Myelofibrosis Post-HCT Supplemental Form

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: __ __ __ __ / __ __ / __ __
YYYY MM DD

HCT type (check all that apply): ☐ Autologous ☐ Allogeneic, unrelated ☐ Allogeneic, related

Product type (check all that apply):
☐ Bone marrow ☐ PBSC ☐ Single cord blood unit ☐ Multiple cord blood units ☐ Other product. Specify: ________________

Visit: ☐ 100 day ☐ 1 year

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CIBMTR Center Number: ___ ___ ___ ___ ___   CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Disease Assessment since the Date of Last Report

1. Spleen size
   - ☐ Known → 2. Specify the spleen size: ___ ___ centimeters below left lower costal margin
   - ☐ Unknown
   - ☐ Not applicable (splenectomy)

Specify the laboratory values since the date of last report:

3. Was presence of somatic mutations tested?
   - ☐ Yes →
   - ☐ No - ***Go to First Name***
   - ☐ Unknown - ***Go to First Name***

4. Date sample collected: __ __ __ __ / __ __ / __ __
   YYYY MM DD

5. Specify sample source ☐ Bone marrow ☐ Peripheral blood

6.	JAK 2	☐ Positive	☐ Negative	☐ Not done
7.	CALR1	☐ Positive	☐ Negative	☐ Not done
8.	CALR2	☐ Positive	☐ Negative	☐ Not done
9.	MPL	☐ Positive	☐ Negative	☐ Not done
10.	ASXL1	☐ Positive	☐ Negative	☐ Not done
11.	SRSF2	☐ Positive	☐ Negative	☐ Not done
12.	EZH2	☐ Positive	☐ Negative	☐ Not done
13.	IDH1	☐ Positive	☐ Negative	☐ Not done
14.	IDH2	☐ Positive	☐ Negative	☐ Not done
15.	LNK	☐ Positive	☐ Negative	☐ Not done
16.	CBL	☐ Positive	☐ Negative	☐ Not done
17.	TET2	☐ Positive	☐ Negative	☐ Not done
18.	IKZF1	☐ Positive	☐ Negative	☐ Not done
19.	DNMT3A	☐ Positive	☐ Negative	☐ Not done
20.	TP53	☐ Positive	☐ Negative	☐ Not done
21.	SF3B1	☐ Positive	☐ Negative	☐ Not done
22.	U2AF1	☐ Positive	☐ Negative	☐ Not done
23.	FLT3	☐ Positive	☐ Negative	☐ Not done

24. Other gene mutation
    - ☐ Positive →
    - ☐ Negative →
    - ☐ Not done

25. Specify other gene mutation: ____________________
    Copy and complete questions 24-25 to report multiple other gene mutations

First Name: ____

Last Name: ____

E-mail address: ____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD

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