## Key Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence Number:</td>
<td>2011: Acute Lymphoblastic Leukemia Pre-HSCT Data</td>
</tr>
<tr>
<td>Date Received:</td>
<td>2021-02-15</td>
</tr>
<tr>
<td>CIBMTR Center Number:</td>
<td>123456789</td>
</tr>
<tr>
<td>CIBMTR Recipient ID:</td>
<td>123456789</td>
</tr>
<tr>
<td>Today's Date:</td>
<td>2021-02-15</td>
</tr>
<tr>
<td>Date of HSCT for which this form is being completed:</td>
<td>2021-02-15</td>
</tr>
</tbody>
</table>

**HSCT type:** (check all that apply)
- [ ] Autologous
- [ ] Allogeneic, unrelated
- [ ] Allogeneic, related
- [ ] Syngeneic (identical twin)
CIBMTR Center Number: __________________  CIBMTR Recipient ID: ____________________________

☐ Syngeneic (identical twin)
ELSE GOTO Marrow

Product type: (check all that apply)
☐ Marrow
ELSE GOTO PBSC

☐ PBSC
ELSE GOTO Cord blood

☐ Cord blood
ELSE GOTO Other product

☐ Other product
IF Other product:= EXITS
THEN GOTO Specify:
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 108.

Specify:
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 108.

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 cooresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following 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 108.

IF If this is a report of a second or subsequent transplant, check:= checked
THEN GOTO (108) WBC:
ELSE GOTO (1) What was the date of diagnosis of Acute Lymphoblastic Leukemia?

---

Disease Assessment at Diagnosis

<table>
<thead>
<tr>
<th>Questions: 1-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 What was the date of diagnosis of Acute Lymphoblastic Leukemia? — YYYY — MM — DD</td>
</tr>
</tbody>
</table>

ELSE GOTO (2) Did the recipient have a predisposing condition prior to the diagnosis of leukemia?

2 Did the recipient have a predisposing condition prior to the diagnosis of leukemia?

O yes
O no

IF (2) Did the recipient have a predisposing condition prior to the diagnosis of leukemia?:= no
THEN GOTO (5) Was extramedullary disease present at diagnosis?
ELSE GOTO (3) Specify condition:

3 Specify condition:
O aplastic anemia
O Bloom syndrome

Also complete CIBMTR Form 2028 - APL

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Laboratory Studies at Diagnosis

**Questions: 12-75**

Report findings prior to any first treatment of the primary disease for which the HSCT is being performed.

12 **WBC:**
   - O known
   - O not known

   IF (12) WBC::= not known
   THEN GOTO (14) Blasts in blood:
   ELSE GOTO (13) WBC value

   ELSE GOTO Specify units

   O \( \times 10^9/L \) (\( \times 10^9/mm^3 \))
   O \( \times 10^6/L \)

   ELSE GOTO (14) Blasts in blood:

14 **Blasts in blood:**
   - O known
   - O not known

   IF (14) Blasts in blood::= not known
   THEN GOTO (16) Blasts in bone marrow:
   ELSE GOTO (15) Percent of blasts in blood:

   ELSE GOTO (16) Blasts in bone marrow:

15 **Percent of blasts in blood:**

16 **Blasts in bone marrow:**
   - O known
   - O not known

   IF (16) Blasts in bone marrow::= not known
   THEN GOTO (18) Were cytogenetics (conventional or FISH) tested at any time prior to the preparative regimen?
   ELSE GOTO (17) Percent blasts in bone marrow

   ELSE GOTO (16) Blasts in bone marrow:

17 **Percent blasts in bone marrow:**

18 **Were cytogenetics (conventional or FISH) tested at any time prior to the preparative regimen?**
   - O yes
   - O no
   - O unknown

   IF (18) Were cytogenetics (conventional or FISH) tested at any time prior to the preparative regimen?:= yes
   THEN GOTO (19) Results of tests at diagnosis:
   ELSE GOTO (76) Was central nervous system prophylaxis given at any time prior to the preparative regimen?
19 Results of tests at diagnosis:
O yes abnormalities identified
O no evaluable metaphases
O no abnormalities
O not tested at this timepoint

IF (19) Results of tests at diagnosis::= yes abnormalities identified
THEN GOTO (20) -7
ELSE GOTO (47)

Results of tests after diagnosis to prior to the preparative regimen?

Specify cytogenetic abnormalities identified at diagnosis:

Monosomy
20 -7
O yes
O no
ELSE GOTO (21) +4

Trisomy
21 +4
O yes
O no
ELSE GOTO (22) +8

22 +8
O yes
O no
ELSE GOTO (23) +17

Translocation
25 t(1;19)
O yes
O no
ELSE GOTO (26) t(2;8)

26 t(2;8)
O yes
O no
ELSE GOTO (27) t(4;11)

27 t(4;11)
O yes
O no
ELSE GOTO (28) t(5;17)

28 t(5;17)
   O yes
   O no
ELSE GOTO (29) t(8;14)

29 t(8;14)
   O yes
   O no
ELSE GOTO (30) t(8;22)

30 t(8;22)
   O yes
   O no
ELSE GOTO (31) t(9;22)

31 t(9;22)
   O yes
   O no
ELSE GOTO (32) translocation 9p

32 translocation 9p
   O yes
   O no
ELSE GOTO (33) t(10;14)

33 t(10;14)
   O yes
   O no
ELSE GOTO (34) t(11;14)

34 t(11;14)
   O yes
   O no
ELSE GOTO (35) t(v;11q23)

35 t(v;11q23)
   O yes
   O no
ELSE GOTO (36) t(12;21)

36 t(12;21)
   O yes
   O no
ELSE GOTO (37) translocation 12p

37 translocation 12p
CIBMTR Center Number: ____________  CIBMTR Recipient ID: ________________________

O yes  O no
ELSE GOTO (38) del(6q) / 6q-

Deletion
38 del(6q) / 6q-
   O yes  
   O no
ELSE GOTO (39) del(9p) / 9p-

39 del(9p) / 9p-
   O yes  
   O no
ELSE GOTO (40) del(12p) / 12p-

40 del(12p) / 12p-
   O yes  
   O no
ELSE GOTO (41) add(14q)

Addition
41 add(14q)
   O yes  
   O no
ELSE GOTO (42) hyperdiploid (> 50)

Other
42 hyperdiploid (> 50)
   O yes  
   O no
ELSE GOTO (43) hypodiploid (< 46)

43 hypodiploid (< 46)
   O yes  
   O no
ELSE GOTO (44) complex (≥ 3 distinct abnormalities)

44 complex (≥ 3 distinct abnormalities)
   O yes  
   O no
ELSE GOTO (45) other abnormality

45 other abnormality
   O yes  
   O no
IF (45) other abnormality:= yes
THEN GOTO (46) specify other abnormality:
ELSE GOTO (47) Results of tests after diagnosis to prior to the preparative regimen?
specify other abnormality: ____________________

ELSE GOTO (47) Results of tests after diagnosis to prior to the preparative regimen?

47 Results of tests after diagnosis to prior to the preparative regimen?
   O yes abnormalities identified
   O no evaluable metaphases on any tests
   O no abnormalities on any tests after diagnosis and before the preparative regimen
   O not tested at this timepoint

IF (47) Results of tests after diagnosis to prior to the preparative regimen?: = yes abnormalities identified
THEN GOTO (48) -7
ELSE GOTO (75) Is a copy of the cytogenetic or FISH report attached?

Specify cytogenetic abnormalities identified between diagnosis and preparative regimen

Monosomy
48 -7
   O yes
   O no

ELSE GOTO (49) +4

Trisomy
49 +4
   O yes
   O no

ELSE GOTO (50) +8

50 +8
   O yes
   O no

ELSE GOTO (51) +17

51 +17
   O yes
   O no

ELSE GOTO (52) +21

52 +21
   O yes
   O no

ELSE GOTO (53) t(1;19)

Translocation
53 t(1;19)
   O yes
   O no

ELSE GOTO (54) t(2;8)

54 t(2;8)
   O yes
   O no

ELSE GOTO (55) t(4;11)
55 t(4;11)
  O yes
  O no
ELSE GOTO (56) t(5;17)

56 t(5;17)
  O yes
  O no
ELSE GOTO (57) t(8;14)

57 t(8;14)
  O yes
  O no
ELSE GOTO (58) t(8;22)

58 t(8;22)
  O yes
  O no
ELSE GOTO (59) t(9;22)

59 t(9;22)
  O yes
  O no
ELSE GOTO (60) translocation 9p

60 translocation 9p
  O yes
  O no
ELSE GOTO (61) t(10;14)

61 t(10;14)
  O yes
  O no
ELSE GOTO (62) t(11;14)

62 t(11;14)
  O yes
  O no
ELSE GOTO (63) t(v;11q23)

63 t(v;11q23)
  O yes
  O no
ELSE GOTO (64) t(12;21)

64 t(12;21)
  O yes
O no
ELSE GOTO (65) translocation 12p

65 translocation 12p
O yes
O no
ELSE GOTO (66) del(6q) / 6q-

Deletion
66 del(6q) / 6q-
O yes
O no
ELSE GOTO (67) del(9p) / 9p-

67 del(9p) / 9p-
O yes
O no
ELSE GOTO (68) del(12p) / 12p-

68 del(12p) / 12p-
O yes
O no
ELSE GOTO (69) add(14q)

Addition
69 add(14q)
O yes
O no
ELSE GOTO (70) hyperdiploid (> 50)

Other
70 hyperdiploid (> 50)
O yes
O no
ELSE GOTO (71) hypodiploid (< 46)

71 hypodiploid (< 46)
O yes
O no
ELSE GOTO (72) complex (≥ 3 distinct abnormalities)

72 complex (≥ 3 distinct abnormalities)
O yes
O no
ELSE GOTO (73) other abnormality

73 other abnormality
O yes
O no
IF (73) other abnormality:= no
THEN GOTO (75) Is a copy of the cytogenetic or FISH report attached?
**Pre-HSCT Treatment for Acute Lymphoblastic Leukemia**

Questions: 76-107

76 Was central nervous system prophylaxis given at any time prior to the preparative regimen?  
- **Yes**  
- **No**  

IF (76) Was central nervous system prophylaxis given at any time prior to the preparative regimen?:= no  
THEN GOTO (83) Was therapy given between diagnosis and the start of the preparative regimen?  
ELSE GOTO (77) Cranial irradiation  

Specify prophylaxis:  
77 Cranial irradiation  
- **Yes**  
- **No**  
ELSE GOTO (78) High-dose cytarabine  

78 High-dose cytarabine  
- **Yes**  
- **No**  
ELSE GOTO (79) Intrathecal chemotherapy  

79 Intrathecal chemotherapy  
- **Yes**  
- **No**  
ELSE GOTO (80) Spinal irradiation  

80 Spinal irradiation  
- **Yes**  
- **No**  
ELSE GOTO (81) Other prophylaxis  

81 Other prophylaxis  
- **Yes**  
- **No**  

IF (81) Other prophylaxis:= no  
THEN GOTO (83) Was therapy given between diagnosis and the start of the preparative regimen? 
ELSE GOTO (82) Specify prophylaxis:  

82 Specify prophylaxis:  

---

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Else Goto (83) Was therapy given between diagnosis and the start of the preparative regimen?

83  Was therapy given between diagnosis and the start of the preparative regimen?
    - O yes
    - O no

IF (83) Was therapy given between diagnosis and the start of the preparative regimen? := no
THEN Goto (108) WBC:
ELSE Goto (84) Purpose of therapy:

<table>
<thead>
<tr>
<th>Line(s) of Therapy</th>
<th>Questions: 84-107</th>
</tr>
</thead>
<tbody>
<tr>
<td>84 Purpose of therapy:</td>
<td></td>
</tr>
<tr>
<td>- induction</td>
<td></td>
</tr>
<tr>
<td>- consolidation</td>
<td></td>
</tr>
<tr>
<td>- maintenance</td>
<td></td>
</tr>
<tr>
<td>- treatment for relapse</td>
<td></td>
</tr>
</tbody>
</table>

ELSE Goto (85) Systemic / Intrathecal Therapy:

85  Systemic / Intrathecal Therapy:
    - O yes
    - O no

IF (85) Systemic / Intrathecal Therapy := no
THEN Goto (98) Radiation Therapy:
ELSE Goto (86) Date therapy started:

86  Date therapy started: ___ YYYY - MM - DD

ELSE Goto (87) Date therapy stopped:

87  Date therapy stopped: ___ YYYY - MM - DD

ELSE Goto (88) Unknown/not applicable

88  [ ] Unknown/not applicable

   Number of cycles: ___

   IF (88) Unknown/not applicable := checked
   ELSE Goto (89) aldesleukin (IL-2)
   ELSE Goto Number of cycles

89  aldesleukin (IL-2)
    - O yes
    - O no

ELSE Goto (90) chemotherapy

90  chemotherapy
    - O yes
    - O no
ELSE GOTO (91) dasatinib (Sprycel)

91 dasatinib (Sprycel)
   O yes
   O no
ELSE GOTO (92) imatinib (Gleevec)

92 imatinib (Gleevec)
   O yes
   O no
ELSE GOTO (93) interferon-α (Referon-α)

93 interferon-α (Referon-α)
   O yes
   O no
ELSE GOTO (94) intrathecal drugs

94 intrathecal drugs
   O yes
   O no
ELSE GOTO (95) nilotinib (AMN107, Tasigna)

95 nilotinib (AMN107, Tasigna)
   O yes
   O no
ELSE GOTO (96) other therapy

96 other therapy
   O yes
   O no
IF (96) other therapy:= no
   THEN GOTO (98) Radiation Therapy:
   ELSE GOTO (97) Specify other therapy:

97 Specify other therapy:

ELSE GOTO (98) Radiation Therapy:

98 Radiation Therapy:
   O yes
   O no
IF (98) Radiation Therapy:= no
   THEN GOTO (104) Best Response to Line of Therapy:
   ELSE GOTO (99) Date therapy started:

99 Date therapy started:
**ERROR CORRECTION FORM**

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

Today's Date: [MM DD YYYY]

infusion Date: [MM DD YYYY]

CIBMTR Center Number: [ ]

CIBMTR Recipient ID: [ ]

<table>
<thead>
<tr>
<th>ELSE GOTO (100) Date therapy stopped:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Date therapy stopped: [YYYY MM DD]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ELSE GOTO (101) Central nervous system

<table>
<thead>
<tr>
<th>Central nervous system</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ELSE GOTO (102) Other site

<table>
<thead>
<tr>
<th>Other site</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF (102) Other site:= no
THEN GOTO (104) Best Response to Line of Therapy:
ELSE GOTO (103) specify other site

<table>
<thead>
<tr>
<th>specify other site</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ELSE GOTO (104) Best Response to Line of Therapy:

<table>
<thead>
<tr>
<th>Best Response to Line of Therapy:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O continuous complete response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O complete response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O no complete response</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ELSE GOTO (105) Date response established:

| Date response established: [YYYY MM DD] | | |

ELSE GOTO (106) Did the recipient relapse following this line of therapy?

<table>
<thead>
<tr>
<th>Did the recipient relapse following this line of therapy?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF (106) Did the recipient relapse following this line of therapy?:= no
THEN GOTO (108) WBC:
ELSE GOTO (107) Date of relapse:

| Date of relapse: [YYYY MM DD] | | |

ELSE GOTO (108) WBC:

Copy questions 84-107 if needed for Line(s) of Therapy.
## Laboratory Studies Prior to the Start of the Preparative Regimen

### Questions: 108-130

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>108 WBC:</td>
<td><strong>known</strong>&lt;br&gt;<code>O not known</code>&lt;br&gt;<code>IF (108) WBC::= not known</code>&lt;br&gt;<code>THEN GOTO (110) Blasts in blood:</code>&lt;br&gt;<code>ELSE GOTO (109) Specify WBC results</code>&lt;br&gt;<code>109 ________ • ___</code>&lt;br&gt;<code>ELSE GOTO WBC unit of measure</code>&lt;br&gt;<code>O x 10^9/L (x 10^9/mm^3)</code>&lt;br&gt;<code>O x 10^6/L</code>&lt;br&gt;<code>ELSE GOTO (110) Blasts in blood:</code></td>
</tr>
<tr>
<td>110 Blasts in blood:</td>
<td><strong>known</strong>&lt;br&gt;<code>O not known</code>&lt;br&gt;<code>IF (110) Blasts in blood::= not known</code>&lt;br&gt;<code>THEN GOTO (112) Blasts in bone marrow:</code>&lt;br&gt;<code>ELSE GOTO (111) Specify blasts in blood results</code>&lt;br&gt;<code>111 Percentage: __________ __________ __________ __________ __________ __________ __________ __________ __________ %</code>&lt;br&gt;<code>ELSE GOTO (112) Blasts in bone marrow:</code></td>
</tr>
</tbody>
</table>
| 112 Blasts in bone marrow: | **known**<br>`O not known`<br>`IF (112) Blasts in bone marrow::= not known`<br>`THEN GOTO (115) Were tests for BCR / ABL or other molecular markers performed at any time prior to the preparative regimen?`<br>`ELSE GOTO (113) Specify blasts in bone marrow`<br>`113 Percentage: __________ __________ __________ __________ __________ __________ __________ __________ __________ %`<br>`ELSE GOTO (114) Date of bone marrow examination:`<br>`114 Date of bone marrow examination: ____________ ____________ MM ____________ DD`<br>`ELSE GOTO (115) Were tests for BCR / ABL or other molecular markers performed at any time prior to the preparative regimen?`<br>`115 Were tests for BCR / ABL or other molecular markers performed at any time prior to the preparative regimen?`<br>`O yes`<br>`O no`<br>`IF (115) Were tests for BCR / ABL or other molecular markers performed at any time prior to the preparative regimen?: no`<br>`THEN GOTO (123) Did the recipient have central nervous system leukemia at any time or immediately prior to the preparative regimen?`<br>`ELSE GOTO (116) Was BCR / ABL testing performed?`<br>`116 Was BCR / ABL testing performed?`
116 Was BCR / ABL testing performed?
   O yes
   O no
   IF (116) Was BCR / ABL testing performed?: = no
   THEN GOTO (118) Was TEL / AML / AML-1 testing performed?
   ELSE GOTO (117) Specify results:

117 Specify results:
   O positive
   O negative
   ELSE GOTO (118) Was TEL / AML / AML-1 testing performed?

118 Was TEL / AML / AML-1 testing performed?
   O yes
   O no
   IF (118) Was TEL / AML / AML-1 testing performed?: = no
   THEN GOTO (120) Was any other molecular testing performed?
   ELSE GOTO (119) Specify results:

119 Specify results:
   O positive
   O negative
   ELSE GOTO (120) Was any other molecular testing performed?

120 Was any other molecular testing performed?
   O yes
   O no
   IF (120) Was any other molecular testing performed?: = no
   THEN GOTO (123) Did the recipient have central nervous system leukemia at any time or immediately prior to the preparative regimen?
   ELSE GOTO (121) Specify test:

121 Specify test:
   ELSE GOTO (122) Specify results:

122 Specify results:
   O positive
   O negative
   ELSE GOTO (123) Did the recipient have central nervous system leukemia at any time or immediately prior to the preparative regimen?

123 Did the recipient have central nervous system leukemia at any time or immediately prior to the preparative regimen?
   O yes
   O no
   O unknown
   IF (123) Did the recipient have central nervous system leukemia at any time or immediately prior to the preparative regimen?: = yes
   THEN GOTO (124) No treatment
   ELSE GOTO (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?
**Specify treatment(s) given:**

124 No treatment
   O yes
   O no

ELSE GOTO (125) Cranial irradiation

125 Cranial irradiation
   O yes
   O no

ELSE GOTO (126) High-dose cytarabine

126 High-dose cytarabine
   O yes
   O no

ELSE GOTO (127) Intrathecal chemotherapy

127 Intrathecal chemotherapy
   O yes
   O no

ELSE GOTO (128) Spinal irradiation

128 Spinal irradiation
   O yes
   O no

ELSE GOTO (129) Other treatment

129 Other treatment
   O yes
   O no

IF (129) Other treatment:= no
   THEN GOTO (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?
   ELSE GOTO (130) Specify treatment:

130 Specify treatment:
   ELSE GOTO (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?

---

**Disease Status at the Last Assessment Prior to the Preparative Regimen**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>131</td>
<td>What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?</td>
</tr>
<tr>
<td></td>
<td>O 1st complete remission (no previous marrow or extramedullary relapse)</td>
</tr>
<tr>
<td></td>
<td>O 2nd complete remission</td>
</tr>
<tr>
<td></td>
<td>O ≥ 3rd complete remission</td>
</tr>
<tr>
<td></td>
<td>O primary induction failure</td>
</tr>
<tr>
<td></td>
<td>O 1st relapse</td>
</tr>
<tr>
<td></td>
<td>O 2nd relapse</td>
</tr>
<tr>
<td></td>
<td>O ≥ 3rd relapse</td>
</tr>
<tr>
<td></td>
<td>O no treatment</td>
</tr>
</tbody>
</table>

---

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IF (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:

= no treatment
THEN GOTO (141) Date of the most recent assessment for disease status prior to the preparative regimen:
ELSE GOTO (132) Was the recipient in cytogenetic remission?

IF (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:

= primary induction failure
THEN GOTO (134) Bone marrow
ELSE GOTO (132) Was the recipient in cytogenetic remission?

IF (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:

= 1st relapse
THEN GOTO (134) Bone marrow
ELSE GOTO (132) Was the recipient in cytogenetic remission?

IF (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:

= 2nd relapse
THEN GOTO (134) Bone marrow
ELSE GOTO (132) Was the recipient in cytogenetic remission?

IF (131) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:

= ≥ 3rd relapse
THEN GOTO (134) Bone marrow
ELSE GOTO (132) Was the recipient in cytogenetic remission?

132 Was the recipient in cytogenetic remission?
   O yes
   O no
   O unknown
ELSE GOTO (133) Was the recipient in molecular remission?

133 Was the recipient in molecular remission?
   O yes
   O no
   O unknown
ELSE GOTO (141) Date of the most recent assessment for disease status prior to the preparative regimen:

Specify site(s) of active leukemia immediately prior to the preparative regimen:
134 Bone marrow
   O yes
   O no
ELSE GOTO (135) Central nervous system

135 Central nervous system
   O yes
   O no
ELSE GOTO (136) Cytogenetic / FISH test results

136 Cytogenetic / FISH test results
   O yes
   O no
ELSE GOTO (137) Molecular test results

137 Molecular test results
   O yes
CIBMTR Center Number: ____________  CIBMTR Recipient ID: ________________

**ERROR CORRECTION FORM**

**Sequence Number:**

**Today's Date:**

<table>
<thead>
<tr>
<th>Month</th>
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<th>Year</th>
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**Infusion Date:**

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<th>Day</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
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<td>20</td>
<td></td>
</tr>
</tbody>
</table>

**CIBMTR Center Number:** ____________

**CIBMTR Recipient ID:** ________________

**Initials:**

学到

138 Testes

| O no |

ELSE GOTO (138) Testes

139 Other site:

| O yes |

| O no |

ELSE GOTO (139) Other site:

140 Specify site:

ELSE GOTO (141) Date of the most recent assessment for disease status prior to the preparative regimen:

141 Date of the most recent assessment for disease status prior to the preparative regimen:

| YYYY | MM | DD |

ELSE GOTO First name

First Name: __________________________

ELSE GOTO Last name

Last Name: _________________________

ELSE GOTO Phone number:

Phone number: _______________________

ELSE GOTO Fax number:

Fax number: _________________________

ELSE GOTO E-mail address:

E-mail address: _______________________

ELSE GOTO End of Form