

FOLLOW-UP: INSERT V
Myelodysplasia/Myeloproliferative Disorders

FOR REGISTRY USE ONLY:
 I.D. -
 Date received: _____

TEAM IUBMID
 (Institutional Unique Blood or Marrow Transplant Identification Number)

Registry: IBMTR ABMTR (circle one)

Date of transplant for which this form is being completed:
 Month Day Year

Date of report:
 Month Day Year

Follow-up Information

*** Report data for date of last contact as reported in Q.3 of Follow-up Form or immediately prior to death.**

1. Best posttransplant response (indicate one only):
 1 Complete remission
 2 Persistent disease
 7 Other, specify: _____

2. Most recent posttransplant disease status:
 1 Continuous complete remission
 2 Persistent disease
 3 Relapse
 4 Complete remission after posttransplant relapse

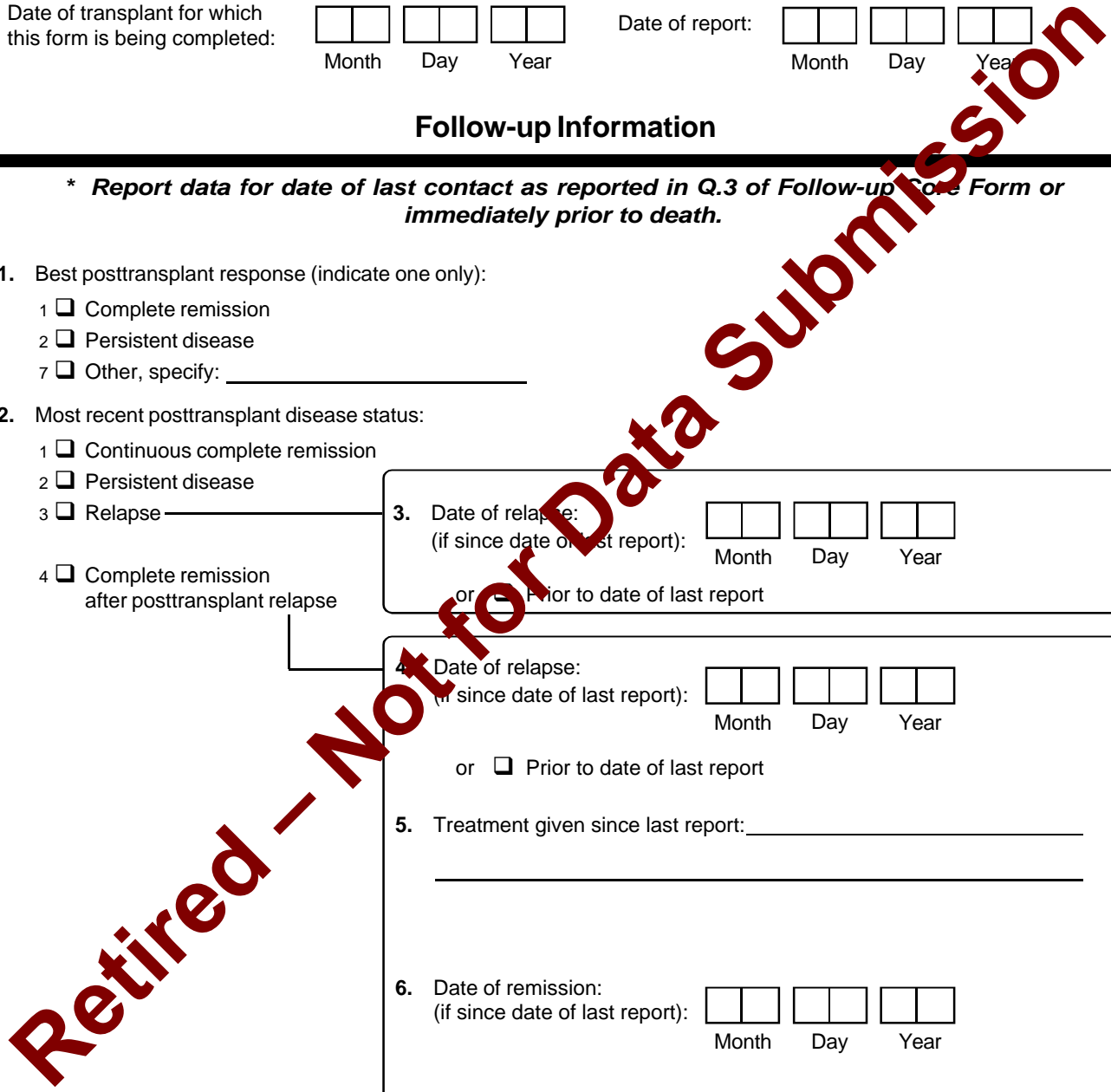
3. Date of relapse:
 (if since date of last report): Month Day Year
 or Prior to date of last report

4. Date of relapse:
 (if since date of last report): Month Day Year
 or Prior to date of last report

5. Treatment given since last report: _____

6. Date of remission:
 (if since date of last report): Month Day Year
 or Prior to date of last report

- 7 Not evaluable, specify reason: _____



TEAM

IUBMID

7. Most recent posttransplant bone marrow examination since date of last report:
Month Day Year

INCLUDE COPY OF BONE MARROW REPORT

8. Cellularity: 1 Decreased
2 Normal
3 Increased
8 Unknown

9. Fibrosis: 0 Absent
1 Mild
2 Moderate
3 Severe
8 Unknown

10. For patients with marrow fibrosis prior to conditioning,
marrow fibrosis since date of last report:
1 Unchanged/worse
2 Improved
3 Resolved
8 Unknown

11. Blasts in marrow: %

Retired – Not for Data Submission