

CIBMTR Center Number:

CIBMTR Recipient ID:

Laboratory Studies Supporting Best Response to HSCT

3. Was molecular testing / immunophenotyping performed at the time of the disease assessment for best response to HSCT reported at question 1?

- 1 yes
- 2 no

Specify the testing method(s) used:

4. Immunophenotyping (4 color flow cytometry)

- 1 yes
- 2 no

5. Specify the date immunophenotyping was performed:

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

6. Was disease detected?

- 1 yes
- 2 no

7. Heavy chain gene rearrangement (ASO-PCR)

- 1 yes
- 2 no

8. Specify the date the heavy chain gene rearrangement testing was performed:

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

9. Was disease detected?

- 1 yes
- 2 no

Post-HSCT Planned Treatment for CLL

10. Was planned treatment given per protocol since the date of the last report? (Include any maintenance therapy, but exclude any treatment for relapse / progressive disease.)

- 1 yes
- 2 no

Specify the treatment(s) given:

11. Chemotherapy

- 1 yes
- 2 no

12. Radiation

- 1 yes
- 2 no

13. Immune therapy / monoclonal antibody (mAb)

- 1 yes
- 2 no

Specify treatment(s) given:

14. 1 yes 2 no aldesleukin (interleukin-2, IL-2)

15. 1 yes 2 no alemtuzumab (Campath)

16. 1 yes 2 no rituximab (anti-CD20, Rituxan)

17. 1 yes 2 no other mAb

18. Specify other mAb:

19. 1 yes 2 no other immune therapy

20. Specify immune therapy:

21. Other treatment

- 1 yes
- 2 no

22. Specify treatment: _____

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39. What is the current disease status?

- 1 complete remission
- 2 not in complete remission

40. Date the current disease status was established in this reporting period:

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>
Month	Day	Year	

41. Signed: _____
Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____