Form 2557 R1.0: Myelofibrosis CMS Study Post-HCT Supplemental Form

Center: ___________________________  CRID: ___________________________

Key Fields

Sequence Number: ___________________________

Date Received: ___________________________

CIBMTR Center Number: ___________________________

CIBMTR Research ID: ___________________________

Event date: ___________________________

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

Disease Assessment since the Date of Last Report

Questions: 1 - 25

1 Spleen size

- Known
- Unknown
- Not applicable (splenectomy)

2 Specify the spleen size: ___________________________ centimeters below right costal margin

Specify the laboratory values since the date of last report:

3 Was presence of somatic mutations tested?

- Yes
- No
- Unknown

4 Date sample collected: ___________________________

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

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 2557 R1.0: Myelofibrosis CMS Study Post-HCT Supplemental Form

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: __________________________

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