

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____

CRID: _____

Key Fields

OMB No: 0915-0310

Expiration Date: 10/31/2022

Public Burden Statement: The purpose of the data collection is to fulfill the legislative mandate to establish and maintain a standardized database of allogeneic marrow and cord blood transplants performed in the United States or using a donor from the United States. The data collected also meets the C.W. Bill Young Cell Transplantation Program requirements to provide relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0310 and it is valid until 10/31/2022. This information collection is voluntary under The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109-129, as amended by the Stem Cell Therapeutic and Research Reauthorization Act of 2010, Public Law 111-264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114-104. Public reporting burden for this collection of information is estimated to average 0.43 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Primary Disease for HCT / Cellular Therapy

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 syndrome (MDS) (50)
- Myeloproliferative neoplasms (MPN) (1460)
- Other leukemia (30)
- Hodgkin lymphoma (150)
- Non-Hodgkin lymphoma (100)
- Multiple myeloma / plasma cell disorder (PCD) (170)
- Solid tumors (200)
- Severe aplastic anemia (300)
- 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)
- Recessive dystrophic epidermolysis bullosa (920)
- Other disease (900)

Acute Myelogenous Leukemia (AML)

Questions: 3 - 95

3 Specify the AML classification _____

4 Did AML transform from MDS or MPN?

- yes - **Also complete MDS or MPN 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

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7 Specify condition

- Bloom syndrome
- Down syndrome
- Fanconi anemia - **Also complete CIBMTR Form 2029**
- 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)

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Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

14 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

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: _____

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Month

Day

Year

Infusion Date:

Month

Day

Year

CIBMTR Center Number:

Form 2402 R5.0: 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
 +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

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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Today's Date:

 20

Month Day Year

Infusion Date:

 20

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center:

CRID:

Specify molecular markers identified at diagnosis

24 CEBPA

- Positive Negative Not Done

25 Specify CEBPA mutation

- Biallelic (homozygous)
 Monoallelic (heterozygous)
 Unknown

26 FLT3 - TKD (point mutations in D835 or deletions of codon I836)

- 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)

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 20
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Infusion Date:

 20
Month Day Year

CIBMTR Center Number:

Month Day Year

Form 2402 R5.0: Disease Classification

Center:

CRID:

41 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

42 Specify other abnormality: _____

43 Were cytogenetics tested via karyotyping?

Yes No

44 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

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

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Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

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(16q) / 16q-
- del(17q) / 17q-
- 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

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 20

Month Day Year

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Form 2402 R5.0: Disease Classification

Center:

CRID:

Specify molecular markers identified between diagnosis and last evaluation

51 CEBPA

- Positive Negative Not Done

52 Specify CEBPA mutation

- Biallelic (homozygous)
 Monoallelic (heterozygous)
 Unknown

53 FLT3 - TKD (point mutations in D835 or deletions of codon I836)

- Positive Negative Not Done

54 FLT3 - ITD mutation

- Positive Negative Not Done

55 FLT3 - ITD allelic ratio

- Known Unknown

56 Specify FLT3 - ITD allelic ratio: _____

57 IDH1

- Positive Negative Not Done

58 IDH2

- Positive Negative Not Done

59 KIT

- Positive Negative Not Done

60 NPM1

- Positive Negative Not Done

Other Molecular Marker (1)

Questions: 61 - 62

61 Other molecular marker

- Positive Negative Not Done

62 Specify other molecular marker: _____

Labs at last evaluation

63 Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

- yes no Unknown

64 Were cytogenetics tested via FISH?

- Yes No

65 Results of tests

- Abnormalities identified
 No abnormalities

Specify cytogenetic abnormalities identified at last evaluation

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

67 Specify number of distinct cytogenetic abnormalities

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

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Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

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: _____

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CRID:

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)
 t(6;9)
 t(8;21)
 t(9;11)
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 t(15;17) and variants
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 del(11q) / 11q-
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 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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Center: _____ CRID: _____

Specify molecular markers identified at last evaluation

78 CEBPA

- Positive Negative Not Done

79 Specify CEBPA mutation

- Biallelic (homozygous)
 Monoallelic (heterozygous)
 Unknown

80 FLT3 - TKD (point mutations in D835 or deletions of codon I836)

- 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

Other Molecular Marker (1)

Questions: 88 - 89

88 Other molecular marker

- Positive Negative Not Done

89 Specify other molecular marker: _____

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 (include CRi)
 ≥3rd complete remission (include CRi)
 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: _____ - _____ - _____

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Acute Lymphoblastic Leukemia (ALL)

Questions: 96 - 163

96 Specify ALL classification _____

97 Did the recipient have a predisposing condition?

- yes no Unknown

98 Specify condition

- Aplastic anemia - **Also complete CIBMTR Form 2028 - APL**
- Bloom syndrome
- Down syndrome
- Fanconi anemia - **Also complete CIBMTR Form 2029 - FAN**
- Other condition

99 Specify other condition: _____

100 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.)

- yes no

Laboratory studies at diagnosis

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

- yes no Unknown

102 Were cytogenetics tested via FISH? (at diagnosis)

- Yes No

103 Results of tests (at diagnosis)

- Abnormalities identified
- No abnormalities

Specify cytogenetic abnormalities identified at diagnosis

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

105 Specify number of distinct cytogenetic abnormalities

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

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106 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

107 Specify other abnormality: _____

108 Were cytogenetics tested via karyotyping? (at diagnosis)

- Yes No

109 Results of tests (at diagnosis)

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified at diagnosis

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

111 Specify number of distinct cytogenetic abnormalities

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

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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

Other Molecular Marker (1)

Questions: 118 - 119

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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Today's Date:		Infusion Date:		CIBMTR Center Number:					
<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> 2 0 Year	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> 2 0 Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

121 Were cytogenetics tested via FISH? (between diagnosis and last evaluation)

- Yes No

122 Results of tests (between diagnosis and 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 last evaluation)

- Yes No

128 Results of tests (between diagnosis and 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: _____

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ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

 20
Month Day Year

Infusion Date:

 20
Month Day Year

CIBMTR Center Number:

Center Number

Form 2402 R5.0: Disease Classification

Center:

CRID:

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(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

132 Specify other abnormality: _____

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

- Yes No

134 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

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: _____

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Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

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

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Today's Date:	Infusion Date:	CIBMTR Center Number:
<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
Month Day Year	Month Day Year	

Form 2402 R5.0: 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)
- 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

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

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CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

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

Other Molecular Marker (1)

Questions: 156 - 157

- 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

Questions: 164 - 167

164 Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification _____

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: ____ - ____ - ____

Chronic Myelogenous Leukemia (CML)

Questions: 168 - 178

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

- 169** Combination chemotherapy
 yes no

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

Form 2402 R5.0: Disease Classification

Center:

CRID:

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 _____

177 Number

1st 2nd 3rd or higher

178 Date assessed: ____ - ____ - ____

Myelodysplastic Syndrome (MDS)

Questions: 179 - 259

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

180 Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

- MDS-U with 1% blood blasts
- MDS-U with single lineage dysplasia and pancytopenia
- MDS-U based on defining cytogenetic abnormality

181 Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)

Yes No

182 Was the disease MDS therapy related?

yes no Unknown

183 Did the recipient have a predisposing condition?

yes no Unknown

184 Specify condition

- Aplastic anemia
- DDX41-associated familial MDS
- Diamond-Blackfan Anemia
- Fanconi anemia
- GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency)
- Li-Fraumeni Syndrome
- Paroxysmal nocturnal hemoglobinuria
- RUNX1 deficiency (previously "familial platelet disorder with propensity to myeloid malignancies")
- SAMD9- or SAMD9L-associated familial MDS
- Shwachman-Diamond Syndrome
- Telomere biology disorder (including dyskeratosis congenita)
- Other condition

185 Specify other condition: _____

Laboratory studies at diagnosis of MDS

186 Date CBC drawn: ____ - ____ - ____

187 WBC

Known Unknown

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Today's Date:

 20

Month

Day

Year

Infusion Date:

 20

Month

Day

Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center:

CRID:

188 _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

189 Neutrophils

Known Unknown

190 _____ %

191 Blasts in blood

Known Unknown

192 _____ %

193 Hemoglobin

Known Unknown

194 _____ g/dL g/L mmol/L

195 Were RBCs transfused ≤ 30 days before date of test?

Yes No

196 Platelets

Known Unknown

197 _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

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

Yes No

199 Blasts in bone marrow

Known Unknown

200 _____ %

201 Were cytogenetics tested (karyotyping or FISH)?

yes no Unknown

202 Were cytogenetics tested via FISH?

Yes No

203 Sample source

Blood Bone marrow

204 Results of tests

Abnormalities identified

No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis

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

206 Specify number of distinct cytogenetic abnormalities

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

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Month Day Year	Month Day Year	

Form 2402 R5.0: Disease Classification

Center:

CRID:

207 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(11;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- inv(3)
- i17q
- Other abnormality

208 Specify other abnormality: _____

209 Was documentation submitted to the CIBMTR? (e.g. FISH report)

- Yes No

210 Were cytogenetics tested via karyotyping?

- Yes No

211 Sample source

- Blood Bone marrow

212 Results of tests

- Abnormalities identified
 No evaluable metaphases
 No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

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

214 Specify number of distinct cytogenetic abnormalities

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

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Today's Date:					Infusion Date:					CIBMTR Center Number:														
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Month		Day		Year		Month		Day		Year														

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

215 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(11;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- inv(3)
- i17q
- Other abnormality

216 Specify other abnormality: _____

217 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

- Yes No

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

- Yes No

219 Specify the MDS subtype or AML after transformation _____

220 Specify Myelodysplastic syndrome, unclassifiable (MDS-U)

- MDS-U with 1% blood blasts
- MDS-U with single lineage dysplasia and pancytopenia
- MDS-U based on defining cytogenetic abnormality

221 Specify the date of the most recent transformation: ____ - ____ - ____

222 Date of MDS diagnosis: ____ - ____ - ____

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

223 Date CBC drawn: ____ - ____ - ____

224 WBC

- Known Unknown

225 _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

226 Neutrophils

- Known Unknown

227 _____ %

228 Blasts in blood

- Known Unknown

229 _____ %

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Month Day Year	Month Day Year	

Form 2402 R5.0: Disease Classification

Center:

CRID:

230 Hemoglobin

Known Unknown

231 _____ g/dL g/L mmol/L

232 Were RBCs transfused \leq 30 days before date of test?

Yes No

233 Platelets

Known Unknown

234 _____ $\times 10^9/L$ ($\times 10^3/mm^3$)

$\times 10^6/L$

235 Were platelets transfused \leq 7 days before date of test?

Yes No

236 Blasts in bone marrow

Known Unknown

237 _____ %

238 Were cytogenetics tested (karyotyping or FISH)?

yes no Unknown

239 Were cytogenetics tested via FISH?

Yes No

240 Sample source

Blood Bone marrow

241 Results of tests

Abnormalities identified
 No abnormalities

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion

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

243 Specify number of distinct cytogenetic abnormalities

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

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Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

244 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(11;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- inv(3)
- i17q
- Other abnormality

245 Specify other abnormality: _____

246 Was documentation submitted to the CIBMTR? (e.g. FISH report)

- Yes No

247 Were cytogenetics tested via karyotyping?

- Yes No

248 Sample source

- Blood Bone marrow

249 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion

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

251 Specify number of distinct cytogenetic abnormalities

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

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Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

252 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(11;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- inv(3)
- i17q
- Other abnormality

253 Specify other abnormality: _____

254 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

- Yes No

Status at transplantation / infusion

255 What was the disease status?

- Complete remission (CR)
- Hematologic improvement (HI)
- No response (NR) / stable disease (SD)
- Progression from hematologic improvement (Prog from HI)
- Relapse from complete remission (Rel from CR)
- Not assessed

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

- HI-E
- HI-P
- HI-N

257 Specify transfusion dependence

- Non-transfused (NTD)
- Low-transfusion burden (LTB)
- High-transfusion burden (HTB)

258 Specify the response achieved

- Major response Minor response

259 Date assessed: _____ - _____ - _____

Myeloproliferative Neoplasms (MPN)

Questions: 260 - 372

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Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center:

CRID:

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

- Chronic neutrophilic leukemia (165)
- Chronic eosinophilic leukemia, not otherwise specified (NOS) (166)
- Essential thrombocythemia (58)
- Myeloproliferative neoplasm (MPN), unclassifiable (60)
- Myeloid / lymphoid neoplasms with PDGFRA rearrangement (1461)
- Myeloid / lymphoid neoplasms with PDGFRB rearrangement (1462)
- Myeloid / lymphoid neoplasms with FGFR1 rearrangement (1463)
- Myeloid / lymphoid neoplasms with PCM1-JAK2 (1464)
- Polycythemia vera (PCV) (57)
- Primary myelofibrosis (PMF) (167)
- Cutaneous_mastocytosis (CM) (1465)
- Systemic mastocytosis (1470)
- Mast cell sarcoma (MCS) (1466)

261 Specify systemic mastocytosis

- Indolent systemic mastocytosis (ISM)
- Smoldering systemic mastocytosis (SSM)
- Systemic mastocytosis with an associated hematological neoplasm (SM-AHN)
- Aggressive systemic mastocytosis (ASM)
- Mast cell leukemia (MCL)

262 Was documentation submitted to the CIBMTR? (e.g. pathology report used for diagnosis)

- Yes No

Assessment at diagnosis

263 Did the recipient have constitutional symptoms in six months before diagnosis? (symptoms are > 10% weight loss in 6 months, night sweats, or unexplained fever higher than 37.5 °C)

- Yes No Unknown

Laboratory studies at diagnosis of MPN

264 Date CBC drawn: _____ - _____ - _____

265 WBC

- Known Unknown

266 _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

267 Neutrophils

- Known Unknown

268 _____ %

269 Blasts in blood

- Known Unknown

270 _____ %

271 Hemoglobin

- Known Unknown

272 _____ g/dL g/L mmol/L

273 Were RBCs transfused ≤ 30 days before date of test?

- Yes No

274 Platelets

- Known Unknown

275 _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

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

- Yes No

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Month Day Year	Month Day Year	

Form 2402 R5.0: Disease Classification

Center:

CRID:

277 Blasts in bone marrow

- Known Unknown

278 _____ %

279 Were tests for driver mutations performed?

- Yes No Unknown

280 JAK2

- Positive Negative Not done

281 JAK2 V617F

- Positive Negative Not done

282 JAK2 Exon 12

- Positive Negative Not done

283 CALR

- Positive Negative Not done

284 CALR type 1

- Positive Negative Not done

285 CALR type 2

- Positive Negative Not done

286 Not defined

- Positive Negative Not done

287 MPL

- Positive Negative Not done

288 CSF3R

- Positive Negative Not done

289 Was documentation submitted to the CIBMTR?

- Yes No

290 Were cytogenetics tested (karyotyping or FISH)?

- yes no Unknown

291 Were cytogenetics tested via FISH?

- Yes No

292 Sample source

- Blood Bone marrow

293 Results of tests

- Abnormalities identified
 No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis:

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

295 Specify number of distinct cytogenetic abnormalities

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

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Initials:

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Infusion Date:

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

296 Specify abnormalities (check all that apply)

- 5
- 7
- Y
- +8
- +9
- t(1;any)
- t(3q21;any)
- t(11q23;any)
- t(12p11.2;any)
- t(6;9)
- del(5q) / 5q-
- del(7q) / 7q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- dup(1)
- inv(3)
- i17q
- Other abnormality

297 Specify other abnormality: _____

298 Was documentation submitted to the CIBMTR? (e.g. FISH report)

- Yes No

299 Were cytogenetics tested via karyotyping?

- Yes No

300 Sample source

- Blood Bone marrow

301 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

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

303 Specify number of distinct cytogenetic abnormalities

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

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ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

304 Specify abnormalities (check all that apply)

- 5
- 7
- Y
- +8
- +9
- t(1;any)
- t(3q21;any)
- t(11q23;any)
- t(12p11.2;any)
- t(6;9)
- del(5q) / 5q-
- del(7q) / 7q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- dup(1)
- inv(3)
- i17q
- Other abnormality

305 Specify other abnormality: _____

306 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

- Yes No

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

- Yes No

308 Specify the MPN subtype or AML after transformation

- Post-essential thrombocythemic myelofibrosis (1467)
- Post-polycythemic myelofibrosis (1468)
- Transformed to AML (70)

309 Specify the date of the most recent transformation: ____ - ____ - ____

310 Date of MPN diagnosis: ____ - ____ - ____

Assessment at last evaluation prior to the start of the preparative regimen / infusion

311 Specify transfusion dependence at last evaluation prior to the start of the preparative regimen / infusion

- Non-transfused (NTD) - (0 RBCs in 16 weeks)
- Low-transfusion burden (LTB) - (3-7 RBCs in 16 weeks in at least 2 transfusion episodes, maximum of 3 in 8 weeks)
- High-transfusion burden (HTB) - (≥ 8 RBCs in 16 weeks, ≥ 4 in 8 weeks)

312 Did the recipient have constitutional symptoms in six months before last evaluation prior to the start of the preparative regimen / infusion? (symptoms are > 10% weight loss in 6 months, night sweats, unexplained fever higher than 37.5 °C)

- Yes No Unknown

313 Did the recipient have splenomegaly at last evaluation prior to the start of the preparative regimen / infusion?

- Yes
- No
- Unknown
- Not applicable (splenectomy)

314 Specify the method used to measure spleen size

- Physical assessment Ultrasound CT / MRI

315 Specify the spleen size: _____ centimeters below left costal margin

316 Specify the spleen size: _____ centimeters

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CIBMTR Recipient ID:

Initials:

Today's Date:

 20
Month Day Year

Infusion Date:

 20
Month Day Year

CIBMTR Center Number:

Center Number

Form 2402 R5.0: Disease Classification

Center:

CRID:

317 Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?

yes no Unknown

318 Specify the method used to measure liver size

Physical assessment Ultrasound CT / MRI

319 Specify the liver size: _____ centimeters below right costal margin

320 Specify the liver size: _____ centimeters

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

321 Date CBC drawn: ____ - ____ - ____

322 WBC

Known Unknown

323 _____ x 10⁹/L (x 10³/mm³)

x 10⁶/L

324 Neutrophils

Known Unknown

325 _____ %

326 Blasts in blood

Known Unknown

327 _____ %

328 Hemoglobin

Known Unknown

329 _____ g/dL g/L mmol/L

330 Were RBCs transfused ≤ 30 days before date of test?

Yes No

331 Platelets

Known Unknown

332 _____ x 10⁹/L (x 10³/mm³)

x 10⁶/L

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

Yes No

334 Blasts in bone marrow

Known Unknown

335 _____ %

336 Were tests for driver mutations performed?

Yes No Unknown

337 JAK2

Positive Negative Not done

338 JAK2 V617F

Positive Negative Not done

339 JAK2 Exon 12

Positive Negative Not done

340 CALR

Positive Negative Not done

341 CALR type 1

Positive Negative Not done

342 CALR type 2

Positive Negative Not done

343 Not defined

Positive Negative Not done

344 MPL

Positive Negative Not done

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ERROR CORRECTION FORM

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Today's Date:	Infusion Date:	CIBMTR Center Number:
<input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/>	<input type="text"/> <input type="text"/> 20 <input type="text"/>	<input type="text"/>
Month Day Year	Month Day Year	

Form 2402 R5.0: Disease Classification

Center:

CRID:

345 CSF3R

- Positive Negative Not done

346 Was documentation submitted to the CIBMTR?

- Yes No

347 Were cytogenetics tested (karyotyping or FISH)?

- yes no Unknown

348 Were cytogenetics tested via FISH?

- Yes No

349 Sample source

- Blood Bone marrow

350 Results of tests

- Abnormalities identified
 No abnormalities

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion

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

352 Specify number of distinct cytogenetic abnormalities

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

353 Specify abnormalities (check all that apply)

- 5
 -7
 -Y
 +8
 +9
 t(1;any)
 t(3q21;any)
 t(11q23;any)
 t(12p11.2;any)
 t(6;9)
 del(5q) / 5q-
 del(7q) / 7q-
 del(11q) / 11q-
 del(12p) / 12p-
 del(13q) / 13q-
 del(20q) / 20q-
 dup(1)
 inv(3)
 i17q
 Other abnormality

354 Specify other abnormality: _____

355 Was documentation submitted to the CIBMTR? (e.g. FISH report)

- Yes No

356 Were cytogenetics tested via karyotyping?

- Yes No

357 Sample source

- Blood Bone marrow

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Today's Date:	Infusion Date:	CIBMTR Center Number:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Month Day Year	Month Day Year	

Form 2402 R5.0: Disease Classification

Center:

CRID:

358 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen / infusion

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

360 Specify number of distinct cytogenetic abnormalities

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

361 Specify abnormalities (check all that apply)

- 5
- 7
- Y
- +8
- +9
- t(1;any)
- t(3q21;any)
- t(11q23;any)
- t(12p11.2;any)
- t(6;9)
- del(5q) / 5q-
- del(7q) / 7q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- dup(1)
- inv(3)
- i17q
- Other abnormality

362 Specify other abnormality: _____

363 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

- Yes No

Status at transplantation / infusion:

364 What was the disease status?

- Complete clinical remission (CR)
- Partial clinical remission (PR)
- Clinical improvement (CI)
- Stable disease (SD)
- Progressive disease
- Relapse
- Not assessed

365 Was an anemia response achieved?

- Yes No

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Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____

CRID: _____

366 Was a spleen response achieved?

- Yes No

367 Was a symptom response achieved?

- Yes No

368 Date assessed: ____ - ____ - ____

369 Specify the cytogenetic response

- Complete response (CR) : **Eradication of pre-existing abnormality**
- Partial response (PR) : **≥ 50% reduction in abnormal metaphases**
- Re-emergence of pre-existing cytogenetic abnormality
- Not assessed
- Not applicable
- None of the above : **Does not meet the CR or PR criteria**

370 Date assessed: ____ - ____ - ____

371 Specify the molecular response

- Complete response (CR) : **Eradication of pre-existing abnormality**
- Partial response (PR) : **≥ 50% decrease in allele burden**
- Re-emergence of a pre-existing molecular abnormality
- Not assessed
- Not applicable
- None of the above : **Does not meet the CR or PR criteria**

372 Date assessed: ____ - ____ - ____

Other Leukemia (OL)

Questions: 373 - 379

373 Specify the other leukemia classification _____

374 Specify other leukemia: _____

375 Was any 17p abnormality detected?

- yes - **If disease classification is CLL, go to question 376. If PLL, go to question 378**
- no

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

- yes no

Status at transplantation / infusion:

377 What was the disease status? (Atypical CML) _____

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

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

379 Date assessed: ____ - ____ - ____

Hodgkin and Non-Hodgkin Lymphoma

Questions: 380 - 397

380 Specify the lymphoma histology (at infusion) _____

381 Specify other lymphoma histology: _____

382 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

383 Is the lymphoma histology reported at transplant a transformation from CLL?

- yes no

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Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

384 Was any 17p abnormality detected?

- yes no

385 Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)

- Yes No

386 Specify the original lymphoma histology (prior to transformation) _____

387 Specify other lymphoma histology: _____

388 Date of original lymphoma diagnosis: ____ - ____ - ____ (report the date of diagnosis of original lymphoma subtype)

389 Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)

- yes no

390 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

- yes no

391 Date of PET scan

- Known Unknown

392 Date of PET (or PET/CT) scan: ____ - ____ - ____

393 Deauville (five-point) score of the PET (or PET/CT) scan

- Known Unknown

394 Scale

- 1 - no uptake or no 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 lesion

Status at transplantation / infusion:

395 What was the disease status? _____

396 Total number of lines of therapy received (between diagnosis and HCT / infusion)

- 1 line 2 lines 3+ lines

397 Date assessed: ____ - ____ - ____

Multiple Myeloma / Plasma Cell Disorder (PCD)

Questions: 398 - 445

398 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)

399 Specify other plasma cell disorder: _____

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Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

400 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)

401 Specify Amyloidosis classification

- AL amyloidosis AH amyloidosis AHL amyloidosis

402 Select monoclonal gammopathy of renal significance (MGRS) classification _____

403 Select monoclonal immunoglobulin deposition disease (MIDD) subtype

- Light chain deposition disease (LCDD)
- Light and heavy chain deposition disease (LHCDD)
- Heavy chain deposition disease (HCDD)

404 Was documentation submitted to the CIBMTR? (e.g. pathology report)

- Yes No

405 Solitary plasmacytoma was

- Extramedullary Bone derived

406 What was the Durie-Salmon staging? (at diagnosis)

- Stage I (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 Stage III)
- Stage III (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

407 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)

408 Did the recipient have a preceding or concurrent plasma cell disorder?

- Yes No

Preceding or Concurrent Plasma Cell Disorder (1)

Questions: 409 - 411

409 Specify preceding / concurrent disorder _____

410 Specify other preceding/concurrent disorder: _____

411 Date of diagnosis of preceding / concurrent disorder: ____ - ____ - ____

412 Serum β2 microglobulin

- Known Unknown

413 Serum β2-microglobulin: _____ µg/dL mg/L nmol/L

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Today's Date:

 20

Month Day Year

Infusion Date:

 20

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center:

CRID:

414 Serum albumin

- Known Unknown

415 Serum albumin: _____ g/dL g/L

I.S.S. at diagnosis:

416 Stage

- Known Unknown

417 Stage

- 1 (Serum β 2-microglobulin <3.5 mg/L, Serum albumin \geq 3.5 g/dL)
 2 (Not fitting stage 1 or 3)
 3 (Serum β 2-microglobulin \geq 5.5 mg/L; Serum albumin -)

R - I.S.S. at diagnosis:

418 Stage

- Known Unknown

419 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)

420 Plasma cells in blood by flow cytometry

- Known Unknown

421 _____ %

422 _____ $\times 10^9/L$ ($\times 10^3/mm^3$)
 $\times 10^6/L$

423 Plasma cells in blood by morphologic assessment

- Known Unknown

424 _____ %

425 _____ $\times 10^9/L$ ($\times 10^3/mm^3$)
 $\times 10^6/L$

426 LDH

- Known Unknown

427 _____ U/L μ kat/L

428 Upper limit of normal for LDH: _____

Labs at diagnosis

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

- yes no Unknown

430 Were cytogenetics tested via FISH?

- Yes No

431 Results of tests

- Abnormalities identified
 No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis:

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

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Today's Date:

Infusion Date:

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

433 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

434 Specify other abnormality: _____

435 Was documentation submitted to the CIBMTR? (e.g. FISH report)

- Yes No

436 Were cytogenetics tested via karyotyping?

- Yes No

437 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis

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

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Initials:

Today's Date:

Infusion Date:

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

439 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

440 Specify other abnormality: _____

441 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

- Yes No

Status at transplantation / infusion

442 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 (Rel) (untreated)
- Unknown

443 Date assessed: ____ - ____ - ____

444 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 (Rel) (untreated)
- Unknown

445 Date assessed: ____ - ____ - ____

Solid Tumors

Questions: 446 - 447

446 Specify the solid tumor classification _____

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CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____

CRID: _____

447 Specify other solid tumor: _____

Severe Aplastic Anemia

Questions: 448 - 449

448 Specify the severe aplastic anemia classification _____

449 Specify other acquired cytopenic syndrome: _____

Inherited Abnormalities of Erythrocyte Differentiation or Function

Questions: 450 - 483

450 Specify the inherited abnormalities of erythrocyte differentiation or function classification _____

451 Specify other constitutional anemia: _____

452 Specify other hemoglobinopathy: _____

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

Yes No

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

Yes No Unknown

455 TRJV measurement

Known Unknown

456 TRJV measurement: _____ m/sec

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

Yes No

458 Liver iron content _____ mg iron / g liver dry weight

459 Method used to estimate LIC?

T2*MRI SQUID MRI FerriScan Liver biopsy Other

Beta thalassemia major

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

Yes No

461 Year of first transfusion: (since diagnosis) _____

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

Yes No Unknown

463 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

464 Specify reason criteria not met

- Non-adherence
- Toxicity due to iron chelation therapy
- Other

465 Specify other reason criteria not met: _____

466 Year iron chelation therapy started

Known Unknown

467 Year started: _____

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

yes no Unknown

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

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

yes no

471 Date assessed

Known Unknown

472 Date assessed: _____ - _____ - _____ Date estimated

473 Liver cirrhosis

Present Absent Unknown

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Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

474 Bridging fibrosis
 Present Absent Unknown

475 Chronic hepatitis
 Present Absent Unknown

476 Was documentation submitted to the CIBMTR? (e.g., liver biopsy)
 Yes No

477 Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?
 Yes No

478 Did the recipient have a splenectomy at any time prior to infusion?
 yes no Unknown

Laboratory studies at last evaluation prior to start of preparative regimen

479 Serum iron
 Known Unknown

480 _____ µg/dL µmol/L

481 Total Iron binding capacity (TIBC)
 Known Unknown

482 _____ µg/dL µmol/L

483 Was serum bilirubin less than two times the upper limit of normal?
 Yes No Unknown

Disorders of the Immune System

Questions: 484 - 491

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

485 Specify other SCID: _____

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Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____

CRID: _____

486 Specify other immunodeficiency: _____

487 Specify other pigmentary dilution disorder: _____

488 Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?

Yes No

489 Specify viral pathogen (check all that apply)

- 304 Adenovirus
- 341 BK Virus
- 344 Coronavirus
- 303 Cytomegalovirus (CMV)
- 347 Chikungunya virus
- 346 Dengue Virus
- 325 Enterovirus (ECHO, Coxsackie)
- 372 Enterovirus D68 (EV-D68)
- 326 Enterovirus (polio)
- 328 Enterovirus NOS
- 318 Epstein-Barr Virus (EBV)
- 306 Hepatitis A Virus
- 307 Hepatitis B Virus
- 308 Hepatitis C Virus
- 340 Hepatitis E
- 301 Herpes Simplex Virus (HSV)
- 317 Human herpesvirus 6 (HHV-6)
- 309 Human Immunodeficiency Virus 1 or 2
- 343 Human metapneumovirus
- 322 Human Papillomavirus (HPV)
- 349 Human T-lymphotropic Virus 1 or 2
- 310 Influenza, NOS
- 323 Influenza A Virus
- 324 Influenza B Virus
- 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- 311 Measles Virus (Rubeola)
- 312 Mumps Virus
- 345 Norovirus
- 316 Human Parainfluenza Virus (all species)
- 314 Respiratory Syncytial Virus (RSV)
- 321 Rhinovirus (all species)
- 320 Rotavirus (all species)
- 315 Rubella Virus
- 302 Varicella Virus
- 348 West Nile Virus (WNV)

490 Has the recipient ever been infected with PCP / PJP?

Yes No

491 Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)

Yes No

Inherited Abnormalities of Platelets

Questions: 492 - 493

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ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

492 Specify inherited abnormalities of platelets classification

- Congenital amegakaryocytosis / congenital thrombocytopenia (501)
- Glanzmann thrombasthenia (502)
- Other inherited platelet abnormality (509)

493 Specify other inherited platelet abnormality: _____

Inherited Disorders of Metabolism

Questions: 494 - 496

494 Specify inherited disorders of metabolism classification _____

495 Specify other inherited metabolic disorder: _____

496 Loes composite score _____ **Adrenoleukodystrophy (ALD) only**

Histiocytic Disorders

Questions: 497 - 501

497 Specify histiocytic disorder classification _____

498 Specify other histiocytic disorder: _____

499 Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT? **Hemophagocytic lymphohistiocytosis (HLH) only**

- Yes No

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

500 Select organism from list below (check all that apply)

- 304 Adenovirus
- 341 BK Virus
- 344 Coronavirus
- 303 Cytomegalovirus (CMV)
- 347 Chikungunya virus
- 346 Dengue Virus
- 325 Enterovirus (ECHO, Coxsackie)
- 372 Enterovirus D68 (EV-D68)
- 326 Enterovirus (polio)
- 328 Enterovirus NOS
- 318 Epstein-Barr Virus (EBV)
- 306 Hepatitis A Virus
- 307 Hepatitis B Virus
- 308 Hepatitis C Virus
- 340 Hepatitis E
- 301 Herpes Simplex Virus (HSV)
- 317 Human herpesvirus 6 (HHV-6)
- 309 Human Immunodeficiency Virus 1 or 2
- 343 Human metapneumovirus
- 322 Human Papillomavirus (HPV)
- 349 Human T-lymphotropic Virus 1 or 2
- 310 Influenza, NOS
- 323 Influenza A Virus
- 324 Influenza B Virus
- 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- 311 Measles Virus (Rubeola)
- 312 Mumps Virus
- 345 Norovirus
- 316 Human Parainfluenza Virus (all species)
- 314 Respiratory Syncytial Virus (RSV)
- 321 Rhinovirus (all species)
- 320 Rotavirus (all species)
- 315 Rubella Virus
- 302 Varicella Virus
- 348 West Nile Virus (WNV)

501 Has the recipient ever been infected with PCP / PJP?

Yes No

Autoimmune Diseases

Questions: 502 - 505

502 Specify autoimmune disease classification: _____

503 Specify other autoimmune cytopenia: _____

504 Specify other autoimmune bowel disorder: _____

505 Specify other autoimmune disease: _____

Tolerance Induction Associated with Solid Organ Transplant

Questions: 506 - 507

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ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2402 R5.0: Disease Classification

Center: _____ CRID: _____

506 Specify solid organ transplanted (check all that apply)

- Kidney
- Liver
- Pancreas
- Other organ

507 Specify other organ: _____

Other Disease

Questions: 508 - 508

508 Specify other disease: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____

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