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| 1.1            | 06/01/2014     | Add                                    | Added explanatory text to question 47:  
Note: Currently there is an issue on the 2014 form regarding RBC transfusion dates. The question should read: “Were RBCs transfused ≤ 30 days before the date of test?”  

Transfusions temporarily increase the red blood cell count. It is important to distinguish between a recipient whose body is creating these cells and a recipient who requires transfusions to support the counts.  

Indicate if red blood cells were transfused less than or equal to 30 days prior to the testing. |
| 1.1            | 06/01/2014     | Add                                    | Added explanatory text to question 51:  
Note: Currently there is an issue on the 2014 form regarding platelet transfusion dates. The question should read: “Were platelets transfused ≤ 7 days before the date of test?”  

Transfusions temporarily increase the platelet count. It is important to distinguish between a recipient whose body is creating the platelets and a recipient who received these cells from a transfusion.  

Indicate if platelets were transfused less than or equal to 7 days prior to the testing. |
<p>| 1.1            | 06/01/2014     | Modify                                 | Updated formatting to match CIBMTR brand standards |
| 1.1            | 06/01/2014     | Add                                    | Added “Revision 3” to the title of the document |</p>
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| 1.2            | 09/24/2014     | Modify                                 | Modified explanatory text for Question 123:  

...  

*MDS/MPN subtypes may also transform/progress from one into another. For example RAEB-1 may transform into RAEB-2.* A progression from one subtype of MDS to another indicates that the number of cytopenias, number of blasts, and/or morphology of marrow sufficiently qualified them for a higher grade (i.e., more severe) MDS. For example, an MDS classified as RCUD at diagnosis whose blast count rises to 8% as documented on bone marrow aspirate would have progressed to RAEB-1.

Conversely, do not report a progression/transformation if the recipient’s assessments after diagnosis show that they qualify for a lower grade (i.e., less severe MDS). For example, a recipient who is diagnosed with RAEB-2, but whose assessments show that they meet the criteria for RAEB-1 as a response to treatment, would **not** qualify as a progression or transformation. In this example, the disease is lower grade (i.e., less severe), rather than a higher grade (i.e., more severe) so it should not be reported as a progression/transformation. See the table below for guidance in determining the severity of MDS/MPN progressions and transformations.

[See table in text]

| 1.3            | 01/15/2015     | Add                                     | Added explanatory test to question 121:  

Progression or relapse should be reported even if it was reported in the previous set of questions regarding response to transplant (questions 118-120). |