Form 2402 R4.0: Disease Classification

Key Fields

OMB No: 0915-0310
Expiration Date: 10/31/2022

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Sequence Number: ______________________________
Date Received: ______________________________
CIBMTR Center Number: ______________________________
CIBMTR Research ID: ______________________________
Event date: ____________

Primary Disease for HCT / Cellular Therapy

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)
- Tolerance induction associated with solid organ transplant (910)
- Recurrent dystrophic epidermolysis bullosa (920)
- Other disease (900)

Acute Myelogenous Leukemia (AML)

3 Specify the AML classification

4 Did AML transform from MDS or MPN?

- yes - Also complete MDS Disease Classification questions
- no

5 Is the disease (AML) therapy related?

- yes
- no
- Unknown

6 Did the recipient have a predisposing condition?

- yes
- no
- Unknown
Form 2402 R4.0: Disease Classification

Center: ___________________________  CRID: ___________________________

7 Specify condition
- Bloom syndrome
- Down syndrome
- Fanconi anemia - Also complete CIBMTR Form 209
- Dyskeratosis congenita
- Other condition

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?
- Yes  No

11 Results of tests
- Abnormalities identified
- No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

12 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ___________________________

13 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
14 Specify abnormalities (check all that apply)
-15
-17
-18
-A
-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

15 Specify other abnormality: ______________________

16 Were cytogenetics tested via karyotyping?
- Yes
- No

17 Results of tests
Abnormalities identified
No evaluable metaphases
No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

18 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ______________________
Form 2402 R4.0: Disease Classification

Center: CRID:

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

20 Specify abnormalities (check all that apply)
   - -5
   - -7
   - -17
   - -18
   - -X
   - -Y
   - +4
   - +8
   - +11
   - +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

21 Specify other abnormality:

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

23 Were tests for molecular markers performed? (e.g. PCR, NGS) (at diagnosis)
   - yes
   - no
   - Unknown
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Specify molecular markers identified at diagnosis:

24 CEBPA
- Positive
- Negative
- Not Done

25 Specify CEBPA mutation
- Biallelic (homozygous)
- Monoallelic (heterozygous)
- Unknown

26 FLT3 – D835 point mutation
- Positive
- Negative
- Not Done

27 FLT3 – ITD mutation
- Positive
- Negative
- Not Done

28 FLT3 - ITD allelic ratio
- Known
- Unknown

29 Specify FLT3 - ITD allelic ratio: ____________________________

30 IDH1
- Positive
- Negative
- Not Done

31 IDH2
- Positive
- Negative
- Not Done

32 KIT
- Positive
- Negative
- Not Done

33 NPM1
- Positive
- Negative
- Not Done

Other Molecular Marker (1)  Questions: 34 - 35

34 Other molecular marker
- Positive
- Negative
- Not Done

35 Specify other molecular marker: ____________________________

Labs between diagnosis and last evaluation:

36 Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)
- yes
- no
- Unknown

37 Were cytogenetics tested via FISH?
- Yes
- No

38 Results of tests
- Abnormalities identified
- No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

39 International System for Human Cytogenetic Nomenclature (ISCN) compatible string:

40 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
Form 2402 R4.0: Disease Classification

<table>
<thead>
<tr>
<th>41 Specify abnormalities (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 5</td>
</tr>
<tr>
<td>- 7</td>
</tr>
<tr>
<td>- 17</td>
</tr>
<tr>
<td>- 18</td>
</tr>
<tr>
<td>- X</td>
</tr>
<tr>
<td>- Y</td>
</tr>
<tr>
<td>+ 4</td>
</tr>
<tr>
<td>+ 8</td>
</tr>
<tr>
<td>+ 11</td>
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<tr>
<td>+ 13</td>
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<tr>
<td>+ 14</td>
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<td>+ 21</td>
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<tr>
<td>+ 22</td>
</tr>
<tr>
<td>t(3;3)</td>
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<tr>
<td>t(6;9)</td>
</tr>
<tr>
<td>t(8;21)</td>
</tr>
<tr>
<td>t(9;11)</td>
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<tr>
<td>t(9;22)</td>
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<tr>
<td>t(15;17) and variants</td>
</tr>
<tr>
<td>t(16;16)</td>
</tr>
<tr>
<td>del(3q) / 3q</td>
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<tr>
<td>del(5q) / 5q</td>
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<tr>
<td>del(7q) / 7q</td>
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<td>del(9q) / 9q</td>
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<td>del(11q) / 11q</td>
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<td>del(16q) / 16q</td>
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<tr>
<td>del(20q) / 20q</td>
</tr>
<tr>
<td>del(21q) / 21q</td>
</tr>
<tr>
<td>inv(3)</td>
</tr>
<tr>
<td>inv(16)</td>
</tr>
<tr>
<td>(11q23) any abnormality</td>
</tr>
<tr>
<td>12p any abnormality</td>
</tr>
<tr>
<td>Other abnormality</td>
</tr>
</tbody>
</table>

| 42 Specify other abnormality: ______________________|

<table>
<thead>
<tr>
<th>43 Were cytogenetics tested via karyotyping?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>44 Results of tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormalities identified</td>
</tr>
<tr>
<td>No evaluable metaphases</td>
</tr>
<tr>
<td>No abnormalities</td>
</tr>
</tbody>
</table>

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

| 45 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ______________________|

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 R4.0: Disease Classification**

**Center:**

---

**46 Specify number of distinct cytogenetic abnormalities**

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

**47 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(13q) / 13q-
- del(14q)
- del(15q) / 15q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(18q) / 18q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality

**48 Specify other abnormality:**

**49 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)**

- Yes
- No

**50 Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)**

- yes
- no
- Unknown
Form 2402 R4.0: Disease Classification

Specify molecular markers identified between diagnosis and last evaluation:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>51</td>
<td>CEBPA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Specify CEBPA mutation:

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biallelic (homozygous)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monoallelic (heterozygous)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Specify FLT3 – D835 point mutation:

<p>| | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Specify FLT3 – ITD mutation:

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>54</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Specify FLT3 - ITD allelic ratio:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Known</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Specify FLT3 - ITD allelic ratio:

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Molecular Marker (1) Questions: 61 - 62

<p>| | | |</p>
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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>61</td>
<td>Other molecular marker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Specify other molecular marker:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>62</td>
<td></td>
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</tbody>
</table>

Labs at last evaluation:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>63</td>
<td>Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

Were cytogenetics tested via FISH?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>64</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Results of tests:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abnormalities identified</td>
<td>No abnormalities</td>
</tr>
</tbody>
</table>

Specify cytogenetic abnormalities identified at last evaluation:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International System for Human Cytogenetic Nomenclature (ISCN) compatible string:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify number of distinct cytogenetic abnormalities:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One (1)</td>
<td>Two (2)</td>
</tr>
<tr>
<td></td>
<td>Three (3)</td>
<td>Four or more (4 or more)</td>
</tr>
</tbody>
</table>
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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)
- □ 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

69 Specify other abnormality: ______________________________

70 Were cytogenetics tested via karyotyping?

- □ Yes
- □ No

71 Results of tests

- □ Abnormalities identified
- □ No evaluable metaphases
- □ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

72 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ______________________________
Form 2402 R4.0: Disease Classification

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

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

75 Specify other abnormality: ____________

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

77 Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)
- Yes
- No
- Unknown
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Specify molecular markers identified at last evaluation:

78 CEBPA
- Positive
- Negative
- Not Done

Specify CEBPA mutation:
- Biallelic (homozygous)
- Monoallelic (heterozygous)
- Unknown

80 FLT3 – D835 point mutation
- Positive
- Negative
- Not Done

81 FLT3 – ITD mutation
- Positive
- Negative
- Not Done

82 FLT3 - ITD allelic ratio
- Known
- Unknown

83 Specify FLT3 - ITD allelic ratio:

84 IDH1
- Positive
- Negative
- Not Done

85 IDH2
- Positive
- Negative
- Not Done

86 KIT
- Positive
- Negative
- Not Done

87 NPM1
- Positive
- Negative
- Not Done

88 Other molecular marker
- Positive
- Negative
- Not Done

89 Specify other molecular marker:

Other Molecular Marker (1)

Questions: 88 - 89

CNS Leukemia

90 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 / infusion:

91 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

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

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

94 Date of most recent relapse: __________ / ______ / ______

95 Date assessed: __________ / ______ / ______
**Form 2402 R4.0: Disease Classification**

**Acute Lymphoblastic Leukemia (ALL)**

Questions: 96 - 163

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>96</strong></td>
<td>Specify ALL classification</td>
</tr>
<tr>
<td><strong>97</strong></td>
<td>Did the recipient have a predisposing condition?</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td><strong>98</strong></td>
<td>Specify condition</td>
</tr>
<tr>
<td></td>
<td>Aplastic anemia - Also complete CIBMTR Form 2028 - APL</td>
</tr>
<tr>
<td></td>
<td>Bloom syndrome</td>
</tr>
<tr>
<td></td>
<td>Down syndrome</td>
</tr>
<tr>
<td></td>
<td>Fanconi anemia - Also complete CIBMTR Form 2029 - FAN</td>
</tr>
<tr>
<td></td>
<td>Other condition</td>
</tr>
<tr>
<td><strong>99</strong></td>
<td>Specify other condition:</td>
</tr>
<tr>
<td><strong>100</strong></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>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td><strong>101</strong></td>
<td>Laboratory studies at diagnosis:</td>
</tr>
<tr>
<td><strong>102</strong></td>
<td>Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td><strong>103</strong></td>
<td>Results of tests</td>
</tr>
<tr>
<td></td>
<td>Abnormalities identified</td>
</tr>
<tr>
<td></td>
<td>No abnormalities</td>
</tr>
<tr>
<td><strong>104</strong></td>
<td>Specify cytogenetic abnormalities identified at diagnosis:</td>
</tr>
<tr>
<td><strong>105</strong></td>
<td>International System for Human Cytogenetic Nomenclature (ISCN) compatible string:</td>
</tr>
<tr>
<td></td>
<td>One (1)</td>
</tr>
<tr>
<td></td>
<td>Two (2)</td>
</tr>
<tr>
<td></td>
<td>Three (3)</td>
</tr>
<tr>
<td></td>
<td>Four or more (4 or more)</td>
</tr>
</tbody>
</table>
**Form 2402 R4.0: Disease Classification**

**Center:**

**CRID:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>106</td>
<td>Specify abnormalities (check all that apply)</td>
</tr>
<tr>
<td>107</td>
<td>Specify other abnormality:</td>
</tr>
<tr>
<td>108</td>
<td>Were cytogenetics tested via karyotyping? (at diagnosis)</td>
</tr>
<tr>
<td>109</td>
<td>Results of tests (at diagnosis)</td>
</tr>
<tr>
<td>110</td>
<td>Specify cytogenetic abnormalities identified at diagnosis:</td>
</tr>
<tr>
<td>111</td>
<td>Specify number of distinct cytogenetic abnormalities</td>
</tr>
</tbody>
</table>

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Form 2402 R4.0: Disease Classification

Center: CRID:

112 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 (< 46)
- iAMP21
- Other abnormality

113 Specify other abnormality:

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

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

Specify molecular markers identified at diagnosis:

116 BCR / ABL
- Positive
- Negative
- Not Done

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

118 Other molecular marker
- Positive
- Negative
- Not Done

119 Specify other molecular marker: ____________________________

Laboratory studies between diagnosis and last evaluation:

120 Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)
- yes
- no
- Unknown

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Form 2402 R4.0: Disease Classification

121 Were cytogenetics tested via FISH? (between diagnosis and the last evaluation)
  □ Yes □ No

122 Results of tests (between diagnosis and the last evaluation)
  □ Abnormalities identified
  □ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

123 International System for Human Cytogenetic Nomenclature (ISCN) compatible string:

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

125 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 (< 46)
  □ iAMP21
  □ Other abnormality

126 Specify other abnormality:

127 Were cytogenetics tested via karyotyping? (between diagnosis and the last evaluation)
  □ Yes □ No

128 Results of tests (between diagnosis and the last evaluation)
  □ Abnormalities identified
  □ No evaluable metaphases
  □ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

129 International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
Form 2402 R4.0: Disease Classification

<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 Day Year

**Infusion Date:** Month Day Year

**CIBMTR Center Number:**

### Key Fields

**130** Specify number of distinct cytogenetic abnormalities

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

**131** 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)
- t(11q23) any abnormality
- +9p any abnormality
- +12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 46)
- iAMP21
- Other abnormality

**132** Specify other abnormality:

Specify molecular markers identified between diagnosis and last evaluation:

**135** BCR / ABL

- Positive
- Negative
- Not Done

**136** TEL-AML / AML1

- Positive
- Negative
- Not Done

### Other Molecular Marker (1)

Questions: 137 - 138

**137** Other molecular marker

- Positive
- Negative
- Not Done

**138** Specify other molecular marker:
**Laboratory studies at last evaluation:**

139  Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)
   - [ ] yes
   - [ ] no
   - [ ] Unknown

140  Were cytogenetics tested via FISH?
   - [ ] Yes
   - [ ] No

141  Results of tests
   - [ ] Abnormalities identified
   - [ ] No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

142  International System for Human Cytogenetic Nomenclature (ISCN) compatible string:  

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

144  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 (< 46)
   - [ ] iAMP21
   - [ ] Other abnormality

145  Specify other abnormality:

146  Were cytogenetics tested via karyotyping? (at last evaluation)
   - [ ] Yes
   - [ ] No
Form 2402 R4.0: Disease Classification

Center: CRID:

147 Results of tests
☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

148 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ______________________

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

150 Specify abnormalities (check all that apply)
☐ -7
☐ +4
☐ +8
☐ +17
☐ +21
☐ t(1;19)
☐ t(2;8)
☐ t(4;11)
☐ t(5;14)
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☐ t(8;22)
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☐ add(14q)
☐ (11q23) any abnormality
☐ 9p any abnormality
☐ 12p any abnormality
☐ Hyperdiploid (> 50)
☐ Hypodiploid (< 46)
☐ iAMP21
☐ Other abnormality

151 Specify other abnormality:

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

153 Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)
☐ yes  ☐ no  ☐ Unknown

Specify molecular markers identified at last evaluation:

154 BCR / ABL
☐ Positive  ☐ Negative  ☐ Not Done
Form 2402 R4.0: Disease Classification

Center: CRID:

155 TEL-AML / AML
  ☐ Positive ☐ Negative ☐ Not Done

156 Other molecular marker
  ☐ Positive ☐ Negative ☐ Not Done

157 Specify other molecular marker: __________________________

CNS Leukemia

158 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 / infusion:

159 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

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

161 Was the recipient in remission by flow cytometry?
  ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

162 Date of most recent relapse: __ __ __ __ __ __ __

163 Date assessed: __ __ __ __ __ __ __

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

164 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)

165 Specify other acute leukemia of ambiguous lineage or myeloid neoplasm: __________________________

Status at transplantation / infusion:

166 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

167 Date assessed: __ __ __ __ __ __ __
Form 2402 R4.0: Disease Classification

Chronic Myelogenous Leukemia (CML)  Questions: 168 - 178

168 Was therapy given prior to this HCT?
   - yes
   - no

169 Combination chemotherapy
   - yes
   - no

170 Hydroxyurea (Droxia, Hydrea)
   - yes
   - no

171 Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib)
   - yes
   - no

172 Interferon-α (Intron, Roferon) (includes PEG)
   - yes
   - no

173 Other therapy
   - yes
   - no

174 Specify other therapy: ____________________________

175 What was the disease status?
   - Complete hematologic response (CHR) preceded only by chronic phase
   - Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase
   - Chronic phase
   - Accelerated phase
   - Blast phase

176 Specify level of response
   - No cytogenetic response (No CyR)
   - Minimal cytogenetic response
   - Minor cytogenetic response
   - Partial cytogenetic response (PCyR)
   - Complete cytogenetic response (CCyR)
   - Major molecular remission (MMR)
   - Complete molecular remission (CMR)

177 Number
   - 1st
   - 2nd
   - 3rd or higher

178 Date assessed: ___________ ___________ ___________

Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases  Questions: 179 - 228

179 What was the MDS / MPN subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions

180 Was the disease (MDS/MPN) therapy related?
   - yes
   - no
   - Unknown

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

182 Specify condition
   - Aplastic Anemia
   - Bloom syndrome
   - Down syndrome
   - Fanconi anemia
   - Other condition

183 Specify other condition:

184 Laboratory studies at diagnosis of MDS:

185 WBC
   - Known
   - Unknown
   - x 10⁹/L (x 10⁹/mm³)
   - x 10⁶/L

186 Hemoglobin
   - Known
   - Unknown
   - g/dL
   - g/L
   - mmol/L

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**Form 2402 R4.0: Disease Classification**

**Center:**

<table>
<thead>
<tr>
<th><strong>Key Fields</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sequence Number:</strong></td>
</tr>
<tr>
<td><strong>Date Received:</strong></td>
</tr>
<tr>
<td><strong>Laboratory studies at last evaluation prior to start of preparative regimen:</strong></td>
</tr>
<tr>
<td><strong>(e.g. cytogenetic or FISH report)</strong></td>
</tr>
<tr>
<td><strong>Questions:</strong> 156 – 157</td>
</tr>
</tbody>
</table>

**Did the recipient have a predisposing condition?**
- [ ] No

**Did the recipient have a preceding or concurrent plasma cell disorder?**
- [ ] No
  - [ ] No
  - [ ] Unknown

**Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form**
- [ ] Not Done
  - Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form

**Did AML transform from MDS or MPN?**
- [ ] Status at transplantation / infusion:

**Results of tests**

**Specify abnormalities identified at diagnosis:**

**International System for Human Cytogenetic Nomenclature (ISCN) compatible string:**

**Specify number of distinct cytogenetic abnormalities**
- [ ] One (1)
- [ ] Two (2)
- [ ] Three (3)
- [ ] Four or more (4 or more)
### Form 2402 R4.0: Disease Classification

#### Center:  
CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Specify abnormalities (check all that apply)</td>
<td></td>
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<tr>
<td>□ -5</td>
<td></td>
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<tr>
<td>□ -7</td>
<td></td>
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<tr>
<td>□ -13</td>
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<td>□ -20</td>
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<td>□ -Y</td>
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<td>□ +8</td>
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<td>□ +19</td>
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<td>□ t(1;3)</td>
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<td>□ t(3;3)</td>
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<td>□ t(3;21)</td>
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<td>□ t(6;9)</td>
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<td>□ t(11;16)</td>
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<td>□ del(3q) / 3q-</td>
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<td>□ del(13q) / 13q-</td>
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<td>□ del(20q) / 20q-</td>
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<tr>
<td>□ inv(3)</td>
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<tr>
<td>□ i17q</td>
<td></td>
</tr>
<tr>
<td>□ Other abnormality</td>
<td></td>
</tr>
</tbody>
</table>

201 Specify other abnormality: __________

202 Did the recipient progress or transform to a different MDS / MPN subtype between diagnosis and the start of the preparative regimen?

□ yes □ no

203 Specify the MDS / MPN classification after transformation: __________

204 Specify the date of the most recent transformation: __________

205 Date of MDS diagnosis: __________

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

206 WBC

□ Known □ Unknown

207 Known □ Unknown

□ x 10⁹/L (x 10³/mm³)

□ x 10⁶/L

208 Hemoglobin

□ Known □ Unknown

209 Known □ Unknown

□ g/dL □ g/L □ mmol/L

210 Was RBC transfused ≤ 30 days before date of test?

□ Yes □ No

211 Platelets

□ Known □ Unknown

212 Known □ Unknown

□ x 10⁹/L (x 10³/mm³)

□ x 10⁶/L

213 Were platelets transfused ≤ 7 days before date of test?

□ Yes □ No

214 Neutrophils

□ Known □ Unknown

---

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### Form 2402 R4.0: Disease Classification

**Center:**

**CRID:**

#### Field 215

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<th>%</th>
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</thead>
<tbody>
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</table>

#### Field 216

- Blasts in bone marrow
  - Known
  - Unknown

#### Field 217

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Field 218

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

#### Field 219

- 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:

#### Field 220

- International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ________________________________

#### Field 221

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

#### Field 222

- Specify abnormalities (check all that apply)
  - -5
  - -7
  - -13
  - -20
  - -Y
  - +8
  - +19
  - t(1;3)
  - t(2;11)
  - t(3;3)
  - t(3;21)
  - t(6;9)
  - t(9;16)
  - del(3q) / 3q-
  - del(5q) / 5q-
  - del(7q) / 7q-
  - del(9q) / 9q-
  - del(9q) / 9q-
  - del(11q) / 11q-
  - del(12p) / 12p-
  - del(13q) / 13q-
  - del(20q) / 20q-
  - inv(3)
  - i17q
  - Other abnormality

#### Field 223

- Specify other abnormality: ________________________________

---

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**Form 2402 R4.0: Disease Classification**

**Status at transplantation / infusion:**

224 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 hematologic improvement (Prg from HI) ≥ 50% reduction from maximum response levels in granulocytes or platelets * reduction in hemoglobin by ≥ 1.5 g/dL *transfusion dependence
- Not assessed

225 Specify the cell line examined to determine HI status (check all that apply)

- HI-E – 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 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

226 Date of progression:

227 Date of relapse:

228 Date assessed:

**Other Leukemia (OL) Questions: 229 - 235**

229 Specify the other leukemia classification

230 Specify other leukemia:

231 Was any 17p abnormality detected?

- yes
- no

232 Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

- yes - Also complete NHL Disease Classification questions
- no

**Status at transplantation / infusion:**

233 What was the disease status? (Atypical CML)

- Primary induction failure
- 1st complete remission (no previous bone marrow or extramedullary relapse)
- 2nd complete remission
- ≥3rd complete remission
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

234 What was the disease status? (CLL, PLL, Hairy cell leukemia)

- Complete remission (CR)
- Partial remission (PR)
- Stable disease (SD)
- Progressive disease (Prog)
- Untreated
- Not assessed

235 Date assessed:

**Hodgkin and Non-Hodgkin Lymphoma Questions: 236 - 253**

236 Specify the lymphoma histology (at infusion)
Form 2402 R4.0: Disease Classification

237 Specify other lymphoma histology: __________________________

238 Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on
- Immunohistochemistry (e.g. Han's algorithm)
- Gene expression profile
- Unknown method

239 Is the lymphoma histology reported at transplant a transformation from CLL?
- yes
- no

240 Was any 17p abnormality detected?
- yes
- no

241 Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)
- Yes
- No

242 Specify the original lymphoma histology (prior to transformation) __________________________

243 Specify other lymphoma histology: __________________________

244 Date of original lymphoma diagnosis: _______ - _______ - _______ (report the date of diagnosis of original lymphoma subtype)

245 Was a PET (or PET/CT) scan performed? (last evaluation prior to the start of the preparative regimen / infusion)
- yes
- no

246 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
- yes
- no

247 Date of PET scan
- Known
- Unknown

248 Date of PET (or PET/CT) scan: _______ - _______ - _______ - _______ - _______ - _______

249 Deauville (five-point) score of the PET (or PET/CT) scan
- Known
- Unknown

250 Scale
- 1 - no uptake or residual uptake
- 2 - slight uptake, but below blood pool (mediastinum)
- 3 - uptake above mediastinal, but below or equal to uptake in the liver
- 4 - uptake slightly to moderately higher than liver
- 5 - markedly increased uptake or any new lesions

Status at transplantation / infusion:

251 What was the disease status?
- 1 line
- 2 lines
- 3+ lines

252 Total number of lines of therapy received (between diagnosis and HCT / infusion)
- 1 line
- 2 lines
- 3+ lines

253 Date assessed: _______ - _______ - _______ - _______ - _______

Multiple Myeloma / Plasma Cell Disorder (PCD) Questions: 254 - 301

254 Specify the multiple myeloma/plasma cell disorder (PCD) classification
- Multiple myeloma (178)
- Multiple myeloma-light chain only (186)
- Multiple myeloma-non-secretory (187)
- Plasma cell leukemia (172)
- Solitary plasmacytoma (no evidence of myeloma) (175)
- Smoldering myeloma (180)
- Amyloidosis (174)
- Osteosclerotic myeloma / POEMS syndrome (176)
- Monoclonal gammopathy of renal significance (MGRS) (1611)
- Other plasma cell disorder (179)

255 Specify other plasma cell disorder: __________________________
Form 2402 R4.0: Disease Classification

256 Specify heavy and/or light chain type (check all that apply)
- IgG kappa
- IgA kappa
- IgM kappa
- IgD kappa
- IgE kappa
- IgG lambda
- IgA lambda
- IgM lambda
- IgD lambda
- IgE lambda
- IgG (heavy chain only)
- IgA (heavy chain only)
- IgM (heavy chain only)
- IgD (heavy chain only)
- IgE (heavy chain only)
- Kappa (light chain only)
- Lambda (light chain only)

257 Specify Amyloidosis classification
- AL amyloidosis
- AH amyloidosis
- AHL amyloidosis

258 Select monoclonal gammopathy of renal significance (MGRS) classification

259 Select monoclonal immunoglobulin deposition disease (MIDD) subtype
- Light chain deposition disease (LCDD)
- Light and heavy chain deposition disease (LHCDD)
- Heavy chain deposition disease (HCDD)

260 Was documentation submitted to the CIBMTR? (e.g. pathology report)
- Yes
- No

261 Solitary plasmacytoma was
- Extramedullary
- Bone derived

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

263 What was the Durie-Salmon sub classification? (at diagnosis)
- A - relatively normal renal function (serum creatinine < 2.0 mg/dL)
- B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)

264 Did the recipient have a preceding or concurrent plasma cell disorder?
- Yes
- No

265 Specify preceding / concurrent disorder

266 Specify other preceding/concurrent disorder:

267 Date of diagnosis of preceding / concurrent disorder: __ __ __ __ __ __ __ __ __ __

268 Serum β2 microglobulin
- Known
- Unknown
Form 2402 R4.0: Disease Classification

Center: CRID:

269 Serum β2-microglobulin: ________________  μg/dL  mg/L  nmol/L

270 Serum albumin
   - Known
   - Unknown

271 Serum albumin: ________________  g/dL  g/L

I.S.S. at diagnosis:

272 Stage
   - Known
   - Unknown

273 Stage
   - 1 (Serum β2-microglobulin <3.5 mg/L, Serum albumin ≥3.5 g/dL)
   - 2 (Not fitting stage 1 or 3)
   - 3 (Serum β2-microglobulin ≥5.5 mg/L; Serum albumin -)

R-I.S.S. at diagnosis:

274 Stage
   - Known
   - Unknown

275 Stage
   - 1 (ISS stage 1 and no high-risk cytogenetic abnormalities by FISH and normal LDH levels)
   - 2 (Not R-ISS stage I or III)
   - 3 (ISS stage III and either high-risk cytogenetic abnormalities by FISH or high LDH levels)

276 Plasma cells in blood by flow cytometry
   - Known
   - Unknown

277 ________________  %  x 10⁶/L (x 10⁷/mm³)

278 ________________  x 10⁶/L

279 Plasma cells in blood by morphologic assessment
   - Known
   - Unknown

280 ________________  %  x 10⁶/L (x 10⁷/mm³)

281 ________________  x 10⁶/L

282 LDH
   - Known
   - Unknown

283 ________________  U/L  μkat/L

284 Upper limit of normal for LDH:

Labs at diagnosis

285 Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)
   - yes
   - no
   - Unknown

286 Were cytogenetics tested via FISH?
   - Yes
   - No

287 Results of tests
   - Abnormalities identified
   - No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis:

288 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____________________________
### Form 2402 R4.0: Disease Classification

#### Key Fields

**Sequence Number:**

**Date Received:**

**Laboratory studies at last evaluation prior to start of preparative regimen**

- Fanconi anemia
- SCID (only)
- (at diagnosis)
- (e.g., PCR, NGS) (between diagnosis and last evaluation)

Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form

- Unknown
- Serum β2-microglobulin ≥5.5 mg/L; Serum albumin ≤

**Questions:**

- 265 - 340
- 236 - 270
- 178 - 139
- 120 - 63
- 6 - 5

### 289 Specify abnormalities (check all that apply)

- □ +3
- □ +5
- □ +7
- □ +9
- □ +11
- □ +15
- □ +19
- □ t(4;14)
- □ t(6;14)
- □ t(11;14)
- □ t(14;16)
- □ t(14;20)
- □ del(13q) / 13q-
- □ del(17p) / 17p-
- □ -13
- □ -17
- □ Hyperdiploid (> 50)
- □ Hypodiploid (< 46)
- □ MYC rearrangement
- □ Any abnormality at 1q
- □ Any abnormality at 1p
- □ Other abnormality

### 290 Specify other abnormality:

- ...

### 291 Was documentation submitted to the CIBMTR? (e.g., FISH report)

- □ Yes
- □ No

### 292 Were cytogenetics tested via karyotyping?

- □ Yes
- □ No

### 293 Results of tests

- □ Abnormalities identified
- □ No evaluable metaphases
- □ No abnormalities

**Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis:**

-...

**International System for Human Cytogenetic Nomenclature (ISCN) compatible string:**

-...

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Form 2402 R4.0: Disease Classification

Center: CRID:

295 Specify abnormalities (check all that apply)
- +3
- +5
- +7
- +9
- +11
- +15
- +19
- t(4;14)
- t(6;14)
- t(11;14)
- t(14;16)
- t(14;20)
- del(13q) / 13q-
- del(17p) / 17p-
- -13
- -17
- Hyperdiploid (> 50)
- Hypodiploid (< 46)
- MYC rearrangement
- Any abnormality at 1q
- Any abnormality at 1p
- Other abnormality

296 Specify other abnormality: ____________________________

297 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
- Yes
- No

Status at transplantation / infusion:

298 What is the hematologic disease status?
- Stringent complete response (sCR)
- Complete response (CR)
- Very good partial response (VGPR)
- Partial response (PR)
- No response (NR) / stable disease (SD)
- Progressive disease (PD)
- Relapse from CR (Ret) (untreated)
- Unknown

299 Date assessed: ___-___-___

300 Specify amyloidosis hematologic response (for Amyloid patients only)
- Complete response (CR)
- Very good partial response (VGPR)
- Partial response (PR)
- No response (NR) / stable disease (SD)
- Progressive disease (PD)
- Relapse from CR (Ret) (untreated)
- Unknown

301 Date assessed: ___-___-___

Solid Tumors

Questions: 302 - 303

302 Specify the solid tumor classification ____________________________
Form 2402 R4.0: Disease Classification

Severe Aplastic Anemia

Questions: 304 - 305

303 Specify other solid tumor: ______________________

304 Specify the severe aplastic anemia classification: ______________________

305 Specify other acquired cytopenic syndrome: ______________________

Inherited Abnormalities of Erythrocyte Differentiation or Function

Questions: 306 - 339

306 Specify the inherited abnormalities of erythrocyte differentiation or function classification: ______________________

307 Specify other constitutional anemia: ______________________

308 Specify other hemoglobinopathy: ______________________

309 Did the recipient receive gene therapy to treat the inherited abnormalities of erythrocyte differentiation or function?

- Yes - Also complete Cellular Therapy Product and Infusion forms 4003 and 4006. If sickle cell or sickle thalassemia, go to question 310. If beta thalassemia, go to question 313, else go to signature line

- No

310 Was tricuspid regurgitant jet velocity (TRJv) measured by echocardiography pre-HCT? (sickle cell, sickle thalassemia and beta thalassemia major only)

- Yes

- No

- Unknown

311 TRJv measurement:

- Known

- Unknown

312 TRJv measurement: _______________ m/sec

313 Was liver iron content (LIC) tested within 6 months prior to infusion? (sickle cell, sickle thalassemia and beta thalassemia major only)

- Yes

- No

314 Liver iron content: _______________ mg iron / g liver dry weight

315 Method used to estimate LIC:

- T2*MRI

- SQUID MRI

- FerriScan

- Liver biopsy

- Other

Beta thalassemia major

316 Is the recipient red blood cell transfusion dependent? (requiring transfusion to maintain HGB > 7 g/dL)

- Yes

- No

317 Year of first transfusion: (since diagnosis)

- ______________________

318 Was iron chelation therapy given at any time since diagnosis?

- Yes

- No

- Unknown

319 Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?

- Yes, iron chelation therapy given as specified

- No, iron chelation therapy given, but not meeting criteria listed

- Iron chelation therapy given, but details of administration unknown

320 Specify reason criteria not met:

- Non-adherence

- Toxicity due to iron chelation therapy

- Other

321 Specify other reason criteria not met: ______________________

322 Year iron chelation therapy started:

- Known

- Unknown

323 Year started:

324 Did the recipient have hepatomegaly? (≥ 2 cm below costal margin)

- Yes

- No

- Unknown

325 Liver size as measured below the costal margin at most recent evaluation prior to infusion: _______________ cm

326 Was a liver biopsy performed at any time since diagnosis?

- Yes

- No

327 Date assessed:

- Known

- Unknown

328 Date assessed: ______________________ Date estimated [ ]
Form 2402 R4.0: Disease Classification

**Key Fields**
- **Sequence Number:**
- **Date Received:**
- **Infusion Date:**
- **Laboratory studies at last evaluation prior to start of preparative regimen:**
- **Negative**
- **Other**
- **Unknown**
- **Beta thalassemia major**
- **Laboratory studies at last evaluation prior to start of preparative regimen:**
- **Negative**
- **Other**
- **Unknown**
- **Questions:** 302 – 303
- **No**
- **Negative**
- **Questions:** 168 – 178
- **Negative**
- **Questions:** 337
- **Negative**
- **Questions:** 338
- **Negative**
- **Questions:** 339
- **Negative**

**Form 2402 R4.0: Disease Classification**

**Center:**

**CRID:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>329 Liver cirrhosis</td>
<td>Present/Absent/Unknown</td>
</tr>
<tr>
<td>330 Bridging fibrosis</td>
<td>Present/Absent/Unknown</td>
</tr>
<tr>
<td>331 Chronic hepatitis</td>
<td>Present/Absent/Unknown</td>
</tr>
<tr>
<td>332 Was documentation submitted to the CIBMTR? (e.g., liver biopsy)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>333 Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>334 Did the recipient have a splenectomy at any time prior to infusion?</td>
<td>Yes/No/Unknown</td>
</tr>
</tbody>
</table>

**Laboratory studies at last evaluation prior to start of preparative regimen**

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>335 Serum iron</td>
<td>Known/Unknown</td>
</tr>
<tr>
<td>336 Total Iron binding capacity (TIBC)</td>
<td>µg/dL/µmol/L</td>
</tr>
<tr>
<td>337 Total Iron binding capacity (TIBC)</td>
<td>Known/Unknown</td>
</tr>
<tr>
<td>338 Total Iron binding capacity (TIBC)</td>
<td>µg/dL/µmol/L</td>
</tr>
</tbody>
</table>

**Disorders of the Immune System**

Questions: 340 - 347
Form 2402 R4.0: Disease Classification

<table>
<thead>
<tr>
<th>Key Fields</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify disorder of immune system classification</td>
<td>340</td>
</tr>
<tr>
<td>Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401)</td>
<td></td>
</tr>
<tr>
<td>Absence of T and B cells SCID (402)</td>
<td></td>
</tr>
<tr>
<td>Absence of T, normal B cell SCID (403)</td>
<td></td>
</tr>
<tr>
<td>Omenn syndrome (404)</td>
<td></td>
</tr>
<tr>
<td>Reticular dysgenesis (405)</td>
<td></td>
</tr>
<tr>
<td>Bare lymphocyte syndrome (406)</td>
<td></td>
</tr>
<tr>
<td>Other SCID (419)</td>
<td></td>
</tr>
<tr>
<td>SCID, not otherwise specified (410)</td>
<td></td>
</tr>
<tr>
<td>Ataxia telangiectasia (451)</td>
<td></td>
</tr>
<tr>
<td>HIV infection (452)</td>
<td></td>
</tr>
<tr>
<td>DiGeorge anomaly (454)</td>
<td></td>
</tr>
<tr>
<td>Common variable immunodeficiency (457)</td>
<td></td>
</tr>
<tr>
<td>Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)</td>
<td></td>
</tr>
<tr>
<td>Kostmann agranulocytosis (congenital neutropenia) (460)</td>
<td></td>
</tr>
<tr>
<td>Neutrophil actin deficiency (461)</td>
<td></td>
</tr>
<tr>
<td>Cartilage-hair hypoplasia (462)</td>
<td></td>
</tr>
<tr>
<td>CD40 ligand deficiency (464)</td>
<td></td>
</tr>
<tr>
<td>Other immunodeficiencies (479)</td>
<td></td>
</tr>
<tr>
<td>Immune deficiency, not otherwise specified (400)</td>
<td></td>
</tr>
<tr>
<td>Chediak-Higashi syndrome (456) - Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form</td>
<td></td>
</tr>
<tr>
<td>Griscelli syndrome type 2 (465) - Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form</td>
<td></td>
</tr>
<tr>
<td>Hermansky-Pudlak syndrome type 2 (466) - Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form</td>
<td></td>
</tr>
<tr>
<td>Other pigmentary dilution disorder (469) - Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form</td>
<td></td>
</tr>
<tr>
<td>Chronic granulomatous disease (455)</td>
<td></td>
</tr>
<tr>
<td>Wiskott-Aldrich syndrome (453)</td>
<td></td>
</tr>
<tr>
<td>X-linked lymphoproliferative syndrome (458)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify other SCID:</td>
<td>341</td>
</tr>
<tr>
<td>Specify other immunodeficiency:</td>
<td>342</td>
</tr>
<tr>
<td>Specify other pigmentary dilution disorder:</td>
<td>343</td>
</tr>
<tr>
<td>Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?</td>
<td>344</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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### Form 2402 R4.0: Disease Classification

**Center:**

CRID:  

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>345</td>
<td>Specify viral pathogen (check all that apply)</td>
</tr>
<tr>
<td></td>
<td>☐ 304 Adenovirus</td>
</tr>
<tr>
<td></td>
<td>☐ 341 BK Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 344 Coronavirus</td>
</tr>
<tr>
<td></td>
<td>☐ 303 Cytomegalovirus (CMV)</td>
</tr>
<tr>
<td></td>
<td>☐ 347 Chikungunya virus</td>
</tr>
<tr>
<td></td>
<td>☐ 346 Dengue Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 325 Enterovirus (ECHO, Coxsackie)</td>
</tr>
<tr>
<td></td>
<td>☐ 372 Enterovirus D68 (EV-D68)</td>
</tr>
<tr>
<td></td>
<td>☐ 326 Enterovirus (polio)</td>
</tr>
<tr>
<td></td>
<td>☐ 328 Enterovirus NOS</td>
</tr>
<tr>
<td></td>
<td>☐ 318 Epstein-Barr Virus (EBV)</td>
</tr>
<tr>
<td></td>
<td>☐ 306 Hepatitis A Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 307 Hepatitis B Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 308 Hepatitis C Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 340 Hepatitis E</td>
</tr>
<tr>
<td></td>
<td>☐ 301 Herpes Simplex Virus (HSV)</td>
</tr>
<tr>
<td></td>
<td>☐ 317 Human herpesvirus 6 (HHV-6)</td>
</tr>
<tr>
<td></td>
<td>☐ 309 Human Immunodeficiency Virus 1 or 2</td>
</tr>
<tr>
<td></td>
<td>☐ 343 Human metapneumovirus</td>
</tr>
<tr>
<td></td>
<td>☐ 322 Human Papillomavirus (HPV)</td>
</tr>
<tr>
<td></td>
<td>☐ 349 Human T-lymphotropic Virus 1 or 2</td>
</tr>
<tr>
<td></td>
<td>☐ 310 Influenza, NOS</td>
</tr>
<tr>
<td></td>
<td>☐ 323 Influenza A Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 324 Influenza B Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))</td>
</tr>
<tr>
<td></td>
<td>☐ 311 Measles Virus (Rubeola)</td>
</tr>
<tr>
<td></td>
<td>☐ 312 Mumps Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 345 Norovirus</td>
</tr>
<tr>
<td></td>
<td>☐ 316 Human Parainfluenza Virus (all species)</td>
</tr>
<tr>
<td></td>
<td>☐ 314 Respiratory Syncytial Virus (RSV)</td>
</tr>
<tr>
<td></td>
<td>☐ 321 Rhinovirus (all species)</td>
</tr>
<tr>
<td></td>
<td>☐ 320 Rotavirus (all species)</td>
</tr>
<tr>
<td></td>
<td>☐ 315 Rubella Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 302 Varicella Virus</td>
</tr>
<tr>
<td></td>
<td>☐ 348 West Nile Virus (WNV)</td>
</tr>
<tr>
<td>346</td>
<td>Has the recipient ever been infected with PCP / PJP?</td>
</tr>
<tr>
<td></td>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td>347</td>
<td>Does the recipient have GVHD due to maternal cell engraftment? (SCID only)</td>
</tr>
<tr>
<td></td>
<td>✔ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Inherited Abnormalities of Platelets

**Questions: 348 - 349**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>348</td>
<td>Specify inherited abnormalities of platelets classification</td>
</tr>
<tr>
<td></td>
<td>✔ Congenital amegakaryocytosis / congenital thrombocytopenia (501)</td>
</tr>
<tr>
<td></td>
<td>✔ Glanzmann thrombasthenia (502)</td>
</tr>
<tr>
<td></td>
<td>✔ Other inherited platelet abnormality (509)</td>
</tr>
<tr>
<td>349</td>
<td>Specify other inherited platelet abnormality: __________________________</td>
</tr>
</tbody>
</table>

---

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**Form 2402 R4.0: Disease Classification**

Center: 
CRID: 

<table>
<thead>
<tr>
<th>Inherited Disorders of Metabolism</th>
<th>Questions: 350 - 352</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>350</strong> Specify inherited disorders of metabolism classification</td>
<td></td>
</tr>
<tr>
<td><strong>351</strong> Specify other inherited metabolic disorder:</td>
<td></td>
</tr>
<tr>
<td><strong>352</strong> Loes composite score</td>
<td>Adrenoleukodystrophy (ALD) only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Histiocytic Disorders</th>
<th>Questions: 353 - 357</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>353</strong> Specify histiocytic disorder classification</td>
<td></td>
</tr>
<tr>
<td><strong>354</strong> Specify other histiocytic disorder:</td>
<td></td>
</tr>
<tr>
<td><strong>355</strong> Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?</td>
<td>Hemophagocytic lymphohistiocytosis (HLH) only</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>356</strong> Select organism from list below (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>304 Adenovirus</td>
<td></td>
</tr>
<tr>
<td>341 BK Virus</td>
<td></td>
</tr>
<tr>
<td>344 Coronavirus</td>
<td></td>
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<tr>
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<td>372 Enterovirus D68 (EV-D68)</td>
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<td>326 Enterovirus (polio)</td>
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<td>328 Enterovirus NOS</td>
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<td>318 Epstein-Barr Virus (EBV)</td>
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<td>306 Hepatitis A Virus</td>
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</tr>
<tr>
<td>307 Hepatitis B Virus</td>
<td></td>
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<tr>
<td>308 Hepatitis C Virus</td>
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<tr>
<td>340 Hepatitis E</td>
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</tr>
<tr>
<td>301 Herpes Simplex Virus (HSV)</td>
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<td>317 Human herpesvirus 6 (HHV-6)</td>
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</tr>
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<td>343 Human metapneumovirus</td>
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<tr>
<td>322 Human Papillomavirus (HPV)</td>
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</tr>
<tr>
<td>349 Human T-lymphotropic Virus 1 or 2</td>
<td></td>
</tr>
<tr>
<td>310 Influenza, NOS</td>
<td></td>
</tr>
<tr>
<td>323 Influenza A Virus</td>
<td></td>
</tr>
<tr>
<td>324 Influenza B Virus</td>
<td></td>
</tr>
<tr>
<td>342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))</td>
<td></td>
</tr>
<tr>
<td>311 Measles Virus (Rubeola)</td>
<td></td>
</tr>
<tr>
<td>312 Mumps Virus</td>
<td></td>
</tr>
<tr>
<td>345 Norovirus</td>
<td></td>
</tr>
<tr>
<td>316 Human Parainfluenza Virus (all species)</td>
<td></td>
</tr>
<tr>
<td>314 Respiratory Syncytial Virus (RSV)</td>
<td></td>
</tr>
<tr>
<td>321 Rhinovirus (all species)</td>
<td></td>
</tr>
<tr>
<td>320 Rotavirus (all species)</td>
<td></td>
</tr>
<tr>
<td>315 Rubella Virus</td>
<td></td>
</tr>
<tr>
<td>302 Varicella Virus</td>
<td></td>
</tr>
<tr>
<td>348 West Nile Virus (WNV)</td>
<td></td>
</tr>
</tbody>
</table>

| **357** Has the recipient ever been infected with PCP / PJP? |  |
| Yes | No |
Form 2402 R4.0: Disease Classification

Center: CRID:

### Autoimmune Diseases

**Questions: 358 - 361**

- **358** Specify autoimmune disease classification
- **359** Specify other autoimmune cytopenia: ____________________________
- **360** Specify other autoimmune bowel disorder: ____________________________
- **361** Specify other autoimmune disease: ____________________________

### Tolerance Induction Associated with Solid Organ Transplant

**Questions: 362 - 363**

- **362** Specify solid organ transplanted (check all that apply)
  - Kidney
  - Liver
  - Pancreas
  - Other organ
- **363** Specify other organ: ____________________________

### Other Disease

**Questions: 364 - 364**

- **364** Specify other disease: ____________________________

First Name: ____________________________
Last Name: ____________________________
E-mail address: ____________________________
Date: __ __ __ __ __