### Form 2402 R5.0: Disease Classification

**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@hsr.gov.

**Sequence Number:**

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**Date Received:**

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**Date assessed:**

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**Laboratory studies at diagnosis of MPN**

- **Platelets**
- **Blasts in blood**
- **Other molecular marker**

**Assessment at diagnosis**

- **Tyrosine kinase inhibitor**
- **Other molecular marker**

**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)

**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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**Form 2402 R5.0: Disease Classification**

Center: CRID:

<table>
<thead>
<tr>
<th>Sequence Number</th>
<th>CIBMTR Recipient ID</th>
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**Today's Date:**
- Month: ___ Day: ___ Year: ___

**Infusion Date:**
- Month: ___ Day: ___ Year: ___

**CIBMTR Center Number:**
- ___ ___ ___

---

**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)

☐ -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: ___________________________
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(13q) / 13q-
- 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
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 IB36)
- 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 R5.0: Disease Classification

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: ____________________________
Form 2402 R5.0: Disease Classification

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)
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- del(9q) / 9q-
- del(11q) / 11q-
- del(13q) / 13q-
- 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
Form 2402 R5.0: Disease Classification

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 836)
- 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)
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)
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+t(16;16)
+del(3q) / 3q-
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+del(7q) / 7q-
+del(9q) / 9q-
+del(11q) / 11q-
+del(16q) / 16q-
+del(17q) / 17q-
+del(20q) / 20q-
+del(21q) / 21q-
+inv(3)
+inv(16)
+(11q23) any abnormality
+12p any abnormality
Other abnormality

69 Specify other abnormality: __________________________

70 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 R5.0: Disease Classification

Center: CRID:

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<th>73 Specify number of distinct cytogenetic abnormalities</th>
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<tr>
<td>✔ One (1)</td>
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<td>✔ Two (2)</td>
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<td>✔ Three (3)</td>
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<tr>
<td>☐ Four or more (4 or more)</td>
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<th>74 Specify abnormalities (check all that apply)</th>
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<tr>
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<td>✔ inv(16)</td>
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<td>✔ (11q23) any abnormality</td>
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<td>✔ 12p any abnormality</td>
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<tr>
<td>✔ Other abnormality</td>
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<tr>
<td>✔ Yes</td>
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<tr>
<th>77 Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)</th>
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<tbody>
<tr>
<td>☐ yes</td>
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</table>
Form 2402 R5.0: Disease Classification

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 1326)
- 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:

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 CRl)
- 2nd complete remission (include CRl)
- ≥3rd complete remission (include CRl)
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

92 How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRl)
- 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 R5.0: Disease Classification

Center: 
CRID: 

<table>
<thead>
<tr>
<th>Acute Lymphoblastic Leukemia (ALL)</th>
<th>Questions: 96 - 163</th>
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<td>96 Specify ALL classification</td>
<td></td>
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<tr>
<td>97 Did the recipient have a predisposing condition?</td>
<td></td>
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<tr>
<td>- yes</td>
<td>no</td>
</tr>
<tr>
<td>98 Specify condition</td>
<td></td>
</tr>
<tr>
<td>- Aplastic anemia - Also complete CIBMTR Form 2028 - APL</td>
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</tr>
<tr>
<td>- Bloom syndrome</td>
<td></td>
</tr>
<tr>
<td>- Down syndrome</td>
<td></td>
</tr>
<tr>
<td>- Fanconi anemia - Also complete CIBMTR Form 2029 - FAN</td>
<td></td>
</tr>
<tr>
<td>- Other condition</td>
<td></td>
</tr>
<tr>
<td>99 Specify other condition:</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>- yes</td>
<td>no</td>
</tr>
<tr>
<td>101 Laboratory studies at diagnosis</td>
<td></td>
</tr>
<tr>
<td>102 Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)</td>
<td></td>
</tr>
<tr>
<td>- yes</td>
<td>no</td>
</tr>
<tr>
<td>103 Results of tests (at diagnosis)</td>
<td></td>
</tr>
<tr>
<td>- Abnormalities identified</td>
<td></td>
</tr>
<tr>
<td>- No abnormalities</td>
<td></td>
</tr>
</tbody>
</table>

**Specify cytogenetic abnormalities identified at diagnosis**

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

105 Specify number of distinct cytogenic abnormalities
   - One (1)
   - Two (2)
   - Three (3)
   - Four or more (4 or more)
Form 2402 R5.0: Disease Classification

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)
**Form 2402 R5.0: Disease Classification**

Center: CRID: 

### Key Fields

#### 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**

<table>
<thead>
<tr>
<th>Molecular Marker</th>
<th>Positive</th>
<th>Negative</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>116 BCR / ABL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>117 TEL-AML1 / AML1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Molecular Marker (1)</th>
<th>Questions: 118 - 119</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other molecular marker</td>
<td></td>
</tr>
</tbody>
</table>
- `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`
Form 2402 R5.0: Disease Classification

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's Date:</td>
<td>Infusion Date:</td>
<td>CIBMTR Center Number:</td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key Fields**

- **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:
**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(6;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 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

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
<table>
<thead>
<tr>
<th>Key Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence Number:</td>
</tr>
<tr>
<td>Today's Date:</td>
</tr>
<tr>
<td>Month</td>
</tr>
</tbody>
</table>

**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
Form 2402 R5.0: 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

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
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)

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
Form 2402 R5.0: Disease Classification

Center: CRID:

188 Neutrophils
- Known
- Unknown

189 Neutrophils
- x 10^9/L (x 10^6/mm^3)
- x 10^6/L

190 Blasts in blood
- Known
- Unknown

191 Blasts in blood
- %

192 Hemoglobin
- Known
- Unknown

193 Hemoglobin
- g/dL
- g/L
- mmol/L

194 Were RBCs transfused ≤ 30 days before date of test?
- Yes
- No

195 Platelets
- Known
- Unknown

196 Platelets
- x 10^9/L (x 10^6/mm^3)
- x 10^6/L

197 Were platelets transfused ≤ 7 days before date of test?
- Yes
- No

198 Blasts in bone marrow
- Known
- Unknown

199 Blasts in bone marrow
- %

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

201 Were cytogenetics tested via FISH?
- Yes
- No

202 Sample source
- Blood
- Bone marrow

203 Results of tests
- Abnormalities identified
- No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis

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

Specify number of distinct cytogenetic abnormalities

205 One (1)

206 Two (2)

207 Three (3)

208 Four or more (4 or more)
Form 2402 R5.0: Disease Classification

207 Specify abnormalities (check all that apply)
-5
-7
-13
-20
-Y
+6
+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)
### Form 2402 R5.0: Disease Classification

**Center:**

**CRID:**

#### 215 Specify abnormalities (check all that apply)
- 5
- 7
- 13
- 20
- Y
+ 6
+ 19
1(1;3)
1(2;11)
1(3;3)
1(3;21)
1(6;9)
1(11;16)
del(3q) / 3q-
del(5q) / 5q-
del(7q) / 7q-
del(8q) / 8q-
del(11q) / 11q-
del(12p) / 12p-
del(13q) / 13q-
del(20q) / 20q-
inv(3)
i(17q)
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
- $\times 10^9/L (x 10^9/mm^3)$
- $\times 10^6/L$

#### 226 Neutrophils
- Known
- Unknown

#### 227 %

#### 228 Blasts in blood
- Known
- Unknown

#### 229 %
Form 2402 R5.0: Disease Classification

Center: CRID:

230 Hemoglobin
   - Known
   - Unknown

231 g/dL  g/L  mmol/L

232 Were RBCs transfused ≤ 30 days before date of test?
   - Yes
   - No

233 Platelets
   - Known
   - Unknown

234 x 10⁹/L ( x 10³/mm³)

235 Were platelets transfused ≤ 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)
Form 2402 R5.0: Disease Classification

<table>
<thead>
<tr>
<th>CRID:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>244 Specify abnormalities (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  -5</td>
</tr>
<tr>
<td>□  -7</td>
</tr>
<tr>
<td>□  -13</td>
</tr>
<tr>
<td>□  -20</td>
</tr>
<tr>
<td>□  -Y</td>
</tr>
<tr>
<td>□  +6</td>
</tr>
<tr>
<td>□  +19</td>
</tr>
<tr>
<td>□  t(1;3)</td>
</tr>
<tr>
<td>□  t(2;11)</td>
</tr>
<tr>
<td>□  t(3;3)</td>
</tr>
<tr>
<td>□  t(3;21)</td>
</tr>
<tr>
<td>□  t(6;9)</td>
</tr>
<tr>
<td>□  t(11;16)</td>
</tr>
<tr>
<td>□  del(3q) / 3q-</td>
</tr>
<tr>
<td>□  del(5q) / 5q-</td>
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<td>□  del(7q) / 7q-</td>
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<td>□  del(9q) / 9q-</td>
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<tr>
<td>□  del(20q) / 20q-</td>
</tr>
<tr>
<td>□  inv(3)</td>
</tr>
<tr>
<td>□  i(17q)</td>
</tr>
<tr>
<td>□  Other abnormality</td>
</tr>
</tbody>
</table>

| 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) |
Form 2402 R5.0: Disease Classification

Center: CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>252</strong> Specify abnormalities (check all that apply)</td>
<td>-5, -7, -13, -20, -Y, +6, +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), i(17q), Other abnormality</td>
</tr>
<tr>
<td><strong>253</strong> Specify other abnormality:</td>
<td></td>
</tr>
<tr>
<td><strong>254</strong> Was documentation submitted to the CIBMTR? (e.g. karyotyping report)</td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>255</strong> What was the disease status?</td>
<td>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</td>
</tr>
<tr>
<td><strong>256</strong> Specify the cell line examined to determine HI status (check all that apply)</td>
<td>HI-E, HI-P, HI-N</td>
</tr>
<tr>
<td><strong>257</strong> Specify transfusion dependence</td>
<td>Non-transfused (NTD), Low-transfusion burden (LTB), High-transfusion burden (HTB)</td>
</tr>
<tr>
<td><strong>258</strong> Specify the response achieved</td>
<td>Major response, Minor response</td>
</tr>
<tr>
<td><strong>259</strong> Date assessed:</td>
<td></td>
</tr>
</tbody>
</table>

Myeloproliferative Neoplasms (MPN) Questions: 260 - 372
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 PDGFRα 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
  - __________ x 10⁹/L (x 10⁹/mm³)
  - __________ x 10⁵/L

266 Neutrophils
  - Known  Unknown
  - __________ %

268 Blasts in blood
  - Known  Unknown
  - __________ %

271 Hemoglobin
  - Known  Unknown
  - __________ g/dL  g/L  mmol/L

273 Were RBCs transfused ≤ 30 days before date of test?
  - Yes  No

274 Platelets
  - Known  Unknown
  - __________ x 10⁹/L (x 10⁹/mm³)
  - __________ x 10⁵/L

276 Were platelets transfused ≤ 7 days before date of test?
  - Yes  No
### Form 2402 R5.0: Disease Classification

**Center:**

**CRID:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>277 Blasts in bone marrow</td>
<td>[ ] Known  [ ] Unknown</td>
<td></td>
</tr>
<tr>
<td>278 Were tests for driver mutations performed?</td>
<td>[ ] Yes  [ ] No  [ ] Unknown</td>
<td></td>
</tr>
<tr>
<td>280 JAK2</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>281 JAK2 V617F</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>282 JAK2 Exon 12</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>283 CALR</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>284 CALR type 1</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>285 CALR type 2</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>286 Not defined</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>287 MPL</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>288 CSF3R</td>
<td>[ ] Positive  [ ] Negative  [ ] Not done</td>
<td></td>
</tr>
<tr>
<td>289 Was documentation submitted to the CIBMTR?</td>
<td>[ ] Yes  [ ] No</td>
<td></td>
</tr>
<tr>
<td>290 Were cytogenetics tested (karyotyping or FISH)?</td>
<td>[ ] yes  [ ] no  [ ] Unknown</td>
<td></td>
</tr>
<tr>
<td>291 Were cytogenetics tested via FISH?</td>
<td>[ ] Yes  [ ] No</td>
<td></td>
</tr>
<tr>
<td>292 Sample source</td>
<td>[ ] Blood  [ ] Bone marrow</td>
<td></td>
</tr>
<tr>
<td>293 Results of tests</td>
<td>[ ] Abnormalities identified  [ ] No abnormalities</td>
<td></td>
</tr>
</tbody>
</table>

**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) |
Form 2402 R5.0: Disease Classification

Center: CRID:

296 Specify abnormalities (check all that apply)
-5
-7
-Y
+8
+9
(1;any)
(3q21;any)
(11q23;any)
(12p11.2;any)
(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)
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 thrombocytemic 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

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
### Form 2402 R5.0: Disease Classification

**Center:**

<table>
<thead>
<tr>
<th>Key Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>317</strong> Did the recipient have hepatomegaly at last evaluation prior to the start of the preparative regimen / infusion?</td>
</tr>
</tbody>
</table>
| - yes  
| - no  
| - Unknown                                                                  |
| **318** Specify the method used to measure liver size                       |
| - Physical assessment  
| - Ultrasound  
| - CT / MRI                                                                 |
| **319** Specify the liver size:                                             |
| x 10⁹/L (x 10¹²/mm³)  
| x 10⁶/L                                                                   |
| **320** Specify the liver size:                                             |
| _______ cm below right costal margin                                        |
| _______ cm                                                                   |
| **Laboratory studies at last evaluation prior to the start of the preparative regimen / infusion** |
| **321** Date CBC drawn:                                                    |
| _______ / _______ / _______                                                |
| **322** WBC                                                                |
| - Known  
| - Unknown                                                                  |
| **323** WBC x 10⁹/L (x 10¹²/mm³)                                            |
| + _______ g/dL  
| - _______ g/dL  
| - _______ g/L  
| - _______ mmol/L                                                           |
| **324** Neutrophils                                                        |
| - Known  
| - Unknown                                                                  |
| **325** Neutrophils %                                                      |
| **326** Blasts in blood                                                    |
| - Known  
| - Unknown                                                                  |
| **327** Blasts in blood %                                                  |
| **328** Hemoglobin                                                        |
| - Known  
| - Unknown                                                                  |
| **329** Hemoglobin g/dL                                                    |
| + _______ g/dL  
| - _______ g/dL  
| - _______ g/L  
| - _______ mmol/L                                                           |
| **330** Were RBCs transfused ≤ 30 days before date of test?                |
| - Yes  
| - No                                                                       |
| **331** Platelets                                                          |
| - Known  
| - Unknown                                                                  |
| **332** Platelets x 10⁹/L (x 10¹²/mm³)                                     |
| + _______ g/dL  
| - _______ g/dL  
| - _______ g/L  
| - _______ mmol/L                                                           |
| **333** Were platelets transfused ≤ 7 days before date of test?            |
| - Yes  
| - No                                                                       |
| **334** Blasts in bone marrow                                              |
| - Known  
| - Unknown                                                                  |
| **335** Blasts in bone marrow %                                            |
| **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** MPL                                                               |
| - Positive  
| - Negative  
| - Not done                                                                 |
| **344** MPL                                                               |
| - Positive  
| - Negative  
| - Not done                                                                 |

---

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

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Form 2402 R5.0: Disease Classification

Center: ________________________________  CRID: ________________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>345 CSF3R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>346 Was documentation submitted to the CIBMTR?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>347 Were cytogenetics tested (karyotyping or FISH)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>348 Were cytogenetics tested via FISH?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>349 Sample source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bone marrow</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>350 Results of tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Abnormalities identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No abnormalities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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(6q)
- del(5q) / 5q-
- del(7q) / 7q-
- del(11q) / 11q-
- del(12p) / 12p-
- del(13q) / 13q-
- del(20q) / 20q-
- dup(1)
- inv(3)
- i(17q)
- 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
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
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 allelic 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
Form 2402 R5.0: Disease Classification

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: ____________________________
Form 2402 R5.0: Disease Classification

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 gamopathy of renal significance (MGRS) classification

403 Select monoclonal immunoglobulin deposition disease (MIDD) subtype
- Light chain deposition disease (LCDDD)
- Heavy chain deposition disease (HCDDD)
- Light and heavy chain deposition disease (LHCDDD)

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 (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

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

Questions: 409 - 411
Form 2402 R5.0: Disease Classification

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>414 Serum albumin</td>
<td>Known, Unknown, g/dL, g/L</td>
</tr>
<tr>
<td>415 Serum albumin:</td>
<td>g/dL, g/L</td>
</tr>
<tr>
<td>I.S.S. at diagnosis:</td>
<td></td>
</tr>
<tr>
<td>416 Stage</td>
<td>Known, Unknown</td>
</tr>
<tr>
<td>417 Stage</td>
<td>1 (Serum β2-microglobulin &lt;3.5 mg/L, Serum albumin ≥3.5 g/dL)</td>
</tr>
<tr>
<td></td>
<td>2 (Not fitting stage 1 or 3)</td>
</tr>
<tr>
<td></td>
<td>3 (Serum β2-microglobulin ≥5.5 mg/L; Serum albumin -)</td>
</tr>
<tr>
<td>R - I.S.S. at diagnosis:</td>
<td></td>
</tr>
<tr>
<td>418 Stage</td>
<td>Known, Unknown</td>
</tr>
<tr>
<td>419 Stage</td>
<td>1 (ISS stage 1 and no high-risk cytogenic abnormalities by FISH and normal LDH levels)</td>
</tr>
<tr>
<td></td>
<td>2 (Not R-ISS stage I or III)</td>
</tr>
<tr>
<td></td>
<td>3 (ISS stage III and either high-risk cytogenic abnormalities by FISH or high LDH levels)</td>
</tr>
<tr>
<td>420 Plasma cells in blood by flow cytometry</td>
<td>Known, Unknown</td>
</tr>
<tr>
<td>421</td>
<td>% x 10⁶/L (x 10³/mm³)</td>
</tr>
<tr>
<td>422</td>
<td>% x 10⁶/L</td>
</tr>
<tr>
<td>423 Plasma cells in blood by morphologic assessment</td>
<td>Known, Unknown</td>
</tr>
<tr>
<td>424</td>
<td>% x 10⁶/L (x 10³/mm³)</td>
</tr>
<tr>
<td>425</td>
<td>% x 10⁶/L</td>
</tr>
<tr>
<td>426 LDH</td>
<td>Known, Unknown</td>
</tr>
<tr>
<td>427</td>
<td>U/L, µkat/L</td>
</tr>
<tr>
<td>428 Upper limit of normal for LDH:</td>
<td></td>
</tr>
<tr>
<td>429 Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)</td>
<td>yes, no, Unknown</td>
</tr>
<tr>
<td>430 Were cytogenetics tested via FISH?</td>
<td>yes, No</td>
</tr>
<tr>
<td>431 Results of tests</td>
<td>Abnormalities identified, No abnormalities</td>
</tr>
<tr>
<td>432 Specify cytogenetic abnormalities identified via FISH at diagnosis:</td>
<td></td>
</tr>
<tr>
<td>432 International System for Human Cytogenetic Nomenclature (ISCN) compatible string:</td>
<td></td>
</tr>
</tbody>
</table>
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:
Form 2402 R5.0: Disease Classification

Center: CRID:

439 Specify abnormalities (check all that apply)

- +3
- +5
- +7
- +9
- +11
- +13
- +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

Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
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 ☐ Unknown

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 ☐ Unknown

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 ☐ Unknown

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 ☐ Unknown

471 Date assessed

☐ Known ☐ Unknown

472 Date assessed: ___________ Date estimated

473 Liver cirrhosis

☐ Present ☐ Absent ☐ Unknown
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 Total iron binding capacity (TIBC)  
- Known  
- Unknown

481  
- μg/dL  
- μmol/L

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:
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
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
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

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
Form 2402 R5.0: Disease Classification

Specify solid organ transplanted (check all that apply)

- Kidney
- Liver
- Pancreas
- Other organ

Specify other organ: __________________________

Specify other disease: __________________________

Questions: 508 - 509

First Name: __________________________

Last Name: __________________________

E-mail address: __________________________

Date: _________ - _________ - _________