Transplant Essential Data
First Report: 100 Days Post Transplant

Primary Disease Diagnosis: _____

Graft: ❑ Auto ❑ Allo ❑ Syngeneic

Date of This Report: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

Date of Birth: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

Sex: ❑ Male ❑ Female

Ethnicity (optional for non-US centers): ❑ White/Caucasian ❑ Black ❑ Oriental ❑ Other, specify: _____

DISEASE

(complete appropriate disease classification sheet)

Date of initial diagnosis of primary disease: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

TRANSPLANTATION

Date of this transplant: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

Chronological number of this transplant for this patient: _____

If >1, date of most recent previous transplant: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

If >1, type of most recent previous transplant: ❑ Auto ❑ Allo

Source of Stem Cells for this transplant (check all that apply):
- ❑ Bone marrow ❑ Peripheral blood
- ❑ Cord blood ❑ Other: _____

Donor Type (check one):
- ❑ Autologous (self) ❑ Syngeneic (monozygotic twin)

Allogeneic:
- ❑ HLA-identical sibling (not monozygotic twin)
- ❑ HLA-matched other relative
- ❑ HLA-mismatched relative
- ❑ HLA-matched unrelated donor
- ❑ HLA-mismatched unrelated donor
- ❑ Multiple donors

(For allotransplants) donor sex: ❑ Male ❑ Female

Was the graft manipulated ex vivo other than for RBC removal or volume reduction? ❑ Yes ❑ No

Was this transplant part of a planned sequential transplant protocol? ❑ Yes ❑ No

Additional cell therapy given (not for relapse)?
(If additional transplant given, submit separate TED form)
❑ Yes ❑ No ❑ Unknown

If yes, type of cell(s) (check all that apply):
- ❑ Lymphocytes ❑ Fibroblasts ❑ Dendritic cells
- ❑ Mesenchymal ❑ Other: _____

If yes, date of first infusion of additional cell therapy (may be the same as transplant date): ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

Was Gleevec (STI571, imatinib mesylate) given posttransplant? ❑ Yes ❑ No ❑ Unknown

NA = not applicable, autotransplant

CENTER IDENTIFICATION

Center Identification Code:
- IBMTR/ABMTR _____
- EBMT _____
- National (specify) _____
- Other (specify) _____

Hospital: _____
Unit: _____
Contact person: _____
Phone #: _____
Fax #: _____
Email: _____

BEFORE TRANSPLANTATION

Performance Score Pretransplant:
- ❑ Good (KPS ≥80 ~**or**~ ECOG 0-1 ~**or**~ Karnofsky ≥80)
- ❑ Poor (KPS <80 ~**or**~ ECOG 2-4 ~**or**~ Karnofsky <80)
- ❑ Unknown

Conditioning Regimen: Total Body Irradiation? ❑ Yes ❑ No
Non-myeloablative/Reduced Intensity (allo only)? ❑ Yes ❑ No

AFTER TRANSPLANTATION

Engraftment (Neutrophils > 0.5 x 10^9/L)?
❑ Yes ❑ No ❑ Unknown

If yes, date Neutrophils > 0.5 x 10^9/L: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

If no, date of last assessment: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)

Maximum Grade of Acute Graft Versus Host Disease (GVHD):
❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ Unknown ❑ NA

Best disease response to transplant (malignant and pre-malignant disease only):
❑ Continued CR ❑ CR achieved, date achieved: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)
❑ Never in CR posttransplant, date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)
❑ Unknown

Did the disease for which the patient was transplanted relapse or progress after the transplant?
❑ Yes ❑ No ❑ Unknown

Indicate all methods used for the assessment, the date of assessment and whether relapse/progression was detected with that method on the date indicated:

❑ Molecular
Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)
Relapse/progression first detected? ❑ Yes ❑ No

❑ Cytogenetic
Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)
Relapse/progression first detected? ❑ Yes ❑ No

❑ Hematological/Clinical
Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)
Relapse/progression first detected? ❑ Yes ❑ No

Survival status after transplant:
❑ Alive ❑ Dead ❑ Died before transplant
Date of latest follow-up or death: ___ ___ ___ ___ - ___ ___ - ___ ___ (YYYY - MM - DD)
Check here ❑ if lost to follow-up

Main cause of death (check one):
❑ Relapse/Progression/Persistent disease
Transplantation related causes:
- ❑ Rejection/Poor graft function ❑ GVHD
- ❑ Pulmonary toxicity ❑ Cardiac toxicity
- ❑ Infection ❑ VOD
- ❑ Posttransplant lymphoproliferative disorder ❑ Other: _____

❑ Other: _____
❑ Unknown

REGISTRY USE ONLY
Date Received: _____

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 1

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

ACUTE LEUKEMIAS

Classification:

Acute Myelogenous Leukemia (AML)
- ❑ M0
- ❑ M1
- ❑ M2
- ❑ M3
- ❑ M4
- ❑ M5
- ❑ M6
- ❑ M7
- ❑ AML NOS
- ❑ Transformed from MDS
  - FAB classification: M____
- ❑ Other AML, specify:_____

Acute Lymphoblastic Leukemia (ALL)
- ❑ ALL B-lineage
- ❑ ALL T-lineage
- ❑ Mature B cell (L3)
- ❑ T-cell granular lymphocytic leukemia
- ❑ Aggressive NK-cell leukemia
- ❑ Adult T-cell lymphoma/leukemia (HTLV1+)
- ❑ ALL NOS
- ❑ Other ALL, specify:_____

Other Acute Leukemias
- ❑ Acute undifferentiated
- ❑ Acute biphenotypic
- ❑ Acute mast cell leukemia
- ❑ Other acute leukemia, specify:_____

Complete entire MDS Section on Disease Classification Sheet 2 and remainder of AML Section, except status at transplantation

Was Gleevec (STI571, imatinib mesylate) given for pretransplant therapy? ❑Yes ❑No ❑Unknown
Was AML caused by prior exposure to therapeutic drugs or radiation? ❑Yes ❑No ❑Unknown

Status at Transplantation:
- ❑ Untreated
- ❑ Primary Induction Failure (PIF)
- ❑ CR
- ❑ Rel

Number ❑1st ❑2nd ❑3rd or higher

For Complete Remission

Y	N	Unk	
❑	❑	❑	Cytogenetic remission
❑	❑	❑	Molecular remission

CHRONIC MYELOGENOUS LEUKEMIA (CML)

Classification:
- ❑ CML, Ph+
- ❑ CML, Ph-
- ❑ CML, NOS

Prior treatment (check all that apply):
- ❑ Interferon
- ❑ Hydroxyurea (HU)
- ❑ Gleevec (STI571, imatinib mesylate)
- ❑ Other, specify:_____

Status at Transplantation:

Phase
- ❑ Chronic phase
- ❑ Accelerated phase
- ❑ Blast crisis

Number
- ❑ 1st
- ❑ 2nd
- ❑ 3rd or higher

For Chronic Phase Only *(check all that apply)*

Hematological remission: ❑Yes ❑No, stable phase
Cytogenetic remission: ❑Complete ❑Partial ❑Cytogenetics unknown
Molecular (bcr/abl): ❑Present ❑Absent ❑bcr/abl unknown
Other:
_____

OTHER LEUKEMIAS

Classification:
- ❑ Chronic Lymphocytic Leukemia (CLL), B-cell/ small lymphocytic lymphoma
- ❑ CLL, T-cell
- ❑ CLL, NOS
- ❑ Prolymphocytic Leukemia
  - ❑ B-cell
  - ❑ T-cell
- ❑ Hairy Cell Leukemia
- ❑ Other leukemia, specify:_____

Status at Transplantation:
- ❑ Untreated
- ❑ CR
- ❑ PR
- ❑ No response/stable
- ❑ Progression

CR=complete remission, PR=partial remission, Rel=relapse, CP=chronic phase, AP=accelerated phase, BP=blast phase

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 2

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

MYELODYSPLASTIC OR MYELOPROLIFERATIVE SYNDROMES

Classification:

Myelodysplastic Syndromes (MDS)*

At diagnosis	At transplantation
❑	❑ RA
❑	❑ RARS
❑	❑ RAEB
❑	❑ RAEB-t
	❑ AML
❑	❑ MDS NOS
❑	❑ Other, specify:_____

Myeloproliferative Syndromes (MPS)

At diagnosis	At transplantation
❑	❑ Polycythemia vera
❑	❑ Essential or primary thrombocythemia
❑	❑ Myelofibrosis with myeloid metaplasia
❑	❑ Acute myelofibrosis or myelosclerosis
❑	❑ MPS, NOS
❑	❑ Other MFS/MPS, specify:_____

Other

At diagnosis	At transplantation
❑	❑ Chronic myelomonocytic leukaemia (CMMol, CMML)
❑	❑ Juvenile myelomonocytic leukaemia (JMML, JCML, JCMML)

Status at Transplantation:

- ❑ Untreated (Supportive care only)
- ❑ Treatment without intent to achieve CR
- ❑ Treatment with intent to achieve a CR – CR not achieved
- ❑ Treatment with intent to achieve a CR – CR achieved and [illegible]
- ❑ Relapse after CR

Number
- ❑ 1st
- ❑ 2nd
- ❑ 3rd or higher

** If transformed to acute leukemia report on Disease Classification Sheet 1*

ANEMIA/HEMOGLOBINOPATHY

Classification:

- ❑ Acquired Severe Aplastic Anemia (SAA), Idiopathic
- ❑ Acquired SAA, secondary to hepatitis
- ❑ Acquired SAA, secondary to toxin/other drug
- ❑ Amegakaryocytosis acquired (not congenital)
- ❑ Acquired Pure Red Cell Aplasia (PRCA) (not congenital)
- ❑ Schwachmann-Diamond
- ❑ Other acquired cytopenia syndrome, specify: _____
- ❑ Fanconi anemia
- ❑ Diamond-Blackfan anemia (congenital PRCA)
- ❑ Other constitutional anemia, specify: _____
- ❑ Thalassemia NOS
- ❑ Sickle cell disease
- ❑ Other hemoglobinopathy, specify: _____
- ❑ Paroxysmal nocturnal hemoglobinuria (PNH)

PLATELET DISORDERS

Classification:

- ❑ Congenital amegakaryocytosis/congenital thrombocytopenia
- ❑ Glanzmann thrombasthenia
- ❑ Other inherited platelet abnormalities, specify: _____

HISTIOCYTIC DISORDERS

Classification:

- ❑ Histiocytic disorders, NOS
- ❑ Familial erythro/hemophagocytic lymphohistiocytosis (FELH)
- ❑ Langerhans Cell Histiocytosis (Histiocytosis-X)
- ❑ Hemophagocytosis (reactive or viral associated)
- ❑ Malignant histiocytosis
- ❑ Other histiocytic disorder, specify: _____

CR=complete remission

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 3

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

LYMPHOMAS

Classification:

❑ Hodgkin Disease

Non-Hodgkin's Lymphoma

B-cell Neoplasms

❑ Precursor B-lymphoblastic leukemia/ lymphoma (precursor B-cell acute lymphoblastic leukemia)
❑ Lymphoplasmacytic lymphoma
❑ Splenic marginal zone B-cell lymphoma
❑ Extranodal marginal zone B-cell lymphoma of MALT type
❑ Nodal marginal zone B-cell lymphoma (+/– monocytoid B cells)
❑ Follicular lymphoma
❑ Mantle cell lymphoma
❑ Diffuse large B-cell lymphoma
❑ Burkitt's lymphoma/Burkitt cell leukemia
❑ Other B-cell lymphoma, specify:_____

❑ Grade I
❑ Grade II
❑ Grade III
❑ Unknown

T-cell and NK-cell Neoplasms

❑ Precursor T-lymphoblastic lymphoma/leukemia (precursor T-cell acute lymphoblastic leukemia)
❑ Extranodal NK/T-cell lymphoma, nasal type
❑ Enteropathy-type T-cell lymphoma
❑ Hepatosplenic gamma-delta T-cell lymphoma
❑ Subcutaneous panniculitis-like T-cell lymphoma
❑ Mycosis fungoides/Sezary syndrome
❑ Anaplastic large-cell lymphoma, T/null cell, primary cutaneous type
❑ Peripheral T-cell lymphoma, NOS
❑ Angioimmunoblastic T-cell lymphoma
❑ Anaplastic large-cell lymphoma, T/null cell, primary systemic type
❑ Other T/NK cell lymphoma, specify:_____

Status at Transplantation:

❑ Untreated
❑ Primary refractory (less than partial response to initial therapy)
❑ CR
  ❑ CR confirmed
  ❑ CR unconfirmed (CRU)
❑ 1st partial response (PR1)
❑ Rel

Number
❑ 1st
❑ 2nd
❑ 3rd or higher

Sensitivity to Chemotherapy:
(within 6 months prior to transplantation)
❑ Sensitive
❑ Resistant
❑ Untreated
❑ Unknown

* CRU – complete response with persistent scan abnormalities of unknown significance

PLASMA CELL DISORDERS

Classification:

❑ Multiple myeloma-IgG
❑ Multiple myeloma-IgA
❑ Multiple myeloma-IgD
❑ Multiple myeloma-IgE
❑ Multiple myeloma-light chain only
❑ Multiple myeloma-non-secretory
❑ Plasma cell leukemia
❑ Solitary plasmacytoma (no evidence of myeloma)
❑ Waldenstrom macroglobulinemia (IgM)
❑ Primary Amyloidosis
❑ Other Plasma Cell Disorder, specify:_____

SALMON & DURIE
Stage at Diagnosis
(Multiple Myeloma only)
❑ 1 and ❑ A
❑ 2 ❑ B
❑ 3

Status at Transplantation:

❑ Untreated
❑ CR
❑ PR
❑ MR
❑ Progression/Relapse
❑ No response/Stable disease

Number
❑ 1st
❑ 2nd
❑ 3rd or higher

CR=complete remission, PR=partial remission, Rel=relapse, MR=minimal response

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 4

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

BREAST CANCER

Classification:

Breast Cancer
- ❑ Inflammatory
- ❑ Non-inflammatory

Stage at Diagnosis
- ❑ 0
- ❑ I
- ❑ II
- ❑ III
- ❑ Inflammatory, no distant metastases
- ❑ Metastatic

Status at Transplantation:

- ❑ Adjuvant (Stage II, III only)
- ❑ Untreated (upfront)
- ❑ Primary refractory
- ❑ Complete remission (CR)
  - ❑ CR confirmed
  - ❑ CR unconfirmed (CRU)
- ❑ 1st partial response (PR1)
- ❑ Relapse
  - ❑ Local
  - ❑ Metastatic

Number
(complete only for CR or relapse)
- ❑ 1st
- ❑ 2nd
- ❑ 3rd or higher

Sensitivity to Chemotherapy
(complete only for relapse)
- ❑ Sensitive
- ❑ Resistant
- ❑ Untreated
- ❑ Unknown

* CRU – complete response with persistent scan abnormalities of unknown significance

OTHER MALIGNANCIES

Classification:

- ❑ Head and neck
- ❑ Lung cancer, small cell
- ❑ Lung cancer, non-small cell
- ❑ Lung cancer, NOS
- ❑ Thymoma
- ❑ Gastric
- ❑ Colorectal
- ❑ Pancreas
- ❑ Hepatobiliary
- ❑ Kidney and urinary tract
- ❑ Wilm tumor
- ❑ Prostate
- ❑ Testicular
- ❑ External genitalia
- ❑ Cervical
- ❑ Uterus
- ❑ Ewing sarcoma
- ❑ Ovary
- ❑ Vagina
- ❑ Germ cell tumor, extragonadal
- ❑ Sarcoma NOS
- ❑ Soft tissue sarcoma (include sarcoma PNET)
- ❑ Bone sarcoma (excluding Ewing sarcoma) (include sarcoma PNET)
- ❑ Rhabdomyosarcoma
- ❑ Leiomyosarcoma
- ❑ Liposarcoma
- ❑ Fibrosarcoma
- ❑ Synovial sarcoma
- ❑ Hemangiosarcoma
- ❑ Lymphangiosarcoma
- ❑ Neurogenic sarcoma
- ❑ Melanoma
- ❑ Central nervous system tumors (include CNS PNET)
- ❑ Medulloblastoma
- ❑ Neuroblastoma
- ❑ Retinoblastoma
- ❑ Mediastinal neoplasm, specify:_____
- ❑ Other solid tumor, specify:_____

Status at Transplantation:

- ❑ Untreated (upfront)
- ❑ Primary refractory
- ❑ Complete remission (CR)
- ❑ 1st very good partial response (VGPR1)
- ❑ 1st partial response (PR1)
- ❑ Relapse
- ❑ Adjuvant

Number
(complete only for CR or relapse)
- ❑ 1st
- ❑ 2nd
- ❑ 3rd or higher

Sensitivity to Chemotherapy
(complete only for relapse)
- ❑ Sensitive
- ❑ Resistant
- ❑ Untreated
- ❑ Unknown

CR=complete remission, PR=partial remission, VGPR=very good partial response, MR=minimal response

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 5

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

INHERITED DISORDERS OF METABOLISM

Classification:

- ❑ Osteopetrosis (malignant infantile osteopetrosis)
- ❑ Lesch-Nyhan (HGPRT deficiency)
- ❑ Neuronal ceriod – lipofuscinosis (Batten disease)
- ❑ Mucopolysaccharidosis, NOS
- ❑ Hurler syndrome (IH)
- ❑ Scheie syndrome (IS)
- ❑ Hunter syndrome (II)
- ❑ Sanfilippo (III)
- ❑ Morquio (IV)
- ❑ Maroteaux-Lamy (VI)
- ❑ B-glucuronidase deficiency (VII)
- ❑ Mucopolysaccharidosis (V)
- ❑ Mucolipidoses, NOS
- ❑ Gaucher disease
- ❑ Metachromatic leukodystrophy (MLD)
- ❑ Adrenoleukodystrophy (ALD)
- ❑ Krabbe disease (globoid leukodystrophy)
- ❑ Neimann-Pick disease
- ❑ I-cell disease
- ❑ Wolman disease
- ❑ Glucose storage disease
- ❑ Polysaccharide hydrolase abnormalities, NOS
- ❑ Aspartyl glucosaminuria
- ❑ Fucosidosis
- ❑ Mannosidosis
- ❑ Inherited Disorders of Metabolism, NOS
- ❑ Other inherited disorder of metabolism, specify:_____

IMMUNE DEFICIENCIES

Classification:

- ❑ ADA deficiency severe combined immune deficiency (SCID)
- ❑ Absence of T and B cells SCID
- ❑ Absence of T, normal B cell SCID
- ❑ Omenn syndrome
- ❑ Reticular dysgenesis
- ❑ Bare lymphocyte syndrome
- ❑ SCID, NOS
- ❑ SCID other, specify: _____
- ❑ Ataxia telangiectasia
- ❑ HIV infection
- ❑ Wiskott Aldrich syndrome
- ❑ DiGeorge anomaly
- ❑ Chronic granulomatous disease
- ❑ Chediak-Higashi syndrome
- ❑ Common variable immunodeficiency
- ❑ X-linked lymphoproliferative syndrome
- ❑ Leukocyte adhesion deficiencies
- ❑ Kostmann syndrome-congenital neutropenia
- ❑ Neutrophil actin deficiency
- ❑ Cartilage hair hypoplasia
- ❑ CD40 Ligand deficiency
- ❑ Immune Deficiencies, NOS
- ❑ Other immune deficiency, specify: _____

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 6

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

AUTOIMMUNE DISORDERS

Classification	Involved Organs/Clinical Problem(s) *(Check all that apply)*	Primary Reason(s) for Transplant *(Check all that apply)*	Miscellaneous Labs *(Check all that apply)*
Connective Tissue Disease			
❑ Systemic sclerosis	❑ diffuse cutaneous ❑ limited cutaneous ❑ lung parenchyma ❑ pulmonary hypertension ❑ systemic hypertension ❑ renal (biopsy type:_____) ❑ esophagus ❑ other GI Tract ❑ Raynaud ❑ CREST ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑	Scl 70 positive ❑ ACA positive ❑
❑ Systemic lupus erythematosus	❑ renal (biopsy type:_____) ❑ CNS (type:_____) ❑ PNS (type:_____) ❑ lung ❑ serositis ❑ arthritis ❑ skin (type:_____) ❑ hematological (type:_____) ❑ vasculitis (type:_____) ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑	ds DNA ❑ (_____) complement ❑ (_____) other ❑ (_____)
❑ Sjögren syndrome	❑ SICCA ❑ exocrine gland swelling ❑ other organ lymphocytic infiltration ❑ lymphoma, paraproteinemia ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑	
❑ Polymyositis-dermatomyositis	❑ proximal weakness ❑ generalized weakness (including bulbar) ❑ pulmonary fibrosis ❑ vasculitis (type:_____) ❑ malignancy (type:_____) ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑ ❑	CPK ❑ typical biopsy ❑ typical EMG ❑ typical rash (DM) ❑
❑ Antiphospholipid syndrome	❑ thrombosis (type:_____) ❑ CNS (type:_____) ❑ abortion ❑ skin (livido, vasculitis) ❑ hematological (type:_____) ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑ ❑	anticardiolipin IgG ❑ anticardiolipin IgM ❑
❑ Other connective tissue disease, specify:_____			
Vasculitis			
❑ Wegener's granulomatosis	❑ upper respiratory tract ❑ pulmonary ❑ renal (biopsy type:_____) ❑ skin ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑	c-ANCA positive ❑
❑ Polyarteritis nodosa ❑ Classical ❑ Microscopic	❑ renal (type:_____) ❑ mononeuritis multiplex ❑ pulmonary hemorrhage ❑ skin ❑ GI Tract ❑ other, specify:_____	❑ ❑ ❑ ❑ ❑ ❑	p-ANCA positive ❑ c-ANCA positive ❑ hepatitis serology ❑

NOTE: *Transplant Essential Data should be submitted at time of mobilization for all patients with autoimmune disease*

Transplant Essential Data
First Report: 100 Days Post Transplant
Disease Classification Sheet 7

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

CENTER IDENTIFICATION

Center Identification Code:
IBMTR/ABMTR _____

AUTOIMMUNE DISORDERS

Classification	Involved Organs/Clinical Problem(s) *(Check all that apply)*	Primary Reason(s) for Transplant *(Check all that apply)*	Miscellaneous Labs *(Check all that apply)*

Other vasculitis

- ❑ Churg-Strauss
- ❑ Giant cell arteritis
- ❑ Takayasu
- ❑ Behçet's Syndrome
- ❑ overlap necrotizing arteritis
- ❑ other vasculitis, specify:_____

Arthritis

❑ Rheumatoid arthritis

- ❑ destructive arthritis — ❑
- ❑ necrotizing vasculitis — ❑
- ❑ eye (type:_____) — ❑
- ❑ pulmonary — ❑
- ❑ extra-articular (specify:_____) — ❑
- ❑ other, specify:_____ — ❑

❑ Psoriatic arthritis/psoriasis

- ❑ destructive arthritis — ❑
- ❑ psoriasis — ❑
- ❑ other, specify:_____ — ❑

- ❑ Juvenile idiopathic arthritis: systemic (Stills disease)
- ❑ Juvenile idiopathic arthritis: Oligoarticular
- ❑ Juvenile idiopathic arthritis: Polyarticular
- ❑ Juvenile idiopathic arthritis: Other, specify:_____
- ❑ Other, arthritis, specify:_____

Multiple sclerosis

❑ Multiple sclerosis (MS)

- ❑ primary progressive — ❑
- ❑ secondary progressive — ❑
- ❑ relapsing/remitting — ❑
- ❑ other specify:_____

Other Neurological Autoimmune Disease

- ❑ Myasthenia gravis
- ❑ Other autoimmune neurological disorder, specify:_____

Hematological Autoimmune Disease

- ❑ Idiopathic thrombocytopenic purpura (ITP)
- ❑ Hemolytic anemia
- ❑ Evan syndrome
- ❑ other autoimmune cytopenia, specify:_____

Bowel Disease

- ❑ Crohn's disease
- ❑ Ulcerative colitis
- ❑ Other autoimmune bowel disorder, specify:_____