2017: Amyloidosis Pre-HSCT Data

Registry Use Only
Sequence Number:

Date Received:

Key Fields

Sequence Number: __________________________
ELSE GOTO Date Received:

Date Received: ___-___-___
ELSE GOTO CIBMTR Center Number:

CIBMTR Center Number: __________________________
ELSE GOTO CIBMTR Recipient ID:

CIBMTR Recipient ID: __________________________
ELSE GOTO Today's Date:

Today's Date: ___-___-___
ELSE GOTO Date of HSCT for which this form is being completed:

Date of HSCT for which this form is being completed: ___-___-___
ELSE GOTO Autologous

HSCT type (check all that apply):
☐ Autologous
ELSE GOTO Allogeneic, unrelated

☐ Allogeneic, unrelated
ELSE GOTO Allogeneic, related

☐ Allogeneic, related
ELSE GOTO Syngeneic (identical twin)
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:= checked
THEN GOTO Specify:
ELSE GOTO Is this is a report of a subsequent transplant?

Specify:
ELSE GOTO Is this is a report of a subsequent transplant?

☐ If this is a report of a second or subsequent transplant, check here and continue with question 127.
IF Is this is a report of a subsequent transplant?:= checked
THEN GOTO (127) Specify the total urinary protein excretion:
ELSE GOTO (1) date of biopsy–proven diagnosis unknown

Date of biopsy–proven diagnosis unknown
IF (1) date of biopsy–proven diagnosis unknown:= checked
THEN GOTO (2) Serum heavy chain
ELSE GOTO What was the date of the biopsy–proven diagnosis of Amyloidosis?

What was the date of the biopsy–proven diagnosis of Amyloidosis? __ YYYY __ MM __ DD __

Else GOTO (2) Serum heavy chain

Specify the paraproteins present at diagnosis:

2 Serum heavy chain
   ○ yes
   ○ no
   ○ unknown
IF (2) Serum heavy chain:= yes
THEN GOTO (3) IgG
ELSE GOTO (9) Serum light chain

Specify serum heavy chain type(s) present:
3 IgG
   O yes
   O no
   O unknown
ELSE GOTO (4) IgA

4 IgA
   O yes
   O no
   O unknown
ELSE GOTO (5) IgD

5 IgD
   O yes
   O no
   O unknown
ELSE GOTO (6) IgE

6 IgE
   O yes
   O no
   O unknown
ELSE GOTO (7) IgM

7 IgM
   O yes
   O no
   O unknown
ELSE GOTO (8) heavy chain present, type unknown

8 heavy chain present, type unknown
   O yes
   O no
   O unknown
ELSE GOTO (9) Serum light chain

9 Serum light chain
   O yes
   O no
   O unknown
IF (9) Serum light chain:= yes
THEN GOTO (10) Specify the serum light chain type:
ELSE GOTO (11) Heavy chain detected in urine
10 Specify the serum light chain type:
   O κ (kappa)
   O λ (lambda)
   O light chain present, type unknown
   ELSE GOTO (11) Heavy chain detected in urine

11 Heavy chain detected in urine
   O yes
   O no
   O unknown
   IF (11) Heavy chain detected in urine:= yes
   THEN GOTO (12) IgG
   ELSE GOTO (18) Light chain detected in urine

   Specify urine heavy chain type(s) present:
12 IgG
   O yes
   O no
   O unknown
   ELSE GOTO (13) IgA

13 IgA
   O yes
   O no
   O unknown
   ELSE GOTO (14) IgD

14 IgD
   O yes
   O no
   O unknown
   ELSE GOTO (15) IgE

15 IgE
   O yes
   O no
   O unknown
   ELSE GOTO (16) IgM

16 IgM
   O yes
   O no
   O unknown
   ELSE GOTO (17) heavy chain present, type unknown

17 heavy chain present, type unknown
   O yes
   O no
   O unknown
   ELSE GOTO (18) Light chain detected in urine
18 Light chain detected in urine
   O yes
   O no
   O unknown

IF (18) Light chain detected in urine := yes
THEN GOTO (19) Specify the urine light chain type:
ELSE GOTO (20) Specify the total 24-hour urinary protein excretion:

19 Specify the urine light chain type:
   O κ (kappa)
   O λ (lambda)
   O light chain present, type unknown

ELSE GOTO (20) Specify the total 24-hour urinary protein excretion:

20 Specify the total 24-hour urinary protein excretion:
   O known
   O not known

IF (20) Specify the total 24-hour urinary protein excretion := not known
THEN GOTO (22) Was a renal biopsy performed?
ELSE GOTO (21) 24hour urinary protein excretion value

21 _________ _______ • _______ g/24 hours

ELSE GOTO (22) Was a renal biopsy performed?

22 Was a renal biopsy performed?
   O yes
   O no
   O unknown

IF (22) Was a renal biopsy performed? := yes
THEN GOTO (23) Specify the renal biopsy results:
ELSE GOTO (24) Was hepatomegaly (liver span > 15cm) present on examination or on radiographic imaging?

23 Specify the renal biopsy results:
   O positive for amyloid involvement
   O negative
   O unknown

ELSE GOTO (24) Was hepatomegaly (liver span > 15cm) present on examination or on radiographic imaging?

Hepatic Involvement
24 Was hepatomegaly (liver span > 15cm) present on examination or on radiographic imaging?
   O yes
   O no
   O unknown

ELSE GOTO (25) Specify the level of serum alkaline phosphatase:
25 Specify the level of serum alkaline phosphatase:
   O known
   O not known
   IF (25) Specify the level of serum alkaline phosphatase := not known
   THEN GOTO (27) Specify your institution’s upper limit of normal for serum alkaline phosphatase:
   ELSE GOTO (26) serum alkaline phosphatase value

26 _______ ● _______ O IU/L
   ELSE GOTO serum alkaline phosphatase unit of measure
   O µkat/L
   ELSE GOTO (27) Specify your institution’s upper limit of normal for serum alkaline phosphatase:

27 Specify your institution’s upper limit of normal for serum alkaline phosphatase:
   O known
   O not known
   IF (27) Specify your institution’s upper limit of normal for serum alkaline phosphatase := not known
   THEN GOTO (29) Was a liver biopsy performed?
   ELSE GOTO (28) upper limit of norm for serum alkaline phosphatase

28 _______ ● _______ O IU/L
   ELSE GOTO up limit of norm serum alkaline phosphatase uom
   O µkat/L
   ELSE GOTO (29) Was a liver biopsy performed?

29 Was a liver biopsy performed?
   O yes
   O no
   O unknown
   IF (29) Was a liver biopsy performed := yes
   THEN GOTO (30) Specify the liver biopsy result:
   ELSE GOTO (31) Was a cardiographic imaging procedure performed?

30 Specify the liver biopsy result:
   O positive for amyloid involvement
   O negative
   O unknown
   ELSE GOTO (31) Was a cardiographic imaging procedure performed?

Cardiac Involvement
31 Was a cardiographic imaging procedure performed?
   O yes
   O no
   O unknown
   IF (31) Was a cardiographic imaging procedure performed := yes
   THEN GOTO (32) Was the left ventricular ejection fraction measured?
   ELSE GOTO (36) Specify the interventricular septal wall thickness measured by echocardiogram:
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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 Was the left ventricular ejection fraction measured?</td>
<td>O yes, O no, O unknown</td>
</tr>
<tr>
<td>IF (32) Was the left ventricular ejection fraction measured? := yes</td>
<td>THEN GOTO (33) Specify the left ventricular ejection fraction:</td>
</tr>
<tr>
<td>ELSE GOTO (35) Was diastolic dysfunction present?</td>
<td></td>
</tr>
<tr>
<td>33 Specify the left ventricular ejection fraction:</td>
<td>%</td>
</tr>
<tr>
<td>ELSE GOTO (34) Specify the method used to determine the left ventricular ejection fraction:</td>
<td></td>
</tr>
<tr>
<td>34 Specify the method used to determine the left ventricular ejection fraction:</td>
<td>O echocardiogram, O multiple gated acquisition (MUGA) scan, O unknown</td>
</tr>
<tr>
<td>ELSE GOTO (35) Was diastolic dysfunction present?</td>
<td></td>
</tr>
<tr>
<td>35 Was diastolic dysfunction present?</td>
<td>O yes, O no, O unknown</td>
</tr>
<tr>
<td>ELSE GOTO (36) Specify the interventricular septal wall thickness measured by echocardiogram:</td>
<td></td>
</tr>
<tr>
<td>36 Specify the interventricular septal wall thickness measured by echocardiogram:</td>
<td>mm</td>
</tr>
<tr>
<td>IF (36) Specify the interventricular septal wall thickness measured by echocardiogram := not known</td>
<td>THEN GOTO (38) Was a cardiac biopsy performed?</td>
</tr>
<tr>
<td>ELSE GOTO (37) interventricular septal wall thickness</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>mm</td>
</tr>
<tr>
<td>ELSE GOTO (38) Was a cardiac biopsy performed?</td>
<td></td>
</tr>
<tr>
<td>38 Was a cardiac biopsy performed?</td>
<td>O yes, O no, O unknown</td>
</tr>
<tr>
<td>IF (38) Was a cardiac biopsy performed? := yes</td>
<td>THEN GOTO (39) Specify the cardiac biopsy results:</td>
</tr>
<tr>
<td>ELSE GOTO (40) Were any cardiac biomarkers assessed?</td>
<td></td>
</tr>
<tr>
<td>39 Specify the cardiac biopsy results:</td>
<td>O positive for amyloid involvement, O negative, O unknown</td>
</tr>
<tr>
<td>ELSE GOTO (40) Were any cardiac biomarkers assessed?</td>
<td></td>
</tr>
<tr>
<td>40 Were any cardiac biomarkers assessed?</td>
<td>O yes, O no</td>
</tr>
</tbody>
</table>
### ERROR CORRECTION FORM

**CIBMTR Center Number:**

**CIBMTR Recipient ID:**

**Initials:**

**Today's Date:**

**Infusion Date:**

**CIBMTR Center Number:**

---

**CIBMTR Center Number:**

**CIBMTR Recipient ID:**

---

**O unknown**

**IF (40) Were any cardiac biomarkers assessed? = yes**

**THEN GOTO (41) brain natriuretic peptide (BNP) and/or**

**N-terminal prohormone brain natriuretic peptide (NT-proBNP)**

**ELSE GOTO (45) Was there clinical suspicion of gastrointestinal (GI) involvement?**

**Specify the cardiac biomarkers assessed:**

**41 brain natriuretic peptide (BNP) and/or**

**N-terminal prohormone brain natriuretic peptide (NT-proBNP)**

**O yes**

**O no**

**IF (41) brain natriuretic peptide (BNP) and/or**

**N-terminal prohormone brain natriuretic peptide (NT-proBNP) := no**

**THEN GOTO (43) troponin**

**ELSE GOTO (42) Specify the BNP / NT-proBNP level:**

**42 Specify the BNP / NT-proBNP level:**

---

**ELSE GOTO (43) troponin**

**43 troponin**

**O yes**

**O no**

**IF (43) troponin := no**

**THEN GOTO (45) Was there clinical suspicion of gastrointestinal (GI) involvement?**

**ELSE GOTO (44) Specify the troponin level:**

**44 Specify the troponin level:**

---

**ELSE GOTO (45) Was there clinical suspicion of gastrointestinal (GI) involvement?**

**Gastrintestinal Involvement**

**45 Was there clinical suspicion of gastrointestinal (GI) involvement?**

**O yes**

**O no**

**O unknown**

**IF (45) Was there clinical suspicion of gastrointestinal (GI) involvement? := yes**

**THEN GOTO (46) upper GI tract**

**ELSE GOTO (47) lower GI tract**

**46 Specify the site(s) of GI involvement:**

**47 Specify the 24-hour fecal fat result:**

---

**48 Specify the 24-hour fecal fat result:**

**O known**

**O not known**

---

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### IF (48) Specify the 24-hour fecal fat result: := not known

- THEN GOTO (50)Was a gastrointestinal biopsy performed?
- ELSE GOTO (49) 24hour fecal fat result

| 20 | 20 |

**ELSE GOTO (50) Was a gastrointestinal biopsy performed?**

**50** Was a gastrointestinal biopsy performed?
- O yes
- O no
- O unknown

**IF (50) Was a gastrointestinal biopsy performed?:= yes**

- THEN GOTO (51) Rectal
- ELSE GOTO (58) Was a sensory / motor exam performed?

**Specify site(s) of GI biopsy:**

<table>
<thead>
<tr>
<th>Rectal</th>
</tr>
</thead>
<tbody>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>O unknown</td>
</tr>
</tbody>
</table>

**IF (51) Rectal:= yes**

- THEN GOTO (52) Specify the rectal biopsy results:
- ELSE GOTO (54) Other site:

**52 Specify the rectal biopsy results:**
- O positive for amyloid involvement
- O negative
- O unknown

- ELSE GOTO (53) Is a copy of the rectal biopsy report attached?

<table>
<thead>
<tr>
<th>53</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a copy of the rectal biopsy report attached?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
</tbody>
</table>

**ELSE GOTO (54) Other site:**

<table>
<thead>
<tr>
<th>54</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other site:</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>O unknown</td>
</tr>
</tbody>
</table>

**IF (54) Other site:= yes**

- THEN GOTO (55) Specify other GI biopsy site:
- ELSE GOTO (58) Was a sensory / motor exam performed?

<table>
<thead>
<tr>
<th>55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify other GI biopsy site:</td>
</tr>
</tbody>
</table>

**ELSE GOTO (56) Specify the biopsy results:**
Specify the biopsy results:
- O positive for amyloid involvement
- O negative
- O unknown
ELSE GOTO (57) Is a copy of the biopsy report attached?

57 Is a copy of the biopsy report attached?
- O yes
- O no
ELSE GOTO (58) Was a sensory / motor exam performed?

Peripheral Neuropathy
58 Was a sensory / motor exam performed?
- O yes
- O no
- O unknown
IF (58) Was a sensory / motor exam performed?:= yes
THEN GOTO (59) Specify the exam results:
ELSE GOTO (60) Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?

59 Specify the exam results:
- O normal
- O abnormal
- O unknown
ELSE GOTO (60) Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?

60 Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?
- O yes
- O no
- O unknown
IF (60) Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?:= yes
THEN GOTO (61) Specify EMG / NCV results:
ELSE GOTO (62) Was a nerve biopsy performed?

61 Specify EMG / NCV results:
- O normal
- O abnormal
- O unknown
ELSE GOTO (62) Was a nerve biopsy performed?

62 Was a nerve biopsy performed?
- O yes
- O no
- O unknown
IF (62) Was a nerve biopsy performed?:= yes
THEN GOTO (63) Sural
ELSE GOTO (68) Did the recipient display any other evidence of peripheral nerve involvement for amyloidosis?

Specify site(s) of nerve biopsy:
- 63 Sural
CIBMTR Center Number: ___ ___ ___ ___ ___

Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

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ELSE GOTO (71) Did the recipient display any other evidence of autonomic neuropathy involvement (pseudo-obstruction of intractable diarrhea)?

71 Did the recipient display any other evidence of autonomic neuropathy involvement (pseudo-obstruction of intractable diarrhea)?
   O yes
   O no
   O unknown

IF (71) Did the recipient display any other evidence of autonomic neuropathy involvement (pseudo-obstruction of intractable diarrhea)?:= yes
THEN GOTO (72) Specify other evidence:
ELSE GOTO (73) Was an abdominal fat aspirate performed?

72 Specify other evidence:
   ELSE GOTO (73) Was an abdominal fat aspirate performed?

Other Site(s)
73 Was an abdominal fat aspirate performed?
   O yes
   O no
   O unknown

IF (73) Was an abdominal fat aspirate performed?= yes
THEN GOTO (74) Specify the aspirate results:
ELSE GOTO (75) Did the recipient display any other clinical organ involvement?

74 Specify the aspirate results:
   O positive for amyloid involvement
   O negative
   O unknown

ELSE GOTO (75) Did the recipient display any other clinical organ involvement?

75 Did the recipient display any other clinical organ involvement?
   O yes
   O no
   O unknown

IF (75) Did the recipient display any other clinical organ involvement?= yes
THEN GOTO (76) Arthopathy
ELSE GOTO (84) WBC:

   Specify the evidence of other organ involvement:
76 Arthopathy
   O yes
   O no

ELSE GOTO (77) Lung

77 Lung
   O yes

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Laboratory Values at Diagnosis of Amyloidosis

84 WBC:
- O known
- O not known

IF (84) WBC = not known
THEN GOTO (86) Hemoglobin (untransfused):
ELSE GOTO (85) WBC at diagnosis

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<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
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<tbody>
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**ERROR CORRECTION FORM**

**Sequence Number:**

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</table>

**Infusion Date:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
<td>20</td>
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**CIBMTR Center Number:**

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**Today’s Date:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
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<td>20</td>
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**CIBMTR Recipient ID:**

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<th></th>
</tr>
</thead>
</table>

85  

ELSE GOTO WBC at diagnosis unit of measure

- $x \times 10^9/L$ ($x \times 10^9/mm^3$)
- $x \times 10^6/L$

ELSE GOTO (86) Hemoglobin (untransfused):

86  

Hemoglobin (untransfused):

- $\text{known}$
- $\text{not known}$

**IF (86) Hemoglobin (untransfused)::= not known**

**THEN GOTO (88) Platelets (untransfused):**

ELSE GOTO (87) hemoglobin at diagnosis

87  

ELSE GOTO hemoglobin at diagnosis uom

- $g/dL$
- $g/L$
- $mmol/L$

ELSE GOTO (88) Platelets (untransfused):

88  

Platelets (untransfused):

- $\text{known}$
- $\text{not known}$

**IF (88) Platelets (untransfused)::= not known**

**THEN GOTO (90) Plasma cell in bone marrow aspirate:**

ELSE GOTO (89) platelets at diagnosis

89  

ELSE GOTO platelets at diagnosis unit of measure

- $x \times 10^9/L$ ($x \times 10^9/mm^3$)
- $x \times 10^6/L$

ELSE GOTO (90) Plasma cells in bone marrow aspirate:

90  

Plasma cell in bone marrow aspirate:

- $\text{known}$
- $\text{not known}$

**IF (90) Plasma cell in bone marrow aspirate:= not known**

**THEN GOTO (92) Plasma cells in bone marrow biopsy:**

ELSE GOTO plasma cell in bm asp

91  

- $\text{source (aspirate vs. biopsy) unknown}$
- $\text{checked}$

**IF (91) plasma cells in bone marrow aspirate:= checked**

ELSE GOTO (92) Plasma cells in bone marrow biopsy:

**THEN GOTO (92) Plasma cells in bone marrow biopsy:**

ELSE GOTO plasma cell in bm asp

92  

Plasma cells in bone marrow biopsy:

- $\text{known}$
- $\text{not known}$

**IF (92) Plasma cells in bone marrow biopsy:= not known**

**THEN GOTO (94) Was there evidence of amyloid involvement in the bone marrow?**

ELSE GOTO (93) plasma cells in bone marrow biopsy

93  

Plasma cells in bone marrow biopsy:

- $\text{known}$
- $\text{not known}$

**IF (93) plasma cells in bone marrow biopsy:= not known**

**THEN GOTO (94) Was there evidence of amyloid involvement in the bone marrow?**

ELSE GOTO (90) Plasma cells in bone marrow biopsy

94  

Was there evidence of amyloid involvement in the bone marrow?

- $\text{known}$
- $\text{not known}$

**IF (94) Was there evidence of amyloid involvement in the bone marrow?= not known**

**THEN GOTO (92) Plasma cells in bone marrow biopsy:**

Else GOTO (93) plasma cells in bone marrow biopsy
93 □ source (aspirate vs. biopsy) unknown
    IF (93) plasma cells in bone marrow biopsy:=
    checked
    THEN GOTO (94) Was there evidence of amyloid involvement in the bone marrow?
    ELSE GOTO plasma cells in bm bx

94 Was there evidence of amyloid involvement in the bone marrow?
  O yes
  O no
  ELSE GOTO (95) Serum albumin:

95 Serum albumin:
  O known
  O not known
  IF (95) Serum albumin:= not known
  THEN GOTO (96) serum albumin at diagnosis
  ELSE GOTO (97) Serum β2 microglobulin:

96 _____ _____ _____ ●
    ELSE GOTO serum albumin at diagnosis unit of measure
    O g/dL
    O g/L
    ELSE GOTO (97) Serum β2 microglobulin:

97 Serum β2 microglobulin:
  O known
  O not known
  IF (97) Serum β2 microglobulin:= not known
  THEN GOTO (98) serum B2 microglobulin at diagnosis
  ELSE GOTO (99) Serum creatinine:

98 _____ _____ ●
    ELSE GOTO serumB2 microglobulin at diagnosis unit of measure
    O μg/dL
    O mg/L
    O nmol/L
    ELSE GOTO (99) Serum creatinine:

99 Serum creatinine:
  O known
  O not known
  IF (99) Serum creatinine:= not known
  THEN GOTO (101) Serum monoclonal Ig: (only from electrophoresis)
  ELSE GOTO (100) serum creatinine at diagnosis

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</thead>
</table>

<table>
<thead>
<tr>
<th>ELSE GOTO serum creatinine at diagnosis unit of measure</th>
<th>O mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O mmol/L</td>
</tr>
<tr>
<td></td>
<td>O µmol/L</td>
</tr>
<tr>
<td>ELSE GOTO (101) Serum monoclonal Ig: <em>(only from electrophoresis)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serum monoclonal Ig: <em>(only from electrophoresis)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>O known</td>
</tr>
<tr>
<td>O not known</td>
</tr>
<tr>
<td>IF (101) Serum monoclonal Ig: <em>(only from electrophoresis)</em> := not known</td>
</tr>
<tr>
<td>THEN GOTO (103) Serum free light chain, κ (kappa)</td>
</tr>
<tr>
<td>ELSE GOTO (102) serum monoclonal Ig at diagnosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELSE GOTO serum monoclonal Ig at diagnosis unit of measure</th>
<th>O mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O g/dL</td>
</tr>
<tr>
<td></td>
<td>O g/L</td>
</tr>
<tr>
<td>ELSE GOTO (101) Serum monoclonal Ig: <em>(only from electrophoresis)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serum free light chain, κ (kappa)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O known</td>
</tr>
<tr>
<td>O not known</td>
</tr>
<tr>
<td>IF (103) Serum free light chain, κ (kappa) := not known</td>
</tr>
<tr>
<td>THEN GOTO (105) Serum free light chain, λ (lambda)</td>
</tr>
<tr>
<td>ELSE GOTO (104) serum free light chain kappa at diagnosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELSE GOTO serum free light chain kappa at diagnosis</th>
<th>O mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O g/dL</td>
</tr>
<tr>
<td></td>
<td>O g/L</td>
</tr>
<tr>
<td>ELSE GOTO (103) Serum free light chain, κ (kappa)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serum free light chain, λ (lambda)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O known</td>
</tr>
<tr>
<td>O not known</td>
</tr>
<tr>
<td>IF (105) Serum free light chain, λ (lambda) := not known</td>
</tr>
<tr>
<td>THEN GOTO (107) Unrinary monoclonal light chains:</td>
</tr>
<tr>
<td>ELSE GOTO (106) serum free light chain lambda at diagnosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELSE GOTO serum free light chain lambda at diagnosis</th>
<th>O mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O g/dL</td>
</tr>
<tr>
<td></td>
<td>O g/L</td>
</tr>
<tr>
<td>ELSE GOTO (105) Serum free light chain, λ (lambda)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urinary monoclonal light chains:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Urinary monoclonal light chains:</th>
</tr>
</thead>
</table>

Mail this form to your designated campus (Milwaukee or Minneapolis. Retain the original at the transplant center. Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
CIBMTR Center Number: ___ ___ ___ ___ ___

O known
O not known

IF (107) Urinary monoclonal light chains := not known
THEN GOTO (109) LDH:
ELSE GOTO (108) urinary monoclonal light chains at diagnosis

108 • • • • • •
ELSE GOTO urinary monoclonal light chains at diagnosis uom

O g/24 hours
O mg/24 hours
ELSE GOTO (109) LDH:

109 LDH:
O known
O not known
IF (109) LDH := not known
THEN GOTO (112) Was chemotherapy given to treat amyloidosis prior to the preparative regimen?
ELSE GOTO (110) LDH at diagnosis

110 • • • • • •
ELSE GOTO LDH at diagnosis unit of measure
O U/L
O µkat/L
ELSE GOTO (111) Upper limit of normal for LDH:

111 Upper limit of normal for LDH:

ELSE GOTO (112) Was chemotherapy given to treat amyloidosis prior to the preparative regimen?

112 Was chemotherapy given to treat amyloidosis prior to the preparative regimen?
O yes
O no

IF (112) Was chemotherapy given to treat amyloidosis prior to the preparative regimen? := no
THEN GOTO (127) Specify the total urinary protein excretion:
ELSE GOTO (113) Specify the total number of chemotherapy regimens given prior to the preparative regimen:

Chemotherapy

Questions: 112-126
ELSE GOTO (114) total number of chemotherapy regimens

114

ELSE GOTO (115) bortezomib (Velcade)

Line of Therapy
115 bortezomib (Velcade)
   O yes
   O no
   O unknown

ELSE GOTO (116) Corticosteroids

116 Corticosteroids
   O yes
   O no
   O unknown

ELSE GOTO (117) Cyclophosphamide

117 Cyclophosphamide
   O yes
   O no
   O unknown

ELSE GOTO (118) Lenalidomide (Revlimid)

118 Lenalidomide (Revlimid)
   O yes
   O no
   O unknown

ELSE GOTO (119) melphalan (LPAM)

119 melphalan (LPAM)
   O yes
   O no
   O unknown

ELSE GOTO (120) thalidomide

120 thalidomide
   O yes
   O no
   O unknown

ELSE GOTO (121) Other systemic therapy

121 Other systemic therapy
   O yes
   O no
Renal Involvement

127 Specify the total urinary protein excretion:
   O known
   O not known
   IF (127) Specify the total urinary protein excretion:= not known
   THEN GOTO (128) total urinary protein excretion
   ELSE GOTO (129) Specify the 24-hour creatinine clearance value:

128 _____________________ ● ____________ g/24 hours
   ELSE GOTO (129) Specify the 24-hour creatinine clearance value:

129 Specify the 24-hour creatinine clearance value:

Copy questions 113-126 if needed for Chemotherapy
Hepatic Involvement

131 Was hepatomegaly (liver span > 15 cm) present on examination or on radiographic imaging?
- O yes
- O no
- O unknown

ELSE GOTO (132) Specify the level of serum alkaline phosphatase:

132 Specify the level of serum alkaline phosphatase:
- O known
- O not known

IF (132) Specify the level of serum alkaline phosphatase:= not known
THEN GOTO (134) Specify your institution’s upper limit of normal for serum alkaline phosphatase:
ELSE GOTO (133) serum alkaline phosphatase prior to prep

133 __ __ __ __ __ • __
ELSE GOTO serum alkaline phosphatase prior to prep uom

ELSE GOTO (134) Specify your institution’s upper limit of normal for serum alkaline phosphatase:

134 Specify your institution's upper limit of normal for serum alkaline phosphatase:
- O known
- O not known

IF (134) Specify your institution’s upper limit of normal for serum alkaline phosphatase:= not known
THEN GOTO (136) Was a cardiographic imaging procedure performed?
ELSE GOTO (135) upper limit of norm for alk phos at prep

135 __ __ __ __ __ • __
ELSE GOTO (136) Was a cardiographic imaging procedure performed?

Cardiac Involvement

136 Was a cardiographic imaging procedure performed?
- O yes
- O no
- O unknown

IF (136) Was a cardiographic imaging procedure performed?= yes
THEN GOTO (137) Was the left ventricular ejection fraction measured?
ELSE GOTO (140) Specify the interventricular septal wall thickness measured by echocardiogram:
137 Was the left ventricular ejection fraction measured?
- O yes
- O no
- O unknown

IF (137) Was the left ventricular ejection fraction measured?:= yes
THEN GOTO (138) Specify the left ventricular ejection fraction:
ELSE GOTO (140) Specify the interventricular septal wall thickness measured by echocardiogram:

138 Specify the left ventricular ejection fraction: _________________________________ %

ELSE GOTO (139) Specify the method used to determine the ejection fraction:

139 Specify the method used to determine the ejection fraction:
- O echocardiogram
- O multiple gated acquisition (MUGA) scan
- O unknown

ELSE GOTO (140) Specify the interventricular septal wall thickness measured by echocardiogram:

140 Specify the interventricular septal wall thickness measured by echocardiogram:
- O known
- O not known

IF (140) Specify the interventricular septal wall thickness measured by echocardiogram::= not known
THEN GOTO (142) NYHA functional classification of heart failure
ELSE GOTO (141) septal wall thickness

141 _________________________________ mm

ELSE GOTO (142) NYHA functional classification of heart failure

142 Specify the recipient's New York Heart Association functional classification of heart failure: (Symptoms may include dyspnea, chest pain, fatigue, and palpitations; activity level should be assessed with consideration for patient's age-group.)
- O Class I -- Able to perform ordinary activities without symptoms; no limitation of physical activity
- O Class II -- Ordinary physical activity produces symptom; slight limitation of physical activity.
- O Class III -- Less -than-ordinary physical activity produces symptoms; moderate limitation of physical activity
- O Class IV -- Symptoms present even at rest; severe limitation of physical activity
- O unknown

ELSE GOTO (143) Did the recipient display any new evidence of gastrointestinal involvement with amyloidosis since diagnosis?

Gastrointestinal Involvement

143 Did the recipient display any new evidence of gastrointestinal involvement with amyloidosis since diagnosis?
- O yes
- O no
- O unknown

IF (143) Did the recipient display any new evidence of gastrointestinal involvement with amyloidosis since diagnosis?:= yes
THEN GOTO (144) Specify new evidence:
ELSE GOTO (145) Was a sensory / motor exam performed?

144 Specify new evidence: ________________________________

ELSE GOTO (145) Was a sensory / motor exam performed?
Peripheral Neuropathy
145 Was a sensory / motor exam performed?
   O yes
   O no
   O unknown

IF (145) Was a sensory / motor exam performed?:= yes
THEN GOTO (146) Specify the exam results:
ELSE GOTO (147) Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?

146 Specify the exam results:
   O normal
   O abnormal
   O unknown

ELSE GOTO (147) Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?

147 Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?
   O yes
   O no
   O unknown

IF (147) Was an electromyograph (EMG) and/or nerve conduction velocity (NCV) test performed?:= yes
THEN GOTO (148) Specify EMG / NCV results:
ELSE GOTO (149) Did the recipient display any new evidence of peripheral nerve involvement with amyloidosis since diagnosis?

148 Specify EMG / NCV results:
   O normal
   O abnormal
   O unknown

ELSE GOTO (149) Did the recipient display any new evidence of peripheral nerve involvement with amyloidosis since diagnosis?

149 Did the recipient display any new evidence of peripheral nerve involvement with amyloidosis since diagnosis?
   O yes
   O no
   O unknown

IF (149) Did the recipient display any new evidence of peripheral nerve involvement with amyloidosis since diagnosis?:= yes
THEN GOTO (150) Specify new evidence:
ELSE GOTO (151) Did the recipient display any new evidence of autonomic neuropathy involvement (pseudo-obstruction or intractable diarrhea) since diagnosis?

150 Specify new evidence:
ELSE GOTO (151) Did the recipient display any new evidence of autonomic neuropathy involvement (pseudo-obstruction or intractable diarrhea) since diagnosis?

Autonomic Neuropathy
151 Did the recipient display any new evidence of autonomic neuropathy involvement (pseudo-obstruction or intractable diarrhea) since diagnosis?
   O yes
   O no
   O unknown
IF (151) Did the recipient display any new evidence of autonomic neuropathy involvement (pseudo-obstruction or intractable diarrhea) since diagnosis?:= yes
THEN GOTO (152) Specify new evidence:
ELSE GOTO (153) Did the recipient display any clinical evidence of other new organ involvement since diagnosis?

152 Specify new evidence: ______________________
ELSE GOTO (153) Did the recipient display any clinical evidence of other new organ involvement since diagnosis?

Other Sites
153 Did the recipient display any clinical evidence of other new organ involvement since diagnosis?
   O yes
   O no
   O unknown
IF (153) Did the recipient display any clinical evidence of other new organ involvement since diagnosis?:= yes
THEN GOTO (154) Arthropathy
ELSE GOTO (160) Plasma cells in bone marrow aspirate:

   Specify the evidence of other organ involvement:
   154 Arthropathy
      O yes
      O no
      ELSE GOTO (155) Lung
   155 Lung
      O yes
      O no
      ELSE GOTO (156) soft tissue
   156 soft tissue
      O yes
      O no
      ELSE GOTO (157) tongue (macroglossia)
   157 tongue (macroglossia)
      O yes
      O no
      ELSE GOTO (158) other evidence
CIBMTR Form 2017 revision 2 (page 24 of 26) Last Updated November 12, 2012.
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158 other evidence
   O yes
   O no
IF (158) other evidence:= no
THEN GOTO (160) Plasma cells in bone marrow aspirate:
ELSE GOTO (159) Specify other evidence:
   159 Specify other evidence: ______________________
ELSE GOTO (160) Plasma cells in bone marrow aspirate:

Hematologic and Clinical Parameters Immediately Prior to the Preparative Regimen

160 Plasma cells in bone marrow aspirate:
   O known
   O not known
IF (160) Plasma cells in bone marrow aspirate:= not known
THEN GOTO (162) Plasma cells in bone marrow biopsy:
ELSE GOTO (161) plasma cells in bone marrow aspirate
   161 source (aspirate vs. biopsy) unknown
   IF (161) plasma cells in bone marrow aspirate:= checked
   THEN GOTO (162) Plasma cells in bone marrow biopsy:
   ELSE GOTO plasma cells in bm asp

162 Plasma cells in bone marrow biopsy:
   O known
   O not known
IF (162) Plasma cells in bone marrow biopsy:= not known
THEN GOTO (164) Was there evidence of amyloid involvement in the bone marrow?
ELSE GOTO (163) plasma cell in bone marrow biopsy
   163 source (aspirate vs. biopsy) unknown
   IF (163) plasma cell in bone marrow biopsy:= checked
   THEN GOTO (164) Was there evidence of amyloid involvement in the bone marrow?
   ELSE GOTO plasma cells in bm bx

164 Was there evidence of amyloid involvement in the bone marrow?
   O yes
   O no
ELSE GOTO (165) Serum albumin:

165 Serum albumin:
   O known
   O not known
IF (165) Serum albumin:= not known
THEN GOTO (167) Serum β₂ microglobulin:
ELSE GOTO (166) serum albumin at prep

166 ___ ___ ___ ___ ___ ___ ___
ELSE GOTO serum albumin at prep unit of measure
   O g/dL
   O g/L
ELSE GOTO (167) Serum β₂ microglobulin:

167 Serum β₂ microglobulin:
   O known
   O not known
IF (167) Serum β₂ microglobulin:= not known
THEN GOTO (169) Serum monoclonal Ig: (only from electrophoresis)
ELSE GOTO (168) serum B2 microglobulin at prep

168 ___ ___ ___ ___ ___ ___ ___
ELSE GOTO serum B2 microglobulin at prep unit of measure
   O μg/dL
   O mg/L
   O nmol/L
ELSE GOTO (169) Serum monoclonal Ig: (only from electrophoresis)

169 Serum monoclonal Ig: (only from electrophoresis)
   O known
   O not known
IF (169) Serum monoclonal Ig: (only from electrophoresis):= not known
THEN GOTO (171) Serum free light chain, κ (kappa)
ELSE GOTO (170) serum monoclonal Ig at prep

170 ___ ___ ___ ___ ___ ___ ___
ELSE GOTO serum monoclonal Ig at prep unit of measure
   O mg/dL
   O g/dL
   O g/L
ELSE GOTO (171) Serum free light chain, κ (kappa)

171 Serum free light chain, κ (kappa)
   O known
   O not known
IF (171) Serum free light chain, κ (kappa):= not known
THEN GOTO (173) Serum free light chain, λ (lambda)
ELSE GOTO (172) serum free light chain kappa at prep

172 ___ ___ ___ ___ •
ELSE GOTO serum free light chain kappa at prep uom

ELSE GOTO (173) Serum free light chain, λ (lambda)

173 Serum free light chain, λ (lambda)

O known
O not known

IF (173) Serum free light chain, λ (lambda):= not known
THEN GOTO (175) Urinary monoclonal light chains:
ELSE GOTO (174) serum free light chain lambda at prep

174 ___ ___ ___ ___ •
ELSE GOTO serum free light chain lambda at prep uom

ELSE GOTO (175) Urinary monoclonal light chains:

175 Urinary monoclonal light chains:

O known
O not known

IF (175) Urinary monoclonal light chains:= not known
THEN GOTO First name
ELSE GOTO (176) urinary monoclonal light chains at prep

176 ___ ___ ___ ___ •
ELSE GOTO urinary monoclonal light chains at prep uom

ELSE GOTO First name

First Name: __________________________
ELSE GOTO Last name

ELSE GOTO Phone:

Phone: __________________________
ELSE GOTO Fax:

Fax: __________________________
ELSE GOTO E-mail address:

E-mail address: __________________________
ELSE GOTO End of Form

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