### Key Fields

<table>
<thead>
<tr>
<th>Sequence Number</th>
<th>Date Received</th>
<th>CIBMTR Center Number</th>
<th>CIBMTR Research ID</th>
</tr>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

## Form 2402 R2.0: Disease Classification

**Center:** CRID:

### Questions: 1 - 2

1. Date of diagnosis of primary disease for HCT / cellular therapy: __ _ __ _ _ __ __
2. What was the primary disease for which the HCT / cellular therapy was performed?
   - Acute myelogenous leukemia (AML or ANLL) (10)
   - Acute lymphoblastic leukemia (ALL) (20)
   - Acute leukemia of ambiguous lineage and other myeloid neoplasms (80)
   - Chronic myelogenous leukemia (CML) (40)
   - Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all preleukemias) (If recipient has transformed to AML, indicate AML as the primary disease)
   - Other leukemia (30) (includes CLL)
   - Hodgkin lymphoma (150)
   - Non-Hodgkin lymphoma (100)
   - Multiple myeloma / plasma cell disorder (PCD) (170)
   - Solid tumors (200)
   - Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease)
   - Inherited abnormalities of erythrocyte differentiation or function (310)
   - Disorders of the immune system (400)
   - Inherited abnormalities of platelets (500)
   - Inherited disorders of metabolism (520)
   - Histiocytic disorders (570)
   - Autoimmune diseases (600)
   - Other disease (900)

### Questions: 3 - 89

#### Acute Myelogenous Leukemia (AML)

3. Specify the AML classification
   - yes - Also complete MDS Disease Classification questions
   - no

4. Did AML transform from MDS or MPN?
   - yes
   - no
   - Unknown

5. Is the disease (AML) therapy related?
   - yes
   - no
   - Unknown

6. Did the recipient have a predisposing condition?
   - yes
   - no
   - Unknown

7. Specify condition
   - Bloom syndrome
   - Down syndrome
   - Fanconi anemia
   - Dyskeratosis congenita
   - Other condition

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Retain the original form at the transplant center.

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Form 2402 R2.0: Disease Classification

Center: CRID:

8 Specify other condition:

Labs at diagnosis

9 Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)
   - Yes
   - No
   - Unknown

10 Were cytogenetics tested via FISH? (at diagnosis)
   - Yes
   - No

11 Results of tests
   - Abnormalities identified
   - No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

12 Specify number of distinct cytogenetic abnormalities
   - One (1)
   - Two (2)
   - Three (3)
   - Four or more (4 or more)
13 Specify abnormalities (check all that apply)
-5
-7
-17
-18
-X
-Y
+4
+B
+11
+13
+14
+21
+22
t(3;3)
t(6;9)
t(8;21)
t(9;11)
t(9;22)
t(15;17) and variants
t(16;16)
del(3q) / 3q-
del(5q) / 5q-
del(7q) / 7q-
del(9q) / 9q-
del(11q) / 11q-
del(16q) / 16q-
del(17q) / 17q-
del(20q) / 20q-
del(21q) / 21q-
inv(3)
inv(16)
(11q23) any abnormality
12p any abnormality
Other abnormality

14 Specify other abnormality:

15 Were cytogenetics tested via karyotyping? (at diagnosis)
- Yes
- No

16 Results of tests
- Abnormalities identified
- No evaluable metaphases
- No abnormalities
### Specify cytogenetic abnormalities identified at diagnosis:

17 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

18 Specify abnormalities (check all that apply)
- -5
- -7
- -17
- -18
- -X
- -Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)
- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality

19 Specify other abnormality: ______________

20 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
- Yes  
- No

21 Were tests for molecular markers performed? (e.g. PCR, NGS) (at diagnosis)
- Yes  
- No  
- Unknown
Form 2402 R2.0: Disease Classification

Specify molecular markers identified at diagnosis:

22 CEBPA
  Positive ☐  Negative ☐  Not Done ☐

23 Specify CEBPA mutation
  ☐ Biallelic (homozygous)
  ☐ Monoallelic (heterozygous)
  ☐ Unknown

24 FLT3 – D835 point mutation
  Positive ☐  Negative ☐  Not Done ☐

25 FLT3 – ITD mutation
  Positive ☐  Negative ☐  Not Done ☐

26 FLT3 - ITD allelic ratio
  Known ☐  Unknown ☐

27 Specify FLT3 - ITD allelic ratio: ________________________________

28 IDH1
  Positive ☐  Negative ☐  Not Done ☐

29 IDH2
  Positive ☐  Negative ☐  Not Done ☐

30 KIT
  Positive ☐  Negative ☐  Not Done ☐

31 NPM1
  Positive ☐  Negative ☐  Not Done ☐

Other Molecular Marker (1)

Questions: 32 - 33

32 Other molecular marker
  Positive ☐  Negative ☐  Not Done ☐

33 Specify other molecular marker: ________________________________

Labs between diagnosis and last evaluation:

34 Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)
  Yes ☐  No ☐  Unknown ☐

35 Were cytogenetics tested via FISH? (between diagnosis and last evaluation)
  Yes ☐  No ☐

36 Results of tests
  ☐ Abnormalities identified
  ☐ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

37 Specify number of distinct cytogenetic abnormalities
  ☐ One (1)
  ☐ Two (2)
  ☐ Three (3)
  ☐ Four or more (4 or more)
Form 2402 R2.0: Disease Classification

38 Specify abnormalities (check all that apply)
- -5
- -7
- -17
- -18
- -X
- -Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)
- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality

39 Specify other abnormality:

40 Were cytogenetics tested via karyotyping? (between diagnosis and last evaluation)
Yes
No

41 Results of tests
Abnormalities identified
No evaluable metaphases
No abnormalities
Form 2402 R2.0: Disease Classification

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

42 Specify number of distinct cytogenetic abnormalities
   - One (1)
   - Two (2)
   - Three (3)
   - Four or more (4 or more)

43 Specify abnormalities (check all that apply)
   - 5
   - 7
   - 17
   - 18
   - X
   - Y
   - +4
   - +8
   - +11
   - +13
   - +14
   - +21
   - +22
   - t(3;3)
   - t(6;9)
   - t(8;21)
   - t(9;11)
   - t(9;22)
   - t(15;17) and variants
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   - del(7q) / 7q-
   - del(9q) / 9q-
   - del(11q) / 11q-
   - del(16q) / 16q-
   - del(17q) / 17q-
   - del(20q) / 20q-
   - del(21q) / 21q-
   - inv(3)
   - inv(16)
   - (11q23) any abnormality
   - 12p any abnormality
   - Other abnormality

44 Specify other abnormality: ____________________________

45 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
   - Yes
   - No

46 Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)
   - Yes
   - No
   - Unknown
Form 2402 R2.0: Disease Classification

Specify molecular markers identified between diagnosis and last evaluation:

<table>
<thead>
<tr>
<th>Molecular Marker</th>
<th>Diagnosis</th>
<th>Last Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEBPA</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Specify CEBPA mutation:

- Biallelic (homozygous)
- Monoallelic (heterozygous)
- Unknown

51 FLT3 - ITD allelic ratio

- Known
- Unknown

Specify FLT3 - ITD allelic ratio:

52 Other molecular marker

<table>
<thead>
<tr>
<th>Molecular Marker</th>
<th>Diagnosis</th>
<th>Last Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDH1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IDH2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>KIT</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NPM1</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Other Molecular Marker (1)

Questions: 57 - 58

Labs at last evaluation:

59 Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)

- Yes
- No
- Unknown

60 Were cytogenetics tested via FISH? (at last evaluation)

- Yes
- No

61 Results of tests

- Abnormalities identified
- No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

62 Specify number of distinct cytogenetic abnormalities

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
63 Specify abnormalities (check all that apply)

- 5
- 7
- 17
- 18
- X
- Y
+4
+8
+11
+13
+14
+21
+22
t(3;3)
t(6;9)
t(8;21)
t(9;11)
t(9;22)
t(15;17) and variants
t(16;16)
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del(5q) / 5q-
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del(16p) / 16q-
del(17q) / 17q-
del(20q) / 20q-
del(21q) / 21q-
inv(3)
inv(16)
(11q23) any abnormality
12p any abnormality
Other abnormality

64 Specify other abnormality:

65 Were cytogenetics tested via karyotyping? (at last evaluation)

- Yes
- No

66 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities
Form 2402 R2.0: Disease Classification

Specify cytogenetic abnormalities identified at last evaluation:

67 Specify number of distinct cytogenetic abnormalities
   - One (1)
   - Two (2)
   - Three (3)
   - Four or more (4 or more)

68 Specify abnormalities (check all that apply)
   - -5
   - -7
   - -17
   - -18
   - -X
   - -Y
   - +4
   - +8
   - +11
   - +13
   - +14
   - +21
   - +22
   - t(3;3)
   - t(6;9)
   - t(8;21)
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   - del(7q) / 7q-
   - del(9q) / 9q-
   - del(11q) / 11q-
   - del(16q) / 16q-
   - del(17q) / 17q-
   - del(20q) / 20q-
   - del(21q) / 21q-
   - inv(3)
   - inv(16)
   - (11q23) any abnormality
   - 12p any abnormality
   - Other abnormality

69 Specify other abnormality:

70 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
   - Yes
   - No

71 Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)
   - yes
   - no
   - Unknown
Form 2402 R2.0: Disease Classification

Specify molecular markers identified at last evaluation:

<table>
<thead>
<tr>
<th>Marker</th>
<th>CEBPA</th>
<th>FLT3 - D835 point mutation</th>
<th>FLT3 - ITD mutation</th>
<th>FLT3 - ITD allelic ratio</th>
<th>IDH1</th>
<th>IDH2</th>
<th>KIT</th>
<th>NPM1</th>
</tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
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<td>Negative</td>
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</tr>
</tbody>
</table>

Other Molecular Marker (1)

Questions: 82 - 83

CNS Leukemia

84 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
- yes
- no
- Unknown

Status at transplantation:

85 What was the disease status (based on hematological test results)?
- Primary induction failure
- 1st complete remission (no previous bone marrow or extramedullary relapse) (include CRI)
- 2nd complete remission
- ≥3rd complete remission
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

86 How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRI)
- 1
- 2
- ≥3

87 Was the recipient in remission by flow cytometry?
- Yes
- No
- Unknown
- Not applicable

88 Date of most recent relapse: _____ - _____ - _____

89 Date assessed: _____ - _____ - _____
# Form 2402 R2.0: Disease Classification

<table>
<thead>
<tr>
<th>Questions</th>
<th>Acute Lymphoblastic Leukemia (ALL)</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>90</td>
<td>Specify ALL classification</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>Did the recipient have a predisposing condition?</td>
<td>yes</td>
</tr>
<tr>
<td>92</td>
<td>Specify condition</td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>Specify other condition:</td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)</td>
<td>yes</td>
</tr>
<tr>
<td>95</td>
<td>Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)</td>
<td>yes</td>
</tr>
<tr>
<td>96</td>
<td>Were cytogenetics tested via FISH? (at diagnosis)</td>
<td>Yes</td>
</tr>
<tr>
<td>97</td>
<td>Results of tests</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Specify number of distinct cytogenetic abnormalities</td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory studies at diagnosis:
- If transformed to AML, indicate AML as primary disease; also complete AML Disease

### Results of tests:
- Abnormalities identified
- No abnormalities

### Specify cytogenetic abnormalities identified at diagnosis:
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
**Form 2402 R2.0: Disease Classification**

Center: CRID:

### 99 Specify abnormalities (check all that apply)
- -7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality

### 100 Specify other abnormality:

### 101 Were cytogenetics tested via karyotyping? (at diagnosis)
- Yes
- No

### 102 Results of tests
- Abnormalities identified
- No evaluable metaphases
- No abnormalities

### Specify cytogenetic abnormalities identified at diagnosis:

### 103 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
**Form 2402 R2.0: Disease Classification**

<table>
<thead>
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<th>Key Fields</th>
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</thead>
<tbody>
<tr>
<td>Sequence Number:</td>
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<tr>
<td>CIBMTR Center Number:</td>
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<td>CIBMTR Recipient ID:</td>
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<td>Initials:</td>
</tr>
<tr>
<td>Today's Date:</td>
</tr>
<tr>
<td>Infusion Date:</td>
</tr>
<tr>
<td>CIBMTR Center Number:</td>
</tr>
</tbody>
</table>

**104 Specify abnormalities (check all that apply)**

- `-7`
- `+4`
- `+8`
- `+17`
- `+21`
- `(1;19)`
- `(2;8)`
- `(4;11)`
- `(5;14)`
- `(8;14)`
- `(8;22)`
- `(9;22)`
- `(10;14)`
- `(11;14)`
- `(12;21)`
- `del(6q) / 6q-`
- `del(9p) / 9p-`
- `del(12p) / 12p-`
- `add(14q)`
- `(11q23) any abnormality`
- `9p any abnormality`
- `12p any abnormality`
- `Hyperdiploid (> 50)`
- `Hyperdiploid (< 45)`
- `iAMP21`
- `Other abnormality`

**105 Specify other abnormality:**

**106 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)**
- Yes
- No

**107 Were tests for molecular markers performed? (e.g. PCR, NGS) at diagnosis?**
- yes
- no
- Unknown

Specify molecular markers identified at diagnosis:

**108 BCR / ABL**
- Positive
- Negative
- Not Done

**109 TEL-AML / AML1**
- Positive
- Negative
- Not Done

**Other Molecular Marker (1)**

<table>
<thead>
<tr>
<th>Questions: 110 - 111</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other molecular marker</td>
</tr>
</tbody>
</table>
- Positive
- Negative
- Not Done

**111 Specify other molecular marker:** ____________________

**Laboratory studies between diagnosis and last evaluation:**

**112 Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)**
- yes
- no
- Unknown
Form 2402 R2.0: Disease Classification

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>113 Were cytogenetics tested via FISH? (between diagnosis and last evaluation)</td>
<td>Yes, No</td>
</tr>
<tr>
<td>114 Results of tests</td>
<td>Abnormalities identified, No abnormalities</td>
</tr>
<tr>
<td>Specify cytogenetic abnormalities identified between diagnosis and last evaluation:</td>
<td></td>
</tr>
<tr>
<td>115 Specify number of distinct cytogenetic abnormalities</td>
<td>One (1), Two (2), Three (3), Four or more (4 or more)</td>
</tr>
<tr>
<td>116 Specify abnormalities (check all that apply)</td>
<td>-7, +4, +8, +17, +21, t(1;19), t(2;8), t(3;11), t(5;14), t(8;14), t(8;22), t(9;22), t(10;14), t(11;14), t(12;21), del(6q) / 6q-, del(9p) / 9p-, del(12p) / 12p-, add(14q), (11q23) any abnormality, 9p any abnormality, 12p any abnormality, Hyperdiploid (&gt; 50), Hypodiploid (&lt; 45), iAMP21, Other abnormality</td>
</tr>
</tbody>
</table>
Form 2402 R2.0: Disease Classification

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

120 Specify number of distinct cytogenetic abnormalities
   - One (1)
   - Two (2)
   - Three (3)
   - Four or more (4 or more)

121 Specify abnormalities (check all that apply)
   - -7
   - +4
   - +8
   - +17
   - +21
   - t(1;19)
   - t(2;8)
   - t(4;11)
   - t(5;14)
   - t(6;14)
   - t(8;22)
   - t(9;22)
   - t(10;14)
   - t(11;14)
   - t(12;21)
   - del(6q) / 6q-
   - del(9p) / 9p-
   - del(12p) / 12p-
   - add(14q)
   - 11q23 any abnormality
   - 9p any abnormality
   - 12p any abnormality
   - Hyperdiploid (> 50)
   - Hypodiploid (< 45)
   - iAMP21
   - Other abnormality

122 Specify other abnormality:

123 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
   - Yes
   - No

124 Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)
   - Yes
   - No
   - Unknown

Specify molecular markers identified between diagnosis and last evaluation:

125 BCR / ABL
   - Positive
   - Negative
   - Not Done

126 TEL-AML / AML1
   - Positive
   - Negative
   - Not Done

127 Other molecular marker
   - Positive
   - Negative
   - Not Done

128 Specify other molecular marker:

Questions: 127 - 128

Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
### Laboratory studies at last evaluation:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>129 Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>130 Were cytogenetics tested via FISH? (at last evaluation)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Specify cytogenetic abnormalities identified at last evaluation:

<table>
<thead>
<tr>
<th>Question</th>
<th>One (1)</th>
<th>Two (2)</th>
<th>Three (3)</th>
<th>Four or more (4 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>132 Specify number of distinct cytogenetic abnormalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>-7</th>
<th>+4</th>
<th>+8</th>
<th>+17</th>
<th>+21</th>
<th>t(1;19)</th>
<th>t(2;8)</th>
<th>t(4;11)</th>
<th>t(5;14)</th>
<th>t(8;14)</th>
<th>t(8;22)</th>
<th>t(9;22)</th>
<th>t(10;14)</th>
<th>t(11;14)</th>
<th>t(12;21)</th>
<th>del(6q) / 6q-</th>
<th>del(9p) / 9p-</th>
<th>del(12p) / 12p-</th>
<th>add(14q)</th>
<th>(11q23) any abnormality</th>
<th>9p any abnormality</th>
<th>12p any abnormality</th>
<th>Hyperdiploid (&gt; 50)</th>
<th>Hypodiploid (&lt; 45)</th>
<th>iAMP21</th>
<th>Other abnormality</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>133</th>
<th>Specify abnormalities (check all that apply)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>134</th>
<th>Specify other abnormality:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>135</th>
<th>Were cytogenetics tested via karyotyping? (at last evaluation)</th>
</tr>
</thead>
</table>

---

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### Form 2402 R2.0: Disease Classification

**Center:**

#### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:**
- **CIBMTR Recipient ID:**
- **Initials:**
- **Today's Date:** __ __ __ __ - __ __- __ __
- **Infusion Date:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:**
- **Month:**
- **Day:**
- **Year:**

#### Questions:
- **Specifying ALL classification**
- **Laboratory studies at diagnosis of MDS:**
  - Blast in bone marrow
- **What was the disease status?**
  - Chronic Myelogenous Leukemia (CML)
  - Chronic Myeloid Neoplasm (CMN)
  - Acute Myeloid Leukemia (AML)
  - Myelodysplastic Syndrome / Myelodysplastic Neoplasm (MDS/MPN)
  - Other Acute Leukemia (48)
  - Other myeloid neoplasm (49)
- **Solid tumors (200)**
- **Non-Hodgkin lymphoma (100)**
- **Hodgkin lymphoma (150)**
- **Other solid tumors (199)**
- **Other non-Hodgkin lymphoma (99)**
- **Other Hodgkin lymphoma (148)**
- **Other neoplasms of ambiguous lineage (99)**
- **Unknown**
- **Not Done**
- **Negative**
- **3**
- **no**
- **Unknown**
- **Negative**
- **Not Done**

#### 136 Results of tests
- **Abnormalities identified**
- **No evaluable metaphases**
- **No abnormalities**

#### Specify cytogenetic abnormalities identified at last evaluation:
- **137 Specify number of distinct cytogenetic abnormalities**
  - One (1)
  - Two (2)
  - Three (3)
  - Four or more (4 or more)

#### Specify abnormalities (check all that apply)
1. -7
2. +4
3. +8
4. +17
5. +21
6. t(1;19)
7. t(2;6)
8. t(4;11)
9. t(5;14)
10. t(8;14)
11. t(8;22)
12. t(9;22)
13. t(10;14)
14. t(11;14)
15. t(12;21)
16. del(6q) / 6q-
17. del(9p) / 9p-
18. del(12p) / 12p-
19. add(14q)
20. (11q23) any abnormality
21. 9p any abnormality
22. 12p any abnormality
23. Hyperdiploid (> 50)
24. Hypodiploid (< 45)
25. iAMP21
26. Other abnormality

#### 139 Specify other abnormality:
- **140 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)**
  - Yes
  - No

#### 141 Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)
- **Yes**
- **no**
- **Unknown**

#### Specify molecular markers identified at last evaluation:
- **BCR / ABL**
  - Positive
  - Negative
  - Not Done
- **TEL-AML / AML1**
  - Positive
  - Negative
  - Not Done

---

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Form 2402 R2.0: Disease Classification

Other Molecular Marker (1) Questions: 144 - 145

144 Other molecular marker
- Positive
- Negative
- Not Done

145 Specify other molecular marker: ____________________________

CNS Leukemia

146 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
- yes
- no
- Unknown

Status at transplantation:

147 What was the disease status (based on hematological test results)?
- Primary induction failure
- 1st complete remission (no previous marrow or extramedullary relapse) (include CRI)
- 2nd complete remission
- ≥3rd complete remission
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

148 How many cycles of induction therapy were required to achieve 1st complete remission? (include CRI)
- 1
- 2
- ≥ 3

149 Was the recipient in remission by flow cytometry?
- Yes
- No
- Unknown
- Not applicable

150 Date of most recent relapse: _______ _______ _______ _______

151 Date assessed: _______ _______ _______ _______

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms Questions: 152 - 155

152 Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification
- Blastic plasmacytoid dendritic cell neoplasm (296)
- Acute undifferentiated leukemia (31)
- Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)
- Mixed phenotype acute leukemia with t(11q23.3); KMT2A rearranged (85)
- Mixed phenotype acute leukemia, B/myeloid, NOS (86)
- Mixed phenotype acute leukemia, T/myeloid, NOS (87)
- Other acute leukemia of ambiguous lineage or myeloid neoplasm (88)

153 Specify other acute leukemia of ambiguous lineage or myeloid neoplasm: ____________________________

Status at transplantation:

154 What was the disease status (based on hematological test results)?
- Primary induction failure
- 1st complete remission (no previous marrow or extramedullary relapse)
- 2nd complete remission
- ≥3rd complete remission
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

155 Date assessed: _______ _______ _______ _______

Chronic Myelogenous Leukemia (CML) Questions: 156 - 166

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**Form 2402 R2.0: Disease Classification**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>156 Was therapy given prior to this HCT?</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>157 Combination chemotherapy</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>158 Hydroxyurea (Droxia, Hydrea)</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>159 Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib)</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>160 Interferon-α (Intron, Roferon) (includes PEG)</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>161 Other therapy</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>162 Specify other therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>163 What was the disease status?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete hematologic response (CHR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accelerated phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blast phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>164 Specify level of response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No cytogenetic response (No CyR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal cytogenetic response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor cytogenetic response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial cytogenetic response (PCyR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete cytogenetic response (CCyR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major molecular remission (MMR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete molecular remission (CMR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>165 Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd or higher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>166 Date assessed:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>167 What was the MDS / MPN subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease classification questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>168 Was the disease (MDS/MPN) therapy related?</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>169 Did the recipient have a predisposing condition?</td>
<td>yes/no</td>
<td>no</td>
</tr>
<tr>
<td>170 Specify condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aplastic Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloom syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Down syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fanconi anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>171 Specify other condition:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory studies at diagnosis of MDS:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>172 WBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>173</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x 10⁹/L (x 10³/mm³)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x 10⁹/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>174 Hemoglobin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g/dL</td>
<td>g/L</td>
<td>mmol/L</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>176 Was RBC transfused ≤ 30 days before date of test?</td>
<td>yes/no</td>
<td>No</td>
</tr>
</tbody>
</table>
### Form 2402 R2.0: Disease Classification

#### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __-
- **CIBMTR Center Number:**
- **CIBMTR Recipient ID:**
- **Infusion Date:** __ __ __ __ - __ __-
- **CIBMTR Center Number:**

#### Form 2402 R2.0: Disease Classification

**Center:** CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>177 Platelets</th>
<th>178 Neutrophils</th>
<th>180 Neutrophils</th>
<th>181 Blasts in bone marrow</th>
<th>182 Blasts in peripheral blood</th>
<th>183 Blasts in peripheral blood</th>
<th>184 Other leukemia classification</th>
<th>185 Results of tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were platelets transfused ≤ 7 days before date of test?</td>
<td>☐ Yes ☐ No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>Were cytogenetics tested (karyotyping or FISH)?</td>
<td>☐ Yes ☐ no ☐ Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>Results of tests</td>
<td>☐ Abnormalities identified</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>☐ No evaluable metaphases</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>☐ No abnormalities</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>Specify abnormalities identified at diagnosis:</td>
<td>☐ One (1)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>☐ Two (2)</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>☐ Three (3)</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
<tr>
<td>☐ Four or more (4 or more)</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
</tbody>
</table>

#### Monosomy
- 187 −5: ☐ yes ☐ no
- 188 −7: ☐ yes ☐ no
- 189 −13: ☐ yes ☐ no
- 190 −20: ☐ yes ☐ no
- 191 −Y: ☐ yes ☐ no

#### Trisomy
- 192 +8: ☐ yes ☐ no
- 193 +19: ☐ yes ☐ no

#### Translocation
- 194 t(1;3): ☐ yes ☐ no
- 195 t(2;11): ☐ yes ☐ no
- 196 t(3;3): ☐ yes ☐ no
- 197 t(3;21): ☐ yes ☐ no

---

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Center: CRID:

198 t(5;9)
   yes no
199 t(11;16)
   yes no

Deletion
200 del(3q) / 3q−
   yes no
201 del(5q) / 5q−
   yes no
202 del(7q) / 7q−
   yes no
203 del(9q) / 9q−
   yes no
204 del(11q) / 11q−
   yes no
205 del(12p) / 12p−
   yes no
206 del(13q) / 13q−
   yes no
207 del(20q) / 20q−
   yes no

Inversion
208 inv(3)
   yes no

Other
209 i(17q)
   yes no
210 Other abnormality
   yes no
211 Specify other abnormality:

212 Did the recipient progress or transform to a different MDS/MPN subtype between diagnosis and the start of the preparative regimen?
   yes no

213 Specify the MDS/MPN subtype after transformation

214 Specify the date of the most recent transformation:

215 Date of MDS diagnosis:

Laboratory studies at last evaluation prior to the start of the preparative regimen:

216 WBC
   Known Unknown
   x 10⁹/L (x 10⁹/mm³)
   x 10⁶/L

218 Hemoglobin
   Known Unknown
   g/dL g/L mmol/L

220 Was RBC transfused ≤ 30 days before date of test?
   Yes No

221 Platelets
   Known Unknown
   x 10⁹/L (x 10⁹/mm³)
   x 10⁶/L

223 Were platelets transfused ≤ 7 days before date of test?
   Yes No
Form 2402 R2.0: Disease Classification

- **224** Neutrophils:
  - Yes
  - No
  - Unknown

- **225** %

- **226** Blasts in bone marrow:
  - Yes
  - No
  - Unknown

- **227** %

- **228** Were cytogenetics tested (karyotyping or FISH)?
  - Yes
  - No
  - Unknown

- **229** Results of tests:
  - Abnormalities identified
  - No evaluable metaphases
  - No abnormalities

  Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:

- **230** Specify number of distinct cytogenetic abnormalities:
  - One (1)
  - Two (2)
  - Three (3)
  - Four or more (4 or more)

**Monosomy**

- **231** -5
  - Yes
  - No

- **232** -7
  - Yes
  - No

- **233** -13
  - Yes
  - No

- **234** -20
  - Yes
  - No

- **235** -Y
  - Yes
  - No

**Trisomy**

- **236** +8
  - Yes
  - No

- **237** +19
  - Yes
  - No

**Translocation**

- **238** t(1;3)
  - Yes
  - No

- **239** t(2;11)
  - Yes
  - No

- **240** t(3;3)
  - Yes
  - No

- **241** t(3;21)
  - Yes
  - No

- **242** t(6;9)
  - Yes
  - No

- **243** t(11;16)
  - Yes
  - No

**Deletion**

- **244** del(3q) / 3q–
  - Yes
  - No
Form 2402 R2.0: Disease Classification

Center: CRID:

245 del(5q) / 5q-
- yes ☐ no ☐
246 del(7q) / 7q-
- yes ☐ no ☐
247 del(9q) / 9q-
- yes ☐ no ☐
248 del(11q) / 11q-
- yes ☐ no ☐
249 del(12p) / 12p-
- yes ☐ no ☐
250 del(13q) / 13q-
- yes ☐ no ☐
251 del(20q) / 20q-
- yes ☐ no ☐

Inversion
252 inv(3)
- yes ☐ no ☐

Other
253 i17q
- yes ☐ no ☐
254 Other abnormality
- yes ☐ no ☐

255 Specify other abnormality: __________________________

256 What was the disease status?
- Complete – requires all of the following, maintained for ≥ 4 weeks: * bone marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines * remission peripheral blood evaluation: hemoglobin ≥ 11 g/dL untransfused and without erythropoietin support; ANC ≥ 1000/mm³ without myeloid growth factor (CR) support; platelets ≥ 100 x 10⁹/L without thrombopoietic support; 0% blasts
- Hematologic – requires one measurement of the following, maintained for ≥ 8 weeks without ongoing cytotoxic therapy; specify which cell line was measured to improvement determine HI response: * HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused, for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC (HI) 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
- No response (NR) / stable disease (SD) – does not meet the criteria for at least HI, but no evidence of disease progression
- Progression from complete remission (CR) / partial response to complete remission (PR) / stable disease (SD) / partial response to indeterminate hematologic improvement (HI).
- Relapse from complete remission (CR) / partial response to complete remission (PR) / stable disease (SD) / partial response to indeterminate hematologic improvement (HI) to disease progression

257 Specify the cell line examined to determine HI status
- HI–: 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
- HI–: 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–: neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³

258 Date of progression:

259 Date of relapse:

260 Date assessed:

Other Leukemia (OL)

Questions: 261 - 267

261 Specify the other leukemia classification

262 Specify other leukemia:

263 Was any 17p abnormality detected?
- yes ☐ no ☐
## Form 2402 R2.0: Disease Classification

**Center:**

**CRID:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>264</td>
<td>Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?</td>
</tr>
<tr>
<td></td>
<td>yes - Also complete NHL Disease Classification questions</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
</tbody>
</table>

**Status at transplantation:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>265</td>
<td>What was the disease status? (Atypical CML)</td>
</tr>
<tr>
<td></td>
<td>Primary induction failure</td>
</tr>
<tr>
<td></td>
<td>1st complete remission (no previous bone marrow or extramedullary relapse)</td>
</tr>
<tr>
<td></td>
<td>2nd complete remission</td>
</tr>
<tr>
<td></td>
<td>≥3rd complete remission</td>
</tr>
<tr>
<td></td>
<td>1st relapse</td>
</tr>
<tr>
<td></td>
<td>2nd relapse</td>
</tr>
<tr>
<td></td>
<td>≥3rd relapse</td>
</tr>
<tr>
<td></td>
<td>No treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>266</td>
<td>What was the disease status? (CLL, PLL, Hairy cell leukemia)</td>
</tr>
<tr>
<td></td>
<td>Complete remission (CR)</td>
</tr>
<tr>
<td></td>
<td>Partial remission (PR)</td>
</tr>
<tr>
<td></td>
<td>Stable disease (SD)</td>
</tr>
<tr>
<td></td>
<td>Progressive disease (Prog)</td>
</tr>
<tr>
<td></td>
<td>Untreated</td>
</tr>
<tr>
<td></td>
<td>Not assessed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>267</td>
<td>Date assessed:</td>
</tr>
<tr>
<td></td>
<td>_ _ _ _ - _ _ _ _</td>
</tr>
</tbody>
</table>

### Hodgkin Lymphoma

Questions: 268 - 270

**Status at transplantation:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>268</td>
<td>Specify Hodgkin lymphoma classification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>269</td>
<td>Date assessed:</td>
</tr>
<tr>
<td></td>
<td>_ _ _ _ - _ _ _ _</td>
</tr>
</tbody>
</table>

### Non-Hodgkin Lymphoma

Questions: 271 - 276

**Status at transplantation:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>270</td>
<td>Specify Non-Hodgkin lymphoma classification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>271</td>
<td>Date assessed:</td>
</tr>
<tr>
<td></td>
<td>_ _ _ _ - _ _ _ _</td>
</tr>
</tbody>
</table>

### Multiple Myeloma / Plasma Cell Disorder (PCD)

Questions: 277 - 308

**Status at transplantation:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>272</td>
<td>Specify other lymphoma:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>273</td>
<td>Is the non-Hodgkin lymphoma histology reported at diagnosis a transformation from CLL?</td>
</tr>
<tr>
<td></td>
<td>yes - Also complete CLL Disease Classification questions</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>274</td>
<td>Is the non-Hodgkin lymphoma histology reported a transformation from, or was it diagnosed at the same time as another lymphoma (not CLL)?</td>
</tr>
<tr>
<td></td>
<td>yes - no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>275</td>
<td>Date assessed:</td>
</tr>
<tr>
<td></td>
<td>_ _ _ _ - _ _ _ _</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>276</td>
<td>Specify the multiple myeloma/plasma cell disorder (PCD) classification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>277</td>
<td>Specify other plasma cell disorder:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>278</td>
<td>Light chain</td>
</tr>
<tr>
<td></td>
<td>kappa</td>
</tr>
<tr>
<td></td>
<td>lambda</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>279</td>
<td>What was the Durie-Salmon staging? (at diagnosis)</td>
</tr>
<tr>
<td></td>
<td>Stage (All of the following: Hgb &gt; 10g/dL; serum calcium normal or &lt;10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG &lt; 5g/dL, IgA &lt; 3g/dL; urine light chain M-component on electrophoresis &lt;4 g/24h)</td>
</tr>
<tr>
<td></td>
<td>Stage II (Fitting neither Stage I or III)</td>
</tr>
<tr>
<td></td>
<td>Stage One or more of the following: Hgb &lt; 8.5 g/dL; serum calcium &gt; 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates III IgG &gt; 7g/dL, IgA &gt; 5 g/dL; Bence Jones protein &gt; 12g/24h)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>

---

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
### Form 2402 R2.0: Disease Classification

**Center:**

**CRID:**

<table>
<thead>
<tr>
<th><strong>281</strong> What was the Durie-Salmon sub classification? (at diagnosis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ A - relatively normal renal function (serum creatinine &lt; 2.0 mg/dL)</td>
</tr>
<tr>
<td>☑ B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)</td>
</tr>
</tbody>
</table>

**I.S.S.:**

282 Serum β2-microglobulin: ____________________________ µg/dL mg/L nmol/L

283 Serum albumin: ____________________________ g/dL g/L

<table>
<thead>
<tr>
<th><strong>284</strong> Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 1 (β2-mic &lt; 3.5, S. albumin ≥3.5)</td>
</tr>
<tr>
<td>☑ 2 (Not fitting stage 1 or 3)</td>
</tr>
<tr>
<td>☑ 3 (β2-mic ≥ 5.5; S. albumin )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>285</strong> Were cytogenetics tested (karyotyping or FISH)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ yes ☑ no ☑ Unknown</td>
</tr>
</tbody>
</table>

**286 Results of tests**

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:**

#### Trisomy

- +3
  
  - yes no

- +5
  
  - yes no

- +7
  
  - yes no

- +9
  
  - yes no

- +11
  
  - yes no

- +15
  
  - yes no

- +19
  
  - yes no

#### Translocation

- t(4;14)
  
  - yes no

- t(6;14)
  
  - yes no

- t(11;14)
  
  - yes no

- t(14;16)
  
  - yes no

- t(14;20)
  
  - yes no

#### Deletion

- del(13q) / 13q-
  
  - yes no

- del (17p) / 17p-
  
  - yes no
### Form 2402 R2.0: Disease Classification

**Center:** CRID:

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

**Today's Date:**

- Month: 2
- Day: 0
- Year: 20

**Infusion Date:**

- Month: 2
- Day: 0
- Year: 20

**CIBMTR Center Number:**

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Status at transplantation:

**307 What was the disease status?**

- **Stringent:** CR defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry of immunofluorescence complete. (confirmation with repeat bone marrow biopsy not needed). Presence and/or absence of clonal cells is based upon the K/A ratio. An abnormal K/A ratio by remission immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is K/A of > 4.1 or < 1.2. CR requires two consecutive assessments made at any time before the institution of any new therapy, and no evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy CR requirements.

- **Complete:** negative immunofluorescence on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and < 5% plasma cells in the bone marrow. CR requires two consecutive assessments made at any time before the institution of any new therapy, and no evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy CR requirements.

- **Near complete:** serum and urine M-protein detectable by immunoelectrophoresis (IFE), but not on electrophoresis (negative SPEP & UPEP); < 5% plasma cells in the bone marrow. nCR requires two consecutive assessments made at any time before the initiation of any new therapy, and no evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy nCR requirements.

- **Very good partial remission (VGPR):** - serum and urine M-protein detectable by immunofluorescence but not on electrophoresis, or ≥ 90% reduction in serum M-protein and urine M-protein levels < 100 mg/24 hours. VGPR requires two consecutive assessments made at any time before the initiation of any new therapy, and no evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements.

- **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 remission 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 evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements.

- **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 evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements.

- **Progressive:** 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 plasmacytomatosis, 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/L) 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.

- **Relapse (Rel):** - requires one or more of the following: reappearance of serum or urine M-protein by immunofluorescence 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, untreated, and/or the institution of any new therapy.

- **Unknown:**

- **Not applicable (Amyloidosis with no evidence of myeloma):**

**308 Date assessed:** __ __ __ __ - __ __- __ __

### Solid Tumors

**Questions: 309 - 310**

**309 Specify the solid tumor classification:**

**310 Specify other solid tumor:**

---

**Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.**

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### Severe Aplastic Anemia

Questions: 311 - 312

- Specify the severe aplastic anemia classification:
- Specify other acquired cytopenic syndrome:

### Inherited Abnormalities of Erythrocyte Differentiation or Function

Questions: 313 - 315

- Specify the inherited abnormalities of erythrocyte differentiation or function classification:
- Specify other constitutional anemia:
- Specify other hemoglobinopathy:

### Disorders of the Immune System

Questions: 316 - 318

- Specify disorder of immune system classification:
- Specify other SCID:
- Specify other immunodeficiency:

### Inherited Abnormalities of Platelets

Questions: 319 - 320

- Specify inherited abnormalities of platelets classification:
  - Congenital amegakaryocytosis / congenital thrombocytopenia (501)
  - Glanzmann thrombasthenia (502)
  - Other inherited platelet abnormality (509)
- Specify other inherited platelet abnormality:

### Inherited Disorders of Metabolism

Questions: 321 - 322

- Specify inherited disorders of metabolism classification:
- Specify other inherited metabolic disorder:

### Histiocytic Disorders

Questions: 323 - 324

- Specify histiocytic disorder classification:
- Specify other histiocytic disorder:

### Autoimmune Diseases

Questions: 325 - 332

- Specify autoimmune disease classification:
- Specify other arthritis:
- Specify other juvenile idiopathic arthritis (JIA):
- Specify other connective tissue disease:
- Specify other vasculitis:
- Specify other autoimmune neurological disorder:
- Specify other autoimmune cytopenia:
- Specify other autoimmune bowel disorder:

### Other Disease

Questions: 333 - 333

- Specify other disease:
- First Name: 
- Last Name: 
- E-mail address: 
- Date: __ __ __ __ - __ __- __ __