event a direct result of the infusion? FEGRSTAE pbfegrae ☐ yes ☐ no
☐ no

GROHBAE pbgrhbae
220. Gross hemoglobinuria
☐ yes → 221. In the Medical Director's judgment, was the adverse event a direct result of the infusion? GRHRSTAE pbgrhrae ☐ yes ☐ no
☐ no

HEADAE pbheadae
222. Headache
☐ yes → 223. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HEDRSTAE pbhedrae ☐ yes ☐ no
☐ no

HIVESAE pbhiveae
224. Hives
☐ yes → 225. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HIVRSTAE pbhivrae ☐ yes ☐ no
☐ no

HYPERTAE pbhypeae
226. Hypertension
☐ yes → 227. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HPRRSTAE ☐ yes ☐ no
☐ no

HYPOTAE pbhypoae
228. Hypotension
☐ yes → 229. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HPORSTAE pbhprrae ☐ yes ☐ no
☐ no

HYPOXAE pbhypxae
230. Hypoxia requiring oxygen ($O_2$) support
☐ yes → 231. In the Medical Director's judgment, was the adverse event a direct result of the infusion? HPXRSTAE pbhpxrae ☐ yes ☐ no
☐ no

NAUSEAE pbnausae
232. Nausea
☐ yes → 233. In the Medical Director's judgment, was the adverse event a direct result of the infusion? NUSRSTAE pbnusrae ☐ yes ☐ no
☐ no

RIGMILAE pbrmilae
234. Rigors, mild
☐ yes → 235. In the Medical Director's judgment, was the adverse event a direct result of the infusion? RGMRSTAE pbrgmrae ☐ yes ☐ no
☐ no

RIGSEVAE pbrsevae
236. Rigors, severe
☐ yes → 237. In the Medical Director's judgment, was the adverse event a direct result of the infusion? RGSRSTAE pbrgsrae ☐ yes ☐ no
☐ no

SOBAE pbsobae
238. Shortness of breath (SOB)
☐ yes → 239. In the Medical Director's judgment, was the adverse event a direct result of the infusion? SOBRSTAE pbsobrae ☐ yes ☐ no
☐ no

TACHYAE pbtachae
240. Tachycardia
☐ yes → 241. In the Medical Director's judgment, was the adverse event a direct result of the infusion? TCHRSTAE pbtchrae ☐ yes ☐ no
☐ no

VOMITAE pbvomtae
242. Vomiting
☐ yes → 243. In the Medical Director's judgment, was the adverse event a direct result of the infusion? VOMRSTAE pbvomrae ☐ yes ☐ no
☐ no

OEXPAE pboexpae
244. Other expected AE
☐ yes → 245. Specify other expected AE: OEXPAESP pboeaesp
☐ no 246. In the Medical Director's judgment, was the adverse event a direct result of the infusion? OEXRSTAE pboexrae ☐ yes ☐ no

OUNEXPAE pbouexae
247. Other unexpected AE
☐ yes → 248. Specify other unexpected AE: OUNEXPSP pbouexsp
☐ no 249. In the Medical Director's judgment, was the adverse event a direct result of the infusion? OUNRSTAE pbounrae ☐ yes ☐ no

End Table INFUSAE

## Start Table DONOR — Donor/Infant Demographic Information — Questions: 250-285

**The Donor Demographic Information section (questions 250-270) is to be completed for all non-NMDP allogeneneic donors. If the stem cell product was from an NMDP donor or an autologous donor, continue with the signature lines.**

250. Was the donor ever pregnant?
1 ☐ Yes → DNRPREG dnrpreg dnrpreg2
0 ☐ No
8 ☐ Unknown
7 ☐ Not applicable (male donor or cord blood unit)

251. Number of pregnancies DNPRGKNW dnprgknw dnprgknw2
1 ☐ Known → 252. Specify number of pregnancies: DNRNPREG dnrnpreg dnrnpreg2
0 ☐ Unknown

253. Specify blood type ☐ A 1 ☐ B 2 ☐ AB 3 ☐ O 4 DABOTYPE dabotype dabotype2 CD_ABOTYPE 8=Unknown 9=Not answered or inconsistent

254. Specify Rh factor ☐ Positive ☐ Negative DABORH CD_POSNEG daborh daborh2 2=Suggestive 3=Not done 4=Inconclusive(VOD)/Indetermine(095LYM) 7=Not report 8=Unknown 9=Not Answ/Inconsist

255. Did this donor have a central line placed?
1 ☐ Yes → CLPLACED clplaced clplaced2
0 ☐ No
7 ☐ Not applicable (cord blood unit or marrow product)

256. Specify the site of the central line placement CLSITE clsite clsite2 CD_CLSITE
1 ☐ femoral
2 ☐ subclavian
3 ☐ internal jugular
4 ☐ Other site → 257. Specify other site: CLSTEOSP clsteosp clsteosp2 ____
8=Uknown 9=Not answered

258. Ethnicity (donor) CD_ETHNICIT DNRETHNI dnrethni dnrethni2
☐ Hispanic or Latino 1 ☐ Not Hispanic or Latino 2 ☐ Not applicable (not a resident of the USA) 3 ☐ Unknown 8

Start Table DNRRACE(CRID,TXNUM,RPTNUM,DNRNUM) pient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

259. Race (donor) DNRRACE dnrrace dnrrace2 dnrrace21 dnrrace22
CD_RACE

- 10 ☐ White →
- 20 ☐ Black or African American →
- 30 ☐ Asian →
- 59 ☐ American Indian or Alaska Native →
- 69 ☐ Native Hawaiian or Other Pacific Islander →
- 99 ☐ Not reported
- 88 ☐ Unknown

11=European, NOS
12=Middle East or North Coast Africa
14=White North American
33=Hawaiian-Polynesian
40=Hispanic, Unspecified
41=Caribbean Hispanic
42=Mexican-SW U.S. Hispanic
43=South/Central American Hispanic
50=Native American, Unspecified
52=American Indian, NOS
58=NMDP Oth Asian-Pacific Islander (MNDP leg.)
60=Native Pacific Islander, NOS
77=Patient declines to provide race
98=NMDP Mult Hawaiian-Other Pacific Islander (NMDP dnr)

260. Race detail (donor) DSUBRACE dsubrace dsubrace2 dsubrace21 dsubrace22
CD_RACE

- 16 ☐ Eastern European
- 13 ☐ Mediterranean
- 83 ☐ Middle Eastern
- 82 ☐ North Coast of Africa
- 25 ☐ North American
- 17 ☐ Northern European
- 18 ☐ Western European
- 81 ☐ White Caribbean
- 15 ☐ White South or Central American
- 10 ☐ Other White
- 22 ☐ African (both parents born in Africa)
- 21 ☐ African American
- 23 ☐ Black Caribbean
- 24 ☐ Black South or Central American
- 51 ☐ Alaskan Native or Aleut
- 53 ☐ North American Indian
- 31 ☐ American Indian, South or Central America
- 55 ☐ Caribbean Indian
- 54 ☐ South Asian
- 32 ☐ Filipino (Pilipino)
- 34 ☐ Japanese
- 35 ☐ Korean
- 36 ☐ Chinese
- 38 ☐ Vietnamese
- 37 ☐ Other Southeast Asian
- 61 ☐ Guamanian
- 62 ☐ Hawaiian
- 63 ☐ Samoan
- 69 ☐ Other Pacific Islander

90=095 other
91=089 other
92=NMDP Mult Black (NMDP dnr)
93=NMDP Mult Asian-Pacific Islndr (NMDP dnr)
94=NMDP Mult Race (dnr)
95=NMDP Mult Hispanic (NMDP dnr)
96=NMDP Mult Caucasian (NMDP dnr)
89=NMDP Recip declines to provide race (NMDP leg.)
97=NMDP Mult American Indian-Alaskan Native (NMDP dnr)

Copy questions 259 - 260 if needed for Race

End Table DNRRACE

261. What is the biological relationship of the donor to the patient? DNRRELAT dnrrelat dnrrelat2
CD_DNRRELAT

- 1 ☐ Sibling
- 11 ☐ Half-sibling
- 2 ☐ Syngeneic (identical) twin
- 12 ☐ Fraternal twin
- 4 ☐ Recipient's child
- 5 ☐ Other biological relative →
- 6 ☐ Unrelated

3=Recipient parent
7=Fetal tissue
88=Unknown
99=Not applicable

262. Specify the biological relationship of the donor to the recipient
RELATIVE relative relative2
CD_RELATIVE

- 6 ☐ Mother
- 7 ☐ Father
- 22 ☐ Maternal aunt
- 23 ☐ Maternal uncle
- 24 ☐ Maternal cousin
- 12 ☐ Paternal aunt
- 13 ☐ Paternal uncle
- 14 ☐ Paternal cousin
- 5 ☐ Other biological relative → 263. Specify: RELAOTSP relaotsp relaotsp2

1=Parent
2=Aunt
3=Uncle
4=Cousin
8=Sibling
9=Syngeneic twin
10=Fraternal twin
11=Child
88=Unknown
99=Not ans.

264. Was the donor/product tested for potentially transplantable genetic diseases? DNRGENDZ dnrgendz dnrgendz2

- ☐ yes →
- ☐ no
- ☐ Unknown

Specify disease(s) tested:

DNRSCA dnrsca dnrsca2
265. Sickle cell anemia
- ☐ yes → 266. Specify results DSCARSLT dscarslt dscarslt2
- ☐ no

DNRTHAL dnrthal dnrthal2
267. Thalassemia
- ☐ yes → 268. Specify results DTHARSLT dtharslt dtharslt2
- ☐ no

☐ Positive (1) ☐ Carrier of the trait (2) ☐ Negative (0)

CD_DSCARSLT 8=Unknown 9=Not answered or inconsistent

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

DNROTHDZ dnrothdz dnrothdz2

269. Other disease ☐ yes → 270. Specify other disease: DOTHDZSP dothdzsp dothdzsp2
☐ no 271. Specify results DOTHRSLT dothrslt dothrslt2

CD_DSCARSLT ☐ Positive 1 ☐ Carrier of the trait 2 ☐ Negative 0

8=Unknown 9=Not answered or inconsistent

**The following questions (272–285) apply only to allogeneic related donors. If the stem cell product was from an autologous donor, Non-NMDP unrelated donor, NMDP donor, or was a cord blood unit, then continue with the signature lines.**

272. Was the donor hospitalized (inpatient) during or after the collection? ☐ yes ☐ no DHRHOSP dnrhosp dnrhosp2

273. Did the donor experience any life-threatening complications during or after the collection? DNRCOMP dnrcomp dnrcomp2

1 ☐ yes → 274. Specify: DNRCMPSP dnrcmpsp dnrcmpsp2 _____
0 ☐ no

275. Did the donor receive blood transfusions as a result of the collection? DNRTFPST dnrtfpst dnrtfpst2

1 ☐ yes → DNRTFAU dnrtfau2 dnrtfau 276. Was the blood transfusion product autologous?
0 ☐ no ☐ yes → 277. Specify number of units: DNRTFAUN dnrtfaun dnrtfaun2
☐ no

DNRTFAL dnrtfal2 dnrtfal 278. Was the blood transfusion product allogeneic (homologous)?
☐ yes → 279. Specify number of units: DNRTFALN dnrtfaln dnrtfaln2
☐ no

280. Did the donor die as a result of the collection?

☐ yes → DNRDTH dnrdth dnrdth2 281. Specify cause of death: DNRDTHSP dnrdthsp dnrdthsp2 ____
☐ no

282. Did the recipient submit a research sample to the NMDP/CIBMTR repository? **(Related donors only)**

☐ yes → RCPSAMPL rcpsampl rcpsampl2 283. Research sample recipient ID: RCPSMPID rcpsmpid rcpsmpid2 __ __ __ __ __ __ __ __ __ __
☐ no

284. Did the donor submit a research sample to the NMDP/CIBMTR repository? **(Related donors only)**

☐ yes → DNRSAMPL dnrsampl dnrsampl2 285. Research sample donor ID: DNRSMPID dnrsmpid dnrsmpid2 __ __ __ __ __ __ __ __ __ __
☐ no

End Table DONOR

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

**NOTE: Same variables on v2. All underlined variables are new.**

CIBMTR
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

DB Variables Overall Tx Each Tx

# Sickle Cell Anemia Pre-HSCT Data

CIBMTR Center Number: CCN

CIBMTR Recipient ID: CRID

Today's Date: TEPDAT Month Day 20 Year

Date of HSCT for which this form is being completed: XDAT Month Day 20 Year

HSCT type: AUTOTX ☐ autologous JNRELATX ☐ allogeneic, unrelated RELATX ☐ allogeneic, related SYNGENTX ☐ syngeneic (identical twin)

Product type: BM ☐ marrow PB ☐ PBSC CB ☐ cord blood OPRODUC ☐ other product, specify: _____ OPRODTSP

**Registry Use Only**

Sequence Number: ISTANCE_F

Date Received: RECVDAT

**This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is receiving the recipient pre-HSCT, or abstraction of the recipient's medical records.**

**If this is a report of a second or subsequent transplant, check here ☐ and continue with question 92.**

Start Table SCA_DX

1. What was the date of diagnosis of Sickle Cell Anemia? DATEDX Month Day Year

2. Was the recipient diagnosed with sickle cell disease at birth (i.e., newborn screening)? SCADX
   - 1 ☐ yes
   - 0 2 ☐ no
   - 8 3 ☐ unknown

3. What is the recipient's sickle cell disease genotype? CAGENO CD_SCA_SCAGENO SCAGENO
   - 1 ☐ Hb SS
   - 2 ☐ Hb S beta$^0$ thalassemia
   - 3 ☐ Hb SC
   - 4 ☐ Hb S beta+ thalassemia
   - 7 5 ☐ other genotype → 4. Specify other genotype: GENOOTSP _____

Start Table SCA_PR

5. Did the recipient receive red blood cell transfusions at any time prior to the preparative regimen? SCATFPR SCATFPR
   - 1 ☐ yes →
   - 0 2 ☐ no
   - 8 3 ☐ unknown

   6. Date of first transfusion: STF1PRDT Month Day Year ☐ date unknown STFDTUNK

   7. Specify the total number of transfusions received prior to the preparative regimen: TFNUMPR CD_SCA_STFNUMPR STFNUMPR
      - 1 ☐ < 5
      - 2 ☐ 5–10
      - 3 ☐ > 10

8. Did the transfusion(s) induce red cell alloimmunization? ALLOIMMU
   - 1 ☐ yes →
   - 0 2 ☐ no
   - 8 3 ☐ unknown

   9. Specify the number of alloantibodies detected: ALLOABNM CD_SCA_ALLOABNM ALLOABNM
      - 1 ☐ 1
      - 2 ☐ ≥ 2
      - 8 3 ☐ unknown



**Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.**

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

Specify the blood group(s) the recipient has developed alloantibodies to:

DUFFYFYA 10. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Duffy –Fy[a]

KELLUPK 11. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Kell –K

KELLLOWK 12. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Kell –k

KIDDJKA 13. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Kidd –Jk[a]

KIDDJKB 14. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Kidd –Jk[b]

LEWISLEA 15. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Lewis –Le[a]

LEWISLEB 16. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Lewis –Le[b]

MNSSM 17. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown MNSs –M

MNSSN 18. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown MNSs –N

MNSSUPS 19. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown MNSs –S

MNSSLOWS 20. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown MNSs –s

RHC 21. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Rh –C

RHD 22. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Rh –D

RHUPE 23. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Rh –E

RHLOWE 24. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Rh –e

RHHRA 25. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown Rh –hr[a]

ALLOABOT 26. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown other → 27. Specify: _____ ALABOTSP

AUTOAB 28. Are red cell autoantibodies present?

1 ☐ yes →
0 2 ☐ no
8 3 ☐ unknown

29. Specify the number of autoantibodies detected: AUTOABNM
CD_SCA_ALLOABNM
1 ☐ 1
2 ☐ ≥ 2
8 3 ☐ unknown

CHELATPR

30. Was iron chelation therapy performed at any time prior to the preparative regimen?

1 ☐ yes →
0 2 ☐ no
8 3 ☐ unknown

31. Date chelation therapy started: CHELPRDT
Month | Day | Year ☐ date unknown
CHPRDTUK
CHPRDTUK

CHELROUT
CD_SCA_CHELROUT

32. Specify the predominant route of administration:

1 ☐ intramuscular
2 ☐ intravenous
3 ☐ oral
4 ☐ subcutaneous
7 5 ☐ other route → 33. Specify other route: _____ CHOTRTSP
8 6 ☐ unknown

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

LIVBXPR

34. Was a liver biopsy performed at any time prior to the preparative regimen?

1 ☐ yes → 
0 2 ☐ no
8 3 ☐ unknown

LIVDTUNK

35. Date of most recent liver biopsy: LIBXPRDT | | Month | | Day | | | | Year ☐ date unknown

HEPATPR

36. Was hepatitis present?

1 ☐ yes →
0 2 ☐ no
8 3 ☐ unknown

37. Specify the severity of hepatitis: HEPATSEV
CD_SCA_HEPATSEV
1 ☐ mild
2 ☐ moderate
3 ☐ severe
8 4 ☐ unknown

SIDEROPR

38. Was siderosis present?

1 ☐ yes →
0 2 ☐ no
8 3 ☐ unknown

39. Specify the severity of siderosis: SIDERSEV
CD_SCA_HEPATSEV
1 ☐ mild
2 ☐ moderate
3 ☐ severe
8 4 ☐ unknown

FIBROPR

40. Was fibrosis present?

1 ☐ yes →
0 2 ☐ no
8 3 ☐ unknown

41. Specify the severity of fibrosis: FIBROSEV
CD_SCA_HEPATSEV
1 ☐ mild
2 ☐ moderate
3 ☐ severe
8 4 ☐ unknown

SERLIVBX

42. Were serial liver biopsies performed?

1 ☐ yes →
0 2 ☐ no

43. Did the liver biopsies show progressive disease? SLIVBXPR
1 ☐ yes
0 2 ☐ no
8 3 ☐ unknown

HICKNWPR

44. What was the hepatic iron concentration (HIC)?

1 ☐ known →
0 2 ☐ unknown

45. Specify HIC: | | | . | | mg/g
HICPR

LIVBXRPT

46. Is a copy of the biopsy report attached?

1 ☐ yes
0 2 ☐ no

47. Were pulmonary function tests (PFTs) performed at any time prior to the preparative regimen?

1 ☐ yes →
0 2 ☐ no
8 3 ☐ unknown

PFTPR

48. Specify PFT results: *(see definitions on the following page)*
PFTSTAG CD_SCA_PFTSTAGE
PFTSTAGE
1 ☐ normal
2 ☐ Stage 1 disease
3 ☐ Stage 2 disease
4 ☐ Stage 3 disease
5 ☐ Stage 4 disease
8 6 ☐ unknown

PFTPRRPT

49. Is a copy of the PFT report attached?

1 ☐ yes
0 2 ☐ no

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

## Sickle Chronic Lung Disease Staging Criteria (Clinical)

| Markers | Stage 1 | Stage 2 | Stage 3 | Stage 4 |
|---|---|---|---|---|
| **Chest Pain** | Recurrent substernal pain and chronic cough | Increased pain over Stage 1 | Severe midline crushing chest pain | Severe and prolonged pain with dyspnea at rest |
| **Blood Gasses** | Normal oxygen saturation | Normal oxygen saturation | Hypoxia with partial pressure oxygen (70 mm Hg) during stable periods | Partial pressure oxygen (60 mm Hg) during stable periods |
| **X-Ray** | Decreased distal pulmonary vascularity, hyperexpansion, evidence suggestive of increased interstitial markings | Diffuse, fine interstitial fibrosis | Pulmonary fibrosis | Severe pulmonary fibrosis |
| **Pulmonary Function Tests *** | Decreased FVC, TLC, $FEV_1$ and $FEV_1$ / FVC ratio (mild, 80% of predicted normal, or 1 standard deviation below normal) | Decreased FVC, $FEV_1$, TLC, DCD and $FEV_1$ / FVC ratio (moderate, 60% of predicted, or 2 standard deviations below normal) | Decreased FVC, $REV_1$, TLC, DCO and $FEV_1$ / FVC ratio (severe, 40% of predicted, or 3 standard deviations below normal) | Patient frequently unable to complete testing due to degree of hypoxia |
| **ECG and ECHO** | Left ventricular preponderance persists | Balanced ventricular hypertrophy | Right ventricular hypertrophy and right atrial enlargement. Progressive increase in heart size | Severe right ventricular and right atrial hypertrophy. Ischemic T waves in V1 and V2, and P pulmonale |
| **Pulmonary Artery Pressure** | Normal | Normal | Borderline elevation or normal | Markedly elevated with pulmonary hypertension |

* These measurements are based on common methods for comparison of reference values.
Abbreviations: FVC = forced vial capacity, TLC = total lung capacity, $REV_1$ = forced expiratory flow rate

Specify the sickle cell disease symptoms experienced at any time prior to the preparative regimen:

50. Acute chest syndrome
1 ☐ yes → 51. Total number of episodes within 2 years prior to the HSCT:
0 2 ☐ no
8 3 ☐ unknown
1 ☐ known → ☐☐☐☐☐
2 ☐ not known

52. Total number of episodes within the recipient's lifetime:
1 ☐ known → ☐☐☐☐☐
2 ☐ not known

53. Did the recipient require exchange transfusion?
1 ☐ yes
0 2 ☐ no
8 3 ☐ unknown

Specify any treatment(s) the recipient required for acute chest syndrome:

54. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown antibiotics
55. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown intubation / mechanical ventilation
56. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown oxygen
57. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown transfusion of red blood cells
58. 1 ☐ yes 0 2 ☐ no 8 3 ☐ unknown other treatment → 59. Specify: _____

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

OSTNECPR OSTNECPR
60. Osteonecrosis
1 ☐ yes → Specify joint(s) affected:
02 ☐ no
83 ☐ unknown
61. 1 ☐ yes 02 ☐ no 83 ☐ unknown ankle ONANKLPR
62. 1 ☐ yes 02 ☐ no 83 ☐ unknown hip ONHIPPR
63. 1 ☐ yes 02 ☐ no 83 ☐ unknown knee ONKNEEPR
64. 1 ☐ yes 02 ☐ no 83 ☐ unknown shoulder ONSHLDPR
ONSPINPR
65. 1 ☐ yes 02 ☐ no 83 ☐ unknown spine
ONOJNTPR
66. 1 ☐ yes 02 ☐ no 83 ☐ unknown other → 67. Specify: _____ OJNTPRSP

PRIAPR PRIAPR
68. Priapism
1 ☐ yes → 69. Number of episodes experienced in the last 2 years:
02 ☐ no
83 ☐ unknown
1 ☐ known → NPRIAPR
2 ☐ not known

NPRKNWPR
70. Was surgery performed to correct blood flow?
1 ☐ yes
02 ☐ no
83 ☐ unknown
PRSURGPR

ZSEIZPR ZSEIZPR
71. Seizures
1 ☐ yes
02 ☐ no
83 ☐ unknown

SNEPHRPR SNEPHRPR
72. Sickle nephropathy
1 ☐ yes
02 ☐ no
83 ☐ unknown

STROKEPR STROKEPR
73. Stroke
1 ☐ yes → 74. Specify the total number of strokes: STRKNMPR
02 ☐ no
83 ☐ unknown
1 ☐ 1
2 ☐ ≥ 2
83 ☐ unknown
CD_SCA_ALLOABNM

VOC2YPR VOC2YPR
75. Vaso-occlusive pain requiring hospitalization within 2 years prior to the HSCT
1 ☐ yes → 76. Specify the frequency of hospitalization: VOCFRQPR
02 ☐ no
83 ☐ unknown
1 ☐ < 3 instances per year
2 ☐ ≥ 3 instances per year
83 ☐ unknown
CD_SCA_VOCFRQPR

HYDREAPR HYDREAPR
77. Did the recipient receive hydroxyurea at any time prior to the HSCT?
1 ☐ yes → 78. Date hydroxyurea started: HYDSTRDT Month | Day | Year ☐ date unknown HYSDTUNK
02 ☐ no
83 ☐ unknown
79. Date hydroxyurea stopped: HYDENDDT Month | Day | Year ☐ date unknown HYEDTUNK
80. Was hemoglobin electrophoresis performed while the recipient was receiving hydroxyurea?
HYHBEPPR
1 ☐ yes → **If the recipient received chronic transfusions prior to HSCT, provide pre-transfusion electrophoresis data.**
02 ☐ no
83 ☐ unknown
81. Date of electrophoresis: HHBEPRDT Month | Day | Year ☐ date unknown HHBDTUNK

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

Specify the level of each hemoglobin type:

82. Hb A1: | | % ☐ not tested while receiving hydroxyurea
HYHBA1PR HHBA1NT

83. Hb A2: | | % ☐ not tested while receiving hydroxyurea8
HYHBA2PR HHBA2NT

84. Hb C: | | % ☐ not tested while receiving hydroxyurea
HYHBCPR HHBCNT

85. Hb F: | | % ☐ not tested while receiving hydroxyurea
HYHBFPR HHBFNT

86. Hb S: | | % ☐ not tested while receiving hydroxyurea
HYHBSPR HHBSNT

87. Other hemoglobin
HHBOTYPR
1 ☐ yes → 88. Specify type: _____ HYHBOTSP
2 ☐ no 89. Level: | | % HHBOLVPR

90. Is a copy of the electrophoresis report attached?
HYHEPRPT
1 ☐ yes
2 ☐ no

91. Did the recipient experience gonadal dysfunction at any time prior to the preparative regimen?
1 ☐ yes
2 ☐ no ZGODYSPR
3 ☐ unknown

92. Was a brain MRI / MRA performed just prior to the preparative regimen?
1 ☐ yes →
2 ☐ no
3 ☐ unknown
HDMRIPR

93. Specify the MRI / MRA results:
1 ☐ normal CD_NORMAL
2 ☐ abnormal HDMRIRSL
3 ☐ unknown

94. Is a copy of the MRI / MRA report attached to this form?
1 ☐ yes
2 ☐ no MRIPRRPT

95. Was a EKG performed prior to the preparative regimen?
1 ☐ yes →
2 ☐ no
3 ☐ unknown
EKGPR

96. Specify the EKG results:
1 ☐ normal CD_NORMAL
2 ☐ abnormal EKGPRRSL
3 ☐ unknown

97. Is a copy of the EKG report attached to this form?
1 ☐ yes
2 ☐ no EKGPRRPT

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

ECHOPR
98. Was an echocardiogram performed prior to the preparative regimen?

1 ☐ yes →
02 ☐ no
83 ☐ unknown

99. Specify the echocardiogram results:
1 ☐ normal ECHORSL CD_NORMAL
02 ☐ abnormal ECHORSL
83 ☐ unknown

100. Is a copy of the echocardiogram report attached to this form?
1 ☐ yes CHOPRP
02 ☐ no ECHOPRPT

SFTESTPR
101. Was the recipient's serum ferritin level tested at any time prior to the preparative regimen?

1 ☐ yes →
02 ☐ no
83 ☐ unknown

102. Specify the serum ferritin results:
1 ☐ < 1,000 ng/mL or µg/L FERRIPR CD_SCA_SFERRIPR
2 ☐ ≥ 1,001 ng/mL or µg/L SFERRIPR
83 ☐ unknown

HBEPPR
103. Was hemoglobin electrophoresis performed just prior to the preparative regimen (not including any electrophoresis reported in question 80)?

1 ☐ yes →
02 ☐ no
83 ☐ unknown

**If the recipient received chronic transfusions prior to HSCT, provide pre-transfusion electrophoresis data.**

104. Date : | | Month | | Day | | | | Year ☐ date unknown BPRDTU HBPRDTUK
HBEPPRD HBEPPRDT

Specify the level of each hemoglobin type:

105. Hb A1: | | % ☐ not tested BA1NTP HBA1NTPR
HBA1P HBA1PR

106. Hb A2: | | % ☐ not tested BA2NTP HBA2NTPR
HBA2P HBA2PR

107. Hb C: | | % ☐ not tested HBCNTP HBCNTPR
HBCP HBCPR

108. Hb F: | | % ☐ not tested HBFNTP HBFNTPR
HBFP HBFPR

109. Hb S: | | % ☐ not tested HBSNTP HBSNTPR
HBSP HBSPR

110. Other hemoglobin type
HBOTYP HBOTYPR
1 ☐ yes →
02 ☐ no

111. Specify type: BOTPRS HBOTPRSP _____
112. Level: | | % BOTLVP HBOTLVPR

113. Is a copy of the hemoglobin electrophoresis report attached to this form?
HBEPRRP HBEPRRPT
1 ☐ yes
02 ☐ no

CIBMTR Center Number: | | | | | | CIBMTR Recipient ID: | | | | | | | | | | |

SCATXRSN

CD_SCA_SCATXRSN

114. What was the primary reason for the HSCT?

- 21 ☐ acute chest syndrome
- 52 ☐ excessive transfusion requirements / iron overload
- 43 ☐ recurrent priapism
- 34 ☐ recurrent vaso-occlusive pain
- 15 ☐ stroke
- 76 ☐ other reason → 115. Specify primary reason for HSCT: _____
- 87 ☐ unknown

TXRSNSP

End Table SCA_PR

116. Signed: _____

*Person completing form*

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____

**NOTE: Same variables on v3. All underlined variables are new.**

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

## Post-HCT Follow-Up Data

DB Variables Overall Tx Each Tx

Start Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

CIBMTR Center Number: __ __ __ __ __ CCN (Table RECIPIENT)

CIBMTR Research ID: CRID __ __ __ __ __ __ __ __ __ __

Start Table HSCT

Event date: TXDATE _ _ / _ _
YYYY MM DD

HCT type (check all that apply): ☐ Autologous ☐ Allogeneic, unrelated ☐ Allogeneic, related
TXTYPE AUTOTX INRELAT RELATX

Product type (check all that apply):

☐ Bone marrow ☐ PBSC ☐ Single cord blood unit ☐ Multiple cord blood units ☐ Other product. Specify: OPRODTSP _
BM PB CB MULTICD

End Table HSCT

Visit: ☐ 100 day ☐ 6 months ☐ 1 year ☐ 2 years ☐ >2 years. Specify: __ __ YEARSFU
VISITFU

End Table FORMRECEIVED

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Vital Status

**Information should come from an actual examination by the Transplant Center provider or the local provider who is following the recipient post-HCT.**

1. Date of actual contact with the recipient to determine medical status for this follow-up report: CONTACDT (Table FORMRECEIVED) __ __ __ __ __ __ __ __ (YYYY MM DD)

2. Specify the recipient's survival status at the date of last contact ALIVE SURVHI (Table FORMRECEIVED)

**1** ☐ Alive **– Answers to subsequent questions should reflect clinical status since the date of last report.** CD_ALIVE

**2** ☐ Dead **– Answers to subsequent questions should reflect clinical status between the date of last report and immediately prior to death. Complete a Form 2900 – Recipient Death Data.**

3=LTF-lost to followup 4=Died before Tx 5=No Alive in PreTed or Baseline or PreReg 12=Alive after Dead 13=Alive after LTF 88=Unknown 98=Missing: converte data from SIRDB 99=Not Answ or Inconsist

Start Table ENGRAFT

3. Did the recipient receive a subsequent HCT since the date of last report? INFUS2PS NFUS2H

**1** ☐ Yes **– Answers to subsequent questions should reflect clinical status immediately prior to the start of the preparative regimen for subsequent HCT. Also complete Subsequent HCT section.**

**0** ☐ No

4. Has the recipient received a cellular therapy since the date of last report? (e.g. DCI) CELTHYPS CELTHY100 CELTHY6M CELTHY1Y CELTHY2Y

**1** ☐ Yes **- *Go to question 5* - Also complete Cellular Therapy Essential Data Pre-Infusion Form 4000**

**0** ☐ No **- *Go to question 6***

5. Date of cellular therapy: CELTHYDT CELTDT100 CELTDT6M CELTDT1Y CELTDT2Y __ __ __ __ __ __ __ __ (YYYY MM DD)

## Granulopoiesis / Neutrophil Recovery

**To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.**

6. Was there evidence of initial hematopoietic recovery? ENGRAFT ENGRAF10 ENGRAF6M ENGRAF1Y ENGRAF2Y

**1** ☐ Yes (ANC ≥ 500/mm³ achieved and sustained for 3 lab values) **- *Go to question 7***

**0** ☐ No (ANC ≥ 500/mm³ was not achieved) **- *Go to question 13***

**2** ☐ Not applicable (ANC never dropped below 500/mm³ at any time after the start of the preparative regimen) **- *Go to question 8***

**3** ☐ Previously reported (recipient's initial hematopoietic recovery was recorded on a previous report) **- *Go to question 13***

ENGRAFH ENGRAFH1 CD_TED_ENGRAFT

7. Date ANC ≥ 500/mm³ (first of 3 lab values): ENGRAFDT ENGRDT10 ENGRDT6M ENGRDT1Y ENGRDT2Y ENGRDTF1 __ __ __ __ __ __ __ __ (YYYY MM DD)

8. Following the initial hematopoietic recovery, was there subsequent decline in ANC to < 500/mm³ for ≥ 3 days since the date of last report?

**1** ☐ Yes → 9. Date of decline in ANC to < 500/mm³ for ≥ 3 days (first of 3 days that the ANC declined): ANCDECDT __ __ __ __ __ __ __ __ (YYYY MM DD)

**0** ☐ No

HEMDECLN HEMDEC10 HEMDEC6M HEMDEC1Y HEMDEC2Y

10. Did recipient recover and maintain ANC ≥ 500/mm³ following the decline? ANCREC2 ANCR2H

**1** ☐ Yes → 11. Date of ANC recovery ANC2DTKW CD_KNWUNK

**0** ☐ No **- *Go to question 13***

**1** ☐ Known → 12. Date of ANC recovery: ANCRE2DT __ __ __ __ / __ __ (YYYY MM DD)

**8** ☐ Unknown

ANC2DTF

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Megakaryopoiesis / Platelet Recovery

**This section relates to initial platelet recovery. All dates should reflect no transfusions in the previous 7 days. To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.**

13. Was an initial platelet count ≥ 20 x $10^9$/L achieved? PLATE20 LA20H PLA20H1
- 1 ☐ Yes - ***Go to question 14*** CD_PLATE20
- 0 ☐ No - ***Go to questions 19***
- 7 ☐ Not applicable (Platelet count never dropped below 20 x $10^9$/L) - ***Go to questions 16***
- 4 ☐ Previously reported (≥ 20 x $10^9$/L was achieved and reported previously) - ***Go to question 16***

14. Date platelets ≥ 20 x $10^9$/L PDT20KNW
- 1 ☐ Known → 15. Date platelets ≥ 20 x $10^9$/L PDATE20 __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ☐ Date estimated CD_ESTDATE
- 8 ☐ Unknown CD_KNWUNK

16. Was an initial platelet count ≥ 50 x $10^9$/L achieved? PLATE50 LA50H PLA50H1
- 1 ☐ Yes - ***Go to question 17*** CD_PLATE50
- 0 ☐ No - ***Go to question 19***
- 7 ☐ Not applicable (Platelet count never dropped below 50 x $10^9$/L) - ***Go to question 19***
- 4 ☐ Previously reported (≥ 50 x $10^9$/L was achieved and reported previously) - ***Go to question 19***

17. Date platelets ≥ 50 x $10^9$/L PDT50KNW
- 1 ☐ Known → 18. Date platelets ≥ 50 x $10^9$/L: PDATE50 __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ☐ Date estimated CD_ESTDATE
- 8 ☐ Unknown CD_KNWUNK

## Growth Factor and Cytokine Therapy

19. Did the recipient receive hematopoietic, lymphoid growth factors or cytokines after the start of the preparatory regimen?
- 1 ☐ Yes → Start Table GFACTORS
- 0 ☐ No

GFACTORS FACTRH GFACTRH1

**Specify agents and provide dates for the first course of each agent given in this reporting period.**

20. G-CSF GFGCSF GFGCSF
- ☐ Yes → 21. Date started: GCSFSTDT GCSFSTDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ No

22. Therapy CD_GFIND GCSFIND GCSFIND
- 0 ☐ Planned therapy per protocol
- 11 ☐ Intervention for delay in cell count recovery
- 12 ☐ Intervention for decline in cell count
- 5 ☐ Anti-leukemic or tumor agent to prevent relapse
- 6 ☐ Anti-leukemic or tumor agent to treat relapse
- 90 ☐ Other indication → 23. Specify other indication: GCSFINSP GCSFINSP

GFGCSFGV 24. Specify drug given CD_GFGCSFGV GFGCSFGV
- 1 ☐ Filgrastim (Neupogen)
- 2 ☐ Pegfilgrastim (Neulasta)

3 ☐ Lenograstim

1 ☐ Other drug → 25. Specify other drug: GFGCSFSP GFGCSFSP

GFGMCSF 26. GM-CSF
GFGMCSF

1 ☐ Yes → 27. Date started: GMCSSTDT GMCSSTDT (YYYY MM DD)

0 ☐ No

28. Therapy CD_GFIND
GMCSFIND
GMCSFIND

0 ☐ Planned therapy per protocol
11 ☐ Intervention for delay in cell count recovery
12 ☐ Intervention for decline in cell count
5 ☐ Anti-leukemic or tumor agent to prevent relapse
6 ☐ Anti-leukemic or tumor agent to treat relapse
90 ☐ Other indication → 29. Specify other indication: GMCSFISP____ GMCSFISP

GFETHP 30. Erythropoietin (EPO)
GFETHP

1 ☐ Yes → 31. Date started: ETHPSTDT ETHPSTDT (YYYY MM DD)

0 ☐ No

32. Therapy CD_GFIND
ETHPIND
ETHPIND

0 ☐ Planned therapy per protocol
11 ☐ Intervention for delay in cell count recovery
12 ☐ Intervention for decline in cell count
90 ☐ Other indication → 33. Specify other indication: ETHPINSP____ ETHPINSP

GFETHPGV 34. Specify drug given CD_GFETHPGV
GFETHPGV

1 ☐ Epoetin alfa (Epogen)
2 ☐ Darbepoetin alfa (Aranesp)

GFKGF 35. KGF (Palifermin, Kepivance)
GFKGF

1 ☐ Yes → 36. Date started: KGFSTDT KGFSTDT (YYYY MM DD)

0 ☐ No

37. Therapy CD_GFIND
KGFIND
KGFIND

1 ☐ Planned therapy per protocol
2 ☐ Other indication → 38. Specify other indication: KGFINDSP____ KGFINDSP

GFBLIND 39. Blinded growth factor or cytokine trial
GFBLID

1 ☐ Yes → 40. Specify study agent: GFBLIDSP GFBLIDSP

0 ☐ No

41. Date started: BLISTDT BLIDSTDT (YYYY MM DD)

BLIDIND 42. Therapy CD_GFIND
BLIDIND

0 ☐ Planned therapy per protocol
11 ☐ Intervention for delay in cell count recovery
12 ☐ Intervention for decline in cell count
5 ☐ Anti-leukemic or tumor agent to prevent relapse

6 ☐ Anti-leukemic or tumor agent to treat relapse
90 ☐ Other indication → 43. Specify other indication: BLIDINSP BLIDINSP

GFOTGF GFOTGF 44. Other agent
1 ☐ Yes → 45. Specify study agent: GFOTGFSP GFOTGFSP _____
0 ☐ No
46. Date started: OTGFSTDT OTGFSTDT __ __ __ __ __ __ (YYYY MM DD)

OTGFIND OTGFIND 47. Therapy CD_GFIND
0 ☐ Planned therapy per protocol
11 ☐ Intervention for delay in cell count recovery
12 ☐ Intervention for decline in cell count
5 ☐ Anti-leukemic or tumor agent to prevent relapse
6 ☐ Anti-leukemic or tumor agent to treat relapse
90 ☐ Other indication → 48. Specify other indication: OTGFINSP OTGFINSP

End Table GFACTORS

## Current Hematologic Findings

49. Date of most recent complete blood count: CBCPSDT CBCDT100 CBCDT6M CBCDT1Y CBCDT2Y (YYYY MM DD)

50. WBC WBCPSKNW
1 ☐ Known → 51. WBC: WBCPS WBCPS100 WBCPS6M WBCPS1Y WBCPS2Y _1 ☐ x $10^9$/L (x $10^3$/mm$^3$) 2 ☐ x $10^6$/L CD_WBCUNIT WBCUNIT WBCUN100 WBCUN6M WBCUN1Y WBCUN2Y
8 ☐ Unknown CD_KNWUNK

52. Neutrophils NEUPSKNW
1 ☐ Known → 53. Neutrophils: ___ ___ % NEUTROPS NEUTR100 NEUTR6M NEUTR1Y NEUTR2Y
8 ☐ Unknown

54. Lymphocytes LYMCPSKW
1 ☐ Known → 55. Lymphocytes: ___ ___ % LYMCYTPS LYMCY100 LYMCY6M LYMCY1Y LYMCY2Y
8 ☐ Unknown

56. Hemoglobin HBPSKNW
1 ☐ Known → 57. Hemoglobin: HBPS HBPS100 HBPS6M HBPS1Y HBPS2Y ___ ☐ g/dL (1) ☐ g/L (2) ☐ mmol/L (3) HBUNITPS CD_HBUNIT HBUNI100 HBUNI6M HBUNI1Y HBUNI2Y
8 ☐ Unknown

58. Hematocrit HCPSKNW
1 ☐ Known → 59. Hematocrit: HCPS ___ % HCPS100 HCPS6M HCPS1Y HCPS2Y HCTRF100 HCTRF6M HCTRF1Y HCTRF2Y
8 ☐ Unknown 60. Was RBC transfused ≤ 30 days before date of test? ☐ Yes ☐ No HCTRANS

61. Platelets PLATPSKW
1 ☐ Known → 62. Platelets PLATEPS PLATE100 PLATE6M PLATE1Y PLATE2Y ___ ☐ x $10^9$/L (x $10^3$/mm$^3$) (1) 2 ☐ x $10^6$/L CD_WBCUNIT PLATUNIT PLUNI100 PLUNI6M PLUNI1Y PLUNI2Y
8 ☐ Unknown CD_KNWUNK 63. Were platelets transfused ≤ 7 days before date of test? ☐ Yes ☐ No PLATRANS PLTRF100 PLTRF6M PLTRF1Y PLTRF2Y

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Immune Reconstitution

**Specify the date the most recent immunoglobulin sample was collected:**

64. Date sample collected: IVIGPSDT :VIGDTF VIGDTF
___ ___ ___ ___ ___ ___
YYYY MM DD

65. Did the recipient receive supplemental intravenous immunoglobulins (IVIG)? SUPPIVIG UPIVGH SUPIVGH1

1 ☐ Yes → 66. Was supplemental IVIG received in the 30 days prior to the date the sample was collected?
0 ☐ No IVIGRCV ☐ Yes ☐ No
VIGRVH VIGRVH1

**Specify the indication for which IVIG was given:**

IVIGIND 67. Specify the indication for which IVIG was given CD_IVIGIND
PIGIVIH IGIVIH 1 ☐ Prophylaxis for low IgG with no active infection (polyclonal IV gamma globulin / IVIG)
AIFNIGH IFNIGH 2 ☐ Active infection with normal IgG
AIFLIGH IFLIGH 3 ☐ Active infection in the setting of low IgG
OINDIVH INDIVH 7 ☐ Other indication → 68. Specify other indication: OTIVIGSP TIVIGS

**Specify the immunoglobulin values from the most recent testing:**

69. IgG IGGRCKNW
1 ☐ Known → 70. IGGRC IGGRC100 ___ ___ 1 ☐ mg/dL 2 ☐ g/dL 3 ☐ g/L IGGUNIRC IGGRCU100 IGGRCU6M IGGRCU1Y IGGRCU2Y
IGGRC6M IGGRC1Y IGGRC2Y ___ CD_IGGUNIT
4=mg/L(095 MYE IGD only)
8=Unknown 9=Not answered
8 ☐ Unknown CD_KNWUNK

71. IgM IGMRCKNW
☐ Known → 72. IGMRC IGMRC100 ___ ___ 1 ☐ mg/dL 2 ☐ g/dL 3 ☐ g/L IGMUNIRC IGMRCU100 IGMRCU6M IGMRCU1Y IGMRCU2Y
IGMRC6M IGMRC1Y IGMRC2Y ___ CD_IGGUNIT
☐ Unknown

73. IgA IGARCKNW
☐ Known → 74. IGARC IGARC100 ___ ___ 1 ☐ mg/dL 2 ☐ g/dL 3 ☐ g/L IGAUNIRC IGARCU100 IGARCU6M IGARCU1Y IGARC2Y
IGARC6M IGARC1Y IGARC2Y ___ CD_IGGUNIT
☐ Unknown

75. Were lymphocyte analyses performed?
☐ Yes →
☐ No

**Specify the date of the most recent sample:**

LYMPHOPS
YMPHPH
YMPHPH
LYMPS100 LYMPS6M
LYMPS1Y LYMPS2Y

76. Date sample collected: LYMPPSDT YMPSDT LYMDT100 LYMDT6M LYMDT1Y LYMDT2Y
___ ___ ___ ___ ___ ___
YYYY MM DD

77. CD3 (T cells) LC3PSKW
1 ☐ Known → 78. LYCD3PS ___ ___ ___ CD3PS100 CD3PS6M CD3PS1Y CD3PS2Y
8 ☐ Unknown CD_KNWUNK
CD3UNIPS CD3PSU100 CD3PSU6M CD3PSU1Y CD3PSU2Y
1 ☐ x $10^9$/L (x $10^3$/mm$^3$)
2 ☐ x $10^6$/L
CD_WBCUNIT

79. CD4 (T helper cells) LC4PSKW
1 ☐ Known → 80. LYCD4PS ___ ___ ___ CD4PS100 CD4PS6M CD4PS1Y CD4PS2Y
8 ☐ Unknown CD_KNWUNK
CD4UNIPS CD4PSU100 CD4PSU6M CD4PSU1Y CD4PSU2Y
1 ☐ x $10^9$/L (x $10^3$/mm$^3$)
2 ☐ x $10^6$/L
CD_WBCUNIT

81. CD8 (cytotoxic T cells) LC8PSKW
1 ☐ Known → 82. LYCD8PS ___ ___ ___ CD8PS100 CD8PS6M CD8PS1Y CD8PS2Y
8 ☐ Unknown CD_KNWUNK
CD8UNIPS CD8PSU100 CD8PSU6M CD8PSU1Y CD8PSU2Y
1 ☐ x $10^9$/L (x $10^3$/mm$^3$)
2 ☐ x $10^6$/L
CD_WBCUNIT

83. CD19 (B lymphocyte cells) LC19PSKW
1 ☐ Known → 84. LYCD19PS ___ ___ ___ CD19PS100 CD19PS6M CD19PS1Y CD19PS2Y
8 ☐ Unknown CD_KNWUNK
CD19UNPS CD19PSU100 CD19PSU6M CD19PSU1Y CD19PSU2Y
1 ☐ x $10^9$/L (x $10^3$/mm$^3$)
2 ☐ x $10^6$/L
CD_WBCUNIT

85. CD20 (B lymphocyte cells)
1 ☐ Known → 86. ___ LYCD20PS ___ CD_WBCUNIT 1 ☐ x $10^9$/L (x $10^3$/mm$^3$) 2 ☐ x $10^6$/L
CD20PS100 CD20PS6M CD20PS1Y CD20PS2Y
8 ☐ Unknown LC2OPSKW
CD_KNWUNK
CD20UNPS CD20PSU100 CD20PSU6M CD20PSU1Y CD20PSU2Y

87. CD56 (natural killer (NK) cells)
1 ☐ Known → 88. ___ LYCD56PS ___ CD_WBCUNIT 1 ☐ x $10^9$/L (x $10^3$/mm$^3$) 2 ☐ x $10^6$/L
CD56PS100 CD56PS6M CD56PS1Y CD56PS2Y
8 ☐ Unknown LC56PSKW
CD_KNWUNK
CD56UNPS CD56PSU100 CD56PSU6M CD56PSU1Y CD56PSU2Y

## Chimerism Studies

**This section relates to chimerism studies from allogeneic HCTs only. If this was an autologous HCT, continue with the Infection section.**

89. Were chimerism studies performed post-HCT? **(Allogeneic HCTs only)**
☐ Yes → CHIMRPTA HIMRPH CHIMRPH
☐ No

90. Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports) ☐ Yes ☐ No

91. Were chimerism studies assessed for more than one donor / multiple donors? ☐ Yes ☐ No

CHMULDNR HMUDNH CHMULDNH

**Provide date(s), method(s) and other information for all chimerism studies performed prior to date of contact (question 1).** Start Table CHIMER

CHIMER
HIMERH
CHIMERH
CHIM100L
CHIM6M
CHIM1YR
CHIM2YR
CHIM3YR

92. NMDP donor ID: NMDPDNID ___ ___ ___ ___ - ___

93. NMDP cord blood unit ID: NMDPCBID ___ ___ ___ ___ ___ ___ ___ ___ ___

94. Non-NMDP unrelated donor ID: NNMDNRID ___ ___ ___ ___ ___ ___ ___ ___ ___

95. Non-NMDP cord blood unit ID: NNMCBID ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

96. Date of birth: (donor / infant) CHDNRBDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) OR Age: (donor/infant) CHDNRAGE ___ ___ CHDAGEYM 2 ☐ Months 1 ☐ Years CD_DAGEYRMO

97. Sex (donor / infant) 1 ☐ Male 2 ☐ Female CD_SEX
CHDNRSEX

98. Date sample collected: CHIMDATE __ __ __ __ / __ __ (YYYY / MM / DD)

99. Method CHIMMETH
1 ☐ Karyotyping for XX/XY CD_CHIMMETH
2 ☐ Fluorescent in situ hybridization (FISH) for XX/XY
3 ☐ Restriction fragment-length polymorphisms (RFLP)
6 ☐ VNTR or STR, micro or mini satellite (also include AFLP)
90 ☐ Other → 100. Specify: CHMETHSP _____

CHCELSRC 101. Cell source 1 ☐ Bone marrow 2 ☐ Peripheral blood CD_CHCELLTY

CHCELLTY 102. Cell type CD_CHCELLTY
10 ☐ Unsorted / whole - ***Go to question 104***
5 ☐ Red blood cells - ***Go to question 106***
11 ☐ Hematopoietic progenitor cells (CD34+ cells) - ***Go to question 106***
12 ☐ Total mononuclear cells (lymphs & monos) - ***Go to question 106***

3 ☐ T-cells (includes CD3+, CD4+, and/or CD8+) - ***Go to question 106***
5 ☐ B-cells (includes CD19+ or CD20+) - ***Go to question 106***
13 ☐ Granulocytes (includes CD33+ myeloid cells) - ***Go to question 106***
14 ☐ NK cells (CD56+) - ***Go to question 106***
90 ☐ Other → 103. Specify: CHOTTYSP_____

104. Total cells examined: TOTCELLS___ ___
105. Number of donor cells: NDNRCELL___ - ***Go to question 108***
106. Were donor cells detected? CHDCLDET
☐ Yes → 107. Percent donor cells: DNRPCT___ %
☐ No

**Copy questions 92 – 107 if needed for multiple chimerism studies.** End Table CHIMER

## Engraftment Syndrome

108. Did engraftment syndrome occur? ENGSYNDR EGSYDRHI EGSYDRH1
1 ☐ Yes →
0 ☐ No

109. Date of onset: ENGSYNDT ___ ___ ___ ___ ___ ___ (YYYY MM DD) GSYDT EGSYDTF

**Specify the symptoms of engraftment syndrome:**

SYDIAH ESYDIARR 110. Diarrhea ESYDIAH ☐ Yes ☐ No
SYRSHH ESYERASH 111. Erythrodermic rash (involving >25% of body surface area) SYRSHH ☐ Yes ☐ No
SYFEVH ESYFEVER 112. Fever (≥38.3° C or >100.9° F with no identifiable infectious etiology) ESYFEVH ☐ Yes ☐ No
SYHDYH ESYHDYSF 113. Development of hepatic dysfunction (with either bilirubin ≥2 mg/dL or transaminase levels ≥2 times normal) SYHDYH ☐ Yes ☐ No
SYNCPH ESYNCPE 114. Non-cardiogenic pulmonary edema (manifested by diffuse pulmonary infiltrates and hypoxia) ESYNCPH ☐ Yes ☐ No
SYRNLH ESYRENLI 115. Development of renal insufficiency (serum creatinine ≥2 times baseline) ESYRNLH ☐ Yes ☐ No
SYENCH ESYTENCP 116. Transient encephalopathy SYENCH ☐ Yes ☐ No
SYWGNH ESYWGTGN 117. Weight gain (≥2.5% of baseline body weight) ESYWGNH ☐ Yes ☐ No
SYOTSH ESYOTSYM 118. Other symptom ESYOTSH ☐ Yes ☐ No

☐ Yes → 119. Specify other symptom: ESYSYMSP SYSYMS ESYSYMS1_____
☐ No

**Biopsy**

ESYBX 120. Was a biopsy performed?
ESYBXH1 SYBXH ☐ Yes →
☐ No

**Specify site:**

121. Lower gastrointestinal (GI) ESYBXLGI SBLGIH ESBLGIH ☐ Yes ☐ No
SBSKNH SBSKNH ESYBXSKN 122. Skin ☐ Yes ☐ No
SBOTHH SBOTHH ESYBXOTH 123. Other site
☐ Yes → 124. Specify other site: ESYBXOSP SYBXOS ESYBXOS
☐ No

ESBRPTH SBRPTH ESYBXRPT 125. Was documentation submitted to the CIBMTR? (pathology report) ☐ Yes ☐ No

**Specify if therapy was given for engraftment syndrome:**

ESYRX 126. Was therapy given?
ESYRXH SYRXH ☐ Yes → ☐ No

127. Corticosteroids (systemic) ESYCORT ESYCRTHI SYCRTH ☐ Yes ☐ No

128. Other therapy ESYOTHRX SYORXH SYORXH ☐ Yes → ☐ No

129. Specify other therapy: ESYORXSP SYORXS SYORXS

EXYRSL 130. Did engraftment syndrome resolve? ☐ Yes ☐ No
ESYRSLH SYRSLH

## Acute Graft vs. Host Disease (GVHD)

**Report any acute graft-versus-host disease occurring in this reporting period in response to allogeneic HCT or cellular therapy. If this was an autologous HCT, continue with the Infection section.**

131. Was specific therapy used after the start of the preparative regimen to prevent acute GVHD ? (Note: do not include growth factors reported in questions 19-48, or ex vivo T-cell depletion reported on the Product Insert. Do not include drugs given as part of the preparative regimen)

☐ Yes → Start Table PGVHRX
☐ No
PGVHRX PGVHRX GVHRXH

132. ALG, ALS, ATG, ATS
PGVHATG PGVHATG ☐ Yes → ☐ No

133. Total dose: PGATGDOS ___ mg/kg

134. Specify source PGATGSRC PGATGSRC
1 ☐ ATGAM (horse) - ***Go to guestion 136*** CD_ATGSRC
5 ☐ ATG – Fresnius (rabbit) - ***Go to guestion 136***
2 ☐ Thymoglobulin (rabbit) - ***Go to guestion 136***
3 ☐ Other →

135. Specify other source: PGATGOSP PGATGOSI

PGVHVELC PGVHVELC 136. Bortezomib (Velcade) ☐ Yes ☐ No

PGVHCOR PGVHCOR 137. Corticosteroids (systemic) (e.g. prednisone, dexamethasone) ☐ Yes ☐ No

PGVHCSA PGVHCSA 138. Cyclosporine (CSA, Neoral, Sandimmune) ☐ Yes ☐ No

PGVHCY PGVHCY 139. Cyclophosphamide (Cytoxan)
☐ Yes → ☐ No

140. Total dose: PGCYDOS ___ mg/kg

PGVHECP PGVHECP 141. Extra-corporeal photopheresis (ECP) ☐ Yes ☐ No

PGVHF506 PGVHF506 142. FK 506 (Tacrolimus, Prograf) ☐ Yes ☐ No

PGVHMAB PGVHMAB 143. In vivo monoclonal antibody
1 ☐ Yes →
0 ☐ No

**Specify in vivo monoclonal antibody:**

144. Alemtuzumab (Campath) PCAMPATH PCAMPATH ☐ Yes → ☐ No

145. Total dose: PCAMPDOS ___ mg

146. Other in vivo monoclonal antibody PMABOTH PMABOTH ☐ Yes → ☐ No

147. Specify antibod PGVMABSP PGVMABSP

PGVHRX

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

148. In vivo immunotoxin PGVHIVIM PGVHIVIM

1 ☐ Yes → 149. Specify immunotoxin: PGVIVISP PGVIVISF

0 ☐ No

PGVHMTX PGVHMTX 150. Methotrexate (MTX) (Amethopterin) ☐ Yes ☐ No

PGVHMMF PGVHMMF 151. Mycophenolate mofetil (MMF) (CellCept, Myfortic) ☐ Yes ☐ No

PGVHSIRO PGVHSIRO 152. Sirolimus (Rapamycin, Rapamune) ☐ Yes ☐ No

PGVHBLTR PGVHBLTR 153. Blinded randomized trial

☐ Yes → 154. Specify trial agent: PGVBLTSP PGVBLTSI

☐ No

PGVHOTH PGVHOTH 155. Other agent

☐ Yes → 156. Specify other agent: PGVOTHSP PGVOTHSI

☐ No

End Table PGVHRX

Start Table AGVHD

(AGVHFUHI) AGVHI AGVH1

157. Did acute GVHD develop since the date of last report? AGVHD AGVHD100 AGVHD6M AGVHD1Y AGVHD2Y

1 ☐ Yes CD_AGVHD → 158. Date of acute GVHD diagnosis: AGVHONST AGVHFDT — — — — — — — — (YYYY MM DD) - *Go to question 160*

0 ☐ No - *Go to question 159*

8 ☐ Unkown - *Go to question 159*

AGVHFDT AGVHONST AGVHDT100 AGVHDT6M AGVHDT1Y AGVHD2Y

**2=AGVHD persists from prior HSCT/DCI**

**9=Not Answ/Inconsist**

159. Did acute GVHD persist since the date of last report? AGVHPERS AGPERSHI AGPERSH AGPERS10 AGPERS6m AGPERS1Y AGPERS2Y

1 ☐ Yes - *Go to question 176* CD_AGVHD

0 ☐ No - *Go to question 233*

8 ☐ Unkown - *Go to question 233*

**2=AGVHD persists from prior HSCT/DCI**

**9=Not Answ/Inconsist**

160. Was acute GVHD evaluated by biopsy (histology)? (at diagnosis)

☐ Yes →

☐ No

AGVDXHIS AGVDXHIS

**Specify result(s):**

161. Skin AHISKIN AHISSKIN CD_AGVHHIST

1 ☐ Positive 2 ☐ Suggestive 0 ☐ Negative 3 ☐ Inconclusive / equivocal 4 ☐ Not done

162. Lower gastrointestinal (GI) AHISLGI AHISLG CD_AGVHHIST

1 ☐ Positive 2 ☐ Suggestive 0 ☐ Negative 3 ☐ Inconclusive / equivocal 4 ☐ Not done

163. Upper gastrointestinal (GI) AHISUGI AHISUG CD_AGVHHIST

1 ☐ Positive 2 ☐ Suggestive 0 ☐ Negative 3 ☐ Inconclusive / equivocal 4 ☐ Not done

164. Liver AHISLIV AHISLIV CD_AGVHHIST

1 ☐ Positive 2 ☐ Suggestive 0 ☐ Negative 3 ☐ Inconclusive / equivocal 4 ☐ Not done

165. Lung AHISLUNG AHISLUNG CD_AGVHHIST

1 ☐ Positive 2 ☐ Suggestive 0 ☐ Negative 3 ☐ Inconclusive / equivocal 4 ☐ Not done

166. Other site AHISOTH AHISOTH
- 1 ☐ Positive - ***Go to question 167*** CD_AGVHHIST
- 2 ☐ Suggestive - ***Go to question 167***
- 0 ☐ Negative - ***Go to question 167***
- 3 ☐ Inconclusive / equivocal - ***Go to question 167***
- 4 ☐ Not done - ***Go to question 168***

167. Specify other site: AHISOTSP AHISOTSP

APATHRPT APATRPH1 168. Was documentation submitted to the CIBMTR? (e.g. pathology report)
1 ☐ Yes 0 ☐ No

AGOVGRDX AGOVGRD2 169. Overall grade of acute GVHD at diagnosis CD_AGVHGRAD
- 1 ☐ I - Rash on ≤ 50% of skin, no liver or gut involvement
- 2 ☐ II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500-1000 mL/day or persistent nausea
- 3 ☐ III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus
- 4 ☐ IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
- 6 ☐ Not applicable (acute GVHD present but cannot be graded)

**List the stage for each organ at diagnosis of acute GVHD:**

ASKINDX ASKINDX 170. Skin CD_ASKIN
- 1 ☐ Stage 0 – no rash, or no rash attributable to acute GVHD
- 2 ☐ Stage 1 – maculopapular rash, < 25% of body surface
- 3 ☐ Stage 2 – maculopapular rash, 25-50% of body surface
- 4 ☐ Stage 3 – generalized erythroderma, > 50% of body surface
- 5 ☐ Stage 4 – generalized erythroderma with bullae formation and/or desquamation

**0=No skin GVHD**
**8=Unknown**
**9=Not Answ/Inconsist**

ALOWGIDX ALOWGID2 171. Lower Intestinal Tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)
- 2 ☐ Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) CD_ALOWGUT
- 4 ☐ Stage 1 – diarrhea 500-1000 mL/day (adult), or 10-19.9 mL/kg/day (pediatric)
- 5 ☐ Stage 2 – diarrhea 1001-1500 mL/day (adult), or 20-30 mL/kg/day (pediatric)
- 6 ☐ Stage 3 – diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)
- 7 ☐ Stage 4 – severe abdominal pain, with or without ileus, and/or grossly bloody stool

**1=No gut acute GVHD**
**3=Stage 0 - Diarrhea lt 500**
**8=Unknown**
**9=Not Answ/Inconsist**
**10=6 Nausea (NMDP_SF_1300)**

AUPPGIDX AUPPGID2 172. Upper Intestinal Tract CD_AUPPGUT
- 1 ☐ Stage 0 – no persistent nausea or vomiting
- 2 ☐ Stage 1 – persistent nausea or vomiting

**0=No**
**8=Unknown**
**9=Not Answ/Inconsist**

ALIVERDX ALIVERDX 173. Liver CD_ALIVER
- 1 ☐ Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L)
- 2 ☐ Stage 1 – bilirubin 2.0-3.0 mg/dL (34-52 µmol/L)
- 3 ☐ Stage 2 – bilirubin 3.1-6.0 mg/dL (53-103 µmol/L)
- 4 ☐ Stage 3 – bilirubin 6.1-15.0 mg/dL (104-256 µmol/L)
- 5 ☐ Stage 4 – bilirubin > 15.0 mg/dL (> 256 µmol/L)

**0=No liver acute GVHD**
**8=Unknown**
**9=Not Answ/Inconsist**

AOTSITDX
AOTSITDX

174. Other site(s) involved with acute GVHD

1 ☐ Yes → 175. Specify other site(s): AOSTDXSP AOSTDXSP_____

0 ☐ No

**List the maximum severity of organ involvement since the date of last report:**

AGRADEHI
AGRADEH
AGRADE100
AGRADE6M
AGRADE1Y
AGRADE2Y

176. Maximum overall grade of acute GVHD AGVHGRAD CD_AGVHGRAD

1 ☐ I - Rash on ≤ 50% of skin, no liver or gut involvement

2 ☐ II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500-1000 mL/day or persistent nausea

3 ☐ III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus

4 ☐ IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL

6 ☐ Not applicable (acute GVHD present but cannot be graded)

177. Date maximum overall grade of acute GVHD: AGMXGRDT AMXGRDTF AMXGRDTL __ __ __ __ __ __
YYYY MM DD

AGMXDT100
AGMXDT6m
AGMXDT1Y
AGMXDT2Y

**Specify organ involvement at time of maximum grade:**

ASKINHI
ASKINH
ASKIN100
ASKIN6M
ASKIN1Y
ASKIN2Y

178. Skin ASKIN CD_ASKIN

1 ☐ Stage 0 – no rash, or no rash attributable to acute GVHD

2 ☐ Stage 1 – maculopapular rash, < 25% of body surface

3 ☐ Stage 2 – maculopapular rash, 25-50% of body surface

4 ☐ Stage 3 – generalized erythroderma, > 50% of body surface

5 ☐ Stage 4 – generalized erythroderma with bullae formation and/or desquamation

ALWGUTHI
ALWGUTH
ALWGUT100
ALWGUT6M
ALWGUT1Y
ALWGUT2Y

179. Lower Intestinal Tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients) ALOWGUT

3 ☐ Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric) CD_ALOWGUT

4 ☐ Stage 1 – diarrhea 500-1000 mL/day (adult), or 10-19.9 mL/kg/day (pediatric)

5 ☐ Stage 2 – diarrhea 1001-1500 mL/day (adult), or 20-30 mL/kg/day (pediatric)

6 ☐ Stage 3 – diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)

7 ☐ Stage 4 – severe abdominal pain, with or without ileus, and/or grossly bloody stool

**1=No gut acute GVHD 2=Stage 0 - No diarrhea 8=Unknown 9=Not Answ/Inconsist 0=6 Nausea (NMDP_SF_1300**

AUPGUTH AUPGUTHI
AUPGUT100 AUPGUT6M
AUPGUT1Y AUPGUT2Y

180. Upper Intestinal Tract AUPPGUT CD_AUPPGUT

1 ☐ Stage 0 – no persistent nausea or vomiting

2 ☐ Stage 1 – persistent nausea or vomiting

**0=No 8=Unknown 9=Not Answ/Inconsist**

ALIVERH ALIVERHI
ALIVER100
ALIVER6M
ALIVER1Y
ALIVER2Y

181. Liver ALIVER CD_ALIVER

1 ☐ Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L)

2 ☐ Stage 1 – bilirubin 2.0-3.0 mg/dL (34-52 µmol/L)

3 ☐ Stage 2 – bilirubin 3.1-6.0 mg/dL (53-103 µmol/L)

4 ☐ Stage 3 – bilirubin 6.1-15.0 mg/dL (104-256 µmol/L)

5 ☐ Stage 4 – bilirubin > 15.0 mg/dL (> 256 µmol/L)

**0=No liver acute GVHD 8=Unknown 9=Not Answ/Inconsist**

AOTHOHI AOTHO
AOTHOH

182. Other site(s) involved with acute GVHD

1 ☐ Yes → 183. Specify other site(s): AOTHOSP_____

0 ☐ No

**Specify therapy given for acute GVHD:**

TCORH AGVHTCOR
TCORH

184. Corticosteroids (topical GI)(e.g. beclomethasone, budesonide) ☐ Yes ☐ No

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

ARXHI ACUTERX
ARXH]

185. Was systemic therapy used to treat acute GVHD?

1 ☐ Yes → Start Table ACUTERX

0 ☐ No

End Table AGVHD

186. ALG, ALS, ATG, ATS AGVHATG ATGH AATGH]

1 ☐ Yes →

0 ☐ No

187. Total dose: AATGDOS ___ mg/kg

188. Date started: AATGSDT ATGDT ATGDTF ___ ___ ___ ___ ___ ___
YYYY MM DD

189. Specify source AGATGSRC CD_ATGSRC

AATGHORS 1 ☐ ATGAM (horse)

AATGFRAB 5 ☐ ATG – Fresnius (rabbit)

AATGRABB 2 ☐ Thymoglobulin (rabbit)

AATGOTH 3 ☐ Other → 190. Specify other source: AATGOSSP
AATGOSSP

**4=Both Horse and Rabbit(002 core)**
**7=Other (from SUP_THL)**
**8=Unknown**
**9=Not answered**

AGVHCAMP 191. Alemtuzumab (Campath)
CAMPH CAMPH]

☐ Yes →

☐ No

192. Total dose: ACAMPDOS ___ mg

193. Date started: ACAMPSDT CAMDT CAMDTF ___ ___ ___ ___ ___ ___
YYYY MM DD

AGVHCD25 194. Anti CD25 (Zenapax, Daclizumab, AntiTAC)
CD25H CD25H]

☐ Yes →

☐ No

195. Specify anti CD25: AGCD25SP

196. Date started: ACD25SDT C25DT C25DTF ___ ___ ___ ___ ___ ___
YYYY MM DD

AGVHSCOR 197. Corticosteroids (systemic) (e.g. prednisone, dexamethasone)
SCORH SCORH]

☐ Yes →

☐ No

198. Date started: ASCORSDT SCODT SCODTF ___ ___ ___ ___ ___ ___
YYYY MM DD

AGVHCSA 199. Cyclosporine (CSA, Neoral, Sandimmune)
CSAH CSAH]

☐ Yes →

☐ No

200. Date started: ACSASDT CSADT CSADTF ___ ___ ___ ___ ___ ___
YYYY MM DD

AGVHECP 201. Extra-corporeal photopheresis (ECP)
ECPH ECPH]

☐ Yes →

☐ No

202. Date started: AECPSDT ECPDT ECPDTF ___ ___ ___ ___ ___ ___
YYYY MM DD

AGVHENBR 203. Etanercept (Enbrel)
ENBRH ENBRH]

☐ Yes →

☐ No

204. Date started: AENBRSDT ENBDT ENBDTF ___ ___ ___ ___ ___ ___
YYYY MM DD

AGVHTAC 205. FK 506 (Tacrolimus, Prograf)
TACH TACH]

☐ Yes →

☐ No

206. Date started: ATACSDT TACDT TACDTF ___ ___ ___ ___ ___ ___
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

AGVHINFL

207. Infliximab (Remicade)

☐ Yes → 208. Date started: AINFLSDT (YYYY MM DD)

☐ No

AGVHIMM

209. In vivo immunotoxin

☐ Yes → 210. Specify immunotoxin: AGIMMSP

211. Date started: AIMMSDT (YYYY MM DD)

☐ No

AGVHMMF

212. Mycophenolate mofetil (MMF) (CellCept, Myfortic)

☐ Yes → 213. Date started: AMMFSDT (YYYY MM DD)

☐ No

AGVHPENT

214. Pentostatin (Nipent)

☐ Yes → 215. Date started: APENTSDT (YYYY MM DD)

☐ No

AGVHPUVA

216. PUVA (Psoralen and UVA)

☐ Yes → 217. Date started: APUVASDT (YYYY MM DD)

☐ No

AGVHSIRO

218. Sirolimus (Rapamycin, Rapamune)

☐ Yes → 219. Date started: ASIROSDT (YYYY MM DD)

☐ No

AGVHTOCI

220. Tocilizumab

☐ Yes → 221. Date started: ATOCISDT (YYYY MM DD)

☐ No

AGVHJAK2

222. JAK 2 inhibitors

☐ Yes → 223. Ruxolitinib (Jakafi) AGVHRUXO

☐ Yes → 224. Date started: ARUXOSDT (YYYY MM)

☐ No

☐ No

AOTJAK2

225. Other JAK 2 inhibitor

☐ Yes → 226. Specify other JAK 2 inhibitor: AOJAK2SP

☐ No 227. Date started: AJAK2SDT (YYYY MM)

AGVHBRT

228. Blinded randomized trial

☐ Yes → 229. Specify trial agent: AGBRTSP

☐ No

230. Date started: ABRTSDT (YYYY MM DD)

AGVHOTH
OTHH OTHH

231. Other agent
☐ Yes →
☐ No

232. Specify other agent: AGVOTHSP

233. Date started: AOTHSDT AOTHDT AOTHDTF
YYYY MM DD

End Table ACUTERX

## Chronic Graft vs. Host Disease (GVHD)

**Report any chronic graft-versus-host disease occurring in this reporting period in response to allogeneic HCT or cellular therapy. If this was an autologous HCT, continue with the Infection section.**

Start Table CGVHD

234. Did chronic GVHD develop since the date of last report? CGVHD GVH CGVH

1 ☐ Yes – CD_CGVHD →
0 ☐ No - ***Go to question 236***
8 ☐ Unkown - ***Go to question 236***

235. Date of chronic GVHD diagnosis: CGVHONST __ __ __ __ / __ __ / __ __ ☐ Date estimated
YYYY MM DD CGDTKNW
***- Go to question 237*** GVHFD CGVHFDT
CGVHONST

236. Did chronic GVHD persist since the date of last report? CGVHPERS GPERSH
CGPERSH1 CGPERS100 CGPERS6M CGPERS1Y CGPERS2Y

1 ☐ Yes - ***Go to question 302***
0 ☐ No - ***Go to question 400***
8 ☐ Unkown - ***Go to question 400***

CGVHPROG
GPROGH
CGPROGH
CGVHPROG

237. Onset of chronic GVHD was CD_CGVHPROG

1 ☐ Progressive (acute GVHD present within 2 weeks prior to onset of chronic GVHD)
2 ☐ Interrupted (acute GVHD resolved, then chronic GVHD developed)
3 ☐ De novo (acute GVHD never developed)

**0=No (095CORE)**
**4=Chronic GVHD flair**
**8=Unknown 9=Not answered**

CGSIGNAG
CGSIGNAC

238. Were signs of acute GVHD present at the time of chronic GVHD diagnosis (overlap syndrome)?
☐ Yes ☐ No

CGVSCALE
CGVSCALE

239. What scale was used to determine the recipient's functional status? (at time of chronic GVHD diagnosis)
CD_SCALE
1 ☐ Karnofsky (recipient age ≥ 16 years) - ***Go to question 240***
2 ☐ Lansky (recipient age < 16 years) - ***Go to question 241***

240. Karnofsky scale (recipient age ≥ 16 years) CKARNOF CKARNOI
☐ 100: Normal; no complaints; no evidence of disease
☐ 90: Able to carry on normal activity CD_KARNOFPR
☐ 80: Normal activity with effort
☐ 70: Cares for self; unable to carry on normal activity or to do active work
☐ 60: Requires occasional assistance but is able to care for most needs
☐ 50: Requires considerable assistance and frequent medical care
☐ 40: Disabled; requires special care and assistance
☐ 30: Severely disabled; hospitalization indicated, although death not imminent
☐ 20: Very sick; hospitalization necessary
☐ 10: Moribund; fatal process progressing rapidly

***- Go to question 242***

241. Lansky scale (recipient age < 16 years) CKARNOF

- ☐ 100: Fully active CKARNOI CD_KARNOFPR
- ☐ 90: Minor restriction in physically strenuous play
- ☐ 80: Restricted in strenuous play, tires more easily, otherwise active
- ☐ 70: Both greater restrictions of, and less time spent in, active play
- ☐ 60: Ambulatory up to 50% of time, limited active play with assistance / supervision
- ☐ 50: Considerable assistance required for any active play; fully able to engage in quiet play
- ☐ 40: Able to initiate quiet activities
- ☐ 30: Needs considerable assistance for quiet activity
- ☐ 20: Limited to very passive activity initiated by others (e.g., TV)
- ☐ 10: Completely disabled, not even passive play

CPLAUNIT CPLAUNI

CPLATE CPLATE 242. Platelets: (at diagnosis of chronic GVHD) ___ ___ ___ ___ ___ **1** ☐ x $10^9$/L (x $10^3$/$mm^3$) **2** ☐ x $10^6$/L CD_WBCUNIT

CTBILI CTBILI 243. Total serum bilirubin (at diagnosis of chronic GVHD): ___ ___ ___ • ___ **1** ☐ mg/dL **2** ☐ µmol/L CD_BILIUNIT

CBILUNIT CBILUNIT

CGVDXHIS 244. Was chronic GVHD evaluated by biopsy (histology)? (at diagnosis)

CGVDXHI

- ☐ Yes → Start Table CGVDXHIS
- ☐ No

**Specify result(s):**

245. Skin CHISKIN CHISKIN CD_AGVHHIST

**1** ☐ Positive **2** ☐ Suggestive **0** ☐ Negative **3** ☐ Inconclusive / equivocal **4** ☐ Not done

246. Lower gastrointestinal (GI) CHISLGI CHISLGI CD_AGVHHIST

**1** ☐ Positive **2** ☐ Suggestive **0** ☐ Negative **3** ☐ Inconclusive / equivocal **4** ☐ Not done

CHISGUT **(095 corefu Q248)**
CHISBUM **(095 corefu Q250)**
CHISCNJ **(095 corefu Q251)**
CHISMUSC **(095 corefu Q253)**

247. Upper gastrointestinal (GI) CHISUGI CHISUG CD_AGVHHIST

**1** ☐ Positive **2** ☐ Suggestive **0** ☐ Negative **3** ☐ Inconclusive / equivocal **4** ☐ Not done

248 Liver CHISLIV CHISLIV CD_AGVHHIST

**1** ☐ Positive **2** ☐ Suggestive **0** ☐ Negative **3** ☐ Inconclusive / equivocal **4** ☐ Not done

249. Lung CHISLUNG CHISLUNC CD_AGVHHIST

**1** ☐ Positive **2** ☐ Suggestive **0** ☐ Negative **3** ☐ Inconclusive / equivocal **4** ☐ Not done

250. Other site CHISOTH CHISOTH

- **1** ☐ Positive - ***Go to question 251*** CD_AGVHHIST
- **2** ☐ Suggestive - ***Go to question 251***
- **0** ☐ Negative - ***Go to question 251***
- **3** ☐ Inconclusive / equivocal - ***Go to question 251***
- **4** ☐ Not done - ***Go to question 252***

**8=Unknown**
**9= Not answered**

251.Specify other site: CHISOTSP CHISOTSI

End Table CGVDXHIS

Start Table CGVORGDX

**Specify organs involved and NIH scoring at diagnosis of chronic GHVD:**

**Skin:**

252. Skin CGSKINDX CGSKINDX

☐ Yes →
☐ No

253. Score percent BSA involved CGBSADX CGBSADX

0 ☐ Score 0 – No BSA involved, no sclerotic features CD_CGBSADX
1 ☐ Score 1 – 1-18% BSA
2 ☐ Score 2 – 19-50% BSA, or superficial sclerotic features “not hidebound” (able to pinch)
3 ☐ Score 3 – >50% BSA, deep sclerotic features, hidebound, impaired mobility, or ulceration

254. Skin features score CGSSCRDX CGSSCRDX

0 ☐ No sclerotic features CD_CGSSCRDX
1 ☐ Superficial sclerotic features “not hidebound” (able to pinch)
2 ☐ Deep sclerotic features, hidebound (unable to pinch), impaired mobility, or ulceration

**Specify skin GVHD features present at diagnosis of chronic GVHD:**

| | | | | |
|---|---|---|---|---|
| CGRASHDX CGRASHDX | 255. Maculopapular rash / erythema | ☐ Yes | ☐ No |
| CGLISKDX CGLISKDX | 256. Lichen planus-like features | ☐ Yes | ☐ No |
| CGICHTDX CGICHTDX | 257. Papulosquamous lesions or ichthyosis | ☐ Yes | ☐ No |
| CGKERADX CGKERADX | 258. Keratosis pilaris-like GVHD | ☐ Yes | ☐ No |

**Specify if any skin abnormalities were present, but explained entirely by non-GVHD causes:**

CSKINABN CSKINABN 259. Abnormality present but explained entirely by non-GVHD documented cause

☐ Yes → 260. Specify cause: CSKABNSP CSKABNSP
☐ No

**Mouth**

CGMOUTDX CGMOUTDX 261. Mouth

☐ Yes →
☐ No

262. Mouth score CGMSCRDX CGMSCRDX

0 ☐ Score 0 – No symptoms CD_CGMSCRDX
1 ☐ Score 1 – Mild symptoms with disease signs but not limiting oral intake significantly
2 ☐ Score 2 – Moderate symptoms with disease signs with partial limitation of oral intake
3 ☐ Score 3 – Severe symptoms with disease signs on examination with major limitation of oral intake

CGLIMODX CGLIMODX 263. Lichen planus-like features ☐ Yes ☐ No

**Specify if any mouth abnormalities were present, but explained entirely by non-GVHD causes:**

CMOUTABN CMOUTABN 264. Abnormality present but explained entirely by non-GVHD documented cause

☐ Yes → 265. Specify cause: CMOABNSP CMOABNSP
☐ No

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Eyes**

266. Eyes CGEYEDX CGEYEDX

☐ Yes →
☐ No

267. Eyes score CGESCRDX CGESCRDX

**0** ☐ Score 0 – No symptoms CD_CGESCRDX

**1** ☐ Score 1 – Mild dry eye symptoms not affecting ADL (requirement of lubricant eye drops ≤ 3x per day)

**2** ☐ Score 2 – Moderate dry eye symptoms partially affecting ADL (requiring lubricant eye drops >3x per day or punctal plugs), without new vision impairment due to keratoconjunctivitis sicca (KCS)

**3** ☐ Score 3 – Severe dry eye symptoms significantly affecting ADL (special eyewear to relieve pain) OR unable to work because of ocular symptoms OR loss of vision due to keratoconjunctivitis sicca (KCS)

CGKCSDX CGKCSDX 268. Keratoconjunctivitis sicca (KCS) confirmed by ophthalmologist?

**1** ☐ Yes **0** ☐ No **3** ☐ Not done

**Specify if any eye abnormalities were present, but explained entirely by non-GVHD causes:**

CEYEABN CEYEABN 269. Abnormality present but explained entirely by non-GVHD documented cause

☐ Yes → 270. Specify cause: CEYABNSP CEYABNSP
☐ No

**Gastrointestinal (GI) Tract**

CGGIDX 271. Gastrointestinal (GI) tract
CGGIDX

☐ Yes →
☐ No

272. Gastrointestinal (GI) tract score CGISCRDX CGISCRDX

**0** ☐ Score 0 – No symptoms CD_CGISCRDX

**1** ☐ Score 1 – Symptoms without significant weight loss (<5%)

**2** ☐ Score 2 – Symptoms associated with mild to moderate weight loss (5-15%) OR moderate diarrhea without significant interference with daily living

**3** ☐ Score 3 – Symptoms associated with significant weight loss (>15%), requires nutritional supplementation for most calorie needs OR esophageal dilation OR severe diarrhea with significant interference with daily living

**Specify if any GI abnormalities were present, but explained entirely by non-GVHD causes:**

CGIABN CGIABN 273. Abnormality present but explained entirely by non-GVHD documented cause

☐ Yes → 274. Specify cause: CGIABNSP CGIABNSP
☐ No

**Specify Gastrointestinal (GI) tract GVHD features present at diagnosis of chronic GVHD:**

| | | | | |
|---|---|---|---|---|
| CGESOPDX | CGESOPDX | 275. | Esophageal web / proximal stricture or ring | ☐ Yes ☐ No |
| CGDYSPDX | CGDYSPDX | 276. | Dysphagia | ☐ Yes ☐ No |
| CGANORDX | CGANORDX | 277. | Anorexia | ☐ Yes ☐ No |
| CGNAUSDX | CGNAUSDX | 278. | Nausea | ☐ Yes ☐ No |
| CGVOMIDX | CGVOMIDX | 279. | Vomiting | ☐ Yes ☐ No |
| CGDIARDX | CGDIARDX | 280. | Diarrhea | ☐ Yes ☐ No |
| CGWTLODX | CGWTLODX | 281. | Weight loss ≥5% | ☐ Yes ☐ No |
| CGTHRIDX | CGTHRIDX | 282. | Failure to thrive | ☐ Yes ☐ No |

**Liver**

283. Liver CGLIVEDX CGLIVEDX

☐ Yes →
☐ No

284. Liver score CLVSCRDX CLVSCRDX

0 ☐ Score 0 – Normal total bilirubin and ALT or AP <3 x ULN CD_CLVSCRDX
1 ☐ Score 1 – Normal total bilirubin with ALT ≥3 to 5 x ULN or AP ≥3 x ULN
2 ☐ Score 2 – Elevated total bilirubin but ≤3 mg/dL or ALT >5 ULN
3 ☐ Score 3 – Elevated total bilirubin > 3 mg/dL

**Specify if any liver abnormalities were present, but explained entirely by non-GVHD causes:**

CLIVEABN CLIVEABN 285. Abnormality present but explained entirely by non-GVHD documented cause

☐ Yes → 286. Specify cause: CLIABNSP CLIABNSP
☐ No

**Lungs**

287. Lungs CGLUNGDX CGLUNGDX

☐ Yes →
☐ No

288. Lung score CLUSCRDX CLUSCRDX

0 ☐ Score 0 – No symptoms CD_CLUSCRDX
1 ☐ Score 1 – Mild symptoms (shortness of breath after climbing one flight of steps)
2 ☐ Score 2 – Moderate symptoms (shortness of breath after walking on flat ground)
3 ☐ Score 3 – Severe symptoms (shortness of breath at rest; requiring oxygen)

CPULTSDX CPULTSDX 289. Were pulmonary function tests performed?

☐ Yes → 290. Specify FEV1 percent: ___ ___ % CGFEV1DX CGFEV1DX
☐ No

**Specify if any liver abnormalities were present, but explained entirely by non-GVHD causes:**

CLUNGABN CLUNGABN 291. Abnormality present but explained entirely by non-GVHD documented cause

☐ Yes → 292. Specify cause: CLUABNSP CLUABNSP
☐ No

**Joints and fascia**

293. Joints and fascia CGJOINDX CGJOINDX

☐ Yes →
☐ No

294. Joints and fascia score CGJSCRDX CGJSCRDX

0 ☐ Score 0 – No symptoms CD_CGJSCRDX
1 ☐ Score 1 – Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) AND not affecting ADL
2 ☐ Score 2 – Tightness of arms or legs OR joint contractures, erythema thought due to fasciitis, moderate decrease ROM AND mild to moderate limitation of ADL
3 ☐ Score 3 – Contractures WITH significant decrease ROM AND significant limitation of ADL (e.g. unable to tie shoes, button shirts, dress self, etc.)

**Specify if any joint or fascia abnormalities were present, but explained entirely by non-GVHD causes:**

CJOINABN CJOINABN 295. Abnormality present but explained entirely by non-GVHD documented cause
☐ Yes → 296.Specify cause: CJOABNSP CJOABNSI
☐ No

**Genital tract**

297. Genital tract CGGUDX CGGUDX
☐ Yes →
☐ No

298. Genital tract score CGUSCRDX CGUSCRDX
**0** ☐ Score 0 – No signs CD_CGUSCRDX
**1** ☐ Score 1 – Mild signs and females with or without discomfort on exam
**2** ☐ Score 2 – Moderate signs and may have symptoms with discomfort on exam
**3** ☐ Score 3 – Severe signs with or without symptoms

CGSEXADX CGSEXADX 299. Currently sexually active? **1** ☐ Yes **0** ☐ No **8** ☐ Unknown

**Specify if any genital tract abnormalities were present, but explained entirely by non-GVHD causes:** CGTHRIDX

CGUABN CGUABN 300. Abnormality present but explained entirely by non-GVHD documented cause
☐ Yes → 301.Specify cause: CGUABNSP CGUABNSI
☐ No

End Table CGVORGDX

**Maximum grade of chronic GVHD since the date of last report:**

CGVHDSEV 302. Maximum grade of chronic GVHD (according to best clinical judgment) CD_CGVHDSEV
CGVSEVH CGVSEVH **1** ☐ Mild **2** ☐ Moderate **3** ☐ Severe **8** ☐ Unknown **0=NO GVHD**

CGRADEH CGRADE 303. Specify if chronic GVHD was limited or extensive CD_CGVHGRAD
GRADEH
**1** ☐ Limited – Localized skin involvement and/or hepatic dysfunction due to chronic GVHD
**2** ☐ Extensive – One or more of the following: **0=None (PostTed)**
– generalized skin involvement; or,
– liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
– involvement of eye: Schirmer's test with < 5 mm wetting; or
– involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
– involvement of any other target organ

CGMXDT10
304. Date of maximum grade of chronic GVHD: CGMXGRDT CGMXDT6M
MXGRDT MXGRDT YYYY MM DD
CGMXDT1Y CGMXDT2Y

**Organ specific manifestations since the date of last report:**
**Indicate if there was organ specific manifestations with chronic GVHD from the list below:**

CGSCLERO 305. Sclerosis of skin or fascia (e.g., scleroderma, fasciitis, morphea) GSCLEH CGSCLEH ☐ Yes ☐ No
CGRASH 306. Erythematous skin rash CRASHH CRASHH ☐ Yes ☐ No
CGCONTRA 307. Joint contractures GCONTH CGCONTH ☐ Yes ☐ No
CGOTSKIN 308. Other skin or hair involvement (ulcers, pruritus or itching, dyspigmentation, alopecia, lichenoid skin changes, etc.) GOSKIH CGOSKIH ☐ Yes ☐ No
CGEYE 309. Eyes (xerophthalmia (dry eyes), abnormal Schirmer's test, abnormal slit lamp, corneal erosion / conjunctivitis, etc.) GEYEH CGEYEH ☐ Yes ☐ No
CGMOUTH 310. Mouth (lichenoid changes, mucositis / ulcers, erythema, etc.) GMOUH CGMOUH ☐ Yes ☐ No

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

CGBRONCH 311. Bronchiolitis obliterans CGBRONH GBRONH ☐ Yes ☐ No

CGOLUNG 312. Other lung involvement CGOLUNH1 CGOLUNHI ☐ Yes ☐ No

CGUPGIHI CGUPPGI 313. Upper gastrointestinal tract (esophageal involvement, chronic nausea / vomiting) CGUPGIH1 ☐ No

CGLWGIHI CGLOWGI 314. Lower gastrointestinal tract (chronic diarrhea, malabsorption, abdominal pain / cramps, etc.)

CGLWGIH1 CGLOWG ☐ Yes → ☐ No

315. Diarrhea CGDIARRH CGDIARH1 CGDIARHI ☐ Yes ☐ No

CGGIH1 CGGIH CGGI **(2100v2 Q296)**

CGLIVER 316. Liver CGLIVH1 GLIVH ☐ Yes ☐ No

CGGU 317. Genitourinary tract (vaginitis / stricture, etc.) CGGUH1 GGUH ☐ Yes ☐ No

CGMUSKEL 318. Musculoskeletal (arthritis, myositis, etc.) CGMUSKH GMUSKH ☐ Yes ☐ No

CGTHROMB 319. Thrombocytopenia (< 100 x $10^9$/L) CGTHROH GTHROH ☐ Yes ☐ No

CGEOSINO 320. Eosinophilia CGEOSIH GEOSIH ☐ Yes ☐ No

CGSEROSI 321. Serositis (e.g., pleural effusion, ascites, pericardial effusion GSEROH CGSEROH ☐ Yes ☐ No

COTHO 322. Other organ involvement CGOTHOH GOTHOH ☐ Yes → ☐ No

323. Specify site: COTHOSP

**Specify therapy given for chronic GVHD since the date of last report:**

CGVHTCOI

CGVHTCOR 324. Corticosteroids (topical GI)(e.g. beclomethasone, budesonide) CTCORH TCORH ☐ Yes ☐ No

CHRONRX 325. Was systemic therapy given to treat chronic GVHD? CRXH1 RXH. ☐ Yes → ☐ No

326. Was the date therapy was first started previously reported?
☐ Yes CRXSTRKW
☐ No → 327. Date therapy was first started: CRXSTRDT CRXSDTF CRXSDTF1 CRXSDTF
YYYY MM DD

Start Table CHRONRX — CATGHORS

**Specify systemic therapy started or escalated for chronic GVHD since the date of last report:**

CGVHATG 328. ALG, ALS, ATG, ATS CATGH1 ATGH. ☐ Yes → ☐ No

CD_GVHAGENT

329. Total dose: CATGDOS mg/kg

330. Specify source CGATGSRC CD_ATGSRC

CATGHORS 1 ☐ ATGAM (horse) ***- Go to question 332***
CATGFRAB 5 ☐ ATG – Fresnius (rabbit) ***- Go to question 332***
CATGRABB 2 ☐ Thymoglobulin (rabbit) ***- Go to question 332***
CATGOTH 3 ☐ Other → 331. Specify other source: CATGOSSP CATGOSSP

332. Date started: CATGSDT ATGDT CATGDTF
YYYY MM DD

CGVHALDS 333. Aldesleukin (interleukin-2, IL-2)

CALDH1 CALDH1 ☐ Yes → ☐ No

CD_GVHAGENT

334. Date started: CALDSDT ALDDT CALDDTF
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

CGVHCAMP 335. Alemtuzumab (Campath)
☐ Yes → ☐ No
CD_GVHAGENT

336. Total dose: CCAMPDOS mg
337. Date started: CCAMPSDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGVHCD25 338. Anti CD25 (Zenapax, Daclizumab, AntiTAC)
☐ Yes → ☐ No
CD_GVHAGENT

339. Specify anti CD25: CGCD25SP
340. Date started: CCD25SDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGVHAZA 341. Azathioprine
☐ Yes → ☐ No
CD_GVHAGENT

342. Date started: CAZASDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGVHVELC 343. Bortezomib (Velcade)
☐ Yes → ☐ No
CD_GVHAGENT

344. Date started: CVELCSDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGVHSCOR 345. Corticosteroids (systemic) (e.g. prednisone, dexamethasone)
☐ Yes → ☐ No
CD_GVHAGENT

346. Date started or escalated: CSCORSDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGVHCSA 347. Cyclosporine (CSA, Neoral, Sandimmune)
☐ Yes → ☐ No
CD_GVHAGENT

348. Date started: CCSASDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGILINHB 349. Interleukin inhibitors
☐ Yes → ☐ No
CD_GVHAGENT

350. Anti-IL2 CGVHIL2
☐ Yes → 351. Date started: CIL2SDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD
☐ No CD_GVHAGENT

CGVHIL6 352. Anti-IL6
☐ Yes → 353. Date started: CIL6SDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD
☐ No
CD_GVHAGENT

CGOTILIH 354. Other interleukin inhibitor
☐ Yes → 355. Specify other interleukin inhibitor: COILIHSP
☐ No
CD_GVHAGENT

356. Date started: COILIHDT ___ ___ ___ ___ / ___ ___ / ___ ___
YYYY MM DD

CGVHECP 357. Extra-corporeal photopheresis (ECP)
☐ Yes → ☐ No
CD_GVHAGENT

358. Date started: CECPSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHENBR 359. Etanercept (Enbrel)
☐ Yes → ☐ No
CD_GVHAGENT

360. Date started: CENBRSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHTAC 361. FK 506 (Tacrolimus, Prograf)
☐ Yes → ☐ No
CD_GVHAGENT

362. Date started: CTACSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHPLAQ 363. Hydroxychloroquine (Plaquenil)
☐ Yes → ☐ No
CD_GVHAGENT

364. Date started: CPLAQSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHINFL 365. Infliximab (Remicade)
☐ Yes → ☐ No
CD_GVHAGENT

366. Date started: CINFLSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHMTX 367. Methotrexate (MTX) (Amethopterin)
☐ Yes → ☐ No
CD_GVHAGENT

368. Date started: CMTXSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHMMF 369. Mycophenolate mofetil (MMF) (CellCept, Myfortic)
☐ Yes → ☐ No
CD_GVHAGENT

370. Date started: CMMFSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHPENT 371. Pentostatin (Nipent)
☐ Yes → ☐ No
CD_GVHAGENT

372. Date started: CPENTSDT ___ ___ ___ ___ ___ ___
YYYY MM DD

CGVHUV 373. UV therapy
☐ Yes → ☐ No
CD_GVHAGENT

374. PUVA (Psoralen and UVA) CGVHPUVA
☐ Yes → 375. Date started: CPUVASDT ___ ___ ___ ___ ___ ___
YYYY MM DD
☐ No
CD_GVHAGENT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

CGVHUVB 376. UVB
☐ Yes → 377. Date started: CUVBSDT __ __ __ __ / __ __ / __ __
YYYY MM DD
☐ No
CD_GVHAGENT

CGVHRITU 378. Rituximab (Rituxan, MabThera)
☐ Yes →
☐ No
CD_GVHAGENT

379. Date started: CRITUSDT __ __ __ __ / __ __ / __ __
YYYY MM DD

CGVHSIRO 380. Sirolimus (Rapamycin, Rapamune)
☐ Yes →
☐ No
CD_GVHAGENT

381. Date started: CSIROSDT __ __ __ __ / __ __ / __ __
YYYY MM DD

CGVHTKI 382. Tyrosine kinase inhibitors (TKI)
☐ Yes →
☐ No
CD_GVHAGENT

383. Imatinib mesylate (Gleevec) CGVHGLEE
☐ Yes → 384. Date started: CGLEESDT __ __ __ __ / __ __ / __ __
YYYY MM DD
☐ No
CD_GVHAGENT

CGVHOTKI 385. Other TKI
☐ Yes → 386. Specify other TKI: COTKISP
☐ No
CD_GVHAGENT 387. Date started: COTKISDT __ __ __ __ / __ __ / __ __
YYYY MM DD

CGVHJAK2 388. JAK 2 inhibitors
☐ Yes →
☐ No
CD_GVHAGENT

389. Ruxolitinib (Jakafi) CGVHRUXO
☐ Yes → 390. Date started: CRUXOSDT __ __ __ __ / __ __ / __ __
YYYY MM DD
☐ No
CD_GVHAGENT

CGOTJAK2 391. Other JAK 2 inhibitor
☐ Yes → 392. Specify other JAK 2 inhibitor: COJAK2SP
☐ No 393. Date started: CJAK2SDT __ __ __ __ / __ __ / __ __
YYYY MM DD
CD_GVHAGENT

CGVHBRT 394. Blinded randomized trial
☐ Yes →
☐ No
CD_GVHAGENT

395. Specify trial agent: CGBRTSP
396. Date started: CBRTSDT __ __ __ __ / __ __ / __ __
YYYY MM DD

CGVHOTH 397. Other agent
☐ Yes →
☐ No
CD_GVHAGENT

398. Specify other agent: CGOTHSP
399. Date started: COTHSDT __ __ __ __ / __ __ / __ __
YYYY MM DD

End Table CHRONRX

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Current GVHD Status**

CGVHSTIL 400. Are symptoms of GVHD still present on the date of actual contact (or present at the time of death)? ☐ Yes ☐ No

CSCORSTL 401. Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, ≤10 mg/day for adults, <0.1 mg/kg/day for children)

1 ☐ Yes
0 ☐ No → 402. Date final treatment administered CSCODTKW
7 ☐ Not applicable
8 ☐ Unknown
CD_YESNO_NA

1 ☐ Known → 403. Date final treatment administered: CSCOREND ___ ___ ___ ___ / ___ ___ / ___ ___ YYYY MM DD GSCOENDL1
8 ☐ Unknown
6 ☐ Previously reported
CD_KNWUNK

CGTRTSTL 404. Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?

1 ☐ Yes
0 ☐ No → 405. Date final treatment administered CRXDTKNW
7 ☐ Not applicable
8 ☐ Unknown

1 ☐ Known → 406. Date final treatment administered: CRXEND ___ ___ ___ ___ / ___ ___ / ___ ___ YYYY MM DD
8 ☐ Unknown
6 ☐ Previously reported
CD_KNWUNK

End Table CGVHD

**Infection Prophylaxis** Start Table STATUSPS

**Select the drug in each group the recipient received first and closest to the start of the preparative regimen, even if it was started prior to the preparative regimen. Include prophylactic medications started prior to day +45 post-HCT.**

407. Did the recipient receive antibacterial drug(s) for infection prophylaxis?

☐ Yes →
☐ No
PINFANTB

**Specify the first antibacterial drug(s) given as a single drug or as combination therapy**

Start Table INFPROPS

| | | | |
|---|---|---|---|
| 408. | Amoxicillin clavulanate oral (Augmentin) PAMOXICI | ☐ Yes | ☐ No |
| 409. | Cefdinir oral (Omnicef) POMNICEF | ☐ Yes | ☐ No |
| 410. | Cefpodoxime oral (Vantin) PVANTIN | ☐ Yes | ☐ No |
| 411. | Ciprofloxacin IV or oral (Cipro) PCIPRO | ☐ Yes | ☐ No |
| 412. | Ertapenem IV PERTAPIV | ☐ Yes | ☐ No |
| 413. | Levofloxacin IV or oral (Levaquin) PLEVAQUI | ☐ Yes | ☐ No |
| 414. | Moxifloxacin IV or oral (Avelox) PAVELOX | ☐ Yes | ☐ No |
| 415. | Vancomycin IV PVANCOIV | ☐ Yes | ☐ No |
| 416. | Other antibacterial drug POANTBAC | ☐ Yes | ☐ No |

☐ Yes → 417. Specify other antibacterial drug: POANTBSP
☐ No

418. Date started: PANTBSDT ___ ___ / ___ ___ / ___ ___ YYYY MM DD

419. Antiviral drugs (select one) PINFANTV CD_PINFANTV

1 ☐ Acyclovir - ***Go to question 421*** POANTVSP
2 ☐ Valacyclovir (Valtrex) - ***Go to question 421*** PVALACYC
3 ☐ Famciclovir (Famvir) - ***Go to question 421*** PFAMVIR
4 ☐ Ganciclovir - ***Go to question 421*** PGANCIC
5 ☐ Valganciclovir (Valcyte) - ***Go to question 421*** PVALGANC
6 ☐ Brincidofovir (CMX001) - ***Go to question 421*** PCMX001
7 ☐ Letermovir (AIC246) - ***Go to question 421*** PAIC246
90 ☐ Other antiviral drug - ***Go to question 420*** POANTVIR
0 ☐ None - ***Go to question 422***

**88=UNKNOWN**
**99=NOT ANSWER**

420. Specify other antiviral drug: POANTVSP

421. Date started: PANTVSDT
__ __ __ __ __ __ __ __
YYYY MM DD

422. Antifungal drugs (select one) PINFANTF CD_PINFANTF

1 ☐ Amphotericin products (Amphocin, Fungizone, Ambisome, Abelcet, Amphotec) - ***Go to question 424*** PAMPHLIP
2 ☐ Fluconazole (Diflucan) - ***Go to question 424*** PFLUCONA
3 ☐ Itraconazole (Sporanox) - ***Go to question 424*** PITRACON
4 ☐ Posaconazole (Noxafil) - ***Go to question 424*** PPOSICON
5 ☐ Voriconazole (Vfend) - ***Go to question 424*** PVORICON
6 ☐ Isavuconazole (Cresemba) - ***Go to question 424*** PCRESEMB
7 ☐ Caspofungin (Cancidas) - ***Go to question 424*** PCASPOFU
8 ☐ Anidulafungin (Eraxis) - ***Go to question 424*** PERAXIS
9 ☐ Micafungin (Mycamine) - ***Go to question 424*** PMICAFUN
90 ☐ Other antifungal drug - ***Go to question 423*** POANTFNG
88 ☐ None - ***Go to question 425***

**99=NOT ANSWER**

423. Specify other antifungal drug: POANTFSP

424. Date started: PANTFSDT
__ __ __ __ __ __ __ __
YYYY MM DD

425. Anti-pneumocystis (PJP) drug (select one) PINFPJP CD_PINFPJP

1 ☐ Trimethoprim/Sulfamethoxazole (Bactrim, Septra) - ***Go to question 427*** PTRISULF
2 ☐ Atovaquone (Mepron) - ***Go to question 427*** PATOVAQU
3 ☐ Dapsone (Aczone) - ***Go to question 427*** PDAPSONE
4 ☐ Pentamidine inhaled - ***Go to question 427*** PPENTINH
5 ☐ Pentamidine IV - ***Go to question 427*** PPENTIV
90 ☐ Other anti-pneumocystis - ***Go to question 426*** POANTPNE
0 ☐ None - ***Go to question 428***

**88=UNKNOWN**
**99=NOT ANSWER**

426. Specify other anti-pneumocystis drug: POANTPSP

427. Date started: PANTPSDT
__ __ __ __ __ __ __ __
YYYY MM DD

End Table INFPROPS

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Infection

428. Did the recipient develop a clinically significant infection since the date of last report?

1 ☐ Yes → Start Table INFECT

0 ☐ No

INFECTPS

INFECTH

**Report each infection organism, site, and date of diagnosis.**

429. Organism: ORGANISM CD_ORGNSM

- ☐ 121 Acinetobacter (all species)
- ☐ 125 Bordetella pertussis (whooping cough)
- ☐ 157 Pseudomonas or Burkholder cepacia
- ☐ 128 Campylobacter (all species)
- ☐ 129 Capnocytophaga (all species)
- ☐ 171 Chlamydia (pneumoniae)
- ☐ 130 Citrobacter (freundii, other species)
- ☐ 131 Clostridium (all species except difficile)
- ☐ 132 Clostridium difficile
- ☐ 173 Corynebacterium jeikeium
- ☐ 134 Enterobacter (all species)
- ☐ 177 Enterococcus, vancomycin resistant (VRE)
- ☐ 135 Enterococcus (all species)
- ☐ 136 Escherichia (also E. coli)
- ☐ 139 Fusobacterium (all species)
- ☐ 187 Haemophilus influenzae
- ☐ 188 Haemophilus non-influenzae
- ☐ 146 Klebsiella (all species)
- ☐ 147 Lactobacillus (bulgaricus, acidophilus, other species)
- ☐ 189 Legionella pneumophila
- ☐ 190 Legionella non-pneumophila
- ☐ 103 Leptospira (all species)
- ☐ 148 Leptotrichia buccalis
- ☐ 149 Leuconostoc (all species)
- ☐ 104 Listeria monocytogenes
- ☐ 151 Micrococcus, NOS
- ☐ 118 Mycobacterium abscessus
- ☐ 112 Mycobacterium avium - intracellulare (MAC, MAI)
- ☐ 108 Mycobacterium cheloneae
- ☐ 109 Mycobacterium fortuitum
- ☐ 114 Mycobacterium haemophilum
- ☐ 115 Mycobacterium kansasii
- ☐ 116 Mycobacterium marinum
- ☐ 117 Mycobacterium mucogenicum
- ☐ 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus)
- ☐ 105 Mycoplasma (all species)
- ☐ 183 Neisseria gonorrhoeae
- ☐ 184 Neisseria meningitidis
- ☐ 106 Nocardia (all species)
- ☐ 153 Pasteurella multocida

INFAC INFOTA BACAC FNGAC
NGTOTA VIRAC IROTA PARAC
ARTOTA OTHACTHTOTA

BACAC1-6(095 CORE PG.30)
FNGAC1-6(095 CORE PG.30)
VIRAC1-6(095 CORE PG.30)
PARAC1-6(095 CORE PG.30)
OTHAC1-6(095 CORE PG.30)

BORGAC1-6(095 CORE PG.30)
FORGAC1-6(095 CORE PG.30)
VORGAC1-6(095 CORE PG.30)
PORGAC1-6(095 CORE PG.30)
OORGAC1-6(095 CORE PG.30)

BRSVAC1-6(095 CORE PG.30)
FRSVAC1-6(095 CORE PG.30)
VRSVAC1-6(095 CORE PG.30)
PRSVAC1-6(095 CORE PG.30)
ORSVAC1-6(095 CORE PG.30)

- ☐ 155 Proteus (all species)
- ☐ 185 Pseudomonas aeruginosa
- ☐ 186 Pseudomonas non-aeruginosa
- ☐ 159 Rhodococcus (all species)
- ☐ 107 Rickettsia (all species)
- ☐ 160 Salmonella (all species)
- ☐ 161 Serratia marcescens
- ☐ 162 Shigella (all species)
- ☐ 180 Staphylococcus (Methacillin Resistant)
- ☐ 179 Staphylococcus (Methacillin Sensitive)
- ☐ 158 Stenotrophomonas maltophilia
- ☐ 166 Stomatococcus mucilaginosis
- ☐ 181 Streptococcus, alpha-hemolytic
- ☐ 182 Streptococcus, Group B
- ☐ 178 Streptococcus pneumoniae
- ☐ 168 Treponema (syphillis)
- ☐ 169 Vibrio (all species)
- ☐ 210 Aspergillus, NOS
- ☐ 211 Aspergillus flavus
- ☐ 212 Aspergillus fumigatus
- ☐ 213 Aspergillus niger
- ☐ 215 Aspergillus terreus
- ☐ 214 Aspergillus ustus
- ☐ 270 Blastomyces (dermatitidis)
- ☐ 201 Candida albicans
- ☐ 208 Candida non-albicans
- ☐ 271 Coccidioides (all species)
- ☐ 222 Cryptococcus gattii
- ☐ 221 Cryptococcus neoformans
- ☐ 230 Fusarium (all species)
- ☐ 261 Histoplasma (capsulatum)
- ☐ 241 Mucorales (all species)
- ☐ 260 Pneumocystis (PCP / PJP)
- ☐ 242 Rhizopus (all species)
- ☐ 272 Scedosporium (all species)
- ☐ 240 Zygomycetes, NOS
- ☐ 503 Suspected fungal infection
- ☐ 304 Adenovirus
- ☐ 341 BK Virus
- ☐ 344 Coronavirus
- ☐ 303 Cytomegalovirus (CMV)
- ☐ 347 Chikaugunya 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)
- ☐ 405 Trypanosoma cruzi (Chaga
- ☐ 404 Cryptosporidium (all species)
- ☐ 403 Giardia (lambia)
- ☐ 406 Helminths (all species)
- ☐ 407 Strongyloides stercoralis
- ☐ 402 Toxoplasma gondii
- ☐ 777 Other organism →

430. Specify other organism: ORGSP

BORSPAC1-6(095 CORE PG.30)
FORSPAC1-6(095 CORE PG.30)
VORSPAC1-6(095 CORE PG.30)
PORSPAC1-6(095 CORE PG.30)
OORSPAC1-6(095 CORE PG.30)

431. Site: INFSITE

CD_SITE

432. Site: INFSITE2

BSITAC1-6(095 CORE PG.30)
FSITAC1-6(095 CORE PG.30)
VSITAC1-6(095 CORE PG.30)
PSITAC1-6(095 CORE PG.30)
OSITAC1-6(095 CORE PG.30)

433. Site: INFSITE3

434. Site: INFSITE4

435. Site: INFSITE5

**Site list:**
- Blood
- Bone
- CNS
- Eyes
- Genital area
- GI tract, Lower
- GI tract, Upper
- Joints
- Liver/Spleen
- Lung
- Sinus and.or Upper respiratory tract
- Skin, cellulitis
- Skin, necrotizing fasciitis
- Urinary tract, Lower
- Urinary tract, Upper

436. Date of diagnosis: INFONSET __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

VDTAC1-6(095 CORE PG.30) PDTAC1-6(095 CORE PG.30) BDTAC1-6(095 CORE PG.30) FDTAC1-6(095 CORE PG.30) ODTAC1-6(095 CORE PG.30)

**Copy and complete questions 429 - 436 to report more than one infection**

End Table INFECT

437. Did the recipient develop Systemic Inflammatory Response Syndrome (SIRS) since the date of last report?

☐ Yes → 438. Date of diagnosis: SIRSPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

SIRSPS

439. Did the recipient develop septic shock since the date of last report?

☐ Yes → 440. Date of diagnosis: SSHOPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

SSHOCKPS

## Organ Function

### Pulmonary Function

441. Did the recipient develop non-infectious interstitial pneumonitis (IPn or ARDS) / idiopathic pneumonia syndrome (IPS) since the date of last report?

**Non-infectious interstitial pneumonitis / idiopathic pneumonia syndrome is characterized by hypoxia and chest radiographic imaging with diffuse infiltrates not caused by fluid overload or infection.**

*(Report infectious pneumonia in Infection section)*

☐ Yes →

☐ No

IPNPS

Start Table IPNPS

442. Date of diagnosis: IPNDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

443. Were diagnostic tests done? (other than radiographic studies)

☐ Yes →

☐ No

IPNTEST

**Diagnosis was evaluated by:**

444. Bronchoalveolar lavage (BAL) ☐ Yes ☐ No

IPNBAL

IPNTBB 445. Transbronchial biopsy ☐ Yes ☐ No

IPNOLB 446. Open / thoracopic (VATS) lung biopsy ☐ Yes ☐ No

IPNAUT 447. Autopsy ☐ Yes ☐ No

IPNOTST 448. Other diagnostic test

☐ Yes → 449. Specify other diagnostic test: IPNOTSP

☐ No

IPNISOPS 450. Was an organism isolated from the sputum, BAL, or tracheal aspirate that is clinically significant?

☐ Yes **(If yes, report this pneumonia in the Infection section)** →

☐ No

451. Was documentation submitted to the CIBMTR (e.g. scan report)?

☐ Yes ☐ No IPNRPTPS

End Table IPNPS

452. Did the recipient develop other non-infectious pulmonary abnormalities since the date of last report? (e.g. bronchiolitis obliterans, COP / BOOP, diffuse alveolar hemorrhage)

☐ Yes →

☐ No

PULMABPS

Start Table PULMABPS

453. Did the recipient develop bronchiolitis obliterans since the date of last report?

☐ Yes →

☐ No

BRONPS

454. Date of diagnosis: BROPSDT __ __ __ __ __ __ __ __
YYYY MM DD

BROTEST 455. Were diagnostic tests done? (other than radiographic studies)

☐ Yes → **Diagnosis was evaluated by:**

BROBAL

☐ No 456. Bronchoalveolar lavage (BAL) ☐ Yes ☐ No

BROTBB 457. Transbronchial biopsy ☐ Yes ☐ No

BROOLB 458. Open / thoracopic (VATS) lung biopsy ☐ Yes ☐ No

BROAUT 459. Autopsy ☐ Yes ☐ No

BROOTST 460. Other diagnostic test

☐ Yes → 461. Specify other diagnostic test: BROOTSP

☐ No

BRONRPT 462. Was documentation submitted to the CIBMTR (e.g scan report)?

☐ Yes ☐ No

COPPS 463. Did the recipient develop cryptogenic organizing pneumonia (COP / BOOP)?

☐ Yes →

☐ No

464. Date of diagnosis: COPPSDT __ __ __ __ __ __ __ __
YYYY MM DD

COPTEST 465. Were diagnostic tests done? (other than radiographic studies)

☐ Yes → **Diagnosis was evaluated by:** COPBAL

☐ No 466. Bronchoalveolar lavage (BAL) ☐ Yes ☐ No

COPTBB 467. Transbronchial biopsy ☐ Yes ☐ No

COPOLB 468. Open / thoracopic (VATS) lung biopsy ☐ Yes ☐ No

COPAUT 469. Autopsy ☐ Yes ☐ No

COPOTST 470. Other diagnostic test

☐ Yes → 471. Specify other diagnostic test: COPOTSP

☐ No

COPRPT 472. Was documentation submitted to the CIBMTR (e.g scan report)?

☐ Yes ☐ No

PULHPS 473. Did the recipient develop diffuse alveolar hemorrhage?

☐ Yes →

☐ No

474. Date of diagnosis: PULHPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

PULTEST 475. Were diagnostic tests done? (other than radiographic studies)

☐ Yes → **Diagnosis was evaluated by:**

☐ No

476. Bronchoalveolar lavage (BAL) PUHBAL ☐ Yes ☐ No

477. Transbronchial biopsy PUHTBB ☐ Yes ☐ No

478. Open / thoracoscopic (VATS) lung biopsy PUHOLB ☐ Yes ☐ No

479. Autopsy PUHAUT ☐ Yes ☐ No

480. Other diagnostic test PUHOTST

☐ Yes → 481. Specify other diagnostic test: PUHOTSP

☐ No

PULHRPT 482. Was documentation submitted to the CIBMTR (e.g scan report)? ☐ Yes ☐ No

OPULABPS 483. Did the recipient develop any other non-infectious pulmonary abnormalities?

☐ Yes →

☐ No

484. Date of diagnosis: OPABPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

485. Specify other pulmonary abnormality: OPULABSP

End Table PULMABPS

Start Table STATUSPS

486. Did the recipient receive endotracheal intubation or mechanical ventilation post-HCT?

☐ Yes →

☐ No

INTUBAPS

487. Date started: INTUBADT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

488. Was the recipient successfully extubated?

☐ Yes →

☐ No

EXTUBAPS

489. Date extubated: EXTUBADT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

### Liver Toxicity Prophylaxis

490. Was specific therapy used to prevent liver toxicity?

☐ Yes → Start Table PLVTOXRX
☐ No

PLVTOXRX

491. Defibrotide PLVTDFIB ☐ Yes ☐ No
492. N-acetylcysteine PLVTNACT ☐ Yes ☐ No
493. Tissue plasminogen activator (TPA) PLVTTPA ☐ Yes ☐ No
494. Ursodiol PLVTURSO ☐ Yes ☐ No
495. Other therapy PLVTOTRX
☐ Yes → 496. Specify other therapy: PLVTOTSP
☐ No

End Table PLVTOXRX

### Liver Function

497. Did the recipient develop non-infectious liver toxicity (excluding GVHD) since the date of last report?

☐ Yes → Etiology: Start Table LIVTOXPS
☐ No

LIVTOXPS

#### VOD / SOS

498. Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?

☐ Yes → LITOXVOD
☐ No

499. Date of diagnosis: LIVODDT __ __ __ __ (YYYY MM DD)

#### Cirrhosis

500. Cirrhosis

☐ Yes → LITOXCIR
☐ No

501. Date of diagnosis: LITCIRDT __ __ __ __ (YYYY MM DD)

#### Other Etiology

502. Other etiology

☐ Yes → LITOXOTH
☐ No

503. Specify other etiology: LTOXOTSP
504. Date of diagnosis: LTOXOTDT __ __ __ __ (YYYY MM DD)

505. Unknown etiology LITOXUNK ☐ Yes ☐ No

End Table LIVTOXPS

### Thrombotic microangiopathy (TMA)

506. Did the recipient develop post-transplant thrombotic microangiopathy (TMA) or similar syndrome since the date of last report? (includes microangiopathy, thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS))

TMAPS

☐ Yes → Start Table TMAPS
☐ No

507. Date of diagnosis: __ __ __ __ TMAPSDT __ __ __ (YYYY MM DD)

**Specify signs and symptoms:**

TMARBCPS 508. RBC fragmentation and >2 schistocytes per high-power field on peripheral smear ☐ Yes ☐ No
TMAINLDH 509. Increased serum LDH above institutional baseline ☐ Yes ☐ No
TMARENAL 510. Renal dysfunction without other explanation (doubling of serum creatinine from baseline, OR 50% decrease in creatinine clearance from baseline) ☐ Yes ☐ No
TMANEURO 511. Neurologic dysfunction without other explanation ☐ Yes ☐ No
TMACOMB 512. Negative direct and indirect Coombs test results ☐ Yes ☐ No

513. Was TMA evaluated by biopsy?

☐ Yes → ☐ No

TMABXPS

**Specify result(s):**

514. Kidney TMAKDNBX CD_POSNEG

1 ☐ Positive 0 ☐ Negative 3 ☐ Not done

2 ☐ Suggestive 4 ☐ Inconclusive / equivocal

515. Other site TMAOSTBX

1 ☐ Positive - ***Go to question 516*** CD_POSNEG

2 ☐ Suggestive - ***Go to question 516***

0 ☐ Negative - ***Go to question 516***

4 ☐ Inconclusive / equivocal - ***Go to question 516***

3 ☐ Not done - ***Go to question 517***

516. Specify other site: TMAOBXSP

TMABXRPT 517. Was documentation submitted to the CIBMTR? ☐ Yes ☐ No

**Specify therapy for TMA**

TMARXPS 518. Was therapy given for TMA?

☐ Yes → ☐ No

519. Defibrotide TMADFIB ☐ Yes ☐ No

520. Eculizumab (Soliris) TMAECULI ☐ Yes ☐ No

TMARITUX 521. Rituximab (Rituxan, MabThera) ☐ Yes ☐ No

TMAPLASM 522. Plasma exchange / plasmapheresis ☐ Yes ☐ No

TMAOTHRX 523. Other therapy

☐ Yes → ☐ No

524. Specify other therapy:: TMAORXSP

525. Did the TMA resolve? (Normalization of renal function, LDH, and resolution or improvement in renal and/or neurologic dysfunction)

TMARSOLV

☐ Yes → ☐ No

526. Date resolved: TMARSLDT __ __ __ __ __ __ __ __
YYYY MM DD

End Table TMAPS

**Other Organ Impairment / Disorder**

527. Has the recipient developed any other clinically significant organ impairment or disorder since the date of last report?

☐ Yes → ☐ No

ORGIMPPS

**Specify impairment / disorder:**

Start Table ORGIMPPS

**Renal**

528. Acute renal failure requiring dialysis

☐ Yes → ☐ No

ADIALYPS

529. Date of diagnosis: AKDNPSDT __ __ __ __ __ __ __ __
YYYY MM DD

530. Date dialysis started: ADIALSDT __ __ __ __ __ __ __ __
YYYY MM DD

ADIALSTL 531. Was the recipient still on dialysis at the date of last contact?
- ☐ Yes → 532. Date dialysis stopped: ADIAENDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ No

CKDNPS 533. Chronic kidney disease / renal impairment (persistent decrease in glomerular filtration rate to <60 mL min/1.73m²)
- ☐ Yes → 534. Date of diagnosis: CKDNPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ No

535. Was the recipient placed on dialysis?
CDIALYPS
- ☐ Yes → 536. Date dialysis started: CDIALSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  - CDIALSTL 537. Was the recipient still on dialysis at the date of last contact?
    - ☐ Yes
    - ☐ No → 538. Date dialysis stopped: CDIAENDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ No

**Cardiac**

ARRHYTPS 539. Arrhythmia (e.g. atrial fibrillation or flutter, sick sinus syndrome, ventricular arrhythmia)
- ☐ Yes → 540. Date of diagnosis: ARRHPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

  541. Specify arrhythmia ARRHSPPS
  - 1 ☐ Atrial fibrillation or flutter CD_ARRHSPPS
  - 2 ☐ Sick sinus syndrome
  - 3 ☐ Ventricular arrhythmia
  - 7 ☐ Other arrhythmia → 542. Specify other arrhythmia: ARRHOPSP _____
- ☐ No

CHFPS 543. Congestive heart failure
- ☐ Yes → 544. Date of diagnosis: CHFPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

  545. Specify ejection fraction: ___ ___ % CHFEFPS
- ☐ No

CADPS 546. Coronary artery disease
- ☐ Yes → 547. Date of diagnosis: CADPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ No

MYINFAPS 548. Myocardial infarction / Unstable angina
- ☐ Yes → 549. Date of diagnosis: MYINPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ No

HTNRXPS HTNRXH

550. Hypertension (HTN) requiring therapy

☐ Yes → ☐ No

551. Date of diagnosis: HTNPSDT HTNPSDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

552. Was the recipient still receiving therapy at the date of contact for this reporting period? HTNRXSTL HTNSTLS
☐ Yes ☐ No

**Vascular**

DVTPEPS DVTPEHI

553. Deep vein thrombosis (DVT) / Pulmonary embolism (PE)

☐ Yes → ☐ No

554. Date of diagnosis: DVTPSDT DVTPSDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

555. Was the DVT catheter related? DVTCATPS DVTCATH ☐ Yes ☐ No

**Neurological**

CHSHEMPS NSHEMP

556. CNS hemorrhage

☐ Yes → ☐ No

557. Date of diagnosis: CNSHPSDT NSHMDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

ENCEPHPS NCEPHH

558. Encephalopathy (non-infectious)

☐ Yes → ☐ No

559. Date of diagnosis: ENCEPSDT NCPSDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

NEUROPS IEUROPH

560. Neuropathy

☐ Yes → ☐ No

561. Date of diagnosis: NEURPSDT IEUPSDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

SEIZPS SEIZPSH

562. Seizures

☐ Yes → ☐ No

563. Date of diagnosis: SEIZPSDT SEIZDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

STROKPS STRKPSH

564. Stroke

☐ Yes → ☐ No

565. Date of diagnosis: STKPSDT STKPSDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

**Endocrine**

DIABRXPS DIABRXH

566. Diabetes / hyperglycemia requiring chronic treatment

☐ Yes → ☐ No

567. Date of diagnosis: DIABPSDT DIBPSDT
__ __ __ __ / __ __ / __ __
YYYY MM DD

568. Was the recipient still receiving therapy at the date of contact for this reporting period? DIARXSTL DIABSTLS
☐ Yes ☐ No

GRWDISPS 569. Growth hormone deficiency / short stature

☐ Yes → 570. Date of diagnosis: GRWDPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

571. Was therapy given? GRWDRXPS ☐ Yes ☐ No

☐ No

HYPORXPS 572. Hypothyroidism requiring replacement therapy

☐ Yes → 573. Date of diagnosis: HYPOPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

PANCREPS 574. Pancreatitis

☐ Yes → 575. Date of diagnosis: PANCPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

**Genitourinary**

GONDYSPS 576. Gonadal dysfunction requiring hormone replacement (testosterone or estrogen)

☐ Yes → 577. Date of diagnosis: GONDPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

HCYSPS 578. Hemorrhagic cystitis / hematuria requiring medical intervention (catheterization of bladder, extra transfusions, urology consult)

☐ Yes → 579. Date of diagnosis: HCYSPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

**Musculoskeletal**

AVNPS 580. Avascular necrosis

☐ Yes → 581. Date of diagnosis: AVNPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

OSTJAWPS 582. Osteonecrosis of the jaw

☐ Yes → 583. Date of diagnosis: OJAWPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

OSTEOPPS 584. Osteoporosis

☐ Yes → 585. Date of diagnosis: OSTEPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

OSTFXPS 586. Osteoporotic fracture

☐ Yes → 587. Date of diagnosis: OSFXPSDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ No

**Psychiatric**

DEPRRXPS 588. Depression requiring therapy
☐ Yes → 589. Date of diagnosis: DEPRPSDT __ __ __ __ / __ __ (YYYY / MM / DD)
☐ No

ANXIRXPS 590. Anxiety requiring therapy
☐ Yes → 591. Date of diagnosis: ANXIPSDT __ __ __ __ / __ __ (YYYY / MM / DD)
☐ No

PTSDRXPS 592. Post-traumatic stress disorder (PTSD) requiring therapy
☐ Yes → 593. Date of diagnosis: PTSDPSDT __ __ __ __ / __ __ (YYYY / MM / DD)
☐ No

**Other**

CATARPS 594. Cataracts
☐ Yes → 595. Date of diagnosis: CATAPSDT __ __ __ __ / __ __ (YYYY / MM / DD)
☐ No

HYLIRXPS 596. Hyperlipidemia requiring therapy (high total cholesterol, high LDL cholesterol, and/or high triglyceride levels)
☐ Yes → 597. Date of diagnosis: HYLIPSDT __ __ __ __ / __ __ (YYYY / MM / DD)
598. Was the recipient still receiving therapy at the date of contact for this reporting period? HYLRXSTL
☐ Yes ☐ No
☐ No

IRONRXPS 599. Iron overload requiring therapy
☐ Yes → 600. Date of diagnosis: IRONPSDT __ __ __ __ / __ __ (YYYY / MM / DD)

**Specify therapy:**

601. Phlebotomy IPHLEBPS ☐ Yes ☐ No
602. Iron chelation ICHELAPS ☐ Yes ☐ No
603. Other therapy IOTHRXPS
☐ Yes → 604. Specify other therapy: IOTRXPSP
☐ No

MUCORXPS 605. Mucositis requiring therapy
☐ Yes → 606. Date of diagnosis: MUCOPSDT __ __ __ __ / __ __ (YYYY / MM / DD)
☐ No

OMSGRDPS

607. Specify OMS grade CD_OMSGRDPS

- 0 ☐ 0 (none)
- 1 ☐ I (mild) – Oral soreness, erythema
- 2 ☐ II (moderate) – Oral erythema, ulcers, solid diet tolerated
- 3 ☐ III (severe) – Oral ulcers, liquid diet only
- 4 ☐ IV (life-threatening) – Oral ulcers, oral alimentation impossible

OTHORGPS

608. Other impairment or disorder

☐ Yes → 609. Date of diagnosis: OORGPSDT __ __ __ __ (YYYY MM DD)

610. Specify other impairment / disorder: OTHORGSP _____

☐ No

End Table ORGIMPPS

611. Has the recipient received a solid organ transplant since the date of last report?

☐ Yes → Start Table RCVORGTX

☐ No

RCVORGTX

612. Specify solid organ transplanted ORGANTX CD_ORGANTX

- 1 ☐ Heart
- 2 ☐ Kidney
- 3 ☐ Liver
- 4 ☐ Lung
- 7 ☐ Other organ → 613. Specify other organ: ORGOTXSP _____

614. Date of transplant: ORGTXDT __ __ __ __ (YYYY MM DD)

615. Specify solid organ donor type ORGTXDNR

1 ☐ Living related donor 2 ☐ Living unrelated donor 3 ☐ Cadaveric donor

CD_ORGTXDNR

End Table RCVORGTX

## New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

616. Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed? (include clonal cytogenetic abnormalities, and post-transplant lymphoproliferative disorders)

☐ Yes → Start Table NEWMALIG

☐ No

NEWMALIG

***Copy and complete questions 617-639 to report each new malignancy diagnosed since the date of last report. The submission of a pathology report or other supportive documentation for each reported new malignancy is strongly recommended.***

617. Specify the new malignancy NMALIGPS CD_TED_NMALIGPS

- NMAML 1 ☐ Acute myeloid leukemia (AML / ANLL) NMAMLDT
- NMOLEU 2 ☐ Other leukemia NMOLEKDT
- NMMDS 19 ☐ Myelodysplastic syndrome (MDS) NMMDSDT
- NMMPN 20 ☐ Myeloproliferative neoplasm (MPN) NMMPNDT
- NMMDSMPN 13 ☐ Myelodysplasia / myeloproliferative neoplasm (MDS / MPN) NMMDMPDT
- NMHODG 8 ☐ Hodgkin lymphoma NMHODGDT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

NMNHLYM 21 ☐ Non-Hodgkin lymphoma NMNHLYM

NMPTLD 22 ☐ Post-transplant lymphoproliferative disorder (PTLD) NMPTLDDT

NMCCAB 5 ☐ Clonal cytogenetic abnormality without leukemia or MDS NMCCABDT

NMUPDNRC 23 ☐ Uncontrolled proliferation of donor cells without malignant transformation NMUPDCDT

NMBC 3 ☐ Breast cancer NMBCDT

NMCNS 4 ☐ Central nervous system (CNS) malignancy (e.g. glioblastoma, astrocytoma) NMCNSDT

NMGI 6 ☐ Gastrointestinal malignancy (e.g. colon, rectum, stomach, pancreas, intestine) NMGIDT

NMGU 7 ☐ Genitourinary malignancy (e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix) NMGUDT

NMLUNG 9 ☐ Lung cancer NMLUNGDT

NMMELANO 11 ☐ Melanoma NMMELADT

NMBCSKIN 24 ☐ Basal cell skin malignancy NMBCSKDT

NMSCSKIN 25 ☐ Squamous cell skin malignancy NMSCSKDT

NMOROPHA 14 ☐ Oropharyngeal cancer (e.g. tongue, buccal mucosa) NMOROPDT

NMSAR 15 ☐ Sarcoma NMSARDT

NMTHYROI 16 ☐ Other new malignancy → NMOCANDT

NMOCAN 17

618. Specify other new malignancy: NMCANSP

NMALIGDT 619. Date of diagnosis: __ __ __ __ / __ __ / __ __
YYYY MM DD

NMPRDDRV 620. Was the new malignancy donor / cell product derived?

1 ☐ Yes →

621. Was documentation submitted to the CIBMTR? (e.g. cell origin evaluation (VNTR, cytogenetics, FISH))
☐ Yes ☐ No COREVAAT

0 ☐ No

3 ☐ Not done

NMPATHRV 622. Was documentation submitted to the CIBMTR? (e.g. pathology report, autopsy report) ☐ Yes ☐ No

**Post-Transplant Lymphoproliferative Disorder**

NMLYMEBV 623. Was there EBV reactivation in the blood?

4 ☐ Yes →

624. How was EBV reactivation diagnosed? EBVREACT
1 ☐ Qualitative PCR of blood ***- Go to question 629*** CD_EBVREACT
2 ☐ Quantitative PCR of blood ***- Go to question 626***
7 ☐ Other method ***- Go to question 625***

625. Specify other method: EBVOMESP
***- Go to question 629***

EBVQUANT 626. Quantitative EBV viral load of blood: (at diagnosis of EBV) ____ copies/mL

6 ☐ No

8 ☐ Unknown

PCRQUANT 627. Was a quantitative PCR of blood performed again after diagnosis?

☐ Yes → 628. Highest EBV viral load of blood:

☐ No ____ copies/mL EBVHILD

LYMATINV 629. Was there lymphomatous involvement? (e.g. a mass)

☐ Yes →

☐ No

**Specify sites of PTLD involvement:**

| | | | |
|---|---|---|---|
| PTLDBM | 630. Bone marrow | ☐ Yes | ☐ No |
| PTLDCNS | 631. Central nervous system (brain or cerebrospinal fluid) | ☐ Yes | ☐ No |
| PTLDLIV | 632. Liver | ☐ Yes | ☐ No |
| PTLDLUNG | 633. Lung | ☐ Yes | ☐ No |
| PTLDLNOD | 634. Lymph nodes | ☐ Yes | ☐ No |
| PTLDSPLN | 635. Spleen | ☐ Yes | ☐ No |
| PTLDOSIT | 636. Other site | ☐ Yes | ☐ No |

☐ Yes →

☐ No

637. Specify other site: PTLDOTSP

PTLDBX 638. Was PTLD confirmed by biopsy?

☐ Yes →

☐ No

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

☐ Yes ☐ No PTLDRPT

End Table NEWMALIG

## Functional Status

640. Was the intent to complete the HCT procedure (conditioning, infusion, and period of recovery from neutropenia) as an outpatient?

☐ Yes →

☐ No

HCTOUTPT

641. Did the recipient require an unplanned admission? UNPLNADM

☐ Yes ***- Go to question 642***

☐ No ***- Go to question 644***

642. Was the recipient discharged prior to the date of contact?

☐ Yes →

☐ No

UNHPDISC

643. Date first discharged from hospital post-HCT:

UNHPDIDT ___ ___ ___ / ___ ___ / ___ ___

YYYY MM DD

644. Total number of inpatient days (day 0 to day 100) in first 100 days post-HCT: HOSPDAYI ___ ___ ___

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

645. Recipient height (most recent)

1 ☐ Known → HTPSLS

8 ☐ Unknown

HTPSKNW
CD_KNWUNK

646. Recipient height: HTPS ___ 1 ☐ inches 2 ☐ centimeters HTPSUNIT CD_HTUNIT HTPSUNL

647. Date documented: HTPSDT HTPSDTL ___ ___ ___
YYYY MM DD

648. Recipient weight (most recent)

☐ Known → WTPSLS

☐ Unknown

WTPSKNW
CD_KNWUNK

649. Recipient weight: WTPS ___ 1 ☐ pounds 2 ☐ kilograms WTPSUNIT WTPSUNL
CD_WTUNIT

650. Date documented: WTPSDT WTPSDTL ___ ___ ___
YYYY MM DD

651. What scale was used to determine the recipient's functional status? SCALEPS

1 ☐ Karnofsky (recipient age ≥ 16 years) ***- Go to question 652*** CD_SCALE

2 ☐ Lansky (recipient age < 16 years) ***- Go to question 653***

652. Karnofsky scale (recipient age ≥ 16 years) KARNOFPS KPSLAS KPSPST

- ☐ 100: Normal; no complaints; no evidence of disease CD_KARNOFPR
- ☐ 90: Able to carry on normal activity
- ☐ 80: Normal activity with effort
- ☐ 70: Cares for self; unable to carry on normal activity or to do active work
- ☐ 60: Requires occasional assistance but is able to care for most needs
- ☐ 50: Requires considerable assistance and frequent medical care
- ☐ 40: Disabled; requires special care and assistance
- ☐ 30: Severely disabled; hospitalization indicated, although death not imminent
- ☐ 20: Very sick; hospitalization necessary
- ☐ 10: Moribund; fatal process progressing rapidly

***- Go to question 654***

653. Lansky scale (recipient age < 16 years) KARNOFPS KPSLAS KPSPST

- ☐ 100: Fully active CD_KARNOFPR
- ☐ 90: Minor restriction in physically strenuous play
- ☐ 80: Restricted in strenuous play, tires more easily, otherwise active
- ☐ 70: Both greater restrictions of, and less time spent in, active play
- ☐ 60: Ambulatory up to 50% of time, limited active play with assistance / supervision
- ☐ 50: Considerable assistance required for any active play; fully able to engage in quiet play
- ☐ 40: Able to initiate quiet activities
- ☐ 30: Needs considerable assistance for quiet activity
- ☐ 20: Limited to very passive activity initiated by others (e.g., TV)
- ☐ 10: Completely disabled, not even passive play

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

654. Was the recipient pregnant at any time in this reporting period? **(Female only)**

**1** ☐ Yes - ***Go to question 656*** RPREGN

**0** ☐ No - ***Go to question 658***

**8** ☐ Unkown - ***Go to question 658***

655. Was the recipient's female partner pregnant at any time in this reporting period? (Male only)

**1** ☐ Yes - ***Go to question 656*** RFPPREGN

**0** ☐ No - ***Go to question 658***

**8** ☐ Unknown - ***Go to question 658***

656. Was the recipient or recipient's partner still pregnant at the date of last contact?

**4** ☐ Yes - ***Go to question 658*** PREGNSTL

**6** ☐ No - ***Go to question 657***

**7** ☐ Unknown - ***Go to question 657***

657. Specify the outcome of pregnancy PRGOUTC

**1** ☐ Live birth CD_PRGOUTC

**2** ☐ Intrauterine fetal death

**3** ☐ Spontaneous abortion

**4** ☐ Elected abortion

**8** ☐ Unknown

658. Has the recipient smoked tobacco cigarettes since the date of last report?

**4** ☐ Yes - ***Go to question 659*** RSMOKEPS

**6** ☐ No - ***Go to question 661***

**7** ☐ Unknown - ***Go to question 661***

659. Average number of packs per day (20 cigarettes per pack) PCKDPSKW

**1** ☐ Known → 660. Average number of packs per day: ___ • ___ PACKDYPS

**8** ☐ Unknown

CD_KNWUNK

End Table STATUSPS

## Subsequent HCT Start Table INFUS2PS

**Complete this section if the recipient received a subsequent HCT (question 3, answered "yes"). If no subsequent HCTs were performed, continue to the signature section.**

661. Date of subsequent HCT: INFU2DT __ __ __ __ / NF2DTF __ __ / __ __
YYYY MM DD

662. Was the subsequent HCT performed at a different institution?

☐ Yes →

☐ No

IF2DIFTM

**Specify the institution that performed the subsequent HCT:**

663. Name: IF2TNAME

City: IF2TCITY

State: IF2TSTAT

Country: IF2CNTRY

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

CD_INFU2RSN

664. What was the indication for subsequent HCT? INFU2RSN

**13** ☐ Graft failure / insufficient hematopoietic recovery **– Allogeneic HCTs Complete a Pre-TED Form 2400 for the subsequent HCT - *Go to question 666*** FHEMIF2

**4** ☐ Persistent primary disease **– Complete a Pre-TED Form 2400 for the subsequent HCT - *Go to question 666*** PERSIF2

**5** ☐ Recurrent primary disease **– Complete a Pre-TED Form 2400 for the subsequent HCT - *Go to question 666*** RELAPIF2

**6** ☐ Planned second HCT, per protocol **– Complete a Pre-TED Form 2400 for the subsequent HCT - *Go to question 666*** PL2TXIF2

**8** ☐ New malignancy (including PTLD and EBV lymphoma) **– Complete a Pre-TED Form 2400 for the subsequent HCT - *666*** NMLIGIF2

**10** ☐ Insufficient chimerism **– Complete a Pre-TED Form 2400 for the subsequent HCT - *Go to question 666*** INSCHIF2

**90** ☐ Other **– Complete a Pre-TED Form 2400 for the subsequent HCT - *Go to guestion 665*** OTHERIF2

665. Specify other indication: INFU2SP INFU2SP _____

End Table INFUS2PS

Start Table INFU2SRC

**If more than one product is infused, copy and complete questions 666–668 for each product.**

666. Source of HSCs INFU2TYP RELATIF2 UNRELIF2 AUTOIF2

**1** ☐ Allogeneic, related **- *Go to question 667*** CD_INFU2TYP

**2** ☐ Allogeneic, unrelated **- *Go to question 667***

**3** ☐ Autologous **- *Go to First Name***

IF2SMDNR 667. Was the same donor used? SMDNRIF2 OFDNRIF2 AUTOIF2 ☐ Yes ☐ No

668. Specify IF2URSRC CD_IF2URSRC F2URSRC

**1** ☐ Fresh, NMDP donor bone marrow

**2** ☐ Fresh, non-NMDP donor bone marrow

**5** ☐ Fresh, NMDP donor mobilized peripheral blood stem cells

**6** ☐ Fresh, non-NMDP donor mobilized peripheral blood stem cells

**9** ☐ NMDP cord blood

**10** ☐ Non-NMDP cord blood

**11** ☐ Cryopreserved original donor bone marrow

**12** ☐ Cryopreserved original donor mobilized peripheral blood stem cells

**3=Fresh, second NMDP donor bone marrow**

**4=Fresh, second non-NMDP donor bone marrow**

**7=Fresh, second NMDP donor peripheral blood**

**8=Fresh, second non-NMDP donor peripheral blood**

End Table INFU2SRC

First Name: _____

Last Name:_____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

**NOTE: Same variables on v2. All underlined variables are new.**

CIBMTR
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

DB Variables Overall Tx Each Tx

# Sickle Cell Anemia Post-HSCT Data

CIBMTR Center Number: CCN

CIBMTR Recipient ID: CRID

Today's Date: FRMDAT Month Day 20 Year

Date of HSCT for which this form is being completed: XDAT Month Day Year

HSCT type: ☐ autologous AUTOTX ☐ allogeneic, unrelated UNRELATX ☐ allogeneic, related RELATX ☐ syngeneic (identical twin) SYNGENTX

Product type: ☐ marrow BM ☐ PBSC PB ☐ cord blood CB ☐ other product, specify OPRODUC OPRODTSP

Visit: ☐ 100 day ☐ 6 month ☐ 1 year ☐ 2 years ☐ > 2 years, specify: EARSPE CD_VISITFU

**Registry Use Only**

Sequence Number: DISTANCE_P

Date Received: RECVDAT

**To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.**

Start Table SCA_PS

1. Specify the date the recipient was evaluated for this report: REEVDTPS Month Day 20 Year REVDTPSF

2. Was the recipient's serum ferritin level tested at any time since the date of the last report?
   1 ☐ yes → 3. Specify the serum ferritin results: SFERRIPS CD_SCA_SFERRIPR
   2 ☐ no SFTESTPS
   3 ☐ unknown SFTESTHI
   1 ☐ < 1,000 ng/mL or µg/L SFERRIHI
   2 ☐ ≥ 1,001 ng/mL or µg/L 2=>=1000 ng/ml or ug/l
   3 ☐ unknown

4. Was chelation therapy given since the date of the last report?
   1 ☐ yes → 5. Is the recipient still receiving chelation therapy or undergoing phlebotomy at the time of the evaluation for this report? CHESTIHI
   2 ☐ no CHELATHI
   3 ☐ unknown
   1 ☐ yes
   2 ☐ no → 6. Date therapy stopped: CHEENDTL Month Day 0 Year ☐ date unknown CHPSDTHI CHPSDTUK
   3 ☐ unknown

Specify the sickle cell disease symptoms experienced since the date of the last report:

7. Acute chest syndrome
   1 ☐ yes → 8. Total number of episodes since the date of the last report: NACKNWPS NACKNWHI
   2 ☐ no ACSPS
   3 ☐ unknown ACSPSHI
   1 ☐ known → UMACSP
   2 ☐ not known

9. Did the recipient require exchange transfusion?
   1 ☐ yes EXCHTFP EXCHTFHI
   2 ☐ no
   3 ☐ unknown

Specify any treatment(s) given for acute chest syndrome since the date of the last report:

10. 1 ☐ yes 2 ☐ no 3 ☐ unknown antibiotics ANTIBIP ANTIBIHI
11. 1 ☐ yes 2 ☐ no 3 ☐ unknown intubation / mechanical ventilation INTUBAP INTUBAHI
12. 1 ☐ yes 2 ☐ no 3 ☐ unknown oxygen O2PS O2PSHI
13. 1 ☐ yes 2 ☐ no 3 ☐ unknown transfusion of red blood cells ARBCTFP ARBCTFHI
14. 1 ☐ yes 2 ☐ no 3 ☐ unknown other treatment → 15. Specify treatment: _____ ACSORXP ACSORXHI AORXPSSP



**Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.**

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

OSTNECHI

16. Osteonecrosis
1 ☐ yes → Specify joint(s) affected:
2 ☐ no
3 ☐ unknown

17. 1 ☐ yes 2 ☐ no 3 ☐ unknown ankle ONANKLHI
18. 1 ☐ yes 2 ☐ no 3 ☐ unknown hip ONHIPHI
19. 1 ☐ yes 2 ☐ no 3 ☐ unknown knee ONKNEEHI
20. 1 ☐ yes 2 ☐ no 3 ☐ unknown shoulder ONSHLDHI
21. 1 ☐ yes 2 ☐ no 3 ☐ unknown spine ONSPINHI
22. 1 ☐ yes 2 ☐ no 3 ☐ unknown other joint → 23. Specify joint: _____ ONOJNTHI OJNTPSSP

24. Priapism PRIAPSHI
1 ☐ yes → 25. Number of episodes per year: _____
2 ☐ no
3 ☐ unknown
1 ☐ known → NPRKNWHI
2 ☐ not known

27. Seizures ZSEIZHI
1 ☐ yes
2 ☐ no
3 ☐ unknown

26. Was surgery performed to correct blood flow since the date of the last report?
1 ☐ yes PRSURGHI
2 ☐ no
3 ☐ unknown

28. Sickle nephropathy
1 ☐ yes SNEPHRHI
2 ☐ no
3 ☐ unknown

29. Stroke STROKEHI
1 ☐ yes → 30. Specify the number of strokes since the date of the last report:
2 ☐ no
3 ☐ unknown
1 ☐ 1 CD_SCA_ALLOABNM
2 ☐ ≥ 2 STRKNMHI
3 ☐ unknown

31. Vaso-occlusive pain requiring hospitalization since the date of the last report
1 ☐ yes → 32. Specify the frequency of hospitalization:
2 ☐ no
3 ☐ unknown VOCPSHI
1 ☐ < 3 instances per year CD_SCA_VOCFRQPR
2 ☐ ≥ 3 instances per year VOCFRQHI
3 ☐ unknown

33. Did the recipient experience gonadal dysfunction since the date of the last report?
1 ☐ yes ZGODYSHI
2 ☐ no
3 ☐ unknown

34. Was a brain MRI / MRA performed since the date of the last report?
1 ☐ yes → 35. Is a copy of the MRI / MRA report attached to this form?
2 ☐ no
3 ☐ unknown HDMRIHI
1 ☐ yes MRIRPTHI
2 ☐ no

36. Was a EKG performed since the date of the last report?
1 ☐ yes → 37. Is a copy of the EKG report attached to this form?
2 ☐ no
3 ☐ unknown EKGPSHI
1 ☐ yes EKGRPTHI
2 ☐ no

CIBMTR Center Number: | | | | | |  CIBMTR Recipient ID: | | | | | | | | | | |

38. Was an echocardiogram performed since the date of the last report?

1 ☐ yes → 39. Is a copy of the echocardiogram report attached to this form?
2 ☐ no  1 ☐ yes  2 ☐ no
3 ☐ unknown ECHOPSHI  ECHPSRHI

40. Was hemoglobin electrophoresis performed since the date of the last report?  Start New Table SCA_HBEPPS

1 ☐ yes →
2 ☐ no
3 ☐ unknown HBEPPSHI

**If the recipient received more than one hemoglobin electrophoresis test since the date of the last report, copy this page and complete for each instance.**

41. Date : | | (Month) | | (Day) | | | (Year)  ☐ date unknown  HBPDUKHI

Specify the level of each hemoglobin type:

42. Hb A1: | | %  ☐ not tested  BA1NTP
43. Hb A2: | | %  ☐ not tested  BA2NTP
44. Hb C: | | %  ☐ not tested  IBCNTP
45. Hb F: | | %  ☐ not tested  IBFNTP
46. Hb S: | | %  ☐ not tested  IBSNTP

47. Other hemoglobin type  HBOTYPHI

1 ☐ yes → 48. Specify type:  HBOTPSSP
2 ☐ no  49. Level: | | %  IBOTLVP

50. Is a copy of the hemoglobin electrophoresis report attached to this form?  HBERPTHI

1 ☐ yes
2 ☐ no

End New Table SCA_HBEPPS

51. What is the status of sickle cell anemia at the time of this report, or at the time of death?  CD_SCA_SCSTATPS

1 ☐ disease cured: Hb electrophoresis (Hb S) ≤ 50% and clinical symptoms described in questions 7–32 are absent
2 ☐ disease recurred: Hb S > 50% and clinical symptoms described in questions 7–32 are **absent**  SCSTATH1  SCSTATHI
3 ☐ disease recurred: Hb S > 50% and clinical symptoms described in questions 7–32 are **present**
4 ☐ unknown

52. Has the recipient received red blood cell transfusions since the date of the last report?

1 ☐ yes  RBCTRFHI
2 ☐ no

End Table SCA_PS

53. Signed: _____
*Person completing form*

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____

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**All underlined variables are new.**

## Pre-Transplant Essential Data

DB Variables Each Tx Overall Tx

Start Table FORMRECEIVED

**CIBMTR Use Only**

Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

OMB No: 0915-0310
Expiration date: 01/31/2020

Public Burden Statement: 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 project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.25 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 14N39, Rockville, Maryland, 20857.

**Center Identification**

CIBMTR Center Number: CCN (Table RECIPIENT)

Start Table FORMRECEIVED

EBMT Code (CIC): EBMTCIC

Hospital: HOSPITAL

Unit: (check only one) ☐ Adult ☐ Pediatric CD_HOSPUNIT

HOSPUNIT 1 4

**2=hematology 3=oncology 5=other unit 9=Not answered 6=adult and pediatric 8=Unknown**

**Recipient Identification**

CIBMTR Recipient ID (CRID): CRID

End Table FORMRECEIVED

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Recipient Data Start Table RECIPIENT

1. Date of birth: BDATE __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

2. Sex: ☐ Male (1) ☐ Female (2) SEX CD_SEX
3=Male and Female donor(Prereg donor=60)
98=Missing: converted data 9=Not answered

3. Ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino 3 ☐ Not applicable (not a resident of the USA) 8 ☐ Unknown
ETHNICIT CD_ETHNICIT

4. Race: 10 ☐ White 20 ☐ Black or African American 30 ☐ Asian 50 ☐ American Indian or Alaska Native
RACE ☐ Native Hawaiian or Other Pacific Islander 99 ☐ Not reported 88 ☐ Unknown CD_RACE
60

**Copy question 4 to report more than one race.**

5. Zip or postal code for place of recipient's residence (USA recipients only): ZIPCODE __ __ __ __ __ ZIPCODE Table (TED_CONFIDE)

6. Is the recipient participating in a clinical trial?
1 ☐ Yes → CLINTRIL CD_STDYSPON
0 ☐ No CLINTRIL

Start Table TED_STUDY(crid,txnum,seqnum)

7. Study Sponsor: STDYSPON STDYSPON1 STDYSPON2 STDYSPON3
1 ☐ BMT-CTN → 9. Study ID Number: STUDYIDN STUDYIDN1 STUDYIDN2 STUDYIDN3
2 ☐ RCI-BMT → 9. Study ID Number: STUDYIDN STUDYIDN1 STUDYIDN2 STUDYIDN3
3 ☐ USIDNET
4 ☐ COG
5 ☐ Other sponsor → 8. Specify other sponsor: OTSPONSP OTSPONSP1 OTSPONSP2 OTSPONSP3

6=In both BMTCTN and RCIBMT(2400V2)
7=Corporate/Industry (4000v1 Q4)
8=Unknown 9=Not answered or inconsistent

10. Subject ID: SUBJCTID SUBJCTID1 SUBJCTID2 SUBJCTID3

End Table TED_STUDY

**Copy questions 7-10 to report participation in more than one study.**

End Table RECIPIENT

## Hematopoietic Cellular Transplant (HCT) Start Table HSCT

11. Date of this HCT: TXDATE __ __ __ __ / DATEBMT __ __ / __ __ (YYYY / MM / DD)

12. Was this the first HCT for this recipient?
1 ☐ Yes → FIRSTTX CD_FIRSTTX
2=No, 089 prev.auto,no datetx
3=No, 095 prev.auto,no datetx
8=Uknonwn
9=Not answered

PLAN2ND PLAN2ND CD_PLAN2ND

13. Is a subsequent HCT planned as part of the overall treatment protocol (not as a reaction to post-HCT disease assessment)? **(For autologous HCTs only)**
1 ☐ Yes → 14. Specify subsequent HCT planned: PLTXTYPE PLTXTYPE
0 ☐ No
7=NotApp, Allo Tx
☐ Autologous (1) ☐ Allogeneic (2) CD_PLTXTYPE

0 ☐ No →

NPREVTX

15. Specify the number of prior HCTs: NPREVTX End Table HSCT

Start Table PRIORTX

**Specify the HSC source(s) for all prior HCTs:**

PRIAUTO 16. Autologous PRIAUTO1 PRIAUTO2 PRIAUTO3 1 ☐ Yes 0 ☐ No
PALLOUNR 17. Allogeneic, unrelated PALOUNR1 PALOUNR2 PALOUNR3 1 ☐ Yes 0 ☐ No
PALLOREL 18. Allogeneic, related PALOREL1 PALOREL2 PALOREL3 1 ☐ Yes 0 ☐ No
PSYNGEN 19. Syngeneic PSYNGEN1 PSYNGEN2 PSYNGEN3 1 ☐ Yes 0 ☐ No
PREVTXDT 20. Date of the last HCT (just before current HCT): PRVTXDT1 PRVTXDT2 PRVTXDT3 __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

21. Was the last HCT performed at a different institution? PRVDIFTM PVDIFTM1 PVDIFTM2 PVDIFTM3

☐ Yes → **Specify the institution that performed the last HCT:**

☐ No

22. Name: PRVTNAME PVTNAME1 PVTNAME2 PVTNAME3

City: PRVTCITY PVTCITY1 PVTCITY2 PVTCITY3

State: PRVTSTAT PVTSTAT1 PVTSTAT2 PVTSTAT3

Country: PRVCNTRY PVCNTRY1 PVCNTRY2 PVCNTRY3

CD_PREVTYPE
**4=Allogeneic, multiple donors**
**5=Allogeneic, identical twin**
**6=Allogeneic, donor missing**

23. What was the HSC source for the last HCT? PREVTYPE PRVTYPE1 PRVTYPE2 PRVTYPE3

**1** ☐ Autologous **2** ☐ Allogeneic, unrelated donor **3** ☐ Allogeneic, related donor

24. Reason for current HCT: WHYRETX RETX1 RETX2 RETX3

**1** ☐ No hematopoietic recovery CD_WHYRETX

**2** ☐ Partial hematopoietic recovery **88=Uknonwn 99=Not Answ/Inconsist**

**3** ☐ Graft failure / rejection after achieving initial hematopoietic recovery

→ 25. Date of graft failure/rejection: PRVREJDT PVREJDT1 PVREJDT2 PVREJDT3 __/__/__ (YYYY MM DD)

**4** ☐ Persistent primary disease

**5** ☐ Recurrent primary disease

→ 26. Date of relapse: PRVRELDT PVRELDT1 PVRELDT2 PVRELDT3 __/__/__ (YYYY MM DD)

**6** ☐ Planned second HCT, per protocol

**8** ☐ New malignancy (including PTLD and EBV lymphoma) SNDMLDT1 SNDMLDT2

→ 27. Date of secondary malignancy: SNDMALDT SNDMLDT3 __/__/__ (YYYY MM DD)

**9** ☐ Stable, mixed chimerism

**10** ☐ Declining chimerism

**90** ☐ Other → 28. Specify other reason: WHYRESP WHYRESP1 WHYRESP2 WHYRESP3

End Table PRIORTX

## Donor Information

Start Table TED_TX

29. Multiple donors? MULTDONR MULTDONR

☐ Yes → 30. Specify number of donors: MDNUMDNR MDNUMDNR

☐ No

End Table TED_TX

**To report more than one donor, copy questions 31- 63 and complete for each donor.**

Start Table TED_DONOR

31. Specify donor: DONORSRC DONORSRC DONORSRC2

**1** ☐ Autologous - ***Go to question 46*** CD_DONORSRC

**11** ☐ Autologous cord blood unit ***- Go to question 35***

**2** ☐ NMDP unrelated cord blood unit ***- Go to question 32***

**3** ☐ NMDP unrelated donor ***- Go to question 33***

**4** ☐ Related donor ***- Go to question 40***

**12** ☐ Related cord blood unit ***- Go to question 35***

**5** ☐ Non-NMDP unrelated donor ***- Go to question 34***

**13** ☐ Non-NMDP unrelated cord blood unit ***- Go to question 35***

**6=non-NMDP cord blood unit(2006 V1-V3)**
**77=Other 88=Unknown**
**99=Not Applicable**

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

32. NMDP cord blood unit ID: CBUID CBUID CBUID2 ___ ___ ***- Go to question 46***

33. NMDP donor ID: DONORID DONORID DONORID2 ***question 46***

34. Non-NMDP unrelated donor ID: (not applicable for related donors)

DONORID DONORID DONORID2 ***- Go to question 38***

35. Non-NMDP cord blood unit ID: (include related and autologous CBUs)

CBUID CBUID CBUID2

36. Is the CBU ID also the ISBT DIN number? CBICCBBA CBICCBBA CBICCBBA2

**1** ☐ Yes

**0** ☐ No → 37. Specify the ISBT DIN number: ISBTDIN ISBTDIN ISBTDIN2

38. Registry or UCB Bank ID: REGUCBID REGUCBID REGUCBID2 ***If 'Other registry' go to 39, otherwise go to question 41***

39. Specify other Registry or UCB Bank: REGUCBSP REGUCBSP REGUCBSP2 ***- Go to question 41***

40. Specify the related donor type: RELATDNR RELATDNR RELATDNR2 CD_TED_DONOR

**2** ☐ Syngeneic (monozygotic twin)

**1** ☐ HLA-identical sibling (may include non-monozygotic twin)

**31** ☐ HLA-matched other relative

**32** ☐ HLA-mismatched relative

**0=Autologous HSCT 3=Other relative 4=Unrelated donor 5=HLA-iden.+unrelated 50=Feta 99=Not answered 6=Other relative+unrelated 7=Mult. unrel. dnrs 41=HLA-matched unrelated 42=HLA-mis. matched unrelated 60=Multiple donor 70=Not Evaluable 77=NotApp (Auto TX) 88=Unknown 90=Other, specify 98=missing: converted data**

DNRBDKNW DNRBDKNW DNRBDKNW2

41. Date of birth: (donor / infant)

**1** ☐ Known → 42. Date of birth: (donor / infant): DNRBDATE DNRBDATE ___ ___ ___ ___ ___ ___ YYYY MM DNRBDATE2

**8** ☐ Unknown → DNRAGEKW DNRAGEKW DNRAGEKW2

43. Age: (donor/infant) DNRAGEKW

**1** ☐ Known → 44. Age: (donor/infant) DNRAGE DNRAGE DNRAGE2

**8** ☐ Unknown

**2** ☐ Months (use only if less than 1 year)

**1** ☐ Years

DAGEYRMO DAGEYRMO CD_DAGEYRMO DAGEYRMO2

CD_SEX

45. Sex: (donor / infant) **1** ☐ Male **2** ☐ Female DNRSEX DNRSEX DNRSEX2

**98=Missing: converted data 3=Male and Female donor(Prereg donor=60)**

**Specify product type:**

46. Bone marrow: **1** ☐ Yes **0** ☐ No PRDBM PRDBM PRDBM2

47. PBSC: **1** ☐ Yes **0** ☐ No PRDPB PRDPB PRDPB2

48. Single cord blood unit: **1** ☐ Yes **0** ☐ No PRDCB PRDCB PRDCB2

49. Other product: **1** ☐ Yes → 50. Specify other product type: PRDOTHSP PRDOTHSP PRDOTHSP2

**0** ☐ No

PRDOTH PRDOTH PRDOTH2

**A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days.**

51. Specify number of products infused from this donor: TONUMPRD TONUMPRD TONUMPRD2

52. Specify the number of these products intended to achieve hematopoietic engraftment: NPRODHEM NPRODHEM NPRODHEM2

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Questions 53 – 60 are for autologous HCT recipients only. If other than autologous skip to question 61**

53. Did the recipient have more than one mobilization event to acquire cells for HCT?

1 ☐ Yes → MBLZMORE
0 ☐ No
MBLZMORE MBLZMORE2

54. Specify the total number of mobilization events performed for this HCT (regardless of the number of collections or which collections were used for this HCT): MBLZNUM
MBLZNUM MBLZNUM2

**Specify all agents used in the mobilization events reported above:**

55. G-CSF AGCSF AGCSF AGCSF2 — 1 ☐ Yes 0 ☐ No
56. GM-CSF AGMCSF AGMCSF AGMCSF2 — 1 ☐ Yes 0 ☐ No
57. Pegylated G-CSF APGCSF APGCSF APGCSF2 — 1 ☐ Yes 0 ☐ No
58. Plerixafor (Mozobil) APLERIXA APLERIXA APLERIXA2 — 1 ☐ Yes 0 ☐ No
59. Other CXCR4 inhibitor AOTCXCR4 AOTCXCR4 AOTCXCR42 — 1 ☐ Yes 0 ☐ No
60. Combined with chemotherapy: AUTOCHEM AUTOCHEM AUTOCHEM2 — 1 ☐ Yes 0 ☐ No
61. Was this donor used for any prior HCTs? DNRPRIOR DNRPRIOR DNRPRIOR2 — 1 ☐ Yes 0 ☐ No
62. Donor CMV-antibodies (IgG or Total) **(Allogeneic HCTs only)** DNRCMVPR DNRCMVPR DNRCMVPR2
1 ☐ Reactive 0 ☐ Non-reactive 7 ☐ Not done 5 ☐ Not applicable (cord blood unit) CD_VIREXP
63. Was plerixafor (Mozobil) given at any time prior to the preparative regimen? **(Related HCTs only)** ☐ Yes ☐ No ☐ Unknown
PLERIXPR PLERIXPR PLERIXPR2 — 1 0 8

**3=Inconclusive(002 Graft) 4=Previously reported reactive or confirm prior result (2047hep) 9=Not Answ/Inconsist**
**6=Not report(Form 2004)or not able to release HIV(002DBM) 7=Not tested or NA to release HIV(5/95) or Not done 8=Unknown**

**Consent**

End Table TED_DONOR

Start Table TED_CONFIDE

64. Has the recipient signed an IRB-approved consent form for submitting research data to the NMDP / CIBMTR? SGIRBRES SGIRBRES

1 ☐ Yes (patient consented) →
0 ☐ No (patient declined) CD_IRBPROVE
3 ☐ Not approached
**7=Not applicable**
**8=Unknown**
**9=Not answered or inconsistent**

65. Date form was signed: SGNRESDT SGNRESDT __ __ __ __ __ __ __ __ (YYYY MM DD)

66. Did the recipient give permission to be directly contacted for future research? FUCONTAC FUCONTAC

1 ☐ Yes (patient provided permission) →
2 ☐ No (patient declined) CD_IRBPROVE
3 ☐ Not approached

67. Date form was signed: FUCONTDT FUCONTDT __ __ __ __ __ __ __ __ (YYYY MM DD)

68. Has the recipient signed an IRB-approved consent form to donate research blood samples to the NMDP / CIBMTR? SGIRBBL
SGIRBBL

1 ☐ Yes (patient consented) →
2 ☐ No (patient declined) CD_IRBPROVE
3 ☐ Not approached
7 ☐ Not applicable (center not participating)

69. Date form was signed: SGNBLDT SGNBLDT __ __ __ __ __ __ __ __ (YYYY MM DD)

DSGIRBBL DSGIRBBL

70. Has the donor signed an IRB-approved consent form to donate research blood samples to the NMDP / CIBMTR? **(Allogeneic donors only)**

1 ☐ Yes (donor consented) →
2 ☐ No (donor declined) CD_IRBPROVE
3 ☐ Not approached
7 ☐ Not applicable (center not participating)

71. Date form was signed: DSGNBLDT DSGNBLDT __ __ __ __ __ __ __ __ (YYYY MM DD)

End Table TED_CONFIDE

**Product Processing / Manipulation**

Start Table TED_TX

72. Was the product manipulated prior to infusion? MANIPGVH MANIPGVH

1 ☐ Yes →
0 ☐ No CD_MANIPGVH

Start Table TED_PRODUCT

73. Specify portion manipulated: ☐ Entire product ☐ Portion of product CD_ALLMANIP
1 2
ALLMANIP ALLMANIP

**2=Yes DBM(5/95) Q166 under Q162**
**3=089 no T-dep(Q47-H PGVHINV=0) 7=Double blind study 8=Unknown 9=Not answered**
**10=NMDP ABO incompatibility 15=NMDP PBSC Product 1 and 2 manip codes differ 77=Not App**

**Specify all methods used to manipulate the product:**

| | | | | |
|---|---|---|---|---|
| WASHED | 74. | Washed WASHED | 1 ☐ Yes | 0 ☐ No |
| DILUTED | 75. | Diluted DILUTED | 1 ☐ Yes | 0 ☐ No |
| BUFFCOAT | 76. | Buffy coat enriched (buffy coat preparation) BUFFCOAT | 1 ☐ Yes | 0 ☐ No |
| BCELRDUC | 77. | B-cell reduced BCELRDUC | 1 ☐ Yes | 0 ☐ No |
| CD8RDUC | 78. | CD8 reduced CD8RDUC | 1 ☐ Yes | 0 ☐ No |
| PLASMRMV | 79. | Plasma reduced (removal) PLASMRMV | 1 ☐ Yes | 0 ☐ No |
| RBCRDUC | 80. | RBC reduced RBCRDUC | 1 ☐ Yes | 0 ☐ No |
| EXVIVEXP | 81. | Cultured (ex-vivo expansion) EXVIVEXP | 1 ☐ Yes | 0 ☐ No |
| GENETMAN | 82. | Genetic manipulation (gene transfer/transduction) GENETMAN | ☐ Yes | ☐ No |
| PUVATRT | 83. | PUVA treated PUVATRT | 1 ☐ Yes | 0 ☐ No |
| CD34MAN | 84. | CD34 enriched (CD34+ selection) CD34MAN | 1 ☐ Yes | 0 ☐ No |
| CD133ENR | 85. | CD133 enriched CD133ENR | 1 ☐ Yes | 0 ☐ No |
| MONOCENR | 86. | Monocyte enriched MONOCENR | 1 ☐ Yes | 0 ☐ No |
| MONONENR | 87. | Mononuclear cells enriched MONONENR | 1 ☐ Yes | 0 ☐ No |
| TDEPMAN | 88. | T-cell depletion TDEPMAN | 1 ☐ Yes | 0 ☐ No |
| OTHMANIP | 89. | Other cell manipulation OTHMANIP | | |

1 ☐ Yes → 90. Specify other cell manipulation: OTHMANSP OTHMANSP

0 ☐ No

End Table TED_PRODUCT

## Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

91. What scale was used to determine the recipient's functional status? SCALEPR SCALEPR

1 ☐ Karnofsky (recipient age ≥ 16 years) → CD_SCALE

3=Either-089 or 092 conversion
4=089-092 conversion
8=Unknown
9=Not Answ/Inconsist

**Performance score prior to the preparative regimen:**

92. Karnofsky Scale (recipient age ≥ 16 years): KPSPR KPSPR

1=Good (KPS>=80 or ECOG 0-1 (MTED)
2=Poor (KPS<80 or ECOG 2-4 (MTED)
888=Unknown 999=Not answered

- 100 ☐ 100 Normal; no complaints; no evidence of disease CD_KARNOFPR
- 90 ☐ 90 Able to carry on normal activity
- 80 ☐ 80 Normal activity with effort
- 70 ☐ 70 Cares for self; unable to carry on normal activity or to do active work
- 60 ☐ 60 Requires occasional assistance but is able to care for most needs
- 50 ☐ 50 Requires considerable assistance and frequent medical care
- 40 ☐ 40 Disabled; requires special care and assistance
- 30 ☐ 30 Severely disabled; hospitalization indicated, although death not imminent
- 20 ☐ 20 Very sick; hospitalization necessary
- 10 ☐ 10 Moribund; fatal process progressing rapidly.

2 ☐ Lansky (recipient age < 16 years) →

93. Lansky Scale (recipient age < 16 years): KPSPR KPSPR CD_KARNOFPR

1=Good (KPS>=80 or ECOG 0-1 (MTED)
2=Poor (KPS<80 or ECOG 2-4 (MTED) 888=Unknown
999=Not answered

- 100 ☐ 100 Fully active
- 90 ☐ 90 Minor restriction in physically strenuous play
- 80 ☐ 80 Restricted in strenuous play, tires more easily, otherwise active
- 70 ☐ 70 Both greater restrictions of, and less time spent in, active play
- 60 ☐ 60 Ambulatory up to 50% of time, limited active play with assistance/supervision
- 50 ☐ 50 Considerable assistance required for any active play; fully able to engage in quiet play

**40** ☐ 40 Able to initiate quiet activities
**30** ☐ 30 Needs considerable assistance for quiet activity
**20** ☐ 20 Limited to very passive activity initiated by others (e.g., TV)
**10** ☐ 10 Completely disabled, not even passive play

CD_VIREXP

94. Recipient CMV-antibodies (IgG or Total): **1** ☐ Reactive **0** ☐ Non-reactive **7** ☐ Not done
RCMVPR RCMVPR

**3=Inconclusive (002 Graft)**
**4=Previously reported reactive, not tested**
**7=Not tested or NA to release HIV (5/95)**
**5=Not applicable from Form 2004**
**6=Not report (form 2004) or not able to release HIV (002 DBM)**

## Co-morbid Conditions

95. Is there a history of mechanical ventilation? **1** ☐ Yes **0** ☐ No VENTHXPR VENTHXPR

96. Is there a history of proven invasive fungal infection? **1** ☐ Yes **0** ☐ No FUNGHXPR FUNGHXPR

97. Were there ***clinically significant*** co-existing diseases or organ impairment at time of patient assessment prior to preparative regimen?
Source: Blood, 2005 Oct 15;106(8):2912-2919

**1** ☐ Yes → COORGPR
**0** ☐ No
COORGPR

**Variable name start with 'P' TED variables merged to CRF.**

Start Table TED_COMORBID

98. Arrhythmia - **For example, any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown ARRHYTPR ARRHYTPR PARRHYTPR

99. Cardiac - **Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction ≤ 50% on the most recent test**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown CARDIAPR CARDIAPR PCARDIAPR

100. Cerebrovascular disease - **Any history of transient ischemic attack, subarachnoid hemorrhage or cerebrovascular accident**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown CVAPR CVAPR PCVAPR

101. Diabetes - **Requiring treatment with insulin or oral hypoglycemics in the last 4 weeks but not diet alone**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown DIABETPR DIABETPR PDIABETPR

102. Heart valve disease - **Except asymptomatic mitral valve prolapse**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown HVALVEPR HVALVEPR PHVALVEPR

103. Hepatic, mild - **Chronic hepatitis, bilirubin > upper limit of normal to 1.5 × upper limit of normal, or AST/ALT > upper limit of normal to 2.5 × upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown HEPMILPR HEPMILPR PHEPMILPR

104. Hepatic, moderate / severe - **Liver cirrhosis, bilirubin > 1.5 × upper limit of normal, or AST/ALT > 2.5 × upper limit of normal**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown HEPSEVPR HEPSEVPR PHEPSEVPR

105. Infection - **For example, documented infection, fever of unknown origin, or pulmonary nodules requiring continuation of antimicrobial treatment after day 0**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown INFECTPR INFECTPR PINFECTPR

106. Inflammatory bowel disease - **Any history of Crohn's disease or ulcerative colitis requiring treatment**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown BOWELPR BOWELPR PBOWELPR

107. Obesity - **Patients with a body mass index > 35 kg/m² prior to the start of conditioning**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown OBESITPR OBESITPR POBESITPR

108. Peptic ulcer - **Any history of peptic ulcer confirmed by endoscopy and requiring treatment** PUDPR PUDPR PPUDPR
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown

109. Psychiatric disturbance - **For example, depression, anxiety, bipolar disorder or schizophrenia requiring psychiatric consult or treatment in the last 4 weeks**
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown PSYCHIPR PSYCHIPR PPSYCHIPR

110. Pulmonary, moderate - **Corrected diffusion capacity of carbon monoxide and/or $FEV_1$ 66-80% or dyspnea on slight activity at transplant**
☐ Yes ☐ No ☐ Unknown DLCO66PR DLCO66PR PDLCO66PR

111. Pulmonary, severe - **Corrected diffusion capacity of carbon monoxide and/or $FEV_1 \leq 65\%$ or dyspnea at rest or requiring oxygen at transplant**
☐ Yes ☐ No ☐ Unknown DLCO65PR DLCO65PR PDLCO65PR

112. Renal, moderate/severe - **Serum creatinine > 2 mg/dL or > 177 µmol/L or on dialysis at transplant, OR prior renal transplantation**
☐ Yes ☐ No ☐ Unknown RENALPR RENALPR PRENALPR

113. Rheumatologic - **For example, any history of systemic lupus erythmatosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica requiring treatment (do NOT include degenerative joint disease, osteoarthritis)** RHEUMAPR RHEUMAPR PRHEUMAPR
☐ Yes ☐ No ☐ Unknown

TUMORPR TUMORPR PTUMORPR
114. Solid tumor, prior - **Treated at any time point in the patient's past history, excluding non-melanoma skin cancer, leukemia, lymphoma or multiple myeloma**
☐ Yes → 115. Breast cancer BCTUMPR BCTUMPR PBCTUMPR
☐ No
☐ Unknown
☐ Yes → 116. Year of diagnosis: ___ ___ ___ ___ BCTUMYR BCTUMYR PBCTUMYR
☐ No

CNSTUMPR CNSTUMPR PCNSTUMPR
117. Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)
☐ Yes → 118. Year of diagnosis: ___ ___ ___ ___ CNSTUMYR CNSTUMYR PCNSTUMYR
☐ No

GITUMPR GITUMPR PGITUMPR
119. Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)
☐ Yes → 120. Year of diagnosis: ___ ___ ___ ___ GITUMYR GITUMYR PGITUMYR
☐ No

GUTUMPR GUTUMPR PGUTUMPR
121. Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)
☐ Yes → 122. Year of diagnosis: ___ ___ ___ ___ GUTUMYR GUTUMYR PGUTUMYR
☐ No

LNGTUMPR LNGTUMPR PLNGTUMPR
123. Lung cancer
☐ Yes → 124. Year of diagnosis: ___ ___ ___ ___ LNGTUMYR LNGTUMYR PLNGTUMYR
☐ No

MELANOPR MELANOPR PMELANOPR
125. Melanoma
☐ Yes → 126. Year of diagnosis: ___ ___ ___ ___ MELANOYR MELANOYR PMELANOYR
☐ No

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

OROPHPR
OROPHPR
POROPHPR

127. Oropharyngeal cancer (tongue, buccal mucosa)
☐ Yes → 128. Year of diagnosis: OROPHYR ___ ___ ___ ___
☐ No
OROPHYR POROPHYR

SARCOMPR
SARCOMPR
PSARCOMPR

129. Sarcoma
☐ Yes → 130. Year of diagnosis: SARCOMYR ___ ___ ___ ___
☐ No
SARCOMYR PSARCOMYR

THYROPR
THYROPR
PTHYROPR

131. Thyroid cancer
☐ Yes → 132. Year of diagnosis: THYROYR ___ ___ ___ ___
☐ No
THYROYR PTHYROYR

OCOMORB
OCOMORB POCOMORB

133. Other co-morbid condition
☐ Yes → 134. Specify other co-morbid condition: OCOMOSP _____ OCOMOSP POCOMOSP
☐ No
☐ Unknown

End Table TED_COMORBID

135. Was there a history of malignancy (hematologic or non-melanoma skin cancer) other than the primary disease for which this HCT is being performed?

☐ Yes → HXMALIG HXMALIG (Table TED_TX)
☐ No

Start Table HXMALIG

**Specify which malignancy(ies) occurred:**

136. Acute myeloid leukemia (AML / ANLL) HXAML HXAML
☐ Yes → 137. Year of diagnosis: HAMLDXYR HAMLDXYR
☐ No

138. Other leukemia, including ALL HXOLK HXOLK
☐ Yes → 139. Year of diagnosis: HOLKDXYR HOLKDXYR
☐ No 140. Specify leukemia: HXOLKSP HXOLKSP _____

141. Clonal cytogenetic abnormality without leukemia or MDS HXCYTABN HXCYTABN
☐ Yes → 142. Year of diagnosis: HCYTDXYR HCYTDXYR
☐ No

143. Hodgkin disease HXHD HXHD
☐ Yes → 144. Year of diagnosis: HHDDXYR HHDDXYR
☐ No

145. Lymphoma or lymphoproliferative disease HXLYM HXLYM
☐ Yes → 146. Year of diagnosis: HLYMDXYR HLYMDXYR
☐ No 147. Was the tumor EBV positive? ☐ Yes ☐ No HXEBVPOS HXEBVPOS

148. Other skin malignancy (basal cell, squamous) HXOSKIN HXOSKIN
☐ Yes → 149. Year of diagnosis: HOSKDXYR HOSKDXYR
☐ No 150. Specify other skin malignancy: HXOSKNSP HXOSKNSP

151. Myelodysplasia (MDS) / myeloproliferative (MPN) disorder HXMDSMPN HXMDSMPN
☐ Yes → 152. Year of diagnosis: HMDSDXYR HMDSDXYR
☐ No

153. Other prior malignancy HXOMALIG HXOMALIG
☐ Yes → 154. Year of diagnosis: HOMLDXYR HOMLDXYR
☐ No 155. Specify other prior malignancy: HXOMALSP HXOMALSP

End Table HXMALIG

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Pre-HCT Preparative Regimen (Conditioning) Start Table TED_TX

156. Height at initiation of pre-HCT preparative regimen: HTPR HTPR _ 1 ☐ inches 2 ☐ centimeters HTUNIT HTUNIT CD_HTUNIT

157. Actual weight at initiation of pre-HCT preparative regimen: WTPR WTPR _ ☐ pounds ☐ kilograms WTUNIT WTUNIT CD_WTUNIT
1 2

158. Was a pre-HCT preparative regimen prescribed?

1 ☐ Yes → REGIMEN REGIMEN CD_TED_REGIMEN
0 ☐ No

2=Only TBI=0 reported on legacy TED01/EBMT
7=Not App 8=Unknown

159. Classify the recipient's prescribed preparative regimen: CONDCLAS CD_CONDCLAS CONDCLAS

1 ☐ Myeloablative
2 ☐ Non-myeloablative (NST)
3 ☐ Reduced intensity (RIC)

4=Not myeloablative, either NST or RIC (02Core)
8=Unknown
9=Not answered

159. Date pre-HCT preparative regimen began (irradiation or drugs): CONDSTDT CONDSTDT
__ __ __ __ __ __
YYYY MM DD

(Use earliest date from questions 164 radiation, or 169 - 316 chemotherapy)

## Start Table TED_REGIMEN

161. Was irradiation planned as part of the pre-HCT preparative regimen? RAD RAD

☐ Yes → 162. What was the prescribed radiation field? RADFIELD RADFIELD
☐ No

1 ☐ Total body TBI BTBI BTBTI TBTI
10 ☐ Total body by intensity-modulated radiation therapy (IMRT) BTLI TLI
3 ☐ Total lymphoid or nodal regions CD_RADFIELD
4 ☐ Thoracoabdominal region BTAI TAI

2=TBTI 5=Other field
6= TLI-TNI-TAI (089 and 2400v2)
7=TBITLI 99=Not Answ or Inconsistent

163. Total prescribed dose: (dose per fraction x total number of fractions) RADDOSE RADDOSE TBIDOSE BTBIDOSE TLIDOSE BTLIDOSE TAIDOSE BTAIDOSE CD_RADTUNIT RADTUNIT TBIUNIT BTBIUNIT TLIUNIT BTLIUNIT TAIUNIT BTAIUNIT

___ ___ ___ ___ 1 ☐ Gy 2 ☐ cGy RADTUNIT

164. Date started: RADSTRDT RADSTRDT TBIDATE BTBIDATE TLIDATE BTLIDATE TAIDATE BTAIDATE
__ __ __ __
YYYY MM DD

165. Was the radiation fractionated? RADFX RADFX TLIFX BTLIFX TBIFX BTBIFX TAIFX BTAIFX TLIFXDOS BTLIFXDOS TAIFXDOS TBIFXDOS BTBIFXDOS BTAIFXDOS

☐ Yes → 166. Prescribed dose per fraction: RADFXDOS RADFXDOS ☐ Gy ☐ cGy RADFUNIT CD_RADTUNIT
☐ No

167. Number of days: (include "rest" days) ___ RADFXDYS

168. Total number of fractions: ___ RADNFX

**Indicate the total prescribed cumulative dose for the preparative regimen:**

169. ALG, ALS, ATG, ATS PATG ATG BATG

☐ Yes → 170. Total prescribed dose ___ ___ ___ mg/kg CD_TED_REGUNIT PATGDOSE ATGDOSE BATGDOSE
☐ No

171. Date started: PATGSTDT ATGSTDT BATGSTDT
__ __ __ __ __ __
YYYY MM DD

172. Specify source: PATGSRC ATGSRC BATGSRC

1 ☐ ATGAM (horse) CD_ATGSRC
5 ☐ ATG – Fresenius (rabbit)
2 ☐ Thymoglobulin (rabbit)
3 ☐ Other source → 173. Specify other source: PATGOSSP ATGOSSP BATGOSSP

4=Both Horse and Rabbit(002 core)
7=Other (from SUP_THL)
8=Unknown 9=Not ansered

PANTH 174. Anthracycline
ANTH BANTH ☐ Yes → 175. Daunorubicin PDAUNO DAUN BDAUN DAUNDOS BDAUNDOS
☐ No ☐ Yes → 176. Total prescribed dose: PDAUNDOS
☐ No PDAUNUNI 1 ☐ mg/m² 2 ☐ mg/kg
DAUNDOS BDAUNDOS CD_TED_REGUNIT
3=umol x min/L
177. Date started: PDUNSTDT DUNSTDT
BDUNSTDT YYYY MM DD

PDOXO 178. Doxorubicin (Adriamycin)
BDOXO DOXO ☐ Yes → 179. Total prescribed dose: PDOXODOS BDOXODOS
☐ No CD_TED_REGUNIT DOXODOS
PDOXOUNI 1 ☐ mg/m² 2 ☐ mg/kg
DOXOUNI
180. Date started: PDOXSTDT DOXSTDT
BDOXOSTDT YYYY MM DD

PIDA 181. Idarubicin
BIDA IDA ☐ Yes → 182. Total prescribed dose: PIDADOSE IDADOSE BIDADOSE
☐ No CD_TED_REGUNIT
IDAUNIT PIDAUNIT 1 ☐ mg/m² 2 ☐ mg/kg
183. Date started: PIDASTDT IDASTDT
YYYY MM BIDASTDT

PRUBID 184. Rubidazone
RUBID BRUBID ☐ Yes → 185. Total prescribed dose: PRUBIDOS RUBIDOS BRUBIDOS
☐ No CD_TED_REGUNIT
RUBUNIT PRUBUNIT 1 ☐ mg/m² 2 ☐ mg/kg
186. Date started: PRUBSTDT RUBSTDT
BRUBISTDT YYYY MM DD

POTHANTH 187. Other anthracycline
OTHANTH ☐ Yes → 188. Total prescribed dose: POANTDOS OANTDOS BOANTDOS
BOTHANTH ☐ No CD_TED_REGUNIT
POANUNIT 1 ☐ mg/m² 2 ☐ mg/kg
OANUNIT
189. Date started: POANSTDT OANSTDT
YYYY MM DD BOANTSTDT
190. Specify other anthracycline: PANTHSP
ANTHSP BANTHSP

PBLEO 191. Bleomycin (BLM, Blenoxane)
BLEO BBLEO ☐ Yes → 192. Total prescribed dose: PBLEODOS ☐ mg/m² 1 ☐ mg/kg 2
☐ No BLEODOS BBLEODOS PBLEOUNI BLEOUNI
193. Date started: PBLESTDT CD_TED_REGUNIT
BLESTDT BBLEOSTDT DD

PBU 194. Busulfan (Myleran)
BU BBU ☐ Yes → 195. Total prescribed dose: PBUDOSE BUDOSE BBUDOSE CD_TED_REGUNIT
☐ No PBUUNIT BUUNIT
1 ☐ mg/m² 2 ☐ mg/kg 3 ☐ Target total AUC (µmol x min/L)
196. Date started: PBUSTDT BUSTDT BBUSTDT
YYYY MM DD
PBUMETH CD_REGMETH
197. Specify administration: ☐ Oral 1 ☐ IV 2 ☐ Both 3 _____

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

PCARB 198. Carboplatin
CARB BCARB ☐ Yes → 199. Total prescribed dose CARBDOS BCARBDOS PCARBDOS ☐ mg/m² 2 ☐ mg/kg PCARBUNI CARBUNI
1 CD_TED_REGUNIT
☐ No
200. Date started: PCRBSTDT CRBSTDT __ __ __ __ / __ __ / __ __ (YYYY / MM) BCRBSTDT

PKINETIC 201. Were pharmacokinetics performed to determine preparative regimen drug dosing?
PKINETIC ☐ Yes → 202. Specify the target AUC: PTRGTAUC
☐ No PTRGTAUC ___ ___ ___ mg/mL/minute

PCISP 203. Cisplatin (Platinol, CDDP)
CISP BCISP ☐ Yes → 204. Total prescribed dose PCISPDOS ☐ mg/m² 2 ☐ mg/kg PCISPUNI CISPUNI
1 CORTDOS BCORTDOS CD_TED_REGUNIT
☐ No
205. Date started: PCISSTDT CISSTDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

CLADUNI
PCLAD 206. Cladribine (2-CdA, Leustatin) PCLADUNI
CLAD BCLAD ☐ Yes → 207. Total prescribed dose: PCLADDOS ☐ mg/m² 2 ☐ mg/kg
CLADDOS BCLADDOS 1 CD_TED_REGUNIT
☐ No
208. Date started: PCLDSTDT CLDSTDT BCLDSTDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

PCORTICO 209. Corticosteroids (excluding anti-nausea medication) SOLUMED BSOLUMED
CORTICO BCORTICO ☐ Yes → 210. Methylprednisolone (Solu-Medrol) PSOLUMED SOLUNIT
☐ No
☐ Yes → 211. Total prescribed dose: PSOLUNIT
☐ No SOLUDOS PSOLUDOS ☐ mg/m² 2 ☐ mg/kg
1 CD_TED_REGUNIT
PSOLSTDT 212. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
SOLSTDT BSOLUSTDT

PPREDNIS 213. Prednisone CD_TED_REGUNIT
PREDNIS BPREDNIS ☐ Yes → 214. Total prescribed dose: PPREDUNI PREDUNI
☐ No PPREDOSE ☐ mg/m² 2 ☐ mg/kg
1 PREDOSE
215. Date started: PPRESTDT PRESTDT __ __ __ __ / __ __ / __ __ (YYYY / MM) BPRESTDT

PDEXMETH 216. Dexamethasone CD_TED_REGUNIT
DEXMETH BDEXAMETH ☐ Yes → 217. Total prescribed dose: PDEXAUNI DEXAUNI
☐ No PDEXADOS ☐ mg/m² 2 ☐ mg/kg
1 DEXADOS
218. Date started: PDEXSTDT DEXSTDT __ __ __ __ / __ __ / __ __ (YYYY / MM) BDEXASTDT

POTHCORT 219. Other corticosteroid CD_TED_REGUNIT
OTHCORT ☐ Yes → 220. Total prescribed dose: POTCOUNI OTCOUNI
BOTHCORT ☐ No POCORDOS ☐ mg/m² 2 ☐ mg/kg
1 OCORDOS
221. Date started: POCOSTDT OCOSTDT __ __ __ __ / __ __ / __ __ (YYYY) BOCORSTDT

222. Specify other corticosteroid:
PCORTSP CORTSP BCORTSP _____

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

PCY
CY BCY
223. Cyclophosphamide (Cytoxan) CYDOSE BCYDOSE PCYUNIT CYUNIT
☐ Yes → 224. Total prescribed dose: PCYDOSE ☐ mg/m² 2 ☐ mg/kg
☐ No 1 CD_TED_REGUNIT
225. Date started: PCYSTDT CYSTDT BCYSTDT
YYYY MM DD

PARAC
ARAC BARAC
226. Cytarabine (Ara-C) ARACDOS BIARACDOS ARAUNIT
☐ Yes → 227. Total prescribed dose: PARACDOS ☐ mg/m² 2 ☐ mg/kg PARAUNIT
☐ No 1 CD_TED_REGUNIT
228. Date started: PARASTDT ARASTDT
YYYY MM BIARACSTDT

PVP16
ETOP BETOP
229. Etoposide (VP-16, VePesid) ETOPDOS BETOPDOS PVP16UNI ETOPUNI
☐ Yes → 230. Total prescribed dose: PVP16DOS ☐ mg/m² 2 ☐ mg/kg
☐ No 1 CD_TED_REGUNIT
231. Date started: PVP16SDT VP16STDT BVP16STDT
YYYY MM DD

PFLUDARA
FLUD BFLUD
232. Fludarabine FLUDDOS BFLUDDOS FLUDUNI PFLUDUNI
☐ Yes → 233. Total prescribed dose PFLUDDOS ☐ mg/m² 2 ☐ mg/kg
☐ No 1 CD_TED_REGUNIT
234. Date started: PFLDSTDT FLDSTDT BFLUDSTDT
YYYY MM DD

PIFOS
IFOS BIFOS
235. Ifosfamide IFOSDOS BIFOSDOS PIFOSUNI
☐ Yes → 236. Total prescribed dose: PIFOSDOS ☐ mg/m² 2 ☐ mg/kg
☐ No 1 CD_TED_REGUNIT
237. Date started: PIFOSTDT IFOSTDT BIFOSSTDT
YYYY MM DD

PITCHEMO
ITCHEMO BITCHEMO
238. Intrathecal therapy (chemotherapy) ARACIT BARACIT
☐ Yes → 239. Intrathecal cytarabine (IT Ara-C) PARACIT CD_TED_REGUNIT
☐ No
☐ Yes → 240. Total prescribed dose PIARCUNI IARCUNI
☐ No IARCDOS PIARCDOS ☐ mg/m² 2 ☐ mg/kg
BIARADOSE 1
241. Date started: PIARSTDT IARSTDT
YYYY BIARASTDT

PMTXIT
MTXIT BMTXIT
242. Intrathecal methotrexate (IT MTX) CD_TED_REGUNIT
☐ Yes → 243. Total prescribed dose PIMTXUNI IMTXUNI
☐ No IMTXDOS PIMTXDOS ☐ mg/m² 2 ☐ mg/kg
BIMTXDOSE 1
244. Date started: PIMXSTDT IMXSTDT
YYYY MM BIMTXSTDT

PTHIOIT
BTHIOIT
245. Intrathecal thiotepa CD_TED_REGUNIT
☐ Yes → 246. Total prescribed dose: PITHIUNI ITHIUNI
☐ No PITHIDOS ☐ mg/m² 2 ☐ mg/kg
BITHIDOSE ITHIDOS 1
247. Date started: PITHSTDT ITHSTDT
YYYY MM BITHISTDT

POTHIT
OTHIT BOTHIT
248. Other intrathecal drug CD_TED_REGUNIT IOTHUNI
☐ Yes → 249. Total prescribed dose: PIOTHUNI
☐ No IOTHDOS PIOTHDOS ☐ mg/m² 2 ☐ mg/kg
BIOTHDOSE 1

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

250. Date started: PIOTSTDT IOTSTDT BIOTHSTDT __ __ __ __ __ __ __ __ (YYYY)

251. Specify other intrathecal drug: POTHISP OTHISP BOTHISP _____

PLPAM LPAM BLPAM 252. Melphalan (L-Pam)
☐ Yes → 253. Total prescribed dose: PLPAMDOS ☐ mg/m² (1) ☐ mg/kg (2)
CD_TED_REGUNIT LPAMDOS BLPAMDOS PLPAMUNI LPAMUNI
☐ No

254. Date started: PLPMSTDT LPMSTDT BLPAMSTDT __ __ __ __ __ __ (YYYY MM DD)

PLPMETH LPMETH BLPMETH 255. Specify administration: ☐ Oral (1) ☐ IV (2) ☐ Both (3)
CD_REGMETH

PMITO MITO BMITO 256. Mitoxantrone (Novantrone)
☐ Yes → 257. Total prescribed dose: PMITODOS ☐ mg/m² (1) ☐ mg/kg (2)
MITODOS BMITODOS PMITOUNI MITOUNI CD_TED_REGUNIT
☐ No

258. Date started: PMITSTDT MITSTDT BMITOSTDT __ __ __ __ __ __ (YYYY MM DD)

PMAB MAB BMAB 259. Monoclonal antibody
☐ Yes → 260. Radio labeled mAb PRADNMAB
RADNMAB BRADNMAB
☐ No
☐ Yes → 261. Total prescribed dose of radioactive component: ___ ___ ___ ___ • _ PRMABDOS RMABDOS PRMABUNI RMABUNI CD_RMABUNIT
1 ☐ mCi 2 ☐ MBq
☐ No

PRMABSDT RMABSDT BRMABSTDT 262. Date started: __ __ __ __ / __ __ / __ __ (YYYY MM DD)

**Specify radio labeled mAb:**

PBEXXAR BEXXAR BBEXXAR 263. Tositumomab (Bexxar) ☐ Yes ☐ No

PZEVALIN ZEVALIN BZEVALIN 264. Ibritumomab tiuxetan (Zevalin) ☐ Yes ☐ No

POTHRMAB OTHRMAB BOTHRMAB 265. Other radio labeled mAb
☐ Yes → 266. Specify radio labeled mAb: PORMABSP ORMABSP BORMABSP _____
☐ No

PCAMPATH CAMP BCAMP 267. Alemtuzumab (Campath)
☐ Yes → 268. Total prescribed dose: PCAMPDOS ☐ mg/kg (1) PCAMPUNI CAMPUNI (2) CD_TED_REGUNIT
☐ No
CAMPDOS BCAMPDOS
269. Date started: PCAMSTDT CAMSTDT BCAMPSTDT __ __ __ __ __ __ (YYYY MM)

PRITUX RITUX BRITUX 270. Rituximab (Rituxan, anti CD20)
☐ Yes → 271. Total prescribed dose: PRITUDOS RITUDOS BRITUDOS ___ ___ ___ ___
☐ No
1 ☐ mg/m² 2 ☐ mg/kg PRITUUNI RITUUNI CD_TED_REGUNIT
272. Date started: PRITSTDT RITSTDT __ __ __ __ __ __ (YYYY MM DD)

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

PMYLOTAR 273. Gemtuzumab (Mylotarg, anti CD33) CD_TED_REGUNIT
MYLOTARG BMYLOTARG
☐ Yes → 274. Total prescribed dose: PMYLOUNI MYLOUNI
☐ No PMYLODOS 1 ☐ mg/m² 2 ☐ mg/kg
BMYLODOS MYLODOS
275. Date started: PMYLOSDT MYLOSDT
YYYY MM BMYLOSTDT

POTHMAB 276. Other mAb
BOTHMAB OTHMAB CD_TED_REGUNIT OMABUNI
☐ Yes → 277. Total prescribed dose: POMABUNI
☐ No OMABDOS POMABDOS ☐ mg/m² 2 ☐ mg/kg
BOMABDOS 1
278. Date started: POMABSDT OMABSDT
YYYY MM BOMABSTDT

279. Specify other mAb: POTMABSP
OTMABSP BOTMABSP

PNITRO 280. Nitrosourea
NITRO ☐ Yes → 281. Carmustine (BCNU) PBCNU BCNU BBCNU BCNUDOS BBCNUDOS
☐ No
☐ Yes → 282. Total prescribed dose: PBCNUDOS
☐ No ☐ mg/m² 2 ☐ mg/kg PBCNUUNI BCNUUNI
CD_TED_REGUNIT 1
283. Date started: PBCNUSDT BCNUSDT
YYYY MM BBCNUSTDT

PCCNU 284. CCNU (Lomustine) CCNUDOS BCCNUDOS
CCNU BCCNU CD_TED_REGUNIT
☐ Yes → 285. Total prescribed dose: PCCNUDOS
☐ No ☐ mg/m² 2 ☐ mg/k PCCNUUNI CCNUUNI
1
286. Date started: PCCNUSDT CCNUSDT
YYYY MM BCCNUSTDT

POTNITRO 287. Other nitrosourea CD_TED_REGUNIT BONITDOSE
OTNITRO BOTHNITRO
☐ Yes → 288. Total prescribed dose PONITDOS ONITDOS
☐ No ☐ mg/m² 2 ☐ mg/kg PONITUNI ONITUNI
1
289. Date started: PONITSDT ONITSDT
YYYY M BONITSTDT

290. Specify other nitrosourea:
PNITROSP NITROSP BNITROSP

PTAXOL 291. Paclitaxel (Taxol, Xyotax) TAXODOS BTAXODOS PTAXOUNI
TAXOL BTAXOL
☐ Yes → 292. Total prescribed dose PTAXODOS ☐ mg/m² ☐ mg/kg
☐ No 1
293. Date started: PTAXSTDT TAXSTDT CD_TED_REGUNIT
YYYY M BTAXOSTDT

PVM26 294. Teniposide (VM26) VM26DOS BVM26DOS PVM26UNI
VM26 BVM26
☐ Yes → 295. Total prescribed dose PVM26DOS ☐ mg/m² ☐ mg/kg
☐ No 1
296. Date started: PVM26SDT VM26SDT CD_TED_REGUNIT
YYYY BVM26STDT

PTHIO 297. Thiotepa THIODOS BTHIODOS PTHIOUNI
THIO BTHIO
☐ Yes → 298. Total prescribed dose PTHIODOS ☐ mg/m² ☐ mg/kg
☐ No 1
CD_TED_REGUNIT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

299. Date started: PTHISTDT THISTDT __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) BTHIOSTDT

PTROSULF TROSULF
300. Treosulfan
☐ Yes → 301. Total prescribed dose: PTROSDOS TROSDOS ___ ___ ___ ___ ___
☐ No
CD_TED_REGUNIT ☐ mg/m² (1) ☐ mg/kg (2) PTROSUNI TROSUNI

PTROSTDT TROSTDT
302. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

PTYRKINI TYRKINI
303. Tyrosine kinase inhibitors
☐ Yes → 304. Dasatinib (Sprycel) PDASTINB DASTINB
☐ No
☐ Yes → 305. Total prescribed dose: PDASTDOS DASTDOS
☐ No
CD_TED_REGUNIT ☐ mg/m² (1) ☐ mg/kg (2) PDASTUNI DASTUNI

PDASSTDT DASSTDT
306. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

307. Imatinib mesylate (STI571, Gleevec) PGLEEVEC GLEEVEC BGLEEVEC
☐ Yes → 308. Total prescribed dose: PGLEEDOS GLEEDOS BGLEEDOS ___ ___ ___ ___
☐ No
CD_TED_REGUNIT ☐ mg/m² (1) ☐ mg/kg (2) PGLEEUNI GLEEUNI

PGLESTDT GLESTDT
309. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

PNILOTI NILOTI
310. Nilotinib
☐ Yes → 311. Total prescribed dose: PNILODOS NILODOS
☐ No
1 ☐ mg/m² 2 ☐ mg/kg PNILOUNI NILOUNI
CD_TED_REGUNIT
312. Date started: PNILSTDT NILSTDT _ _ / _ _ / _ _ (YYYY / MM / DD)

POTHDRUG OTHDRUG BOTHDRUG
313. Other drug
☐ Yes → 314. Total prescribed dose: PODRGDOS ODRGDOS BODRGDOS ___ ___ ___ ___ ___
☐ No
CD_TED_REGUNIT ☐ mg/m² (1) 2 ☐ mg/kg PODRGUNI ODRGUNI
315. Date started: PODRSTDT ODRSTDT BODRGSTDT _ _ / _ _ / _ _ (YYYY / MM / DD)
316. Specify other drug: POTHDRSP OTHDRSP BOTHDRSP _____

End Table TED_REGIMEN

## GVHD Prophylaxis

**This section is to be completed for allogeneic HCTs only; autologous HCTs continue with question 344.**

Start Table TED_TX

317. Was GVHD prophylaxis planned / given?
☐ Yes → GVHPROPH GVHPROPH
☐ No

Start Table TED_GVHPROPH

**Specify**:
318. ALG, ALS, ATG, ATS PGVHATG PGVHATG
☐ Yes → 319. Total dose: PGATGDOS ___ ___ ___ ___ ___ mg/kg PGATGDOS
☐ No
320. Specify source: PGATGSRC PATGSRC
1 ☐ ATGAM (horse) CD_ATGSRC
5 ☐ ATG – Fresenius (rabbit) 3=Other
2 ☐ Thymoglobulin (rabbit) 4=Both Horse and Rabbit(002 core)
7=Other (from SUP_THL)

3 ☐ Other source → 321. Specify other source: PGATGOSP PATGOSSP

PGVHCOR PGVHCOR 322. Corticosteroids (systemic) ☐ Yes ☐ No

PGVHCSA PGVHCSA 323. Cyclosporine (CSA, Neoral, Sandimmune) ☐ Yes ☐ No

PGVHCY PGVHCY 324. Cyclophosphamide (Cytoxan) ☐ Yes ☐ No

PGVHECP PGVHECP 325. Extra-corporeal photopheresis (ECP) ☐ Yes ☐ No

PGVHF506 PGVHF506 326. FK 506 (Tacrolimus, Prograf) ☐ Yes ☐ No

PGVHMAB PGVHMAB 327. In vivo monoclonal antibody

☐ Yes → **Specify in vivo monoclonal antibody** PGVHCAMP

☐ No 328. Alemtuzumab (Campath) PGVHCAMP ☐ Yes ☐ No

PGVHCD25 329. Anti CD 25 (Zenapax, Daclizumab, AntiTAC)

PGVHCD25 ☐ Yes → 330. Specify: PGCD25SP PGCD25SP

☐ No

PGVHENBR PGVHENBR 331. Etanercept (Enbrel) ☐ Yes ☐ No

PGVHINFL PGVHINFL 332. Infliximab (Remicade) ☐ Yes ☐ No

PGVOTMAB PGVOTMAB 333. Other in vivo monoclonal antibody

☐ Yes → 334. Specify antibody: PGVMABSP

☐ No PGVMABSP

335. In vivo immunotoxin PGVHIVIM PGVHIVIM

☐ Yes → 336. Specify immunotoxin: PGVIVISP PGVIVISP

☐ No

PGVHMTX PGVHMTX 337. Methotrexate (MTX) (Amethopterin) ☐ Yes ☐ No

PGVHMMF PGVHMMF 338. Mycophenolate mofetil (MMF) (CellCept) ☐ Yes ☐ No

PGVHSIRO PGVHSIRO 339. Sirolimus (Rapamycin, Rapamune) ☐ Yes ☐ No

340. Blinded randomized trial PGVHBLTR PGVHBLTR

☐ Yes → 341. Specify trial agent: PGVBLTSP PGVBLTSP

☐ No

PGVHOTH PGVHOTH 342. Other agent

☐ Yes → 343. Specify other agent: PGVDRGSP PGVDRGSP

☐ No

End Table TED_GVHPROPH

## Other Toxicity Modifying Regimen Start Table TED_TX

**Optional for non-U.S. Centers** CD_TED_KGFPR

344. Was KGF (palifermin, Kepivance) started or is there a plan to use it? ☐ Yes (1) ☐ No (0) ☐ Masked trial (2)

KGFPR KGFPR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Post-HCT Disease Therapy Planned as of Day 0**

345. Is this HCT part of a planned multiple (sequential) graft / HCT protocol? ☐ Yes ☐ No PLNSEQTX PLNSEQTX

346. Is additional post-HCT therapy planned?

☐ Yes → PLANRX
☐ No PLANRX

**Questions 347 – 357 are optional for non-U.S. centers**

| | | | |
|---|---|---|---|
| PLBORTEZ | 347. Bortezomib (Velcade) PLBORTEZ | ☐ Yes | ☐ No |
| PLDCIRX | 348. Cellular therapy (e.g. DCI, DLI) PLDCIRX | ☐ Yes | ☐ No |
| PLDEXMTH | 349. Dexamethasone PLDEXMTH | ☐ Yes | ☐ No |
| PLITCHEM | 350. Intrathecal therapy (chemotherapy) PLITCHEM | ☐ Yes | ☐ No |
| PLGLEEVC | 351. Tyrosine kinase inhibitor (e.g. imatinib mesylate) PLGLEEVC | ☐ Yes | ☐ No |
| PLLENALI | 352. Lenalidomide (Revlimid) PLLENALI | ☐ Yes | ☐ No |
| PLLOCRAD | 353. Local radiotherapy PLLOCRAD | ☐ Yes | ☐ No |
| PLRITUX | 354. Rituximab (Rituxan, MabThera) PLRITUX | ☐ Yes | ☐ No |
| PLTHAL | 355. Thalidomide (Thalomid) PLTHAL | ☐ Yes | ☐ No |
| PLOTHRX | 356. Other therapy PLOTHRX | | |

☐ Yes → 357. Specify other therapy: PLOTHSP PLOTHSP _____
☐ No

End Table TED_TX

First Name:_____

Last Name:_____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

**All underlined variables are new.**

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

## Disease Classification

DB Variables Overall Tx Each Tx

Start Table FORMRECEIVED

**CIBMTR Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

End Table FORMRECEIVED

OMB No: 0915-0310
Expiration Date: 1/31/2020

**Public Burden Statement:** 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 project is 0915-0310. Public reporting burden for this collection of information is estimated to average 0.85 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 10-33, Rockville, Maryland, 20857. Expiration date:

CIBMTR Center Number CCN (Table RECIPIENT)

Start Table HSCT

CIBMTR Research ID: CRID

Event date: TXDATE __ __ __ __ / __ __ / __ __
YYYY MM DD

End Table HSCT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Primary Disease for HCT / Cellular Therapy** Start Table TED_DISEASE

1. Date of diagnosis of primary disease for HCT / cellular therapy: __ __ __ __ __ __ . __ __ DXDATE DATEDX DATEDX2
   YYYY MM DD

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

- ☐ Acute myelogenous leukemia (AML or ANLL) (10) ***- Go to question 3***
- ☐ Acute lymphoblastic leukemia (ALL) (20) ***- Go to question 90***
- ☐ Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) ***- Go to question 152***
- ☐ Chronic myelogenous leukemia (CML) (40) ***- Go to question 156***
- ☐ Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all pre-leukemias) (If recipient has transformed to AML, indicate AML as the primary disease) ***- Go to question 167***
- ☐ Other leukemia (30) (includes CLL) ***- Go to question 261***
- ☐ Hodgkin lymphoma (150) ***- Go to question 268***
- ☐ Non-Hodgkin lymphoma (100) ***- Go to question 271***
- ☐ Multiple myeloma / plasma cell disorder (PCD) (170) ***- Go to question 277***
- ☐ Solid tumors (200) ***- Go to question 309***
- ☐ Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) ***- Go to question 311***
- ☐ Inherited abnormalities of erythrocyte differentiation or function (310) ***- Go to question 313***
- ☐ Disorders of the immune system (400) ***- Go to question 316***
- ☐ Inherited abnormalities of platelets (500) ***- Go to question 319***
- ☐ Inherited disorders of metabolism (520) ***- Go to question 321***
- ☐ Histiocytic disorders (570) ***- Go to question 323***
- ☐ Autoimmune diseases (600) ***- Go to question 325***
- ☐ Other disease (900) ***- Go to question 333***

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Acute Myelogenous Leukemia (AML) 10

3. Specify the AML classification: SUBDIS SUBDIS1 SUBDIS2 CD_SDIS

**AML with recurrent genetic abnormalities**

- ☐ AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5)
- ☐ AML with t(6;9) (p23;q34.1); DEK-NUP214 (6)
- ☐ AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7)
- ☐ AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8)
- ☐ AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281)
- ☐ AML with inv(16)(p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282)
- ☐ APL with PML-RARA (283)
- ☐ AML with BCR-ABL1 (provisional entity) (3)
- ☐ AML with mutated NPM1 (4)
- ☐ AML with biallelic mutations of CEBPA (297)
- ☐ AML with mutated RUNX1 (provisional entity) (298)
- ☐ AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284)
- ☐ AML with myelodysplasia – related changes (285)
- ☐ Therapy related AML (t-AML) (9)

**AML, not otherwise specified**

- ☐ AML, not otherwise specified (280)
- ☐ AML, minimally differentiated (286)
- ☐ AML without maturation (287)
- ☐ AML with maturation (288)
- ☐ Acute myelomonocytic leukemia (289)
- ☐ Acute monoblastic / acute monocytic leukemia (290)
- ☐ Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291)
- ☐ Acute megakaryoblastic leukemia (292)
- ☐ Acute basophilic leukemia (293)
- ☐ Acute panmyelosis with myelofibrosis (294)
- ☐ Myeloid sarcoma (295)
- ☐ Myeloid leukemia associated with Down syndrome (299)

MDSTFAML

4. Did AML transform from MDS or MPN? 1 ☐ Yes – **Also complete MDS Disease Classification questions** 0 ☐ No MDSTFAML
5. Is the disease (AML) therapy related? 1 ☐ Yes 0 ☐ No 8 ☐ Unknown AMLRXREL AMLRXREL
6. Did the recipient have a predisposing condition? PREDISP PREDISP

1 ☐ Yes →
0 ☐ No
8 ☐ Unknown

7. Specify condition: PREDCOND PREDCOND CD_PREDCOND

- 2 ☐ Bloom syndrome
- 3 ☐ Down syndrome
- 1 ☐ Fanconi anemia – **Also complete CIBMTR Form 2029**
- 6 ☐ Dyskeratosis congenita
- 7 ☐ Other condition →

**4=Aplastic anemia 5=Neurofibromatosis type1 8=Unknown 9=Not answerd**

8. Specify other condition: PREDOTSP PREDOTSP _____

End Table TED_DISEASE

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Start Table TED_DISEASE_PR

**Labs at diagnosis**

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

CYTOGDX
CYTOGDX

- 1 ☐ Yes → Start Table TED_AML_CYDX
- 0 ☐ No
- 8 ☐ Unknown

10. Were cytogenetics tested via FISH?

FSHTSTDX
FSHTSTDX

- 1 ☐ Yes →
- 0 ☐ No

11. Results of tests: FSHRSLDX FSHRSLDX CD_CYTRSLDX

- 1 ☐ Abnormalities identified →
- 3 ☐ No abnormalities

0=NMDP code 2=No evaluable metaphases
7=Not tested at this timepoint(2011V2)
8=Unknown 9=Not answered

**Specify cytogenetic abnormalities identified at diagnosis:**

FNUMCYTDX
FNUMCYTDX

12. Specify number of distinct cytogenetic abnormalities:

CD_TED_NUMCYTDX

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

8=Unknown
9=Not answered

13. Specify abnormalities (check all that apply) FSHABNDX

- FMONO5DX ☐ -5 FMONO5DX
- FMONO7DX ☐ -7 FMONO7DX
- FMONO17DX ☐ -17 FMONO17DX
- FMONO18DX ☐ -18 FMONO18DX
- FMONOXDX ☐ -X FMONOXDX
- FMONOYDX ☐ -Y FMONOYDX
- FTRIS4DX ☐ +4 FTRIS4DX
- FTRIS8DX ☐ +8 FTRIS8DX
- FTRIS11DX ☐ +11 FTRIS11DX
- FTRIS13DX ☐ +13 FTRIS13DX
- FTRIS14DX ☐ +14 FTRIS14DX
- FTRIS21DX ☐ +21 FTRIS21DX
- FTRIS22DX ☐ +22 FTRIS22DX
- FT33DX ☐ t(3;3) FT33DX
- FT69DX ☐ t(6;9) FT69DX
- FT821DX ☐ t(8;21) FT821DX
- FT911DX ☐ t(9;11) FT911DX
- FT922DX ☐ t(9;22) FT922DX
- FT1517DX ☐ t(15;17) and variants FT1517DX
- FT1616DX ☐ t(16;16) FT1616DX
- FDEL3QDX ☐ del(3q) / 3q– FDEL3QDX
- FDEL5QDX ☐ del(5q) / 5q– FDEL5QDX
- FDEL7QDX ☐ del(7q) / 7q– FDEL7QDX
- FDEL9QDX ☐ del(9q) / 9q– FDEL9QDX
- FDEL11QDX ☐ del(11q) / 11q– FDEL11QDX
- FDEL16QDX ☐ del(16q) / 16q– FDEL16QDX
- FDEL17QDX ☐ del(17q) / 17q– FDEL17QDX

FDEL20QDX ☐ del(20q) / 20q– FDEL20QDX
FDEL21QDX ☐ del(21q) / 21q– FDEL21QDX
FINV3DX ☐ inv(3) FINV3DX
FINV16DX ☐ inv(16) FINV16DX
FAB1123DX ☐ (11q23) any abnormality FAB1123DX
FAB12PDX ☐ 12p any abnormality FAB12PDX
FOABDX ☐ Other abnormality → FOABDX

14. Specify other abnormality:
FOABDXSP FOABDXSP

KRYTSTDX 15. Were cytogenetics tested via karyotyping?
KRYTSDX
**1** ☐ Yes →
**0** ☐ No

16. Results of tests: KRYRSLDX KRYRSLDX
**1** ☐ Abnormalities identified → CD_CYTRSLDX
**2** ☐ No evaluable metaphases
**3** ☐ No abnormalities

**0=NMDP code**
**7=Not tested at this timepoint(2011V2)**
**8=Unknown 9=Not answered**

**Specify cytogenetic abnormalities identified at diagnosis:**

KNUMCYTDX 17. Specify number of distinct cytogenetic abnormalities:
KNUMCYTDX
**1** ☐ One (1) CD_TED_NUMCYTDX
**2** ☐ Two (2)
**3** ☐ Three (3)
**4** ☐ Four or more (4 or more)

**8=Unknown**
**9=Not answered**

18. Specify abnormalities: (check all that apply) KRYABNDX

KMONO5DX ☐ -5 KMONO5DX
KMONO7DX ☐ -7 KMONO7DX
KMONO17DX ☐ -17 KMONO17DX
KMONO18DX ☐ -18 KMONO18DX
KMONOXDX ☐ -X KMONOXDX
KMONOYDX ☐ -Y KMONOYDX
KTRIS4DX ☐ +4 KTRIS4DX
KTRIS8DX ☐ +8 KTRIS8DX
KTRIS11DX ☐ +11 KTRIS11DX
KTRIS13DX ☐ +13 KTRIS13DX
KTRIS14DX ☐ +14 KTRIS14DX
KTRIS21DX ☐ +21 KTRIS21DX
KTRIS22DX ☐ +22 KTRIS22DX
KT33DX ☐ t(3;3) KT33DX
KT69DX ☐ t(6;9) KT69DX

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

KT821DX ☐ t(8;21) KT821DX
KT911DX ☐ t(9;11) KT911DX
KT922DX ☐ t(9;22) KT922DX
KT1517DX ☐ t(15;17) and variants KT1517DX
KT1616DX ☐ t(16;16) KT1616DX
KDEL3QDX ☐ del(3q) / 3q– KDEL3QDX
KDEL5QDX ☐ del(5q) / 5q– KDEL5QDX
KDEL7QDX ☐ del(7q) / 7q– KDEL7QDX
KDEL9QDX ☐ del(9q) / 9q– KDEL9QDX
KDEL11QDX ☐ del(11q) / 11q– KDEL11QDX
KDEL16QDX ☐ del(16q) / 16q– KDEL16QDX
KDEL17QDX ☐ del(17q) / 17q– KDEL17QDX
KDEL20QDX ☐ del(20q) / 20q– KDEL20QDX
KDEL21QDX ☐ del(21q) / 21q– KDEL21QDX
KINV3DX ☐ inv(3) KINV3DX
KINV16DX ☐ inv(16) KINV16DX
KAB1123DX ☐ (11q23) any abnormality KAB1123DX
KAB12PDX ☐ 12p any abnormality KAB12PDX
KOABDX ☐ Other abnormality → KOABDX

19. Specify other abnormality:
KOABDXSP KOABDXSP

CYTRPTDX 20. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) **1** ☐ Yes **0** ☐ No
CYTRPTDX

End Table TED_ AML_CYDX

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

**1** ☐ Yes → Start Table TED_ AML_MMARKDX
**0** ☐ No
**8** ☐ Unknown
MMARKDX
MMARKDX
(TABLE TED_DISEASE_PR)

**Specify molecular markers identified at diagnosis:**

22. CEBPA CEBPADX CEBPADX
**1** ☐ Positive → CD_POSNEG
**0** ☐ Negative
**3** ☐ Not done **2=Suggestive**
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report 8=Unknown 9=Not Answ/Inconsist**

23. Specify CEBPA mutation CEBPMUDX CEBPMUDX
**1** ☐ Biallelic (homozygous) CD_CEBPMUDX **9=Not answered**
**2** ☐ Monoallelic (heterozygous)
**8** ☐ Unknown

CD_POSNEG

F3D835DX 24. FLT3 – D835 point mutation F3D835DX
**1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

F3ITDMDX 25. FLT3 – ITD mutation F31TDMDX
**1** ☐ Positive → CD_POSNEG
**0** ☐ Negative
**3** ☐ Not done **2=Suggestive**
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report 8=Unknown**
**9=Not Answ/Inconsist**

26. FLT3 – ITD allelic ratio F3ITDXKW F3ITDXKW
**1** ☐ Known → 27. Specify FLT3 - ITD allelic ratio: F3ITARDX F3ITARDX
**8** ☐ Unknown
CD_KNWUNK
**2=Estimated 3=Date < 100day,correct. 6=Previous reported**
**7=Not App (splenectomy 2112V3). 9=Not answered**

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

IDH1DX 28. IDH1 IDH1DX
IDH2DX 29. IDH2 IDH2DX
KITDX 30. KIT KITDX
NPM1DX 31. NPM1 NPM1DX
OTMOLCDX 32. Other molecular marker OTMOLCDX OTMOLCDX2 OTMOLCDX3

CD_POSNEG

1 ☐ Positive 0 ☐ Negative 3 ☐ Not done
1 ☐ Positive 0 ☐ Negative 3 ☐ Not done
1 ☐ Positive 0 ☐ Negative 3 ☐ Not done
1 ☐ Positive 0 ☐ Negative 3 ☐ Not done

OTMOLCDX2
OTMOLCDX3

1 ☐ Positive →
0 ☐ Negative →
3 ☐ Not done

CD_POSNEG

33. Specify other molecular marker: OMOLDXSP OMOLDXSP OMOLDXSP2 OMOLDXSP2 OMOLDXSP3 OMOLDXSP3

**7=Not report 2=Suggestive 4=Inconclusive(VOD)/Indetermine(095LYM) 8=Unknown**
**Copy and complete questions 32-33 for multiple molecular markers. 9=Not Answ/Inconsist**

End Table TED_ AML_MMARKDX

**Labs between diagnosis and last evaluation:**

34. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

1 ☐ Yes →
0 ☐ No
8 ☐ Unknown

Start Table TED_ AML_CYDXPR

CYTODXPR
CYTODXPR
(Table TED_DISEASE_PR)

35. Were cytogenetics tested via FISH? FTSTDXPR FTSTDXPR

1 ☐ Yes →
0 ☐ No

36. Results of tests: FRSLDXPR FRSLDXPR CD_CYTRSLDX

1 ☐ Abnormalities identified →
3 ☐ No abnormalities

**0=NMDP code**
**7=Not tested at this timepoint(2011V2)**
**8=Unknown 9=Not answerd**

**Specify cytogenetic abnormalities identified between diagnosis and last evaluation:**

FNUMCYDPR
FNUMCYDPR

37. Specify number of distinct cytogenetic abnormalities:

1 ☐ One (1) CD_TED_NUMCYTDX
2 ☐ Two (2) **8=Unknown 9=Not answerd**
3 ☐ Three (3)
4 ☐ Four or more (4 or more)

38. Specify abnormalities (check all that apply) FSHABNDP

FMONO5DPR ☐ -5 FMONO5DPR
FMONO7DPR ☐ -7 FMONO7DPR
FMONO17DPR ☐ -17 FMONO17DPR
FMONO18DPR ☐ -18 FMONO18DPR
FMONOXDPR ☐ -X FMONOXDPR
FMONOYDPR ☐ -Y FMONOYDPR
FTRIS4DPR ☐ +4 FTRIS4DPR
FTRIS8DPR ☐ +8 FTRIS8DPR
FTRIS11DPR ☐ +11 FTRIS11DPR
FTRIS13DPR ☐ +13 FTRIS13DPR
FTRIS14DPR ☐ +14 FTRIS14DPR
FTRIS21DPR ☐ +21 FTRIS21DPR
FTRIS22DPR ☐ +22 FTRIS22DPR
FT33DPR ☐ t(3;3) FT33DPR
FT69DPR ☐ t(6;9) FT69DPR
FT821DPR ☐ t(8;21) FT821DPR

FT911DPR ☐ t(9;11) FT911DPR
FT922DPR ☐ t(9;22) FT922DPR
FT1517DPR ☐ t(15;17) and variants FT1517DPR
FT1616DPR ☐ t(16;16) FT1616DPR
FDEL3QDPR ☐ del(3q) / 3q– FDEL3QDPR
FDEL5QDPR ☐ del(5q) / 5q– FDEL5QDPR
FDEL7QDPR ☐ del(7q) / 7q– FDEL7QDPR
FDEL9QDPR ☐ del(9q) / 9q– FDEL9QDPR
FDEL11QDPR ☐ del(11q) / 11q– FDEL11QDPR
FDEL16QDPR ☐ del(16q) / 16q– FDEL16QDPR
FDEL17QDPR ☐ del(17q) / 17q– FDEL17QDPR
FDEL20QDPR ☐ del(20q) / 20q– FDEL20QDPR
FDEL21QDPR ☐ del(21q) / 21q– FDEL21QDPR
FINV3DPR ☐ inv(3) FINV3DPR
FINV16DPR ☐ inv(16) FINV16DPR
FAB1123DPR ☐ (11q23) any abnormality FAB1123DPR
FAB12PDPR ☐ 12p any abnormality FAB12PDPR
FOABDPR ☐ Other abnormality → FOABDPR

39. Specify other abnormality:
FOABDPRSP
_____ FABDPRSP

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

KTSTDXPR
KTSTDXPR

40. Were cytogenetics tested via karyotyping?

1 ☐ Yes →
0 ☐ No

41. Results of tests: KRSLDXPR KRSLDXPR CD_CYTRSLDX

1 ☐ Abnormalities identified
2 ☐ No evaluable metaphases
3 ☐ No abnormalities

0=NMDP code
7=Not tested at this timepoint(2011V2)
9=Not answerd

**Specify cytogenetic abnormalities identified between diagnosis and last evaluation:**

KNUMCYDPR
KNUMCYDPR

42. Specify number of distinct cytogenetic abnormalities:

1 ☐ One (1) CD_TED_NUMCYTDX
2 ☐ Two (2) 8=Unknown 9=Not answerd
3 ☐ Three (3)
4 ☐ Four or more (4 or more)

43. Specify abnormalities (check all that apply) KRYABNDP KRYABNDP

KMONO5DPR ☐ -5 KMONO5DPR
KMONO7DPR ☐ -7 KMONO7DPR
KMONO17DPR ☐ -17 KMONO17DPR
KMONO18DPR ☐ -18 KMONO18DPR
KMONOXDPR ☐ -X KMONOXDPR
KMONOYDPR ☐ -Y KMONOYDPR
KTRIS4DPR ☐ +4 KTRIS4DPR
KTRIS8DPR ☐ +8 KTRIS8DPR
KTRIS11DPR ☐ +11 KTRIS11DPR
KTRIS13DPR ☐ +13 KTRIS13DPR
KTRIS14DPR ☐ +14 KTRIS14DPR
KTRIS21DPR ☐ +21 KTRIS21DPR
KTRIS22DPR ☐ +22 KTRIS22DPR
KT33DPR ☐ t(3;3) KT33DPR
KT69DPR ☐ t(6;9) KT69DPR
KT821DPR ☐ t(8;21) KT821DPR
KT911DPR ☐ t(9;11) KT911DPR
KT922DPR ☐ t(9;22) KT922DPR
KT1517DPR ☐ t(15;17) and variants KT1517DPR
KT1616DPR ☐ t(16;16) KT1616DPR
KDEL3QDPR ☐ del(3q) / 3q– KDEL3QDPR
KDEL5QDPR ☐ del(5q) / 5q– KDEL5QDPR
KDEL7QDPR ☐ del(7q) / 7q– KDEL7QDPR
KDEL9QDPR ☐ del(9q) / 9q– KDEL9QDPR
KDEL11QDPR ☐ del(11q) / 11q– KDEL11QDPR
KDEL16QDPR ☐ del(16q) / 16q– KDEL16QDPR
KDEL17QDPR ☐ del(17q) / 17q– KDEL17QDPR
KDEL20QDPR ☐ del(20q) / 20q– KDEL20QDPR

KDEL21QDPR ☐ del(21q) / 21q– KDEL21QDPR
KINV3DPR ☐ inv(3) KINV3DPR
KINV16DPR ☐ inv(16) KINV16DPR
KAB1123DPR ☐ (11q23) any abnormality KAB1123DPR
KAB12PDPR ☐ 12p any abnormality KAB12PDPR
KOABDPR ☐ Other abnormality → KOABDPR

44. Specify other abnormality:
KOABDPRSP KOABDPRSP

CYTRDXPR 45. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) **1** ☐ Yes **0** ☐ No
CYTRDXPR

End Table TED_AML_CYDXPR

46. Were tests for molecular markers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)
**1** ☐ Yes → **0** ☐ No **8** ☐ Unknown
MMARKDXPR
MMARKDXPR
(Table TED_DISEASE_PR)

Start Table TED_AML_MMARKDXPR

**Specify molecular markers identified between diagnosis and last evaluation:**

47. CEBPA CEBPADPR CEBPADPR
**1** ☐ Positive → **0** ☐ Negative **3** ☐ Not done **2=Suggestive**
CD_POSNEG
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report 8=Unknown 9=Not Answ/Inconsist**

48. Specify CEBPA mutation CEBPMDPR CEBPMDPR
**1** ☐ Biallelic (homozygous) CD_CEBPMUDX
**2** ☐ Monoallelic (heterozygous) **9=Not Answ/Inconsist**
**8** ☐ Unknown

FD835DPR 49. FLT3 – D835 point mutation FD835DPR
CD_POSNEG
**1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

F3ITMDPR 50. FLT3 – ITD mutation F3ITMDPR
**1** ☐ Positive → **0** ☐ Negative **3** ☐ Not done **2=Suggestive**
CD_POSNEG
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report 8=Unknown 9=Not Answ/Inconsist**

51. FLT3 – ITD allelic ratio F3IDPRKW F3IDPRKW
**1** ☐ Known → **8** ☐ Unknown

52. Specify FLT3 - ITD allelic ratio:
F3IARDPR F3IARDPR

IDH1DXPR 53. IDH1 IDH1DXPR
CD_POSNEG
**1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

IDH2DXPR 54. IDH2 IDH2DXPR
**1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

KITDXPR 55. KIT KITDXPR
**1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

NPM1DXPR 56. NPM1 NPM1DXPR
**1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

OTMMDXPR 57. Other molecular marker OTMMDXPR OTMMDXPR2 OTMMDXPR3
OTMMDXPR2
OTMMDXPR3
**1** ☐ Positive → **0** ☐ Negative → **3** ☐ Not done **2=Suggestive**
CD_POSNEG
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report 8=Unknown 9=Not Answ/Inconsist**

58. Specify other molecular marker
OMMDPRSP OMMDPRSP
OMMDPRSP2 OMMDPRSP2
OMMDPRSP3 OMMDPRSP3

**Copy and complete questions 57-58 to report multiple other molecular markers.**

End Table TED_AML_MMARKDXPR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Labs at last evaluation:**

59. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

**1** ☐ Yes → Start Table TED_AML_CYPR
**0** ☐ No
**8** ☐ Unknown

CYTOGPR
CYTOGPR
(Table TED_DISEASE_PR)

60. Were cytogenetics tested via FISH? FSHTSTPR FSHTSTPR

**1** ☐ Yes →
**0** ☐ No

61. Results of tests: FSHRSLPR FSHRSLPR CD_CYTRSLDX

**1** ☐ Abnormalities identified → **0=NMDP code 2=No evaluable metaphases 7=Not tested at this timepoint(2011V2)**
**3** ☐ No abnormalities

**Specify cytogenetic abnormalities identified at last evaluation:**

FNUMCYTPR
FNUMCYTPR

62. Specify number of distinct cytogenetic abnormalities: CD_TED_NUMCYTDX

**1** ☐ One (1)
**2** ☐ Two (2)
**3** ☐ Three (3)
**4** ☐ Four or more (4 or more)

**8=Unknown**
**9=Not answered**

63. Specify abnormalities (check all that apply) FSHABNPR FSHABNPR

| | | |
|---|---|---|
| FMONO5PR | ☐ -5 | FMONO5PR |
| FMONO7PR | ☐ -7 | FMONO7PR |
| FMONO17PR | ☐ -17 | FMONO17PR |
| FMONO18PR | ☐ -18 | FMONO18PR |
| FMONOXPR | ☐ -X | FMONOXPR |
| FMONOYPR | ☐ -Y | FMONOYPR |
| FTRIS4PR | ☐ +4 | FTRIS4PR |
| FTRIS8PR | ☐ +8 | FTRIS8PR |
| FTRIS11PR | ☐ +11 | FTRIS11PR |
| FTRIS13PR | ☐ +13 | FTRIS13PR |
| FTRIS14PR | ☐ +14 | FTRIS14PR |
| FTRIS21PR | ☐ +21 | FTRIS21PR |
| FTRIS22PR | ☐ +22 | FTRIS22PR |
| FT33PR | ☐ t(3;3) | FT33PR |
| FT69PR | ☐ t(6;9) | FT69PR |
| FT821PR | ☐ t(8;21) | FT821PR |
| FT911PR | ☐ t(9;11) | FT911PR |
| FT922PR | ☐ t(9;22) | FT922PR |
| FT1517PR | ☐ t(15;17) and variants | FT1517PR |
| FT1616PR | ☐ t(16;16) | FT1616PR |
| FDEL3QPR | ☐ del(3q) / 3q– | FDEL3QPR |
| FDEL5QPR | ☐ del(5q) / 5q– | FDEL5QPR |
| FDEL7QPR | ☐ del(7q) / 7q– | FDEL7QPR |
| FDEL9QPR | ☐ del(9q) / 9q– | FDEL9QPR |
| FDEL11QPR | ☐ del(11q) / 11q– | FDEL11QPR |
| FDEL16QPR | ☐ del(16q) / 16q– | FDEL16QPR |
| FDEL17QPR | ☐ del(17q) / 17q– | FDEL17QPR |
| FDEL20QPR | ☐ del(20q) / 20q– | FDEL20QPR |

FDEL21QPR ☐ del(21q) / 21q– FDEL21QPR
FINV3PR ☐ inv(3) FINV3PR
FINV16PR ☐ inv(16) FINV16PR
FAB1123PR ☐ (11q23) any abnormality FAB1123PR
FAB12PPR ☐ 12p any abnormality FAB12PPR
FOABPR ☐ Other abnormality → FOABPR

64. Specify other abnormality:
FOABPRSP FOABPRSP

KRYTSTPR 65. Were cytogenetics tested via karyotyping?
1 ☐ Yes →
0 ☐ No

66. Results of tests: KRYRSLPR KRYRSLPR
1 ☐ Abnormalities identified → CD_CYTRSLDX
2 ☐ No evaluable metaphases
3 ☐ No abnormalities

0=NMDP code
7=Not tested at this timepoint(2011V2)

**Specify cytogenetic abnormalities identified at last evaluation:**

KNUMCYTPR KNUMCYTPR
67. Specify number of distinct cytogenetic abnormalities:
1 ☐ One (1) CD_TED_NUMCYTDX
2 ☐ Two (2)
3 ☐ Three (3)
4 ☐ Four or more (4 or more)

8=Unknown 9=Not answered

68. Specify abnormalities (check all that apply) KRYABNPR

KMONO5PR ☐ -5 KMONO5PR
KMONO7PR ☐ -7 KMONO7PR
KMONO17PR ☐ -17 KMONO17PR
KMONO18PR ☐ -18 KMONO18PR
KMONOXPR ☐ -X KMONOXPR
KMONOYPR ☐ -Y KMONOYPR
KTRIS4PR ☐ +4 KTRIS4PR
KTRIS8PR ☐ +8 KTRIS8PR
KTRIS11PR ☐ +11 KTRIS11PR
KTRIS13PR ☐ +13 KTRIS13PR
KTRIS14PR ☐ +14 KTRIS14PR
KTRIS21PR ☐ +21 KTRIS21PR
KTRIS22PR ☐ +22 KTRIS22PR
KT33PR ☐ t(3;3) KT33PR
KT69PR ☐ t(6;9) KT69PR
KT821PR ☐ t(8;21) KT821PR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

KT911PR ☐ t(9;11) KT911PR
KT922PR ☐ t(9;22) KT922PR
KT1517PR ☐ t(15;17) and variants KT1517PR
KT1616PR ☐ t(16;16) KT1616PR
KDEL3QPR ☐ del(3q) / 3q– KDEL3QPR
KDEL5QPR ☐ del(5q) / 5q– KDEL5QPR
KDEL7QPR ☐ del(7q) / 7q– KDEL7QPR
KDEL9QPR ☐ del(9q) / 9q– KDEL9QPR
KDEL11QPR ☐ del(11q) / 11q– KDEL11QPR
KDEL16QPR ☐ del(16q) / 16q– KDEL16QPR
KDEL17QPR ☐ del(17q) / 17q– KDEL17QPR
KDEL20QPR ☐ del(20q) / 20q– KDEL20QPR
KDEL21QPR ☐ del(21q) / 21q– KDEL21QPR
KINV3PR ☐ inv(3) KINV3PR
KINV16PR ☐ inv(16) KINV16PR
KAB1123PR ☐ (11q23) any abnormality KAB1123PR
KAB12PPR ☐ 12p any abnormality KAB12PPR
KOABPR ☐ Other abnormality →
KOABPR

69. Specify other abnormality:
KOABPRSP KOABPRSP

CYTRPTPR 70. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) **1** ☐ Yes **0** ☐ No
CYTRPTPR

End Table TED_AML_CYPR

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

**1** ☐ Yes →
**0** ☐ No
**8** ☐ Unknown

MMARKPR
MMARKPR
(Table TED_DISEASE_PR)

Start Table TED_ AML_MMARKPR

**Specify molecular markers identified at last evaluation:**

72. CEBPA CEBPAPR CEBPAPR

**1** ☐ Positive →
**0** ☐ Negative CD_POSNEG
**3** ☐ Not done **2=Suggestive**
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report** **8=Unknown** **9=Not Answ/Inconsist**

73. Specify CEBPA mutation CEBPMUPR CEBPMUPR

**1** ☐ Biallelic (homozygous) CD_CEBPMUDX
**2** ☐ Monoallelic (heterozygous) **9=Not Answ/Inconsist**
**8** ☐ Unknown

F3D835PR F3D835PR 74. FLT3 – D835 point mutation CD_POSNEG **1** ☐ Positive **0** ☐ Negative **3** ☐ Not done

F3ITDMPR F3ITDMPR 75. FLT3 – ITD mutation

**1** ☐ Positive →
**0** ☐ Negative CD_POSNEG
**3** ☐ Not done **2=Suggestive**
**4=Inconclusive(VOD)/Indetermine(095LYM)**
**7=Not report** **8=Unknown** **9=Not Answ/Inconsist**

76. FLT3 – ITD allelic ratio F3ITPRKW F3ITPRKW

**1** ☐ Known →
**8** ☐ Unknown

77. Specify FLT3 - ITD allelic ratio:
F3ITARPR F3ITARPR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

IDH1PR IDH1PR 78. IDH1 — CD_POSNEG: 1 ☐ Positive 0 ☐ Negative 3 ☐ Not done
IDH2PR IDH2PR 79. IDH2 — 1 ☐ Positive 0 ☐ Negative 3 ☐ Not done
KITPR KITPR 80. KIT — 1 ☐ Positive 0 ☐ Negative 3 ☐ Not done
NPM1PR NPM1PR 81. NPM1 — 1 ☐ Positive 0 ☐ Negative 3 ☐ Not done

2=Suggestive 4=Inconclusive(VOD)/Indetermine(095LYM) 8=Unknown 9=Not Answ/Inconsist

OTMOLCPR 82. Other molecular marker
OTMOLCPR2
OTMOLCPR3
OTMOLCPR
OTMOLCPR2
OTMOLCPR3

1 ☐ Positive → 0 ☐ Negative → 3 ☐ Not done

83. Specify other molecular marker: OMOLPRSP OMOLPRSP
OMOLPRSP2 OMOLPRSP2
OMOLPRSP3 OMOLPRSP3

Copy and complete questions 82-83 to report multiple other molecular markers.

End Table TED_AML_MMARKPR

**CNS Leukemia**

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

1 ☐ Yes 0 ☐ No 8 ☐ Unknown CNSLKPR (Table TED_DISEASE_PR)
CNSLKPR

**Status at transplantation:**

85. What was the disease status (based on hematological test results)? ALKSTAPR ALKSTAPR CD_ALKSTAPR

0 ☐ Primary induction failure - ***Go to question 89***
1 ☐ 1st complete remission (no previous bone marrow or extramedullary relapse) (include CRi) - ***Go to question 86***
2 ☐ 2nd complete remission - ***Go to question 86***
13 ☐ ≥ 3rd complete remission - ***Go to question 86***
5 ☐ 1st relapse - ***Go to question 88***
16 ☐ 2nd relapse - ***Go to question 88***
17 ☐ ≥ 3rd relapse - ***Go to question 88***
18 ☐ No treatment - ***Go to question 89***

3=3rd complete remission (095AML) 6=>= 2nd relapse (095AML) 99=Not answered
4=>= 4th complete remission (095AML) 66=Check IBMTR DISTATPR 88=Unknown
11=complete remission (2400v2 Q185 CR) 15=Relapse (2400v2 Q185 Relapse)

INDCYCLE INDCYCLE

86. How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi) 8=Unknown
1 ☐ 1 2 ☐ 2 3 ☐ ≥ 3 CD_TED_DSTNUMPR 9=Not Answered

87. Was the recipient in remission by flow cytometry? FLWCYTCR FLWCYTCR
1 ☐ Yes 0 ☐ No 8 ☐ Unknown 7 ☐ Not applicable

88. Date of most recent relapse: RELDTPR RELDTPR __ __ __ __ / __ __ / __ __
YYYY MM DD

89. Date assessed: RASSDTPR RASSDTPR __ __ __ __ / __ __ / __ __ - ***Go to signature line***
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Acute Lymphoblastic Leukemia (ALL)

90. Specify ALL classification: SUBDIS CD_SDIS (Table TED_DISEASE)
SUBDIS1 SUBDIS2

**B-lymphoblastic leukemia / lymphoma**

- ☐ B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191)
- ☐ B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192)
- ☐ B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193)
- ☐ B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194)
- ☐ B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195)
- ☐ B-lymphoblastic leukemia / lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81)
- ☐ B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82)
- ☐ B-lymphoblastic leukemia / lymphoma with Hypodiploidy (<45 chromosomes) (83)
- ☐ B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94)
- ☐ B-lymphoblastic leukemia / lymphoma, with iAMP21 (provisional entity) (95)

**T-cell lymphoblastic leukemia / lymphoma**

- ☐ Early T-cell precursor lymphoblastic leukemia (provisional entity) (96)
- ☐ Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (provisional entity) (97)

91. Did the recipient have a predisposing condition?

1 ☐ Yes →
0 ☐ No
8 ☐ Unknown
PREDISP
PREDISP

92. Specify condition: PREDCOND PREDCOND CD_PREDCOND

- 4 ☐ Aplastic anemia **– Also complete CIBMTR Form 2028 — APL**
- 2 ☐ Bloom syndrome **5=Neurofibromatosis type1**
- 3 ☐ Down syndrome **8=Unknown 9=Not answered**
- 1 ☐ Fanconi anemia **– Also complete CIBMTR Form 2029 — FAN**
- 7 ☐ Other condition →

93. Specify other condition: PREDOTSP PREDOTSP _____

End Table TED_DISEASE

Start Table TED_DISEASE_PR

94. Were tyrosine kinase inhibitors given for therapy at any time prior to start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.) GLEEVCPR GLEEVCPR

1 ☐ Yes 0 ☐ No

**Laboratory studies at diagnosis:**

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

1 ☐ Yes →
0 ☐ No
8 ☐ Unknown
CYTOGDX
CYTOGDX
(Table TED_DISEASE_PR)

Start Table TED_ALL_CYDX

96. Were cytogenetics tested via FISH? (at diagnosis)

1 ☐ Yes →
0 ☐ No
FSHTSTDX
FSHTSTDX

97. Results of tests: (at diagnosis) FSHRSLDX FSHRSLDX
CD_CYTRSLDX

1 ☐ Abnormalities identified →
3 ☐ No abnormalities

**0=NMDP code 2=No evaluable metaphases 7=Not tested at this timepoint(2011V2) 8=Unknown 9=Not answered**

**Specify cytogenetic abnormalities identified:**

FNUMCYTDX
FNUMCYTDX

98. Specify number of distinct cytogenetic abnormalities: CD_TED_NUMCYTDX

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

**8=Unknown 9=Not answered**

99. Specify abnormalities: (check all that apply) FSHABNDX

- FMONO7DX ☐ -7 FMONO7DX
- FTRIS4DX ☐ +4 FTRIS4DX
- FTRIS8DX ☐ +8 FTRIS8DX
- FTRIS17DX ☐ +17 FTRIS17DX
- FTRIS21DX ☐ +21 FTRIS21DX
- FT119DX ☐ t(1;19) FT119DX
- FT28DX ☐ t(2;8) FT28DX
- FT411DX ☐ t(4;11) FT411DX
- FT514DX ☐ t(5;14) FT514DX
- FT814DX ☐ t(8;14) FT814DX
- FT822DX ☐ t(8;22) FT822DX
- FT922DX ☐ t(9;22) FT922DX
- FT1014DX ☐ t(10;14) FT1014DX
- FT1114DX ☐ t(11;14) FT1114DX
- FT1221DX ☐ t(12;21) FT1221DX
- FDEL6QDX ☐ del(6q) / 6q– FDEL6QDX
- FDEL9PDX ☐ del(9p) / 9p– FDEL9PDX
- FDEL12PDX ☐ del(12p) / 12p– FDEL12PDX
- FADD14QDX ☐ add(14q) FADD14QDX
- FAB1123DX ☐ (11q23) any abnormality FAB1123DX
- FAB9PDX ☐ 9p any abnormality FAB9PDX
- FAB12PDX ☐ 12p any abnormality FAB12PDX
- FHYPERDX ☐ Hyperdiploid (> 50) FHYPERDX
- FHYPODDX ☐ Hypodiploid (< 45) FHYPODDX
- FIAMPDX ☐ iAMP21 FIAMPDX
- FOABDX ☐ Other abnormality → FOABDX

100. Specify other abnormalitv: FOABDXSP FOABDXSP
_____

KRYTSTDX 101. Were cytogenetics tested via karyotyping? (at diagnosis)
KRYTSTDX

**1** ☐ Yes →
**0** ☐ No

102. Results of tests: (at diagnosis) KRYRSLDX KRYRSLDX

**1** ☐ Abnormalities identified → CD_CYTRSLDX
**2** ☐ No evaluable metaphases
**3** ☐ No abnormalities

**7=Not tested at this timepoint(2011V2)**
**0=NMDP code**

**Specify cytogenetic abnormalities identified:**

KNUMCYTDX 103. Specify number of distinct cytogenetic abnormalities:
KNUMCYTDX

**1** ☐ One (1) CD_TED_NUMCYTDX
**2** ☐ Two (2)
**3** ☐ Three (3)
**4** ☐ Four or more (4 or more)

**8=Unknown** **9=Not answered**

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

104. Specify abnormalities: (check all that apply) KRYABNDX KRYABNDX

KMONO7DX ☐ -7 KMONO7DX
KTRIS4DX ☐ +4 KTRIS4DX
KTRIS8DX ☐ +8 KTRIS8DX
KTRIS17DX ☐ +17 KTRIS17DX
KTRIS21DX ☐ +21 KTRIS21DX
KT119DX ☐ t(1;19) KT119DX
KT28DX ☐ t(2;8) KT28DX
KT411DX ☐ t(4;11) KT411DX
KT514DX ☐ t(5;14) KT514DX
KT814DX ☐ t(8;14) KT814DX
KT822DX ☐ t(8;22) KT822DX
KT922DX ☐ t(9;22) KT922DX
KT1014DX ☐ t(10;14) KT1014DX
KT1114DX ☐ t(11;14) KT1114DX
KT1221DX ☐ t(12;21) KT1221DX
KDEL6QDX ☐ del(6q) / 6q– KDEL6QDX
KDEL9PDX ☐ del(9p) / 9p– KDEL9PDX
KDEL12PDX ☐ del(12p) / 12p– KDEL12PDX
KADD14QDX ☐ add(14q) KADD14QDX
KAB1123DX ☐ (11q23) any abnormality KAB1123DX
KAB9PDX ☐ 9p any abnormality KAB9PDX
KAB12PDX ☐ 12p any abnormality KAB12PDX
KHYPERDX ☐ Hyperdiploid (> 50) KHYPERDX
KHYPODDX ☐ Hypodiploid (< 45) KHYPODDX
KIAMPDX ☐ iAMP21 KIAMPDX
KOABDX ☐ Other abnormality → KOABDX

105. Specify other abnormality: KOABDXSP KOABDXSP

CYTRPTDX 106. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) CYTRPTDX
**1** ☐ Yes **0** ☐ No

End Table TED_ALL_CYDX

107. Were tests for molecular markers performed (e.g. PCR, NGS)? (at diagnosis)
**1** ☐ Yes →
**0** ☐ No
**8** ☐ Unknown
MMARKDX MMARKDX

Table TED_DISEASE_PR

Start Table TED_ALL_MMARKDX

**Specify molecular markers identified at diagnosis:**

108. BCR / ABL BCRRESDX BCRRESDX **1** ☐ Positive **0** ☐ Negative **3** ☐ Not done
109. TEL-AML / AML1 TELRESDX TELRESDX **1** ☐ Positive **0** ☐ Negative **3** ☐ Not done
110. Other molecular marker OTMOLCDX OTMOLCDX2 OTMOLCDX3
**1** ☐ Positive - OTMOLCDX ►
**0** ☐ Negative - OTMOLCDX2
**3** ☐ Not done OTMOLCDX3

111. Specify other molecular marker OMOLDXSP OMOLDXSP OMOLDXSP2 OMOLDXSP2 OMOLDXSP3 OMOLDXSP3

**Copy and complete questions 110-111 for additional molecular markers**

End Table TED_ALL_MMARKDX

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Laboratory studies between diagnosis and last evaluation:**

112. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

1 ☐ Yes → Start Table TED_ALL_CYDXPR
0 ☐ No
8 ☐ Unknown
CYTODXPR
CYTODXPR
(TED_DISEASE_PR)

113. Were cytogenetics tested via FISH? (between diagnosis and the last evaluation)

1 ☐ Yes →
0 ☐ No
FTSTDXPR
FTSTDXPR

114. Results of tests: (between diagnosis and the last evaluation)

1 ☐ Abnormalities identified
3 ☐ No abnormalities

0=NMDP code 2=No evaluable metaphases 7=Not tested at this timepoint(2011V2) 8=Unknown 9=Not answered

FRSLDXPR
FRSLDXPR

**Specify cytogenetic abnormalities identified:**

FNUMCYDPR
FNUMCYDPR

115. Specify number of distinct cytogenetic abnormalities:

1 ☐ One (1) CD_TED_NUMCYTDX
2 ☐ Two (2) 8=Unknown 9=Not answered
3 ☐ Three (3)
4 ☐ Four or more (4 or more)

116. Specify abnormalities: (check all that apply) FSHABNDP

FMONO7DPR ☐ -7 FMONO7DPR
FTRIS4DPR ☐ +4 FTRIS4DPR
FTRIS8DPR ☐ +8 FTRIS8DPR
FTRIS17DPR ☐ +17 FTRIS17DPR
FTRIS21DPR ☐ +21 FTRIS21DPR
FT119DPR ☐ t(1;19) FT119DPR
FT28DPR ☐ t(2;8) FT28DPR
FT411DPR ☐ t(4;11) FT411DPR
FT514DPR ☐ t(5;14) FT514DPR
FT814DPR ☐ t(8;14) FT814DPR
FT822DPR ☐ t(8;22) FT822DPR
FT922DPR ☐ t(9;22) FT922DPR
FT1014DPR ☐ t(10;14) FT1014DPR
FT1114DPR ☐ t(11;14) FT1114DPR
FT1221DPR ☐ t(12;21) FT1221DPR
FDEL6QDPR ☐ del(6q) / 6q– FDEL6QDPR
FDEL9PDPR ☐ del(9p) / 9p– FDEL9PDPR
FDEL12PDPR ☐ del(12p) / 12p– FDEL12PDPR
FADD14QDPR ☐ add(14q) FADD14QDPR
FAB1123DPR ☐ (11q23) any abnormality FAB1123DPR
FAB9PDPR ☐ 9p any abnormality FAB9PDPR
FAB12PDPR ☐ 12p any abnormality FAB12PDPR
FHYPERDPR ☐ Hyperdiploid (> 50) FHYPERDPR
FHYPODDPR ☐ Hypodiploid (< 45) FHYPODDPR
FIAMPDPR ☐ iAMP21 FIAMPDPR
FOABDPR ☐ Other abnormality →
FOABDPR

117. Specify other abnormality:
FOABDPRSP FOABDPRSP

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

KTSTDXPR
KTSTDXPR

118. Were cytogenetics tested via karyotyping? (between diagnosis and the last evaluation)

☐ Yes → 119. Results of tests: (between diagnosis and the last evaluation)

CD_CYTRSLDX

1 ☐ Abnormalities identified
2 ☐ No evaluable metaphases
3 ☐ No abnormalities

0=NMDP code 7=Not tested at this timepoint(2011V2) 8=Unknown 9=Not answered

KRSLDXPR KRSLDXPR

**Specify cytogenetic abnormalities identified:**

KNUMCYDPR
KNUMCYDPR

120. Specify number of distinct cytogenetic abnormalities:

CD_TED_NUMCYTDX

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

8=Unknown 9=Not answered

121. Specify abnormalities: (check all that apply) KRYABNDP

KMONO7DPR ☐ -7 KMONO7DPR
KTRIS4DPR ☐ +4 KTRIS4DPR
KTRIS8DPR ☐ +8 KTRIS8DPR
KTRIS17DPR ☐ +17 KTRIS17DPR
KTRIS21DPR ☐ +21 KTRIS21DPR
KT119DPR ☐ t(1;19) KT119DPR
KT28DPR ☐ t(2;8) KT28DPR
KT411DPR ☐ t(4;11) KT411DPR
KT514DPR ☐ t(5;14) KT514DPR
KT814DPR ☐ t(8;14) KT814DPR
KT822DPR ☐ t(8;22) KT822DPR
KT922DPR ☐ t(9;22) KT922DPR
KT1014DPR ☐ t(10;14) KT1014DPR
KT1114DPR ☐ t(11;14) KT1114DPR
KT1221DPR ☐ t(12;21) KT1221DPR
KDEL6QDPR ☐ del(6q) / 6q– KDEL6QDPR
KDEL9PDPR ☐ del(9p) / 9p– KDEL9PDPR
KDEL12PDPR ☐ del(12p) / 12p– KDEL12PDPR
KADD14QDPR ☐ add(14q) KADD14QDPR
KAB1123DPR ☐ (11q23) any abnormality KAB1123DPR
KAB9PDPR ☐ 9p any abnormality KAB9PDPR
KAB12PDPR ☐ 12p any abnormality KAB12PDPR
KHYPERDPR ☐ Hyperdiploid (> 50) KHYPERDPR
KHYPODDPR ☐ Hypodiploid (< 45) KHYPODDPR
KIAMPDPR ☐ iAMP21 KIAMPDPR
KOABDPR ☐ Other abnormality
KOABDPR

122. Specify other abnormality:
KOABDPRSP KOABDPRSP

CYTRDXPR
CYTRDXPR

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

☐ Yes ☐ No

End Table TED_ALL_CYDXPR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

(TED_DISEASE_PR)

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

1 ☐ Yes → Start Table TED_ALL_MMARKDXPR
0 ☐ No
8 ☐ Unknown

**Specify molecular markers identified between diagnosis and last evaluation:**

CD_POSNEG

125. BCR / ABL BCRDXPR BCRDXPR — 1 ☐ Positive 0 ☐ Negative 3 ☐ Not done

126. TEL-AML / AML1 TELDXPR TELDXPR — 1 ☐ Positive 0 ☐ Negative 3 ☐ Not done

127. Other molecular marker OTMMDXPR OTMMDXPR2 OTMMDXPR3

OTMMDXPR
OTMMDXPR2
OTMMDXPR3

1 ☐ Positive
0 ☐ Negative (CD_POSNEG)
3 ☐ Not done

128. Specify other molecular marker: OMMDPRSP OMMDPRSP
OMMDPRSP2 OMMDPRSP2
OMMDPRSP3 OMMDPRSP3

**Copy and complete questions 127-128 for additional molecular markers**

End Table TED_ALL_MMARKDXPR

**Laboratory studies at last evaluation:**

129. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

1 ☐ Yes → Start Table TED_ ALL_CYPR
0 ☐ No
8 ☐ Unknown

CYTOGPR
CYTOGPR
(TED_DISEASE_PR)

130. Were cytogenetics tested via FISH?

1 ☐ Yes
0 ☐ No

FSHTSTPR
FSHTSTPR

131. Results of tests: CD_CYTRSLDX

1 ☐ Abnormalities identified
3 ☐ No abnormalities

**0=NMDP code 2=No evaluable metaphases 7=Not tested at this timepoint(2011V2) 8=Unknown 9=Not answered**

FSHRSLPR
FSHRSLPR

**Specify cytogenetic abnormalities identified at last evaluation:**

FNUMCYTPR
FNUMCYTPR

132. Specify number of distinct cytogenetic abnormalities: CD_TED_NUMCYTDX

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

**8=Unknown 9=Not answered**

133. Specify abnormalities: (check all that apply) FSHABNPR

| | | |
|---|---|---|
| FMONO7PR | ☐ -7 | FMONO7PR |
| FTRIS4PR | ☐ +4 | FTRIS4PR |
| FTRIS8PR | ☐ +8 | FTRIS8PR |
| FTRIS17PR | ☐ +17 | FTRIS17PR |
| FTRIS21PR | ☐ +21 | FTRIS21PR |
| FT119PR | ☐ t(1;19) | FT119PR |
| FT28PR | ☐ t(2;8) | FT28PR |
| FT411PR | ☐ t(4;11) | FT411PR |
| FT514PR | ☐ t(5;14) | FT514PR |
| FT814PR | ☐ t(8;14) | FT814PR |
| FT822PR | ☐ t(8;22) | FT822PR |
| FT922PR | ☐ t(9;22) | FT922PR |
| FT1014PR | ☐ t(10;14) | FT1014PR |
| FT1114PR | ☐ t(11;14) | FT1114PR |
| FT1221PR | ☐ t(12;21) | FT1221PR |
| FDEL6QPR | ☐ del(6q) / 6q– | FDEL6QPR |
| FDEL9PPR | ☐ del(9p) / 9p– | FDEL9PPR |
| FDEL12PPR | ☐ del(12p) / 12p– | FDEL12PPR |

FADD14QPR ☐ add(14q) FADD14QPR
FAB1123PR ☐ (11q23) any abnormality FAB1123PR
FAB9PPR ☐ 9p any abnormality FAB9PPR
FAB12PPR ☐ 12p any abnormality FAB12PPR
FHYPERPR ☐ Hyperdiploid (> 50) FHYPERPR
FHYPODPR ☐ Hypodiploid (< 45) FHYPODPR
FIAMPPR ☐ iAMP21 FIAMPPR
FOABPR ☐ Other abnormality → FOABPR

134. Specify other abnormality:
FOABPRSP FOABPRSP

KRYTSTPR
KRYTSTPR
135. Were cytogenetics tested via karyotyping? (at last evaluation)
**1** ☐ Yes →
**0** ☐ No

136. Results of tests: KRYRSLPR KRYRSLPR
**1** ☐ Abnormalities identified → CD_CYTRSLDX
**2** ☐ No evaluable metaphases
**3** ☐ No abnormalities

**0=NMDP code 7=Not tested at this timepoint(2011V2) 8=Unknown 9=Not answered**

**Specify cytogenetic abnormalities identified at last evaluation:**

KNUMCYTPR
KNUMCYTPR
137. Specify number of distinct cytogenetic abnormalities:
**1** ☐ One (1) CD_TED_NUMCYTDX
**2** ☐ Two (2) **8=Unknown 9=Not answered**
**3** ☐ Three (3)
**4** ☐ Four or more (4 or more)

138. Specify abnormalities: (check all that apply) KRYABNPR
KRYABNPR
KOMO7PR ☐ -7 KOMO7PR
KTRIS4PR ☐ +4 KTRIS4PR
KTRIS8PR ☐ +8 KTRIS8PR
KTRIS17PR ☐ +17 KTRIS17PR
KTRIS21PR ☐ +21 KTRIS21PR
KT119PR ☐ t(1;19) KT119PR
KT28PR ☐ t(2;8) KT28PR
KT411PR ☐ t(4;11) KT411PR
KT514PR ☐ t(5;14) KT514PR
KT814PR ☐ t(8;14) KT814PR
KT822PR ☐ t(8;22) KT822PR
KT922PR ☐ t(9;22) KT922PR
KT1014PR ☐ t(10;14) KT1014PR
KT1114PR ☐ t(11;14) KT1114PR
KT1221PR ☐ t(12;21) KT1221PR
KDEL6QPR ☐ del(6q) / 6q– KDEL6QPR

KDEL9PPR ☐ del(9p) / 9p– KDEL9PPR
KDEL12PPR ☐ del(12p) / 12p– KDEL12PPR
KADD14QPR ☐ add(14q) KADD14QPR
KAB1123PR ☐ (11q23) any abnormality KAB1123PR
KAB9PPR ☐ 9p any abnormality KAB9PPR
KAB12PPR ☐ 12p any abnormality KAB12PPR
KHYPERPR ☐ Hyperdiploid (> 50) KHYPERPR
KHYPODPR ☐ Hypodiploid (< 45) KHYPODPR
KIAMPPR ☐ iAMP21 KIAMPPR
KOABPR ☐ Other abnormality →
KOABPR

139. Specify other abnormality:
KOABPRSP KOABPRSP

CYTRPTPR 140. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
CYTRPTPR **1** ☐ Yes **0** ☐ No

End TableTED_ ALL_CYPR

141. Were tests for molecular markers performed (e.g. PCR, NGS)? (at last evaluation)
**1** ☐ Yes →
**0** ☐ No
**8** ☐ Unknown
MMARKPR
MMARKPR
(TED_DISEASE_PR)

Start Table TED_ ALL_MMARKPR

**Specify molecular markers identified at last evaluation:**

CD_POSNEG

142. BCR / ABL BCRRESPR BCRRESPR **1** ☐ Positive **0** ☐ Negative **3** ☐ Not done
143. TEL-AML / AML1 TELRESPR TELRESPR **1** ☐ Positive **0** ☐ Negative **3** ☐ Not done
144. Other molecular marker OTMOLCPR OTMOLCPR2 OTMOLCPR3

**1** ☐ Positive → OTMOLCPR
**0** ☐ Negative → OTMOLCRP2
**3** ☐ Not done OTMOLCPR3
CD_POSNEG

145. Specify other molecular marker OMOLPRSP OMOLPRSP
OMOLPRSP2 OMOLPRSP2
OMOLPRSP3 OMOLPRSP3

**Copy and complete questions 144-145 for additional molecular markers**

End Table TED_ALL_MMARKPR

**CNS Leukemia**

146. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown CNSLKPR CNSLKPR

**Status at transplantation:**

147. What was the disease status (based on hematological test results)? ALKSTAPR ALKSTAPR
**0** ☐ Primary induction failure - ***Go to question 151*** CD_ALKSTAPR
**1** ☐ 1st complete remission (no previous marrow or extramedullary relapse) (include CRi) - ***Go to question 148*** →
**2** ☐ 2nd complete remission - ***Go to question 148*** →
**13** ☐ ≥ 3rd complete remission - ***Go to question 148*** →
**5** ☐ 1st relapse - ***Go to question 150*** →
**16** ☐ 2nd relapse - ***Go to question 150*** →
**17** ☐ ≥ 3rd relapse - ***Go to question 150*** →
**18** ☐ No treatment - ***Go to question 151***

148. How many cycles of induction therapy were required to achieve 1st complete remission (includes CRi)? INDCYCLE INDCYCLE
**1** ☐ 1 **2** ☐ 2 **3** ☐ ≥ 3 CD_TED_DSTNUMPR **8=Unknown**
**9=Not Answered**

149. Was the recipient in remission by flow cytometry? FLWCYTCR
**1** ☐ Yes **0** ☐ No **8** ☐ Unknown **7** ☐ Not applicable FLWCYTCR

150. Date of most recent relapse: RELDTPR RELDTPR
__ __ __ __ / __ __ / __ __
YYYY MM DD

151. Date assessed. RASSDTPR RASSDTPR
__ __ __ __ / __ __ / __ __
YYYY MM DD
***Go to signature line***

**3=3rd complete remission (095AML) 4=>= 4th complete remission (095AML)**
**11=complete remission (2400v2 Q185 CR)**
**15=Relapse (2400v2 Q185 Relapse) 66=Check IBMTR DISTATPR**
**6=>=2nd relapse(095AML)**
**88=Unknown – 99=Not answered**

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms 80

152. Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification: SUBDIS
SUBDIS1 SUBDIS2

- 296 ☐ Blastic plasmacytoid dendritic cell neoplasm (296) CD_SDIS
- 31 ☐ Acute undifferentiated leukemia (31)
- 84 ☐ Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)
- 85 ☐ Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged (85)
- 86 ☐ Mixed phenotype acute leukemia, B/myeloid, NOS (86)
- 87 ☐ Mixed phenotype acute leukemia, T/myeloid, NOS (87)
- 88 ☐ Other acute leukemia of ambiguous lineage or myeloid neoplasm (88) →

153. Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:
SDIS1SP SDIS2SP (Table TED_DISEASE)
SDIS1SP2 SDIS2SP2 SDIS1SP SDIS2SP

### Status at transplantation:

154. What was the disease status (based on hematological test results)? ALKSTAPR ALKSTAPR

- 0 ☐ Primary induction failure CD_ALKSTAPR
- 1 ☐ 1st complete remission (no previous bone marrow or extramedullary relapse)
- 2 ☐ 2nd complete remission
- 13 ☐ ≥ 3rd complete remission
- 5 ☐ 1st relapse
- 16 ☐ 2nd relapse
- 17 ☐ ≥ 3rd relapse
- 18 ☐ No treatment

**3=3rd complete remission (095AML)**
**4=>= 4th complete remission (095AML)**
**11=complete remission (2400v2 Q185 CR)**
**15=Relapse (2400v2 Q185 Relapse)**
**6=>=2nd relapse(095AML)**
**66=Check IBMTR DISTATPR**
**88=Unknown 99=Not answered**

155. Date assessed: RASSDTPR __ __ __ __ / __ __ / __ __ RASSDTPR ***Go to signature line***
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Chronic Myelogenous Leukemia (CML) 40

156. Was therapy given prior to this HCT? (SUBDIS=40)

**1** ☐ Yes → **0** ☐ No

TREATPR
TREATPR

157. Combination chemotherapy CMLCCHEM CMLCCHEM — **1** ☐ Yes **0** ☐ No

158. Hydroxyurea (Droxia, Hydrea) CMLHU CMLHU — **1** ☐ Yes **0** ☐ No

159. Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib) GLEEVCPR GLEEVCPR — **1** ☐ Yes **0** ☐ No

160. Interferon-α (Intron, Roferon) (includes PEG) CMLINTFA CMLINTFA — **1** ☐ Yes **0** ☐ No

161. Other therapy CMLOTHRX CMLOTHRX

☐ Yes → 162. Specify other therapy: CMLORXSP CMLORXSP

☐ No

163. What was the disease status? CMLSTAPR CMLSTAPR

**1** ☐ Complete hematologic response (CHR) →

**2** ☐ Chronic phase — CD_TED_CMLSTAPR →

**0=Primary induction failure (089LK Q15-K = 0)**
**11=First chronic phase**
**12=2nd or greater chronic phase(no previous tx)**
**14=Chronic phase(095CML following previous tx)**
**15=Accelerated or blast phase(095CMLfollowing previous tx)**
**16=Current disease status follows a previous HSCT(2012 V1 Q99)**
**17=More advanced disease (089LK Q15-K=7)**
**66=Check IBMTR DISTATPR**
**88=Unknown**
**99=Not answered**

**3** ☐ Accelerated phase →

**4** ☐ Blast phase →

164. Specify level of response CMLVRSPR CMLVRSPR

**1** ☐ No cytogenetic response (No Cy CD_CML_LEVLRESP
**2** ☐ Minimal cytogenetic response
**3** ☐ Minor cytogenetic response
**4** ☐ Partial cytogenetic response (PCyR)
**6** ☐ Complete cytogenetic response (CCyR)
**7** ☐ Major molecular remission (MMR)
**8** ☐ Complete molecular remission (CMR)
**5=Major cytogenetic response (MCyR)**

**88=Unknown**
**99=Not answered**

165. Number **1** ☐ 1st **2** ☐ 2nd **3** ☐ 3rd or higher
DSTNUMPR DSTNUMPR — CD_TED_DSTNUMPR

166. Date assessed: RASSDTPR RASSDTPR ___ ___ ___ ___ ___ ___ *Go to signature line*
YYYY MM DD

End Table TED_DISEASE_PR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases 50

Start Table TED_DISEASE

167. What was the MDS / MPN subtype at diagnosis? **– If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions** SUBDIS SUBDIS1 SUBDIS2

- ☐ Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
- ☐ Refractory anemia with ringed sideroblasts (RARS) (55) CD_SDIS
- ☐ Refractory anemia with excess blasts-1 (RAEB-1) (61)
- ☐ Refractory anemia with excess blasts-2 (RAEB-2) (62)
- ☐ Refractory cytopenia with multilineage dysplasia (RCMD) (64)
- ☐ Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
- ☐ Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66)
- ☐ Myelodysplastic syndrome (MDS), unclassifiable (50)
- ☐ Chronic neutrophilic leukemia (165)
- ☐ Chronic eosinophilic leukemia, NOS (166)
- ☐ Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58)
- ☐ Polycythemia vera (PCV) (57)
- ☐ Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
- ☐ Mastocytosis (1451)
- ☐ 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)
- ☐ Chronic myelomonocytic leukemia (CMMoL) (54)
- ☐ Juvenile myelomonocytic leukemia (JMML / JCML) (no evidence of Ph[1] or BCR / ABL) (36) ***- Go to question 212***
- ☐ Atypical chronic myeloid leukemia (aCML), BCR-ABL1- (1440) ***- Go to question 265***
- ☐ MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452)
- ☐ Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69)

168. Was the disease (MDS / MPN) therapy related? MDSRXREL MDSRXREL **1** ☐ Yes **0** ☐ No **8** ☐ Unknown

169. Did the recipient have a predisposing condition?

**1** ☐ Yes → **0** ☐ No **8** ☐ Unknown

PREDISP
PREDISP

170. Specify condition PREDCOND PREDCOND

- **4** ☐ Aplastic anemia CD_PREDCOND
- **2** ☐ Bloom syndrome **5=Neurofibromatosis type1**
- **3** ☐ Down syndrome **8=Unknown 9=Not answered**
- **1** ☐ Fanconi anemia
- **7** ☐ Other condition →

171. Specify other condition:: PREDOTSP PREDOTSP

End Table TED_DISEASE

**Laboratory Studies at Diagnosis of MDS:**

172. WBC WBCDXKNW WBCDXKNW

**1** ☐ Known → **8** ☐ Unknown

CD_KNWUNK

173. WBCDX WBCDX ___ • ___ ☐ x $10^9$/L (x $10^3$/mm$^3$) **1** ☐ x $10^6$/L **2** WBCDXUNT

WBCDXUNT

CD_WBCUNIT

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

174. Hemoglobin HBDXKNW HBDXKNW
1 ☐ Known → 175. HBDX HBDX ___ ___ ☐ g/dL (1) ☐ g/L (2) ☐ mmol/L (3) HBDXUNIT HBDXUNIT CD_HBUNIT
8 ☐ Unknown
CD_KNWUNK
176. Was RBC transfused ≤ 30 days before date of test? HBTFDX HBTFDX 1 ☐ Yes 0 ☐ No

PLTDXKNW
177. Platelets PLTDXKNW
1 ☐ Known → 178. PLATEDX PLATEDX ☐ x $10^9$/L (x $10^3$/$mm^3$) (1) ☐ x $10^6$/L (2) PLADXUNT PLADXUNT CD_WBCUNIT
8 ☐ Unknown
179. Were platelets transfused ≤ 7 days before date of test? PLATFDX PLATFDX 1 ☐ Yes 0 ☐ No

180. Neutrophils NTRDXKNW NTRDXKNW
1 ☐ Known → 181. ___ ___% NEUTRODX NEUTRODX
8 ☐ Unknown

182. Blasts in bone marrow BBMDXKNW BBMDXKNW
1 ☐ Known → 183. BLBMDX % BLBMDX
8 ☐ Unknown

184. Were cytogenetics tested (karyotyping or FISH)? End Table TED_MDS_DXPR
1 ☐ Yes → Start Table TED_MDS_CYDX
0 ☐ No
8 ☐ Unknown
MCYTOGDX
MCYTOGDX
(TED_DISEASE_PR)

185. Results of tests: CYTRSLDX CYTRSLDX MCYTRSLDX (For MDS only)
1 ☐ Abnormalities identified
2 ☐ No evaluable metaphases
3 ☐ No abnormalities
CD_CYTRSLDX
7=Not tested at this timepoint(2011V2)
0=NMDP code

**Specify abnormalities identified at diagnosis:**

186. Specify number of distinct cytogenetic abnormalities:
1 ☐ One (1) NUMCYTDX NUMCYTDX
2 ☐ Two (2) CD_TED_NUMCYTDX
3 ☐ Three (3) 8=Unknown 9=Not answered
4 ☐ Four or more (4 or more)

**Monosomy**

MONO5DX MONO5DX 187. –5 MMONO5DX 1 ☐ Yes 0 ☐ No
MONO7DX MONO7DX 188. –7 MMONO7DX 1 ☐ Yes 0 ☐ No
MONO13DX MONO13DX 189. –13 1 ☐ Yes 0 ☐ No
MONO20DX MONO20DX 190. –20 1 ☐ Yes 0 ☐ No
MONOYDX MONOYDX 191. –Y MMONOYDX 1 ☐ Yes 0 ☐ No

**Trisomy**

TRIS8DX TRIS8DX 192. +8 MTRIS8DX 1 ☐ Yes 0 ☐ No
TRIS19DX TRIS19DX 193. +19 1 ☐ Yes 0 ☐ No

**Translocation**

T13DX T13DX 194. t(1;3) 1 ☐ Yes 0 ☐ No
T211DX T211DX 195. t(2;11) 1 ☐ Yes 0 ☐ No
T33DX T33DX 196. t(3;3) MT33DX 1 ☐ Yes 0 ☐ No
T321DX T321DX 197. t(3;21) 1 ☐ Yes 0 ☐ No
T69DX T69DX 198. t(6;9) MT69DX 1 ☐ Yes 0 ☐ No

T1116DX T1116DX 199. t(11;16) 1 ☐ Yes 0 ☐ No

**Deletion**

DEL3QDX DEL3QDX 200. del(3q) / 3q- MDEL3QDX 1 ☐ Yes 0 ☐ No

DEL5QDX DEL5QDX 201. del(5q) / 5q- MDEL5QDX 1 ☐ Yes 0 ☐ No

DEL7QDX DEL7QDX 202. del(7q) / 7q- MDEL7QDX 1 ☐ Yes 0 ☐ No

DEL9QDX DEL9QDX 203. del(9q) / 9q- MDEL9QDX 1 ☐ Yes 0 ☐ No

DEL11QDX DEL11QDX 204. del(11q) / 11q- MDEL11QDX 1 ☐ Yes 0 ☐ No

DEL12QDX DEL12PDX 205. del(12p) / 12p- 1 ☐ Yes 0 ☐ No

DEL13QDX DEL13QDX 206. del(13q) / 13q- 1 ☐ Yes 0 ☐ No

DEL20QDX DEL20QDX 207. del(20q) / 20q- MDEL20QDX 1 ☐ Yes 0 ☐ No

**Inversion**

INV3DX INV3DX 208. inv(3) MINV3DX 1 ☐ Yes 0 ☐ No

**Other**

OTI17QDX OTI17QDX 209. i17q 1 ☐ Yes 0 ☐ No

OABDX OABDX 210. Other abnormality MOABDX 1 ☐ Yes → 0 ☐ No

MOABDXSP

211. Specify other abnormality: OABDXSP OABDXSP

End Table TED_MDS_CYDX

Start Table TED_DISEASE

212. Did the recipient progress or transform to a different MDS / MPN subtype between diagnosis and the start of the preparative regimen?

1 ☐ Yes → 0 ☐ No

FABTRANS FABTRANS

213. Specify the MDS / MPN subtype after transformation: FABPR FABPR CD_SDIS

- ☐ Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51) ***- Go to question 214***
- ☐ Refractory anemia with ringed sideroblasts (RARS) (55) ***- Go to question 214***
- ☐ Refractory anemia with excess blasts-1 (RAEB-1) (61) ***- Go to question 214***
- ☐ Refractory anemia with excess blasts-2 (RAEB-2) (62) ***- Go to question 214***
- ☐ Refractory cytopenia with multilineage dysplasia (RCMD) (64) ***- Go to question 214***
- ☐ Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68) ***- Go to question 214***
- ☐ Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66) ***- Go to question 214***
- ☐ Myelodysplastic syndrome (MDS), unclassifiable (50) ***- Go to question 214***
- ☐ Chronic neutrophilic leukemia (165) ***- Go to question 214***
- ☐ Chronic eosinophilic leukemia, NOS (166) ***- Go to question 214***
- ☐ Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58) ***- Go to question 214***
- ☐ Polycythemia vera (PCV) (57) ***- Go to question 214***
- ☐ Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis / sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167) ***- Go to question 214***
- ☐ Mastocytosis (1451)
- ☐ Myeloproliferative neoplasm (MPN), unclassifiable (60) ***- Go to question 214***
- ☐ 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)

☐ Chronic myelomonocytic leukemia (CMMoL) (54) ***- Go to question 214***
☐ Atypical chronic myeloid leukemia (aCML), BCR-ABL1- (1440)– Go to question 265
☐ MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452)
☐ Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) ***- Go to question 214***
☐ Transformed to AML (70) ***- Go to question 215***

214. Specify the date of the most recent transformation:
FTRANSDT FTRANSDT FTRANSDT
___ ___ ___ ___ ___ ___ ***- Go to question 216***
YYYY MM DD

215. Date of MDS diagnosis: MDSDXDT MDSDXDT MDSDXDT
___ ___ ___ ___ ___ ___ ***- Go to signature line***
YYYY MM DD

Start Table TED_MDS_DXPR

**Laboratory studies at last evaluation prior to the start of the preparative regimen:**

216. WBC WBCPRKNW WBCPRKNW
**1** ☐ Known → 217. WBCPR WBCPR • **1** ☐ x $10^9$/L (x $10^3$/mm$^3$) **2** ☐ x $10^6$/L WBCPRUNT WBCPRUNT
**8** ☐ Unknown

CD_WBCUNIT

218. Hemoglobin HBPRKNW HBPRKNW
**1** ☐ Known → 219. HBPR HBPR **1** ☐ g/dL **2** ☐ g/L **3** ☐ mmol/L HBPRUNIT HBPRUNIT
**8** ☐ Unknown 220. Was RBC transfused ≤ 30 days before date of test? **1** ☐ Yes **0** ☐ No HBTFPR HBTFPR

CD_HBUNIT

221. Platelets PLTPRKNW PLTPRKNW
**1** ☐ Known → 222. PLATEPR PLATEPR **1** ☐ x $10^9$/L (x $10^3$/mm$^3$) **2** ☐ x $10^6$/L PLAPRUNT PLAPRUNT
**8** ☐ Unknown 223. Were platelets transfused ≤ 7 days before date of test? PLATFPR PLATFPR **1** ☐ Yes **0** ☐ No

CD_WBCUNIT

224. Neutrophils NTRPRKNW NTRPRKNW
**1** ☐ Known → 225. ___ ___% NEUTROPR NEUTROPR
**8** ☐ Unknown

226. Blasts in bone marrow BBMPRKNW BBMPRKNW
**1** ☐ Known → 227. ___ ___ ___ % BLBMPR BLBMPR
**8** ☐ Unknown

End Table TED_MDS_DXPR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

228. Were cytogenetics tested (karyotyping or FISH)?
**1** ☐ Yes → Start Table TED_MDS_CYPR
**0** ☐ No
**8** ☐ Unknown
MCYTOGPR
MCYTOGPR
(TED_DISEASE_PR)

229. Results of tests: CYTRSLPR CYTRSLPR MCYTRSLPR (For MDS only)
**1** ☐ Abnormalities identified → CD_CYTRSLDX
**2** ☐ No evaluable metaphases
**3** ☐ No abnormalities
**7=Not tested at this timepoint(2011V2)**
**0=NMDP code**

**Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:**

CD_TED_NUMCYTDX
NUMCYTPR 230. Specify number of distinct cytogenetic abnormalities: **8=Unknown** **9=Not answered**
NUMCYTPR **1** ☐ One (1) **2** ☐ Two (2) **3** ☐ Three (3) **4** ☐ Four or more (4 or more)

**Monosomy**

MONO5PR MONO5PR 231. –5 MMONO5PR **1** ☐ Yes **0** ☐ No
MONO7PR MONO7PR 232. –7 MMONO7PR **1** ☐ Yes **0** ☐ No
MONO13PR MONO13PR 233. –13 **1** ☐ Yes **0** ☐ No
MONO20PR MONO20PR 234. –20 **1** ☐ Yes **0** ☐ No
MONOYPR MONOYPR 235. –Y MMONOYPR **1** ☐ Yes **0** ☐ No

**Trisomy**

TRIS8PR TRIS8PR 236. +8 MTRIS8PR **1** ☐ Yes **0** ☐ No
TRIS19PR TRIS19PR 237. +19 **1** ☐ Yes **0** ☐ No

**Translocation**

T13PR T13PR 238. t(1;3) **1** ☐ Yes **0** ☐ No
T211PR T211PR 239. t(2;11) **1** ☐ Yes **0** ☐ No
T33PR T33PR 240. t(3;3) MT33PR **1** ☐ Yes **0** ☐ No
T321PR T321PR 241. t(3;21) **1** ☐ Yes **0** ☐ No
T69PR T69PR 242. t(6;9) MT69PR **1** ☐ Yes **0** ☐ No
T1116PR T1116PR 243. t(11;16) **1** ☐ Yes **0** ☐ No

**Deletion**

DEL3QPR DEL3QPR 244. del(3q) / 3q- MDEL3QPR **1** ☐ Yes **0** ☐ No
DEL5QPR DEL5QPR 245. del(5q) / 5q- MDEL5QPR **1** ☐ Yes **0** ☐ No
DEL7QPR DEL7QPR 246. del(7q) / 7q- MDEL7QPR **1** ☐ Yes **0** ☐ No
DEL9QPR DEL9QPR 247. del(9q) / 9q- MDEL9QPR **1** ☐ Yes **0** ☐ No
DEL11QPR DEL11QPR 248. del(11q) / 11q- MDEL11QPR **1** ☐ Yes **0** ☐ No
DEL12QPR DEL12PPR 249. del(12p) / 12p- **1** ☐ Yes **0** ☐ No
DEL13QPR DEL13QPR 250. del(13q) / 13q- **1** ☐ Yes **0** ☐ No
DEL20QPR DEL20QPR 251. del(20q) / 20q- MDEL20QPR **1** ☐ Yes **0** ☐ No

**Inversion**

INV3PR INV3PR 252. inv(3) MINV3PR **1** ☐ Yes **0** ☐ No

**Other**

OTI17QPR OTI17QPR 253. i17q **1** ☐ Yes **0** ☐ No
OABPR OABPR 254. Other abnormality MOABPR **1** ☐ Yes → **0** ☐ No
MOABPRSP
255. Specify other abnormality: OABPRSP OABPRSP

End Table TED_MDS_CYPR

**Status at Transplantation** Start Table TED_DISEASE_PR

256. What was the disease status? MDSSTAPR MDSSTAPR CD_MDS_BRESP

**1** ☐ Complete remission (CR) **– requires all of the following, maintained for ≥ 4 weeks: * bone marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines * peripheral blood evaluation: hemoglobin ≥ 11 g/dL untransfused and without erythropoietin support; ANC ≥ 1000/mm³ without myeloid growth factor support; platelets ≥ 100 x 10⁹/L without thrombopoietic support; 0% blasts** - ***Go to question 260***

**2** ☐ Hematologic improvement (HI) **– requires one measurement of the following, maintained for ≥ 8 weeks without ongoing cytotoxic therapy; specify which cell line was measured to determine HI response: * HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks * HI-P – for pre-treatment platelet count of > 20 x 10⁹/L, platelet absolute increase of ≥ 30 x 10⁹/L; for pre-treatment platelet count of < 20 x 10⁹/L, platelet absolute increase of ≥ 20 x 10⁹/L and ≥ 100% from pre-treatment level * HI-N – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³** - ***Go to question 257***

**3** ☐ No response (NR)/stable disease (SD) **– does not meet the criteria for at least HI, but no evidence of disease progression** - ***Go to question 260***

**4** ☐ Progression from hematologic improvement (Prog from HI) **– requires at least one of the following, in the absence of another explanation (e.g., infection, bleeding, ongoing chemotherapy, etc.): * ≥ 50% reduction from maximum response levels in granulocytes or platelets * reduction in hemoglobin by ≥ 1.5 g/dL *transfusion dependence** - ***Go to question 258***

**5** ☐ Relapse from complete remission (Rel from CR) **– requires at least one of the following: * return to pre-treatment bone marrow blast percentage * decrease of ≥ 50% from maximum response levels in granulocytes or platelets * transfusion dependence, or hemoglobin level ≥ 1.5 g/dL lower than prior to therapy** - ***Go to question 259***

**7** ☐ Not assessed - ***Go to signature line***

CELINEPR 257. Specify the cell line examined to determine HI status CD_MDS_CELLLINE

CELINEPR

**1** ☐ HI-E **– hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks** - ***Go to question 260***

**2** ☐ HI-P **– for pre-treatment platelet count of > 20 x 10⁹/L, platelet absolute increase of ≥ 30 x 10⁹/L; for pre-treatment platelet count of < 20 x 10⁹/L, platelet absolute increase of ≥ 20 x 10⁹/L and ≥ 100% from pre-treatment level** - ***Go to question 260***

**3** ☐ HI-N **– neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³** - ***Go to question 260*** **8=Unknown** **9=Not answered**

258. Date of progression: RELDTPR RELDTPR ___ (YYYY MM DD) - ***Go to question 260***

259. Date of relapse: RELDTPR RELDTPR ___ (YYYY MM DD) - ***Go to question 260***

260. Date assessed: MDASDTPR MDASDTPR (YYYY MM DD) ***Go to signature line***

End Table TED_DISEASE_PR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Other Leukemia (OL)** 30

Start Table TED_DISEASE

261. Specify the other leukemia classification: SUBDIS SUBDIS1 SUBDIS2

- ☐ Chronic lymphocytic leukemia (CLL), NOS (34) - ***Go to question 263*** CD_SDIS
- ☐ Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) - ***Go to question 263***
- ☐ Hairy cell leukemia (35) - ***Go to question 266***
- ☐ Hairy cell leukemia variant (75) - ***Go to question 266***
- ☐ Monoclonal B-cell lymphocytosis (76) - ***Go to signature line***
- ☐ Prolymphocytic leukemia (PLL), NOS (37) - ***Go to question 263***
- ☐ PLL, B-cell (73) - ***Go to question 263***
- ☐ PLL, T-cell (74) - ***Go to question 263***
- ☐ Other leukemia, NOS (30) - ***Go to question 265*** SDIS1SP2 SDIS2SP2
- ☐ Other leukemia (39) - ***Go to question 262*** SDIS1SP SDIS2SP

262. Specify other leukemia: SDIS1SP SDIS2SP _____ End Table TED_DISEASE ***…estion 265***

Start Table TED_DISEASE_PR

263. Was any 17p abnormality detected? CLL17PAB CLL17PAB

- **1** ☐ Yes - ***If disease classification is CLL, go to question 264. If PLL, go to question 266.***
- **0** ☐ No

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

- **1** ☐ Yes - ***Go to question 271 – Also complete NHL Disease Classification questions***
- **0** ☐ No - ***Go to question 266***

**Status at transplantation:**

265. What was the disease status? (Atypical CML) ALKSTAPR ALKSTAPR

- **0** ☐ Primary induction failure - ***Go to question 267*** CD_ALKSTAPR
- **1** ☐ 1st complete remission (no previous bone marrow or extramedullary relapse) - ***Go to question 267***
- **2** ☐ 2nd complete remission - ***Go to question 267***
- **13** ☐ ≥ 3rd complete remission - ***Go to question 267***
- **5** ☐ 1st relapse - ***Go to question 267***
- **16** ☐ 2nd relapse - ***Go to question 267***
- **17** ☐ ≥ 3rd relapse - ***Go to question 267***
- **18** ☐ No treatment - ***Go to signature line***

**3=3rd complete remission (095AML)**
**4=>= 4th complete remission (095AML)**
**6=>= 2nd relapse (095AML)**
**11=complete remission (2400v2 Q185 CR)**
**15=Relapse (2400v2 Q185 Relapse)**
**66=Check IBMTR DISTATPR 88=Unknown 99=Not answered**

266. What was the disease status? (CLL, PLL, Hairy cell leukemia)

- **2** ☐ Complete remission (CR) - ***Go to question 267*** OLKSTAPR OLKSTAPR
- **4** ☐ Partial remission (PR) - ***Go to question 267*** CD_TED_OLKSTAPR
- **5** ☐ Stable disease (SD) - ***Go to question 267***
- **6** ☐ Progressive disease (Prog) - ***Go to question 267***
- **1** ☐ Untreated - ***Go to question 267***
- **77** ☐ Not assessed - ***Go to signature line***

**3=nodular Partial Remission (nPR)**
**7=Relapse (untreated)**
**66=Check IBMTR DISTATPR**
**88=Unknown**
**99=Not answered**

RASSDTPR

267. Date assessed: RASSDTPR __ __ __ __ / __ __ / __ __ - ***Go to signature line***
YYYY MM DD

End Table TED_DISEASE_PR

**Hodgkin and Non-Hodgkin Lymphoma** 150 Start Table TED_DISEASE

268. Specify the lymphoma histology: (at infusion) SUBDIS SUBDIS1 SUBDIS2 CD_SDIS

**Hodgkin Lymphoma Codes**

- ☐ 150 Hodgkin lymphoma, not otherwise specified (150)
- ☐ 154 Lymphocyte depleted (154)
- ☐ 151 Lymphocyte-rich (151)
- ☐ 153 Mixed cellularity (153)
- ☐ 155 Nodular lymphocyte predominant Hodgkin lymphoma (155)
- ☐ 152 Nodular sclerosis (152)

**Non-Hodgkin Lymphoma Codes**

- ☐ B-cell Neoplasms
- ☐ ALK+ large B-cell lymphoma (1833)
- ☐ B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)
- ☐ Burkitt lymphoma (111)
- ☐ Burkitt-like lymphoma with 11q aberration (1834)
- ☐ Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) ***- Go to question 270***
- ☐ Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820) ***- Go to question 270***
- ☐ Diffuse large B-cell Lymphoma (cell of origin unknown) (107)
- ☐ DLBCL associated with chronic inflammation (1825)
- ☐ Duodenal-type follicular lymphoma (1815)
- ☐ EBV+ DLBCL, NOS (1823)
- ☐ EBV+ mucocutaneous ulcer (1824)
- ☐ Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
- ☐ Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
- ☐ Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
- ☐ Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
- ☐ Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)
- ☐ Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
- ☐ Follicular (grade unknown) (164)
- ☐ HHV8+ DLBCL, NOS (1826)
- ☐ High-grade B-cell lymphoma, with MYC and BCL2 and/or BCL6 rearrangements (1831)
- ☐ High-grade B-cell lymphoma, NOS (1830)
- ☐ Intravascular large B-cell lymphoma (136)
- ☐ Large B-cell lymphoma with IRF4 rearrangement (1832)
- ☐ Lymphomatoid granulomatosis (1835)
- ☐ Mantle cell lymphoma (115)
- ☐ Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
- ☐ Pediatric nodal marginal zone lymphoma (1813)
- ☐ Pediatric-type follicular lymphoma (1816)
- ☐ Plasmablastic lymphoma (1836)
- ☐ Primary cutaneous DLBCL, leg type (1822)
- ☐ Primary cutaneous follicle center lymphoma (1817)
- ☐ Primary diffuse, large B-cell lymphoma of the CNS (118)

- ☐ Primary effusion lymphoma (138)
- ☐ Primary mediastinal (thymic) large B-cell lymphoma (125)
- ☐ Splenic B-cell lymphoma/leukemia, unclassifiable (**1811**)
- ☐ Splenic diffuse red pulp small B-cell lymphoma (**1812**)
- ☐ Splenic marginal zone B-cell lymphoma (124)
- ☐ T-cell / histiocytic rich large B-cell lymphoma (120)
- ☐ Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)
- ☐ Other B-cell lymphoma (129) ***- Go to question 269***

**T-cell and NK-cell Neoplasms**

- ☐ Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
- ☐ Aggressive NK-cell leukemia (27)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
- ☐ Angioimmunoblastic T-cell lymphoma (131)
- ☐ Breast implant–associated anaplastic large-cell lymphoma (**1861**)
- ☐ Chronic lymphoproliferative disorder of NK cells (**1856**)
- ☐ Enteropathy-type T-cell lymphoma (133)
- ☐ Extranodal NK / T-cell lymphoma, nasal type (137)
- ☐ Follicular T-cell lymphoma (**1859**)
- ☐ Hepatosplenic T-cell lymphoma (145)
- ☐ Indolent T-cell lymphoproliferative disorder of the GI tract (**1858**)
- ☐ Monomorphic epitheliotropic intestinal T-cell lymphoma (**1857**)
- ☐ Mycosis fungoides (141)
- ☐ Nodal peripheral T-cell lymphoma with TFH phenotype (**1860**)
- ☐ Peripheral T-cell lymphoma (PTCL), NOS (130)
- ☐ Primary cutaneous acral CD8+ T-cell lymphoma (**1853**)
- ☐ Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (**1854**)
- ☐ Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (**1852**)
- ☐ Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
- ☐ Primary cutaneous γδ T-cell lymphoma (**1851**)
  Sezary syndrome (142)
- ☐ Subcutaneous panniculitis-like T-cell lymphoma (146)
- ☐ Systemic EBV+ T-cell lymphoma of childhood (**1855**)
- ☐ T-cell large granular lymphocytic leukemia (126)
- ☐ Other T-cell / NK-cell lymphoma (139) - ***Go to question 269***

**Posttransplant lymphoproliferative disorders (PTLD)**

- ☐ Classical Hodgkin lymphoma PTLD (**1876**)
- ☐ Florid follicular hyperplasia PTLD (**1873**)
- ☐ Infectious mononucleosis PTLD (**1872**)
- ☐ Monomorphic PTLD (B- and T-/NK-cell types) (**1875**)
- ☐ Plasmacytic hyperplasia PTLD (**1871**)
- ☐ Polymorphic PTLD (**1874**)

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___

SDIS1SP SDIS2SP

SDIS1SP2 SDIS2SP2

269. Specify other lymphoma histology: SDIS1SP SDIS2SP - ***Go to question 271***

DLBCLBAS
DLBCLBAS

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

**1** ☐ Immunohistochemistry (e.g. Han's algorithm) **2** ☐ Gene expression profile **8** ☐ Unknown method

CD_LYM_DLBCLBAS

Start Table TED_DISEASE_PR

End Table TED_DISEASE

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

**1** ☐ Yes
**0** ☐ No

CLLTF CLLTF

272. Was any 17p abnormality detected? LYM17PAB
LYM17PAB

**1** ☐ Yes **0** ☐ No

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

**1** ☐ Yes
**0** ☐ No

HISTRANS
HISTRANS

274. Specify the original lymphoma histology: (prior to transformation) LYMDISDX
LYMDISDX

**Hodgkin Lymphoma Codes** CD_SDIS

- ☐ Hodgkin lymphoma, not otherwise specified (150)
- ☐ Lymphocyte depleted (154)
- ☐ Lymphocyte-rich (151)
- ☐ Mixed cellularity (153)
- ☐ Nodular lymphocyte predominant Hodgkin lymphoma (155)
- ☐ Nodular sclerosis (152)

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☐ Primary cutaneous γδ T-cell lymphoma (1851)
☐ Sezary syndrome (142)
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☐ Systemic EBV+ T-cell lymphoma of childhood (1855)
☐ T-cell large granular lymphocytic leukemia (126)
☐ Other T-cell / NK-cell lymphoma (139) ***- Go to question 269***

**Posttransplant lymphoproliferative disorders (PTLD)**

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☐ Infectious mononucleosis PTLD (1872)
☐ Monomorphic PTLD (B- and T-/NK-cell types) (1875)
☐ Plasmacytic hyperplasia PTLD (1871)
☐ Polymorphic PTLD (1874)

275. Specify other lymphoma histology: DISDXSP DISDXSP

276. Date of original lymphoma diagnosis: LYMDXDT LYMDXDT
__ __ __ __ __ __ __ __
YYYY MM DD

**(report the date of diagnosis of original lymphoma subtype)**

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

**1** ☐ Yes →
**0** ☐ No

PETSCAPR
PETSCAPR

278. Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site? PETPOSPR PETPOSPR
**1** ☐ Yes **0** ☐ No

279. Date of PET scan PETDTKNW PETDTKNW
**1** ☐ Known →
**8** ☐ Unknown

280. Date of PET (or PET/CT) scan : PETSDTPR PETSDTPR
__ __ __ __ __ __ __ __
YYYY MM DD

281. Deauville (five-point) score of the PET (or PET/CT) scan
**1** ☐ Known →
**8** ☐ Unknown

PETDEUKW
PETDKUKW

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

**Status at transplantation / infusion:** (Table TED_DISEASE_PR)

283. What was the disease status? LYMSTAPR LYMSTAPR

**30** ☐ Disease untreated ***- Go to question 285*** CD_LYM_LYSTATPR

**1** ☐ PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment. ***- Go to question 284***

**2** ☐ PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment. ***- Go to question 284***

**0** ☐ PIF unk - Primary induction failure – sensitivity unknown ***- Go to question 284***

**3** ☐ CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to tra

**4** ☐ CR2 - 2nd complete remission ***- Go to question 284***

**5** ☐ CR3+ - 3rd or subsequent complete remission ***- Go to question 284***

**6** ☐ REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary re

**7** ☐ REL1 res - 1st relapse – resistant: stable or progressive disease with treatment ***- Go***

**8** ☐ REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achi

**41** ☐ REL1 unk - 1st relapse – sensitivity unknown ***- Go to question 284***

**9** ☐ REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary r

**10** ☐ REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment ***- Go***

**11** ☐ REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieve

**42** ☐ REL2 unk - 2nd relapse – sensitivity unknown ***- Go to question 284***

**12** ☐ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse ***- Go to question 284***

**13** ☐ REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment ***- Go to question 284***

**14** ☐ REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+) ***- Go to question 284***

**43** ☐ REL3+ unk - 3rd relapse or greater – sensitivity unknown ***- Go to question 284***

**31=CRU1 First compl.remission(h2018)**
**32=CRU2 2nd compl.remission undetermined(h2018)**
**33=CRU3+ 3rd or subseq CR undetermined(h2018)**
**34=CRU CR unconfirmed (2400v2 Q239)**
**35=CR confirmed (2400v2 Q239)**
**36=Rel (2400v2 Q239)**
**37=PR Pratial response (2400v2 Q239)**
**38=CR unknown confirmed/unconfirmed (PreReg 8/02)**
**40=PIF-untreated** ***Go to question 284***
**45=NMDP Compl remiss undetermined (Insert IX v1 5/95)**
**46=NMDP Partial remiss (Insert IX v1 5/95)**
**47=NMDP No resp/prog dis (Insert IX v1 5/95)**
**48=NMDP Not evaluable (Insert IX v1 5/95)**
**49=NMDP Active Disease(SF_1018 Q29 120v5)**
**66=Check IBMTR DISTATPR**

TOTNUMRX
TOTNUMRX 284. Total number of lines of therapy received: (between diagnosis and HCT / infusion)

**1** ☐ 1 line **2** ☐ 2 lines **3** ☐ 3+ lines CD_LYM_TOTNUMRX

RASSDTPR
RASSDTPR 285. Date assessed : __ __ __ __ / __ __ / __ __ ***- Go to signature line***
YYYY MM DD

End Table TED_ DIS_PR

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Multiple Myeloma / Plasma Cell Disorder (PCD) 170

286. Specify the multiple myeloma / plasma cell disorder (PCD) classification: SUBDIS SUBDIS1 SUBDIS2

181 ☐ Multiple myeloma-IgG (181) - ***Go to questions 279*** CD_SDIS (Table TED_DISEASE)
182 ☐ Multiple myeloma-IgA (182) - ***Go to questions 279***
183 ☐ Multiple myeloma-IgD (183) - ***Go to questions 279***
184 ☐ Multiple myeloma-IgE (184) - ***Go to questions 279***
185 ☐ Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185) - ***Go to questions 279***
186 ☐ Multiple myeloma-light chain only (186) - ***Go to questions 279***
187 ☐ Multiple myeloma-non-secretory (187) - ***Go to questions 280***
172 ☐ Plasma cell leukemia (172) - ***Go to question 285***
175 ☐ Solitary plasmacytoma (no evidence of myeloma) (175) - ***Go to question 285***
174 ☐ Amyloidosis (174) - ***Go to question 285***
176 ☐ Osteosclerotic myeloma / POEMS syndrome (176) - ***Go to question 285***
177 ☐ Light chain deposition disease (177) - ***Go to question 285***
179 ☐ Other plasma cell disorder (179) - ***Go to question 278***

287. Specify other plasma cell disorder: SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2 SDIS1SP SDIS2SP
- ***Go to question 285***

288. Light chain 1 ☐ kappa 2 ☐ lambda LCTYPE LCTYPE CD_TED_LCTYPE

MMSTAGDX MMSTAGDX 289. What was the Durie-Salmon staging? (at diagnosis) CD_TED_MMSTAGDX

1 ☐ 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 <4g/24h) - ***Go to questions 281***
2 ☐ Stage II (Fitting neither Stage I or Stage III) - ***Go to questions 281***
3 ☐ Stage III (One of 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 > 5g/dL; Bence Jones protein >12g/24h) - ***Go to questions 281***
8 ☐ Unknown - ***Go to questions 282***

MMCREADX MMCREADX 290. What was the Durie-Salmon sub classification? (at diagnosis) CD_TED_MMCREADX

1 ☐ A - relatively normal renal function (serum creatinine < 2.0 mg/dL)
2 ☐ B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)

**I.S.S.:**

SB2MDX SB2MDX 291. Serum β2-microglobulin: ___ ___ ___ • ___ ___ ___ SB2UNIDX SB2UNIDX 1 ☐ µg/dL 2 ☐ mg/L 3 ☐ nmol/L CD_SB2UNIT

SALBDX SALBDX 292. Serum albumin: ___ ___ • ___ 1 ☐ g/dL 2 ☐ g/L SALUNIDX SALUNIDX CD_HBUNIT

ISSSTAGE ISSSTAGE 293. Stage

1 ☐ 1 ($\beta_2$-mic < 3.5, S. albumin > 3.5) 2 ☐ 2 (Not fitting stage 1 or 3) 3 ☐ 3 ($\beta_2$-mic ≥ 5.5; S. albumin -)

CD_TED_ISSSTAGE

End Table TED _DISEASE

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

294. Were cytogenetics tested (karyotyping or FISH)? (Table TED_DISEASE_PR)

1 ☐ Yes → Start TED_MYE_CYTO
0 ☐ No
8 ☐ Unknown
CYTOTEST
CYTOTEST

295. Results of tests: CYTRSLAB CYTRSLAB
1 ☐ Abnormalities identified → CD_CYTRSLDX
2 ☐ No evaluable metaphases
3 ☐ No abnormalities

0=NMDP code 7=Not tested at this timepoint(2011V2)

**Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:**

**Trisomy**

| | | | |
|---|---|---|---|
| TRIS3AB | TRIS3AB | 296. +3 | 1 ☐ Yes 0 ☐ No |
| TRIS5AB | TRIS5AB | 297. +5 | 1 ☐ Yes 0 ☐ No |
| TRIS7AB | TRIS7AB | 298. +7 | 1 ☐ Yes 0 ☐ No |
| TRIS9AB | TRIS9AB | 299. +9 | 1 ☐ Yes 0 ☐ No |
| TRIS11AB | TRIS11AB | 300. +11 | 1 ☐ Yes 0 ☐ No |
| TRIS15AB | TRIS15AB | 301. +15 | 1 ☐ Yes 0 ☐ No |
| TRIS19AB | TRIS19AB | 302. +19 | 1 ☐ Yes 0 ☐ No |

**Translocation**

| | | | |
|---|---|---|---|
| T414AB | T414AB | 303. t(4;14) | 1 ☐ Yes 0 ☐ No |
| T614AB | T614AB | 304. t(6;14) | 1 ☐ Yes 0 ☐ No |
| T1114AB | T1114AB | 305. t(11;14) | 1 ☐ Yes 0 ☐ No |
| T1416AB | T1416AB | 306. t(14;16) | 1 ☐ Yes 0 ☐ No |
| T1420AB | T1420AB | 307. t(14;20) | 1 ☐ Yes 0 ☐ No |

**Deletion**

| | | | |
|---|---|---|---|
| DEL13QAB | DEL13QAB | 308. del(13q) / 13q- | 1 ☐ Yes 0 ☐ No |
| DEL17PAB | DEL17PAB | 309. del 17 / 17p- | 1 ☐ Yes 0 ☐ No |

**Other**

| | | | |
|---|---|---|---|
| OTHYPRAB | OTHYPRAB | 310. Hyperdiploid (>50) | 1 ☐ Yes 0 ☐ No |
| OTHYPOAB | OTHYPOAB | 311. Hypodiploid (<46) | 1 ☐ Yes 0 ☐ No |
| OTH1QAB | OTH1QAB | 312. Any abnormality at 1q | 1 ☐ Yes 0 ☐ No |
| OTH1PAB | OTH1PAB | 313. Any abnormality at 1p | 1 ☐ Yes 0 ☐ No |
| OABAB | OABAB | 314. Other abnormality | |

1 ☐ Yes → 315. Specify other abnormality: OABABSP OABABSP
0 ☐ No

End Table TED_MYE_CYTO

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Multiple Myeloma / Plasma Cell Disorder (PCD)

**Status at transplantation:**

MYESTAPR

316. What was the disease status? MYESTAPR CD_MYE_RESP (TED_DISEASE_PR)

**1** ☐ Stringent complete remission (sCR) **– CR as defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry or immunofluorescence (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the κ/λ ratio. An abnormal κ/λ ratio by immunohistochemistry and/ or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is κ/λ of > 4:1 or < 1:2.) sCR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy sCR requirements. *- Go to questions 317***

**2** ☐ Complete remission (CR) **– negative immunofixation on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and < 5% plasma cells in the bone marrow (confirmation with repeat bone marrow biopsy not needed). CR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy CR requirements. *- Go to questions 317***

**11** ☐ Near complete remission (nCR) **– serum and urine M-protein detectable by immunoelectrophoresis (IFE), but not on electrophoresis (negative SPEP & UPEP); < 5% plasma cells in bone marrow. nCR requires two consecutive assessments made at any time before the initiation of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy nCR requirements. *- Go to questions 317***

**3** ☐ Very good partial remission (VGPR) **– serum and urine M-protein detectable by immunofixation but not on electrophoresis, or ≥ 90% reduction in serum M-protein and urine M-protein level < 100 mg/24 hours. VGPR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements. *- Go to questions 317***

**4** ☐ Partial remission (PR) **– ≥ 50% reduction in serum M-protein, and reduction in 24-hour urinary M-protein by ≥ 90% or to < 200 mg/24 hours. If the serum and urine M-protein are unmeasurable (i.e., do not meet any of the following criteria: • serum M-protein ≥ 1 g/dL. Urine M-protein ≥ 200 mg/24 hours • serum free light chain assay shows involved level ≥ 10 mg/dL, provided serum free light chain ratio is abnormal), a ≥ 50% decrease in the difference between involved and uninvolved free light chain levels is required in place of the M-protein criteria. If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, a ≥ 50% reduction in plasma cells is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was ≥ 30%. In addition to the above listed criteria, a ≥ 50% reduction in the size of soft tissue plasmacytomas is also required, if present at baseline. PR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements. *- Go to questions 317***

**5** ☐ Stable disease (SD) **– not meeting the criteria for CR, VGPR, PR or PD. SD requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements. *- Go to questions 317***

**6** ☐ Progressive disease (PD) **– requires any one or more of the following: Increase of ≥ 25% from baseline in: serum M-component and/or (absolute increase ≥ 0.5 g/dL) (for progressive disease, serum M-component increases of ≥ 1 g/dL are sufficient to define relapse if the starting M-component is ≥ 5 g/dL). Urine M-component and/or (absolute increase ≥ 200 mg/24 hours) for recipients without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chain levels (absolute increase > 10 mg/dL). Bone marrow plasma cell percentage (absolute percentage ≥ 10%) (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) definite development of new bone lesions or soft tissue plasmacytomas, or definite increase in the size of any existing bone lesions or soft tissue plasmacytomas. Development of hypercalcemia (corrected serum calcium > 11.5 mg/dL or 2.65 mmol) that can be attributed solely to the plasma cell proliferative disorder PD requires two consecutive assessments made at any time before classification as disease progression, and/or the institution of any new therapy. *- Go to questions 317***

**7** ☐ Relapse from CR (Rel) (untreated) **– requires one or more of the following: reappearance of serum or urine M-protein by immunofixation or electrophoresis development of ≥ 5% plasma cells in the bone marrow (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) appearance of any other sign of progression (e.g., new plasmacytoma, lytic bone lesion, hypercalcemia) Rel requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy. *- Go to questions 317***

**88** ☐ Unknown *- signature line*

**80** ☐ Not applicable **– (Amyloidosis with no evidence of myeloma)** *- Go to signature line*

317. Date assessed: RASSDTPR __ __ __ __ / __ __ / __ __ *- Go to signature line*
RASSDTPR YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Solid Tumors** 200 Start Table TED_DISEASE

318. Specify the solid tumor classification: SUBDIS SUBDIS1 SUBDIS2

- ☐ Breast cancer (250) CD_SDIS
- ☐ Lung, small cell (202)
- ☐ Lung, non-small cell (203)
- ☐ Lung, not otherwise specified (230)
- ☐ Germ cell tumor, extragonadal (225)
- ☐ Testicular (210)
- ☐ Ovarian (epithelial) (214)
- ☐ Bone sarcoma (excluding Ewing family tumors) (273)
- ☐ Ewing family tumors of bone (including PNET) (275)
- ☐ Ewing family tumors, extraosseous (including PNET) (276)
- ☐ Fibrosarcoma (244)
- ☐ Hemangiosarcoma (246)
- ☐ Leiomyosarcoma (242)
- ☐ Liposarcoma (243)
- ☐ Lymphangio sarcoma (247)
- ☐ Neurogenic sarcoma (248)
- ☐ Rhabdomyosarcoma (232)
- ☐ Synovial sarcoma (245)
- ☐ Soft tissue sarcoma (excluding Ewing family tumors) (274)
- ☐ Central nervous system tumor, including CNS PNET (220)
- ☐ Medulloblastoma (226)
- ☐ Neuroblastoma (222)
- ☐ Head / neck (201)
- ☐ Mediastinal neoplasm (204)
- ☐ Colorectal (228)
- ☐ Gastric (229)
- ☐ Pancreatic (206)
- ☐ Hepatobiliary (207)
- ☐ Prostate (209)
- ☐ External genitalia (211)
- ☐ Cervical (212)
- ☐ Uterine (213)
- ☐ Vaginal (215)
- ☐ Melanoma (219)
- ☐ Wilm tumor (221)
- ☐ Retinoblastoma (223)
- ☐ Thymoma (231)
- ☐ Renal cell (208)
- ☐ Other solid tumor (269) → 319. Specify other solid tumor: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2
- ☐ Solid tumor, not otherwise specified (200)

***- Go to signature line***

## Severe Aplastic Anemia 300

320. Specify the severe aplastic anemia classification SUBDIS SUBDIS1 SUBDIS2

- ☐ Acquired severe aplastic anemia, not otherwise specified (301) CD_SDIS
- ☐ Acquired SAA secondary to hepatitis (302)
- ☐ Acquired SAA secondary to toxin / other drug (303)
- ☐ Acquired amegakaryocytosis (not congenital) (304)
- ☐ Acquired pure red cell aplasia (not congenital) (306)
- ☐ Dyskeratosis congenita (307)
- ☐ Other acquired cytopenic syndrome (309) →

***- Go to signature line***

321. Specify other acquired cytopenic syndrome: SDIS1SP SDIS2SP
SDIS1SP – SDIS2SP
SDIS1SP2 SDIS2SP2

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Inherited Abnormalities of Erythrocyte Differentiation or Function 310

322. Specify the inherited abnormalities of erythrocyte differentiation or function classification SUBDIS SUBDIS1 SUBDIS2

- ☐ Paroxysmal nocturnal hemoglobinuria (PNH) (56) CD_SDIS
- ☐ Shwachman-Diamond (305)
- ☐ Diamond-Blackfan anemia (pure red cell aplasia) (312)
- ☐ Other constitutional anemia (319) → 323. Specify other constitutional anemia: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2
- ☐ Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease).
- ☐ Sickle thalassemia (355)
- ☐ Sickle cell disease (356)
- ☐ Beta thalassemia major (357)
- ☐ Other hemoglobinopathy (359) → 324. Specify other hemoglobinopathy: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

***- Go to signature line***

## Disorders of the Immune System 400

325. Specify disorder of immune system classification SUBDIS SUBDIS1 SUBDIS2

- ☐ Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401) CD_SDIS
- ☐ 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) → 326. Specify other SCID: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2
- ☐ 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)
- ☐ Kostmann agranulocytosis (congenital neutropenia) (460)
- ☐ Neutrophil actin deficiency (461)
- ☐ Cartilage-hair hypoplasia (462)
- ☐ CD40 ligand deficiency (464)
- ☐ Other immunodeficiencies (479) → 327. Specify other immunodeficiency: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2
- ☐ Immune deficiency, not otherwise specified (400)
- ☐ Chediak-Higashi syndrome (456)
- ☐ Griscelli syndrome type 2 (465)
- ☐ Hermansky-Pudlak syndrome type 2 (466)
- ☐ Chronic granulomatous disease (455)
- ☐ Wiskott-Aldrich syndrome (453)
- ☐ X-linked lymphoproliferative syndrome (458)

***- Go to signature line***

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Inherited Abnormalities of Platelets 500

328. Specify inherited abnormalities of platelets classification SUBDIS SUBDIS1 SUBDIS2

- ☐ Congenital amegakaryocytosis / congenital thrombocytopenia (501) CD_SDIS
- ☐ Glanzmann thrombasthenia (502)
- ☐ Other inherited platelet abnormality (509) → 329. Specify other inherited platelet abnormality SDIS1SP SDIS2SP SDIS1SP — SDIS2SP SDIS1SP2 – SDIS2SP2

***- Go to signature line***

## Inherited Disorders of Metabolism 520

330. Specify inherited disorders of metabolism classification SUBDIS SUBDIS1

- ☐ Osteopetrosis (malignant infantile osteopetrosis) (521) CD_SDIS

**Leukodystrophies**

- ☐ Metachromatic leukodystrophy (MLD) (542)
- ☐ Adrenoleukodystrophy (ALD) (543)
- ☐ Krabbe disease (globoid leukodystrophy) (544)
- ☐ Lesch-Nyhan (HGPRT deficiency) (522)
- ☐ Neuronal ceroid lipofuscinosis (Batten disease) (523)

**Mucopolysaccharidoses**

- ☐ Hurler syndrome (IH) (531)
- ☐ Scheie syndrome (IS) (532)
- ☐ Hunter syndrome (II) (533)
- ☐ Sanfilippo (III) (534)
- ☐ Morquio (IV) (535)
- ☐ Maroteaux-Lamy (VI) (536)
- ☐ β-glucuronidase deficiency (VII) (537)
- ☐ Mucopolysaccharidosis (V) (538)
- ☐ Mucopolysaccharidosis, not otherwise specified (530)

**Mucolipidoses**

- ☐ Gaucher disease (541)
- ☐ Niemann-Pick disease (545)
- ☐ I-cell disease (546)
- ☐ Wolman disease (547)
- ☐ Glucose storage disease (548)
- ☐ Mucolipidoses, not otherwise specified (540)

**Polysaccharide hydrolase abnormalities**

- ☐ Aspartyl glucosaminidase (561)
- ☐ Fucosidosis (562)
- ☐ Mannosidosis (563)
- ☐ Polysaccharide hydrolase abnormality, not otherwise specified (560)
- ☐ Other inherited metabolic disorder (529) →
- ☐ Inherited metabolic disorder, not otherwise specified (520)

331. Specify other inherited metabolic disorder: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

***- Go to signature line***

## Histiocytic disorders 570

332. Specify histiocytic disorder classification SUBDIS SUBDIS1 SUBDIS2

- ☐ Hemophagocytic lymphohistiocytosis (HLH) (571) CD_SDIS
- ☐ Langerhans cell histiocytosis (histiocytosis-X) (572)
- ☐ Hemophagocytosis (reactive or viral associated) (573)
- ☐ Malignant histiocytosis (574)
- ☐ Other histiocytic disorder (579) → 333. Specify other histiocytic disorder: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2
- ☐ Histiocytic disorder, not otherwise specified (570)

***- Go to signature line***

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Autoimmune Diseases 600

334. Specify autoimmune disease classification SUBDIS SUBDIS1 SUBDIS2 CD_SDIS

**Arthritis**

- ☐ Rheumatoid arthritis (603)
- ☐ Psoriatic arthritis/psoriasis (604)
- ☐ Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)
- ☐ Juvenile idiopathic arthritis (JIA): oligoarticular (641)
- ☐ Juvenile idiopathic arthritis (JIA): polyarticular (642)
- ☐ Juvenile idiopathic arthritis (JIA): other (643) →
  335. Specify other juvenile idiopathic arthritis (JIA): SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2 SDIS1SP SDIS2SP
- ☐ Other arthritis (633) →
  336. Specify other arthritis: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

**Multiple sclerosis**

- ☐ Multiple sclerosis (602)

**Connective tissue diseases**

- ☐ Systemic sclerosis (scleroderma) (607)
- ☐ Systemic lupus erythematosis (SLE) (605)
- ☐ Sjögren syndrome (608)
- ☐ Polymyositis/dermatomyositis (606)
- ☐ Antiphospholipid syndrome (614)
- ☐ Other connective tissue disease (634) →
  337. Specify other connective tissue disease: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

**Vasculitis**

- ☐ Wegener granulomatosis (610)
- ☐ Classical polyarteritis nodosa (631)
- ☐ Microscopic polyarteritis nodosa (632)
- ☐ Churg-Strauss (635)
- ☐ Giant cell arteritis (636)
- ☐ Takayasu (637)
- ☐ Behcet syndrome (638)
- ☐ Overlap necrotizing arteritis (639)
- ☐ Other vasculitis (611) →
  338. Specify other vasculitis: SDIS1SP SDIS2SP SDIS2SP SDIS2SP2

**Other neurological autoimmune diseases**

- ☐ Myasthenia gravis (601)
- ☐ Other autoimmune neurological disorder (644) →
  339. Specify other autoimmune neurological disorder: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

**Hematological autoimmune diseases**

- ☐ Idiopathic thrombocytopenic purpura (ITP) (645)
- ☐ Hemolytic anemia (646)
- ☐ Evan syndrome (647)
- ☐ Other autoimmune cytopenia (648) →
  340. Specify other autoimmune cytopenia: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

**Bowel diseases**

- ☐ Crohn's disease (649)
- ☐ Ulcerative colitis (650)
- ☐ Other autoimmune bowel disorder (651) →
  341. Specify other autoimmune bowel disorder: SDIS1SP SDIS2SP SDIS1SP SDIS2SP SDIS1SP2 SDIS2SP2

***- Go to signature line***

**Other Disease**

342. Specify other disease: SDIS1SP SDIS2SP

SDIS1SP SDIS2SP
SDIS1SP2 SDIS2SP2

End Table TED_DISEASE

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

**NOTE: Same variables on v3. All underlined variables are new.**

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

## Post-Transplant Essential Data

DB Variables Each Tx Overall Tx

Start Table FORMRECEIVED

**Registry Use Only**
Sequence Number: INSTANCE_ID

Date Received: RECVDATE

OMB No: 0915-0310
Expiration date: 01/31/2020



CIBMTR Center Number: CCN (Table RECIPIENT) __ __ __ __ __

CIBMTR Research ID: CRID (Table RECIPIENT) __ __ __ __ __ __ __ __ __ __ __

Event date: TXDATE __ __ __ / __ __ / __ __
YYYY MM DD

HCT type (check all that apply): TXTYPE
☐ Autologous AUTOTX ☐ Allogeneic, unrelated UNRELATX ☐ Allogeneic, related RELATX

Product type (check all that apply):
☐ Bone marrow BM ☐ PBSC PB ☐ Single cord blood unit CB ☐ Multiple cord blood units MULTICD ☐ Other product. Specify: OPRODTSP OPRODUCT

Visit: 0☐ 100 day 1☐ 6 months 2☐ 1 year 3☐ 2 years 4☐ >2 years. Specify: YEARSFU
VISITFU CD_VISITFU

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Survival** Start Table FORMRECEIVED

1. Date of actual contact with the recipient to determine medical status for this follow-up report: CONTACDT SURVD YRSURV MOSURV
__ __ __ __ / __ __ / __ __ DYSURV SURVDTS
YYYY MM DD

2. Specify the recipient's survival status at the date of last contact ALIVE SURVH DEADPRE SURVHIS CD_ALIVE

1 ☐ Alive **– Answers to subsequent questions should reflect clinical status since the date of last report.** ***- Go to question 7***

2 ☐ Dead **– Answers to subsequent questions should reflect clinical status between the date of last report and immediately prior to death.** ***- Go to question 3***

**5=No Alive in PreTed or Baseline or PreReg**
**98=Missing: converte data from SIRDB**

End Table FORMRECEIVED

**3=LTF-lost to follow-up**
**4=Died before TX**
**88=Unknown**
**99=Not Answ or Inconsist**

Start Table RECIPIENT

3. Primary cause of death PRIMDEATH PRIMDEATH GRPCOD

70 ☐ Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed ***- Go to question 5*** CD_CODTH

50 ☐ Acute GVHD ***- Go to question 5***

60 ☐ Chronic GVHD ***- Go to question 5***

10 ☐ Graft rejection or failure ***- Go to question 5***

160 ☐ Cytokine release syndrome ***- Go to question 5***

**Infection**

20 ☐ Infection, organism not identified ***- Go to question 5***

21 ☐ Bacterial infection ***- Go to question 5***

22 ☐ Fungal infection ***- Go to question 5***

23 ☐ Viral infection ***- Go to question 5***

24 ☐ Protozoal infection ***- Go to question 5***

29 ☐ Other infection ***- Go to question 4***

**Pulmonary**

30 ☐ Idiopathic pneumonia syndrome (IPS) ***- Go to question 5***

31 ☐ Pneumonitis due to Cytomegalovirus (CMV) ***- Go to question 5***

32 ☐ Pneumonitis due to other virus ***- Go to question 5***

39 ☐ Other pulmonary syndrome (excluding pulmonary hemorrhage) ***- Go to question 4***

36 ☐ Diffuse alveolar damage (without hemorrhage) ***- Go to question 5***

40 ☐ Acute respiratory distress syndrome (ARDS) (other than IPS) ***- Go to question 5***

**Organ failure (not due to GVHD or infection)**

81 ☐ Liver failure (not VOD) ***- Go to question 5***

82 ☐ Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) ***- Go to question 5***

83 ☐ Cardiac failure ***- Go to question 5***

84 ☐ Pulmonary failure ***- Go to question 5***

85 ☐ Central nervous system (CNS) failure ***- Go to question 5***

86 ☐ Renal failure ***- Go to question 5***

87 ☐ Gastrointestinal (GI) failure (not liver) ***- Go to question 5***

88 ☐ Multiple organ failure ***- Go to question 4***

89 ☐ Other organ failure ***- Go to question 4***

**Malignancy**

90 ☐ New malignancy (post-HCT or post-cellular therapy) ***- Go to question 5***

140 ☐ Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than the malignancy for which the HCT or cellular therapy was performed) ***- Go to question 5***

**Hemorrhage**

101 ☐ Pulmonary hemorrhage - ***Go to question 5***
105 ☐ Diffuse alveolar hemorrhage (DAH) - ***Go to question 5***
102 ☐ Intracranial hemorrhage - ***Go to question 5***
103 ☐ Gastrointestinal hemorrhage - ***Go to question 5***
104 ☐ Hemorrhagic cystitis - ***Go to question 5***
109 ☐ Other hemorrhage - ***Go to question 4***

**Vascular**

121 ☐ Thromboembolic - ***Go to question 5***
122 ☐ Disseminated intravascular coagulation (DIC) - ***Go to question 5***
123 ☐ Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)) - ***Go to question 5***
129 ☐ Other vascular - ***Go to question 4***

**Other**

110 ☐ Accidental death - ***Go to question 5***
115 ☐ Suicide - ***Go to question 5***
900 ☐ Other cause - ***Go to question 4***

4. Specify: CODTHSP CODTHSP

End Table RECIPIENT

Start Table COD2ND

5. Contributing cause of death CODTH DEATH2 DEATH3 DEATH4 DEATH5

70 ☐ Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed - ***Go to question 7*** CD_CODTH DEATH6 DEATH7
50 ☐ Acute GVHD - ***Go to question 7***
60 ☐ Chronic GVHD - ***Go to question 7***
10 ☐ Graft rejection or failure - ***Go to question 7***
160 ☐ Cytokine release syndrome - ***Go to question 7***

**Infection**

20 ☐ Infection, organism not identified - ***Go to question 7***
21 ☐ Bacterial infection - ***Go to question 7***
22 ☐ Fungal infection - ***Go to question 7***
23 ☐ Viral infection - ***Go to question 7***
24 ☐ Protozoal infection - ***Go to question 7***
29 ☐ Other infection - ***Go to question 6***

**Pulmonary**

30 ☐ Idiopathic pneumonia syndrome (IPS) - ***Go to question 7***
31 ☐ Pneumonitis due to Cytomegalovirus (CMV) - ***Go to question 7***
32 ☐ Pneumonitis due to other virus - ***Go to question 7***
39 ☐ Other pulmonary syndrome (excluding pulmonary hemorrhage) - ***Go to question 6***
36 ☐ Diffuse alveolar damage (without hemorrhage) - ***Go to question 7***
40 ☐ Acute respiratory distress syndrome (ARDS) (other than IPS) - ***Go to question 7***

**Organ failure (not due to GVHD or infection)**

81 ☐ Liver failure (not VOD) - ***Go to question 7***

82 ☐ Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) - ***Go to question 7***

83 ☐ Cardiac failure - ***Go to question 7***

84 ☐ Pulmonary failure - ***Go to question 7***

85 ☐ Central nervous system (CNS) failure - ***Go to question 7***

86 ☐ Renal failure - ***Go to question 7***

87 ☐ Gastrointestinal (GI) failure (not liver) - ***Go to question 7***

88 ☐ Multiple organ failure - ***Go to question 6***

89 ☐ Other organ failure - ***Go to question 6***

**Malignancy**

90 ☐ New malignancy (post-HCT or post-cellular therapy) - ***Go to question 7***

140 ☐ Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than the malignancy for which the HCT or cellular therapy was performed) - ***Go to question 7***

**Hemorrhage**

101 ☐ Pulmonary hemorrhage - ***Go to question 7***

105 ☐ Diffuse alveolar hemorrhage (DAH) - ***Go to question 7***

102 ☐ Intracranial hemorrhage - ***Go to question 7***

103 ☐ Gastrointestinal hemorrhage - ***Go to question 7***

104 ☐ Hemorrhagic cystitis - ***Go to question 7***

109 ☐ Other hemorrhage - ***Go to question 6***

**Vascular**

121 ☐ Thromboembolic - ***Go to question 7***

122 ☐ Disseminated intravascular coagulation (DIC) - ***Go to question 7***

123 ☐ Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)) - ***Go to question 7***

129 ☐ Other vascular - ***Go to question 6***

**Other**

110 ☐ Accidental death - ***Go to question 7***

115 ☐ Suicide - ***Go to question 7***

900 ☐ Other cause - ***Go to question 6***

6. Specify: CODTH2SP DTHSP2 DTHSP3 DTHSP4 DTHSP5 DTHSP6 DTHSP7

**If reporting more than one contributing cause of death, copy questions 5-6 and complete for each contributing cause.**

End Table COD2ND

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Subsequent Transplant

Start Table TED_STATUS

7. Did the recipient receive a subsequent HCT since the date of last report?

1 ☐ Yes → Start Table INFUS2PS

0 ☐ No

INFUS2PS NFUS2H INFU2RSN

8. Date of subsequent HCT: __ __ __ __ INFU2DT __ __ NF2DTF __ __ (YYYY MM DD)

9. What was the indication for subsequent HCT?

13 ☐ Graft failure / insufficient hematopoietic recovery – **Allogeneic HCTs Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 11*** FHEMIF2 CD_INFU2RSN

4 ☐ Persistent primary disease – **Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 11*** PERSIF2

5 ☐ Recurrent primary disease – **Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 11*** RELAPIF2

6 ☐ Planned second HCT, per protocol – **Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 11*** PL2TXIF2

8 ☐ New malignancy (including PTLD and EBV lymphoma) – **Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 11*** NMLIGIF2

10 ☐ Insufficient chimerism – **Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 11*** INSCHIF2

90 ☐ Other – **Complete a Pre-TED Form 2400 for the subsequent HCT** - ***Go to question 10*** OTHERIF2

10. Specify other indication: INFU2SP NFU2SP

End Table INFUS2PS

AUTOIF2 JNRELIF2RELATIF2

(Table INFU2SRC) INFU2TYP 11. Source of HSCs 1 ☐ Allogeneic, related 2 ☐ Allogeneic, unrelated 3 ☐ Autologous CD_INFU2TYP

Start Table TED_STATUS

12. Has the recipient received a cellular therapy since the date of last report? (e.g. DCI)

☐ Yes – **Also complete Cellular Therapy Essential Data Pre-Infusion Form 4000** →

☐ No

CELTHYPS CELTHYHI CELTHYH1

13. Date of cellular therapy: __ __ __ __ CELTHYDT __ __ (YYYY MM DD) CELTDTF CELTDTF1 CELTDTL CELTDTL1

## Initial ANC Recovery

14. Was there evidence of initial hematopoietic recovery? ENGRAFT ENGRAFHI ENGRAFH1

1 ☐ Yes (ANC ≥ 500/mm³ achieved and sustained for 3 lab values) - ***Go to question 15*** CD_TED_ENGRAFT

0 ☐ No (ANC ≥ 500/mm³ was not achieved) - ***Go to question 16***

2 ☐ Not applicable (ANC never dropped below 500/mm³ at any time after the start of the preparative regimen) - ***Go to question 16***

3 ☐ Previously reported (Recipient's initial hematopoietic recovery was recorded on a previous report) - ***Go to question 16***

**8=Unknown**

**9=Not answered**

15. Date ANC ≥ 500/mm³ (first of 3 lab values): __ __ __ __ ENGRAFDT __ __ ENGRFDTF __ __ ENGRDTF1 (YYYY MM DD)

16. Did late graft failure occur? ☐ Yes ☐ No LATEFAIL LTFAILHI LTFAILH1

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

## Initial Platelet Recovery

***(Optional for Non-U.S. Centers)***

17. Was an initial platelet count ≥ 20 x $10^9$/L achieved? PLATE20 PLA20HI PLA20H1

1 ☐ Yes - ***Go to question 18*** CD_PLATE20

0 ☐ No - ***Go to question 19*** **8=Unknown 9=Not answered**

7 ☐ Not applicable - Platelet count never dropped below 20 x $10^9$/L - ***Go to question 19***

4 ☐ Previously reported - ≥ 20 x $10^9$/L was achieved and reported previously - ***Go to question 19***

18. Date platelets ≥ 20 x $10^9$/L: PDATE20 P20DTF P20DTF1 __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

## Graft vs. Host Disease

**This section is for allogeneic HCTs only. If this was an autologous HCT, continue to Liver Toxicity Prophylaxis.**

19. Did acute GVHD develop since the date of last report?

1 ☐ Yes → AGVHD AGVHI AGVH1 CD_AGVHD

0 ☐ No

8 ☐ Unknown **9=Not answered**

**2=AGVHD persists from prior HSCT/DCI**

20. Date of acute GVHD diagnosis: AGVHONST AGVHONST TAGVHFDT TAGVFDT1 __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ***Go to question 22***

21. Did acute GVHD persist since the date of last report?

1 ☐ Yes →

0 ☐ No AGVHPERS AGVPERHI AGVPERH1

8 ☐ Unknown

22. Overall grade of acute GVHD at diagnosis: AGVHOVGR AGVHOVGR

1 ☐ I - Rash on ≤ 50% of skin, no liver or gut involvement CD_AGVHGRAD

2 ☐ II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500-1000 mL/day or persistent nausea

3 ☐ III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus

4 ☐ IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL

6 ☐ Not applicable (acute GVHD present but grade is not applicable)

**0=None 5=ge stage II (NMDP legacy) 8=Unknown 9=Not answered**

**List the stage for each organ at diagnosis of acute GVHD:**

ASKINDX ASKINDX

23. Skin: CD_ASKIN

1 ☐ Stage 0 – no rash, no rash attributable to acute GVHD

2 ☐ Stage 1 – maculopapular rash, < 25% of body surface

3 ☐ Stage 2 – maculopapular rash, 25-50% of body surface

4 ☐ Stage 3 – generalized erythroderma, > 50% of body surface

5 ☐ Stage 4 – generalized erythroderma with bullae formation and/or desquamation

**0=NO SKIN GVHD 8=UNKNOWN 9=NOT ANSWER/INCONSIST**

ALOWGIDX ALOWGIDX

24. Lower intestinal tract: (use mL/day for adult recipients and mL/kg/day for pediatric recipients) CD_ALOWGUT **1=NO GUT ACUTE GVHD**

2 ☐ Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric)

4 ☐ Stage 1 – diarrhea 500-1000 mL/day (adult), or 10-19.9 mL/kg/day (pediatric)

5 ☐ Stage 2 – diarrhea 1001-1500 mL/day (adult), or 20-30 mL/kg/day (pediatric)

6 ☐ Stage 3 – diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)

7 ☐ Stage 4 – severe abdominal pain, with or without ileus, and/or grossly bloody stool

**3=Stage 0 - Diarrhea lt 500 8=UNKNOWN 9=NOT ANSWER/INCONSIST**

AUPPGIDX AUPPGIDX

25. Upper intestinal tract: **10=6 NAUSEA**

1 ☐ Stage 0 – no persistent nausea or vomiting CD_AUPPGUT

2 ☐ Stage 1 – persistent nausea or vomiting **0=No 8=UNKNOWN**

ALIVERDX 26. Liver: CD_ALIVER
ALIVERDX

1 ☐ Stage 0 – no liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L)
2 ☐ Stage 1 – bilirubin 2.0-3.0 mg/dL (34-52 µmol/L)
3 ☐ Stage 2 – bilirubin 3.1-6.0 mg/dL (53-103 µmol/L)
4 ☐ Stage 3 – bilirubin 6.1-15.0 mg/dL (104-256 µmol/L)
5 ☐ Stage 4 – bilirubin > 15.0 mg/dL (> 256 µmol/L)

**0=NO LIVER ACTUE GVHD**
**8=UNKNOWN**
**9=NOT ANSWER/INCONSIST**

AOTHODX 27. Other site(s) involved with acute GVHD
AOTHODX

1 ☐ Yes → 28. Specify other site(s): AOTHSPDX AOTHSPDX
0 ☐ No

**Specify the maximum overall grade of acute GVHD since the date of last report:**

AGVHMXGR 29. Maximum overall grade of acute GVHD: CD_AGVHGRAD
TEDAGVHI TEDAGVH1
TEDAGV100 TEDAGV6M

1 ☐ I - Rash on ≤ 50% of skin, no liver or gut involvement
2 ☐ II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500-1000 mL/day or persistent nausea
3 ☐ III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus
4 ☐ IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
6 ☐ Not applicable (acute GVHD present but cannot be graded)

**0=None 5=ge stage II (NMDP legacy)**
**6=Present,grade unk(2450v1-v3)**
**8=Unknown 9=Not answer**

30. Date maximum overall grade of acute GVHD:
AGMXGRDT AMXGRDTF AMXGRDF1
__ __ __ __ __ __ __ __ AMXGRDTL AMXGRDL1
YYYY MM DD
TAMGDT100 . TAMGDT6M . TAMGDT1Y - TAMGDT2Y

31. Did chronic GVHD develop since the date of last report?

1 ☐ Yes → CGVHD CD_CGVHD
0 ☐ No CGVHI CGVH1
8 ☐ Unknown

32. Date of chronic GVHD diagnosis. TCGVHFDT 2 CGDTKNW
CGVHONST TCGVFDT1 ☐ Date estimated
__ __ __ __ . __ __ __ __ - ***Go to question 34***
YYYY MM DD
TCGVDT100 TCGVDT6M TCGVDT1Y TCGVDT2Y CD_KNWUNK

**1=Known 3=Date < 100day,correct 6=Previous reported**
**8=Unknown 9=Not answered**

33. Did chronic GVHD persist since the date of last report?

1 ☐ Yes →
0 ☐ No
8 ☐ Unknown
CGVHPERS
CGVCONHI
CGVCONH1

**Specify the maximum grade of chronic GVHD since the date of last report:**

CGVHDSEV 34. Maximum grade of chronic GVHD: (according to best clinical judgment) CD_CGVHDSEV
CGVSEVHI CGVSEVH1
TCGSEV100 TCGSEV6M TCGSEV1Y TCGSEV2Y

1 ☐ Mild 2 ☐ Moderate 3 ☐ Severe 8 ☐ Unknown

**0=No GVHD 8=Unknown**
**9=Not Answ/Inconsist**

35. Specify if chronic GVHD was limited or extensive: CD_CGVHGRAD
CGVHMXGR
TEDCGVHI
TEDCGVH1
TEDCGV100 TEDCGV6m
TEDCGV1Y TEDCGV2Y

1 ☐ Limited – localized skin involvement and/or liver dysfunction
2 ☐ Extensive – one or more of the following:
– generalized skin involvement; or,
– liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
– involvement of eye: Schirmer's test with < 5 mm wetting; or
– involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
– involvement of any other target organ

**0=None (PostTed)**
**8=Unknown**
**9=Not Answ/Inconsist**

36. Date of maximum grade of chronic GVHD:
CGMXGRDT CMXGRDTF CMXGRDF1
__ __ __ __ __ __ __ __ CMXGRDTL CMXGRDL1
YYYY MM DD
TCMGDT100 . TCMGDT6M . TCMGDT1Y . TCMGDT2Y

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

37. Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, ≤10 mg/day for adults, <0.1 mg/kg/day for children) CSCORSTL CSCOSTHI CSCOSTH1 CSCOSTLS CSCOSTLS1

1 ☐ Yes 0 ☐ No 7 ☐ Not applicable 8 ☐ Unknown

38. Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?

1 ☐ Yes 0 ☐ No 7 ☐ Not applicable 8 ☐ Unknown CGTRTSTL CGTRTSHI CGTRTSH1 CGTRTSLS CGTRTSLS1

## Liver Toxicity Prophylaxis

39. Was specific therapy used to prevent liver toxicity?

1 ☐ Yes → PLVTOXRX PLVTRXHI PLVTRXH1

0 ☐ No

Start Table PLVTOXRX

40. Defibrotide PLVTDFIB PLVDFBHI PLVDFBH1 ☐ Yes ☐ No

41. N-acetylcysteine PLVTNACT PLVNACHI PLVNACH1 ☐ Yes ☐ No

42. Tissue plasminogen activator (TPA) PLVTTPA PLVTPAHI PLVTPAH1 ☐ No

43. Ursodiol PLVTURSO PLVURSHI PLVURSH1 ☐ Yes ☐ No

44. Other therapy PLVTOTRX PLVORXHI PLVORXH1

☐ Yes → 45. Specify other therapy: PLVTOTSP PLVTOTSP PLVOTSP1

☐ No

End Table PLVTOXRX

## Veno-occlusive disease (VOD) / Sinusoidal obstruction syndrome (SOS)

**Specify if the recipient developed VOD / SOS since the date of last report:**

46. Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?

☐ Yes → LITOXVOD LTXVODHI LTXVODH1

☐ No

47. Date of diagnosis: LIVODDT LVODDTF LVODDTF1 ___ ___ ___ ___ ___ ___ ___ ___ YYYY MM DD

## New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

**Report new malignancies that are different than the disease / disorder for which HCT was performed. Do not include relapse, progression or transformation of the same disease subtype.**

48. Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed? (include clonal cytogenetic abnormalities, and post-transplant lymphoproliferative disorders)

☐ Yes → NEWMALIG NEWMHI NEWMH1

☐ No

Start Table NEWMALIG

**Copy and complete questions 49-55 to report each new malignancy diagnosed since the date of last report. The submission of a pathology report or other supportive documentation for each reported new malignancy is strongly recommended.**

49. Specify the new malignancy NMALIGPS CD_TED_NMALIGPS

IMAMLH NMAML 1 ☐ Acute myeloid leukemia (AML / ANLL) - ***Go to question 52*** NMAMLDT IMAMLD1

IMOLEUH NMOLEU 2 ☐ Other leukemia - ***Go to question 52*** NMOLEKDT IMLEKD1

IMMDSH NMMDS 19 ☐ Myelodysplastic syndrome (MDS) - ***Go to question 52*** NMMDSDT IMMDSD1

IMMPNH NMMPN 20 ☐ Myeloproliferative neoplasm (MPN) - ***Go to question 52*** NMMPNDT IMMPND1

NMMDSMPNHI NMMDSMPN 13 ☐ Myelodysplasia / myeloproliferative neoplasm (MDS / MPN) - ***Go to question 52*** NMMDMPDT NMMDMPDTF

MHODGH NMHODG 8 ☐ Hodgkin lymphoma - ***Go to question 51*** NMHODGDT IMHODD1

IMNHLYH NMNHLYM 21 ☐ Non-Hodgkin lymphoma - ***Go to question 51*** NMNHLDT IMNHLD1

IMPTLDH NMPTLD 22 ☐ Post-transplant lymphoproliferative disorder (PTLD) - ***Go to question 51*** NMPTLDDT IMPTLD1

IMCCABH NMCCAB 5 ☐ Clonal cytogenetic abnormality without leukemia or MDS - ***Go to question 52*** NMCCABDT IMCCAD1

NMUPDCDT

NMUPDNRC 23 ☐ Uncontrolled proliferation of donor cells without malignant transformation - ***Go to question 52***

NMBC 3 ☐ Breast cancer - ***Go to question 52*** NMBCDT

NMCNSDT

NMCNS 4 ☐ Central nervous system (CNS) malignancy (e.g. glioblastoma, astrocytoma) - ***Go to question 52***

NMGIDT

NMGI 6 ☐ Gastrointestinal malignancy (e.g. colon, rectum, stomach, pancreas, intestine) - ***Go to question 52***

NMGU 7 ☐ Genitourinary malignancy (e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix) - ***Go to question 52***

NMGUDT

NMLUNG 9 ☐ Lung cancer - ***Go to question 52*** NMLUNGDT

NMMELANO 11 ☐ Melanoma - ***Go to question 52*** NMMELADT

NMBCSKIN 24 ☐ Basal cell skin malignancy - ***Go to question 52*** NMBCSKDT

NMSCSKIN 25 ☐ Squamous cell skin malignancy - ***Go to question 52*** NMSCSKDT

NMOROPHA 14 ☐ Oropharyngeal cancer (e.g. tongue, buccal mucosa) - ***Go to question 52*** NMOROPDT

NMSAR 15 ☐ Sarcoma - ***Go to question 52*** NMSARDT

NMTHYROI 16 ☐ Thyroid cancer - ***Go to question 52*** NMTHYRDT

NMOCAN 17 ☐ Other new malignancy - ***Go to question 50*** NMOCANDT

50. Specify other new malignancy: NMCANSP NMCANSP
***- Go to question 52***

51. Is the tumor EBV positive? NMLYMEBV ☐ Yes ☐ No

52. Date of diagnosis: NMALIGDT __ __ __ __ __ __ / __ __
YYYY MM DD

53. Was documentation submitted to the CIBMTR? (e.g. pathology / autopsy report or other documentation)
☐ Yes ☐ No NMPATHRV

NMPRDDRV 54. Was the new malignancy donor / cell product derived?

1 ☐ Yes →
0 ☐ No →
3 ☐ Not done

CD_YN_NOTDONE
**8=Unknown 9=Not Answ/Inconsist**

55. Was documentation submitted to the CIBMTR? (e.g. cell origin evaluation (VNTR, cytogenetics, FISH)) COREVAAT
1 ☐ Yes 0 ☐ No

End Table NEWMALIG

## Chimerism Studies (Cord Blood Units Only)

**This section relates to chimerism studies from allogeneic HCTs using cord blood units only. If this was an autologous HCT, or an allogeneic HCT using a bone marrow or PBSC product, continue to disease assessment.**

56. Were chimerism studies performed since the date of last report?
☐ Yes →
☐ No - ***Go to question 75***

CHIMER

57. Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)
1 ☐ Yes 0 ☐ No CHIMRPTA

58. Were chimerism studies assessed for more than one donor / multiple donors?
1 ☐ Yes 0 ☐ No CHMULDNR

Start Table CHIMER

**Provide date(s), method(s) and other information for all chimerism studies performed since the date of last report.**

59. NMDP donor ID: NMDPDNID __ __ __ __ __ __ __ __

60. NMDP cord blood unit ID: NMDPCBID __ __ __ __ __ __ __ __ __

61. Non-NMDP unrelated donor ID: NNMDNRID __ __ __ __ __ __ __ __ __ __

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

62. Non-NMDP cord blood unit ID: NNMCBID ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

63. Date of birth: (donor / infant) CHDNRBDT __ __ __ __ __ __ / __ __ (YYYY MM DD) – **OR** – Age: (donor/infant) CHDNRAGE ___ __ **2** ☐ Months **1** ☐ Years CD_DAGEYRMO CHDAGEYN
**8=Unknown 9=Not answered or inconsistent**

64. Sex (Donor / infant) **1** ☐ Male **2** ☐ Female CHDNRSEX CD_SEX
**3=Male/Female donor(potencial multidonor)**
**8=Unknown 9=Not Answer**
**98=Missing: converted data**

65. Date sample collected: CHIMDATE __ __ __ __ / __ __ (YYYY MM DD)

66. Method CHIMMETH CD_CHIMMETH

**1** ☐ Karyotyping for XX/XY **(Standard Cytogenetics)**
**2** ☐ Fluorescent in situ hybridization (FISH) for XX/XY
**3** ☐ Restriction fragment-length polymorphisms (RFLP)
**6** ☐ VNTR or STR, micro or mini satellite (Also include AFLP)
**90** ☐ Other →

**4=Polymerase Chain Reaction (PCR) (095DBM(6/97))**
**5=HLA typing 7=Other for 095CORE (10/95)**
**8=ABO blood Group change 88=Unknown 99=Not answered**

67. Specify: CHMETHSP _____

68. Cell source ☐ Bone marrow ☐ Peripheral blood CHCELSRC CD_CHCELSRC

69. Cell type CHCELLTY CD_CHCELLTY

**1=Bone Marrow (BM) 2=Peripheral Blood Mononuclear Cells (PBMC)**
**6=Monocytes 7=PMNs (Neutrophils) 8=Lymphocytes 9=Myeloid cells**
**88=Unknown 99=Not answered**

**10** ☐ Unsorted / whole ***- Go to question 71***
**5** ☐ Red blood cells ***- Go to question 73***
**11** ☐ Hematopoietic progenitor cells (CD34+ cells) ***- Go to question 73***
**12** ☐ Total mononuclear cells (lymphs & monos) ***- Go to question 73***
**3** ☐ T-cells (includes CD3+, CD4+, and/or CD8+) ***- Go to question 73***
**4** ☐ B-cells (includes CD19+ or CD20+) ***- Go to question 73***
**13** ☐ Granulocytes (includes CD33+ myeloid cells) ***- Go to question 73***
**14** ☐ NK cells (CD56+) ***- Go to question 73***
**90** ☐ Other →

70. Specify: CHOTTYSP _____

71. Total cells examined: TOTCELLS ___ ___ ___ ___ ___ ___

72. Number of donor cells: NDNRCELL ___ ___ ___ ___ ***- Go to question 75***

73. Were donor cells detected?
☐ Yes → CHDCLDET
☐ No

74. Percent donor cells: DNRPCT ___ ___ ___ %

**Copy and complete questions 59-74 for multiple chimerism studies.**

End Table CHIMER

## Disease Assessment at the Time of Best Response to HCT

75. Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report? (Include response to any therapy given for post-HCT maintenance or consolidation, but exclude any therapy given for relapsed, persistent, or progressive disease) BESTRESP RESPHI RESPLO RESPH1 RESPL1

**1** ☐ Continued complete remission (CCR) ***- Go to question 98***
**2** ☐ Complete remission (CR) ***- Go to question 77***
**4** ☐ Not in complete remission ***- Go to question 76***
**7** ☐ Not evaluated ***- Go to question 98***

CD_CRRESP
**8=Unknown**
**9=Not answered**

DISDETBR 76. Specify disease status if not in complete remission: CD_TED_DISDETBR
DISDBRHI
DISDBRH1

1 ☐ Disease detected - ***Go to question 79***

2 ☐ No disease detected but incomplete evaluation to establish CR - ***Go to question 79***

**8=Unknown**
**9=Not answered**

DTPRVRPT 77. Was the date of best response previously reported?
TPRVRH
DTPRVRH

1 ☐ Yes - ***Go to question 98***

0 ☐ No →

78. Date assessed: __ __ __ __ BRESPSDT __ __ / __ __ / __ __ (YYYY / MM / DD)
RSPDTL BRSPDTLF1
RSPDTL BRSPDTLL1
RSPDTF BRSPDTF1
RSPDTL BRSPDTL1

**Specify the method(s) used to assess the disease status at the time of best response:**

MOLTSTPS 79. Was the disease status assessed by molecular testing (e.g. PCR)?
OLTPSH
TOLTPSH

1 ☐ Yes →
0 ☐ No
7 ☐ Not applicable

80. Date assessed: MOLDTPS __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
OLPSDT MLPSDTL
ARLDTF MARLDTF

81. Was disease detected? ☐ Yes ☐ No
MOLDZPS LDZPSH MLDZPSH

FLCTSTPS 82. Was the disease status assessed via flow cytometry?
FLCTPSH
LCTPSH

1 ☐ Yes →
0 ☐ No
7 ☐ Not applicable

83. Date assessed: FLCDTPS __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
LCPSDTL FLCPSDF
LCPSDTF FLCPSDL1

84. Was disease detected? ☐ Yes ☐ No
FLCDZPS LCDZPH FLCDZPH

CYTTSTPS 85. Was the disease status assessed by cytogenetic testing (karyotyping or FISH)?
YTTPSH
CYTTPSH

1 ☐ Yes →
0 ☐ No
7 ☐ Not applicable

86. Was the disease status assessed via FISH?
1 ☐ Yes →
0 ☐ No
7 ☐ Not applicable

FSHTSTPS
SHSTPH
SHSTPH

87. Date assessed:
SHPSDL FSHDTPS SHPSDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

SHDZPH SHDZPH
SHPSDF SHPSDT
FSHDZPS 88. Was disease detected?
☐ Yes ☐ No

KRYTSTPS 89. Was the disease status assessed via karyotyping?
RYSTPH
KRYSTPH

1 ☐ Yes →
0 ☐ No
7 ☐ Not applicable

90. Date assessed:
KRYPSDL KRYDTPS KRYPSDT
__ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

KRYDZPS 91. Was disease detected?
KRYDZPH RYDZPH
KRYPSDF RYPSDT
☐ Yes ☐ No

RADTSTPS 92. Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)

1 ☐ Yes → 93. Date assessed: RADDTPS ADPSDT ADPSDL (YYYY MM DD)

94. Was disease detected? ☐ Yes ☐ No — ADDZPH ADDZPH RADDZPS ADPSDF ADPSDT

0 ☐ No

7 ☐ Not applicable

CLNTSTPS 95. Was the disease status assessed by clinical / hematologic assessment?

1 ☐ Yes → 96. Date assessed: CLNDTPS LNPSDT CLPSDTL LARLDT CLARLDF (YYYY MM DD)

97. Was disease detected? ☐ Yes ☐ No — CLNDZPS LDZPSH CLDZPSH

0 ☐ No

7 ☐ Not applicable

## Post-HCT Therapy

**Report therapy given since the date of last report to prevent relapse or progressive disease. This may include maintenance and consolidation therapy. Do not report any therapy given for relapsed, persistent, or progressive disease.**

98. Was therapy given since the date of the last report for reasons other than relapse, persistent, or progressive disease? (Include any maintenance and consolidation therapy.)

1 ☐ Yes →

0 ☐ No TREATPS TREATPH

99. Systemic therapy

☐ Yes →

☐ No TSYSITPS MSYSIPSH MSYSIPSHI MAINTRSN MAINTRSN

Start Table TED_RXPS(RXRELRSN=0)

100. Monoclonal antibody (mAb)

☐ Yes → TMABPS MMABPSH MMABPSH

☐ No

TCAMPPS CAMPPSH MCAMPPSH1

101. Alemtuzumab (Campath) ☐ Yes ☐ No

102. Bispecific mAb TBISPPS BISPPSH MBISPPSH

☐ Yes → 103. Blinatumomab TBLINPS BLINPSH MBLINPSH1 ☐ Yes ☐ No

☐ No

104. Other bispecific mAb TOBISPS MOBISPSHI MOBISPSH

☐ Yes → 105. Specify other bispecific mAb: TBISPSSP MBISPSSP MBISPSSP

☐ No

106. Gemtuzumab (Mylotarg, anti-CD33) TGEMTPS MGEMTPSHI MGEMTPSH ☐ Yes ☐ No

107. Rituximab (Rituxan, MabThera) TRITUXPS MRITUPSHI MRITUPSH ☐ Yes ☐ No

108. Other mAb TOTMABPS MOMABPSHI MOMABPSH

☐ Yes → 109. Specify other mAb: TOTMPSSP MOTMPSSP MOTMPSSP

☐ No

TTKIPS MTKIPSHI MTKIPSH1

110. Tyrosine kinase inhibitors (TKI)

☐ Yes → TBOSUPS MBOSUPSHI MBOSUPSH

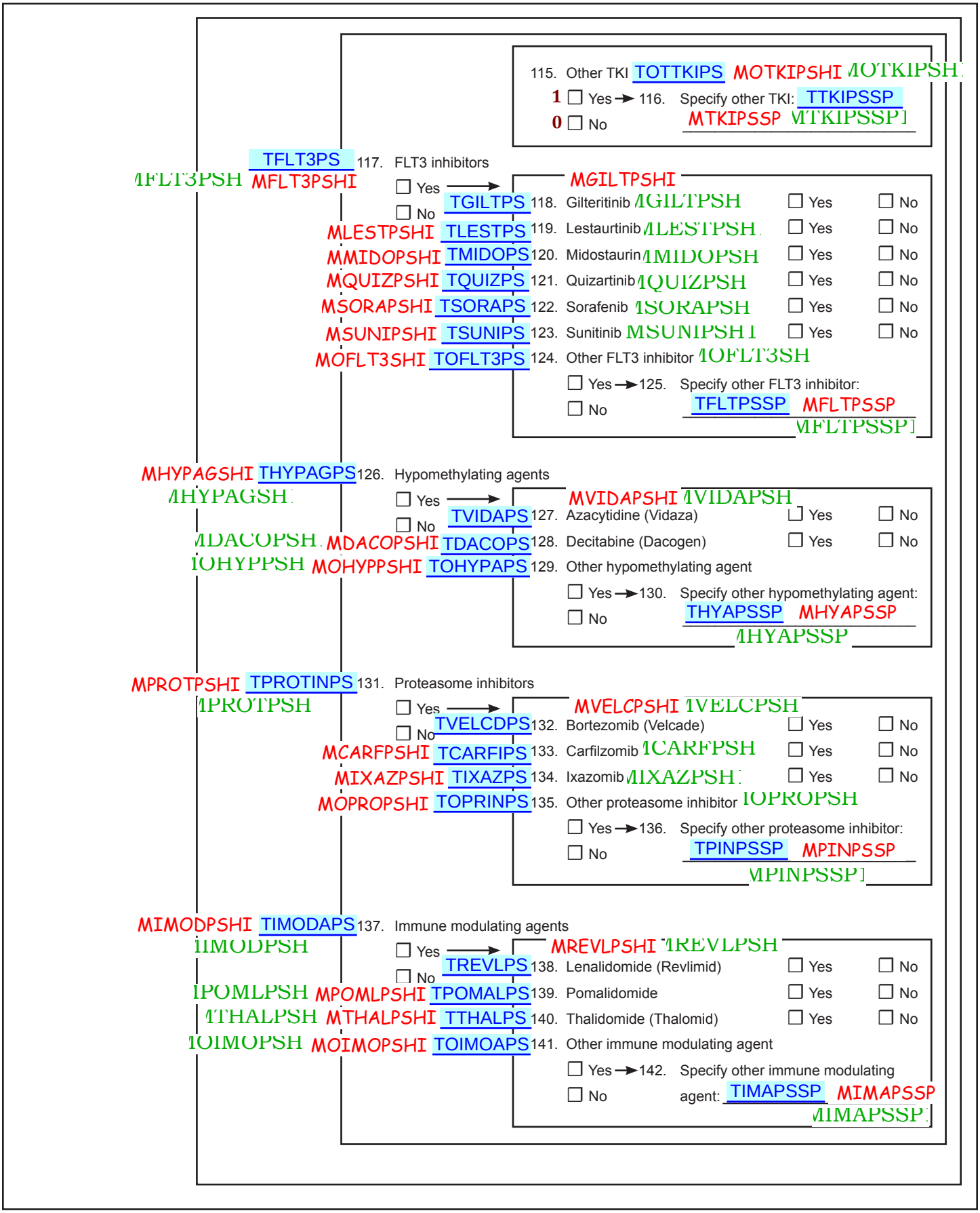
☐ No

111. Bosutinib ☐ Yes ☐ No

112. Dasatinib (Sprycel) TDASAPS MDASAPSHI MDASAPSH ☐ Yes ☐ No

113. Imatinib mesylate (Gleevec) TGLEEVPS MGLEVPSHI MGLEVPSH ☐ Yes ☐ No

114. Nilotinib (AMN107, Tasignal) TNILOPS MNILOPSHI MNILOPSH ☐ Yes ☐ No



MPD1PSHI TPD1PS 143. PD1 inhibitor
☐ Yes → TNIVOLPS 144. Nivolumab MNIVLPSHI ☐ Yes ☐ No
☐ No IPEMBPSH TPEMBRPS 145. Pembrolizumab MPEMBPSHI ☐ Yes ☐ No
IOPD1PSH TOPD1PS 146. Other PD1 inhibitor MOPD1PSHI
☐ Yes → 147. Specify other PD1 inhibitor: TPD1PSSP MPD1PSSP
☐ No

MBTKPSHI TBTKPS 148. BTK inhibitors
☐ Yes → MIBRUPSHI MIBRUPSH
☐ No
149. Ibrutinib TIBRUTPS ☐ Yes ☐ No
150. Other BTK inhibitor TOBTKPS MOBTKPSHI IOBTKPSH
☐ Yes → 151. Specify other BTK inhibitor: TBTKPSSP MBTKPSSP
☐ No

MCHEMPSHI TCHEMOPS 152. Chemotherapy
☐ Yes →
☐ No
153. Specify chemotherapy drugs: TCHEPSSP MCHEPSSP ICHEPSSP

MOSYSPSHI TOSYSTPS 154. Other systemic therapy
☐ Yes →
☐ No
155. Specify other systemic therapy: TSYSPSSP MSYSPSSP

156. Radiation TRADPS MRADPSHI ☐ Yes ☐ No
157. Cellular therapy TCLTHYPS MCLTHYPHI ☐ Yes ☐ No
158. Blinded randomized trial TBRTPS MBRTPSHI ☐ Yes ☐ No
159. Other therapy TOTHRXPS MOTRXPSHI
☐ Yes →
☐ No
160. Specify other therapy: TORXPSSP MORXPSSP

End Table TED_RXPS

## Relapse or Progression Post-HCT

**Report if the recipient has experienced a clinical/hematologic relapse or progression post-HCT. If the relapse or progression was detected in a previous reporting period indicate that and continue on. If the first clinical/hematologic relapse occurred since the date of last report, indicate the date it was first detected in this reporting period.**

161. Did the recipient experience a clinical/hematologic relapse or progression post-HCT?
☐ Yes → CLNRELPS
☐ No

162. Was the date of clinical/hematologic relapse or progression previously reported?
☐ Yes **(only valid >day 100)**
☐ No → CLNDTPRV
163. Date first seen: CLNRELDT CLRLDTF
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**Intervention for relapsed disease, persistent disease, progressive disease, or decreased/loss of chimerism**

164. Was intervention given for relapsed, persistent or progressive disease, or decreased/loss of chimerism since the date of last report?

RXRELPPS RXRELH RXRELH1

1 ☐ Yes → Start Table TED_RXPS

0 ☐ No

CD_TED_RXRELRSN

165. Specify reason for which intervention was given: RXRELRSN

**0=Maintenance and consolidation**
**8=Unknown**
**9=Not answered**

1 ☐ Persistent disease ERSIRSN PERSIRSN

2 ☐ Relapsed / progressive disease ELAPRSN ELAPRSN

3 ☐ Decrease / loss of chimerism HIMERSN CHIMERSN

**Specify the method(s) of detection for which intervention was given:** CCLNMETH1

RCLNMETH1 PCLNMETH1 166. Clinical/hematologic CLNMETPS CLNMETH CLNMETH CLNMETH ☐ Yes ☐ No

RRADMETH1 PRADMETH1 167. Radiological (e.g. PET, MRI, CT) RADMETPS RADMETH RADMETH RADMETH CRADMETH1

RCYTMETH1 PCYTMETH1 168. Cytogenetic CYTMETPS CYTMETH CYTMETH CYTMETH CCYTMETH1 ☐ Yes ☐ No

RFLCMETH1 PFLCMETH1 169. Flow cytometry FLCMETPS FLCMETH FLCMETH FLCMETH CFLCMETH1 ☐ No

RMOLMETH1 PMOLMETH1 170. Disease specific molecular marker MOLMETPS MOLMETH MOLMETH MOLMETH CMOLMETH1

RCHIMETH1 PCHIMETH1 171. Chimerism testing CHIMETPS CHIMETH CHIMETH CHIMETH CCHIMETH1 ☐ No

RINTVDTF1 PINTVDTF1 172. Date intervention started: INTVSTDT INTVDT INTVDT INTVDT CINTVDTF1
YYYY MM DD

**Specify intervention(s):**

TSYSITPS 173. Systemic therapy

PSYSIPSH1 SYSIPSH
RSYSIPSH1 SYSIPSH
CSYSIPSH1 SYSIPSH

☐ Yes →
☐ No

174. Monoclonal antibody (mAb) PCAMPPSH1 RCAMPPSH1 CCAMPPSH1

TMABPS ☐ Yes → CAMPPSH CAMPPSH CAMPPSH

PMABPSH1 MABPSH ☐ No TCAMPPS 175. Alemtuzumab (Campath) ☐ Yes ☐ No

RMABPSH1 MABPSH

CMABPSH1 MABPSH

176. Bispecific mAb TBLINPS BLINPSH BLINPSH BLINPSH

TBISPPS ☐ Yes → 177. Blinatumomab ☐ Yes ☐ No PBLINPSH1 RBLINPSH1 CBLINPSH1

BISPPSH ☐ No 178. Other bispecific mAb: TOBISPS

BISPPSH OBISPSH ☐ Yes → POBISPSH1

BISPPSH OBISPSH ☐ No → ROBISPSH1

PBISPPSH1 OBISPSH COBISPSH1

RBISPPSH1

CBISPPSH1

179. Specify other bispecific mAb: TBISPSSP

CBISPSSP BISPSS BISPSS

CBISPSSP1 RBISPSSP1 PBISPSSP1

CGEMTPSH1 RGEMTPSH1 PGEMTPSH1

GEMTPSH GEMTPSH GEMTPSH TGEMTPS 180. Gemtuzumab (Mylotarg, anti-CD33) ☐ Yes ☐ No

RITUPSH RITUPSH RITUPSH TRITUXPS 181. Rituximab (Rituxan, MabThera) ☐ Yes ☐ No

CRITUPSH1 RRITUPSH1 PRITUPSH1

182. Other mAb TOTMABPS

POMABPSH1 OMABPSH ☐ Yes → 183. Specify other mAb: TOTMPSSP

ROMABPSH1 OMABPSH ☐ No

COMABPSH1 OMABPSH

OTMPSS ROTMPSS COTMPSS

POTMPSSP1 ROTMPSSP1 COTMPSSP1

CTKIPSH1 CTKIPSH1

PTKIPSH1 PTKIPSH1

RTKIPSH1 RTKIPSH1 TTKIPS 184. Tyrosine kinase inhibitors (TKI) PBOSUPSH1 RBOSUPSH1 CBOSUPSH1

☐ Yes → BOSUPSH BOSUPSH BOSUPSH

CDASAPSH1 RDASAPSH1 PDASAPSH1 ☐ No TBOSUPS 185. Bosutinib ☐ Yes ☐ No

DASAPSH DASAPSH PDASAPSH1 TDASAPS 186. Dasatinib (Sprycel) ☐ Yes ☐ No

GLEVPSH GLEVPSH PGLEVPSH1 TGLEEVPS 187. Imatinib mesylate (Gleevec) ☐ Yes ☐ No

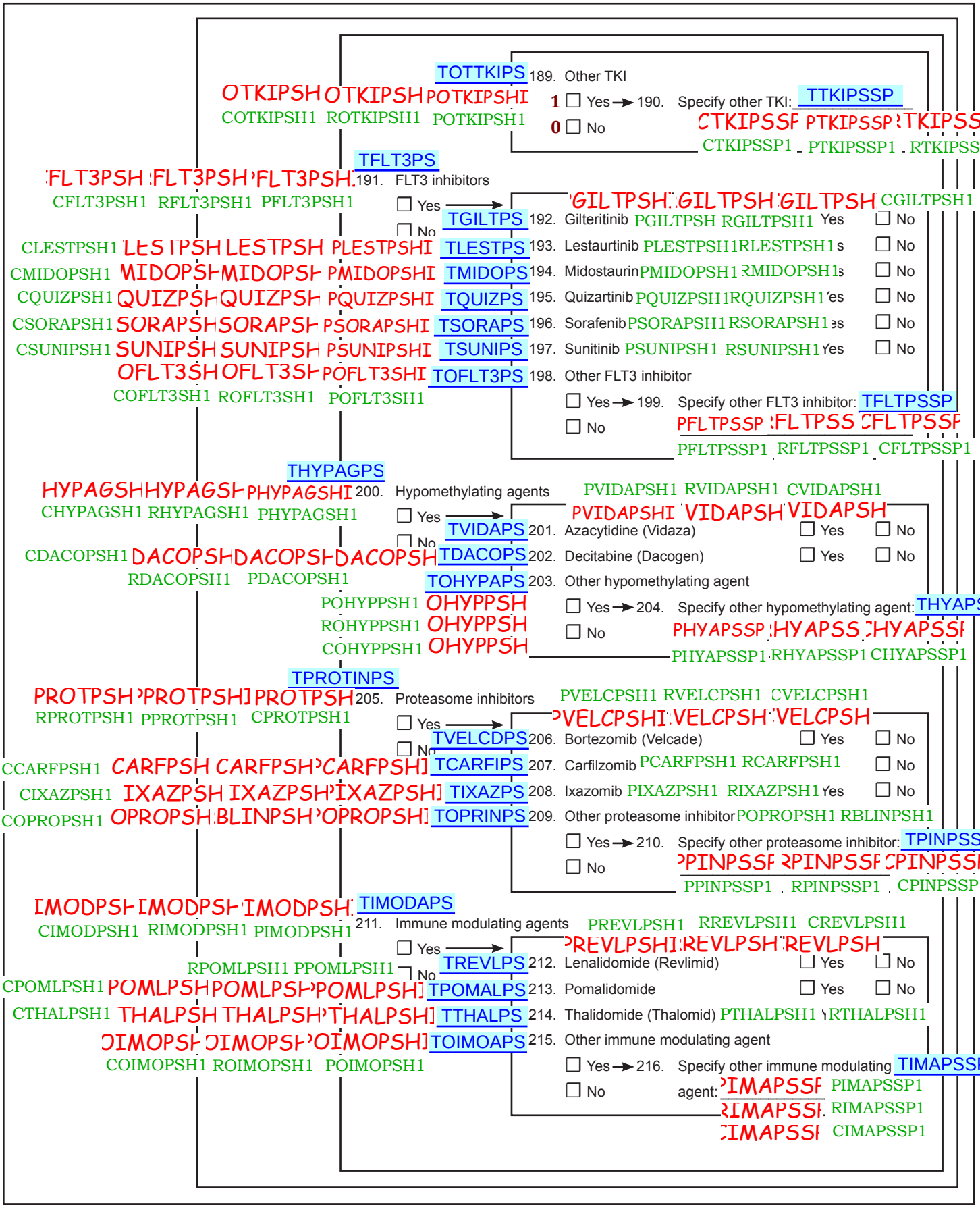
CGLEVPSH1 RGLEVPSH1 PGLEVPSH1

TNILOPS 188. Nilotinib (AMN107, Tasignal) ☐ Yes ☐ No

NILOPSH1 NILOPSH NILOPSH

PNILOPSH1 RNILOPSH1 CNILOPSH1

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___



CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

TPD1PS 217. PD1 inhibitor
1 ☐ Yes → TNIVOLPS 218. Nivolumab ☐ Yes ☐ No
TPEMBRPS 219. Pembrolizumab ☐ Yes ☐ No
TOPD1PS 220. Other PD1 inhibitor
0 ☐ No
☐ Yes → 221. Specify other PD1 inhibitor: TPD1PSSP
☐ No

TBTKPS 222. BTK inhibitors
1 ☐ Yes → TIBRUTPS 223. Ibrutinib ☐ Yes ☐ No
TOBTKPS 224. Other BTK inhibitor
0 ☐ No
☐ Yes → 225. Specify other BTK inhibitor: TBTKPSSP
☐ No

226. Chemotherapy TCHEMOPS
☐ Yes → 227. Specify chemotherapy drugs: TCHEPSSP
☐ No

228. Other systemic therapy TOSYSTPS
☐ Yes → 229. Specify other systemic therapy: TSYSPSSP
☐ No

TRADPS 230. Radiation ☐ Yes ☐ No
TCLTHYPS 231. Cellular therapy ☐ No
TBRTPS 232. Blinded randomized trial ☐ No
TOTHRXPS 233. Other therapy
☐ Yes → 234. Specify other therapy: TORXPSSP
☐ No

End Table TED_RXPS

## Current Disease Status

235. What is the current disease status? CUSTATPS
1 ☐ Complete remission (CR) - ***Go to question 237***
2 ☐ Not in complete remission - ***Go to question 236***
7 ☐ Not evaluated - ***Go to First Name***

CD_CUSTATPS
**8=Unknown**
**9 Not Answered**

236. Specify disease status if not in complete remission: DISDETPS
1 ☐ Disease detected 2 ☐ No disease detected but incomplete evaluation to establish CR

CD_TED_DISDETBR
237. Date of most recent disease assessment CUSTDTKW
1 ☐ Known → 238. Date of most recent disease assessment: CUSTATDT
YYYY MM DD
8 ☐ Unknown

CD_KNWUNK
**2=Estimated 3=Date < 100day,correct**
**6=Previous reported 8=Unknown**

End Table TED_STATUS

First Name: _____

Last Name:_____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD