1. What was the date of diagnosis of Chronic Myelogenous Leukemia?
   Month Day Year

<p>| | | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>What was the date of diagnosis of Chronic Myelogenous Leukemia?</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>2.</td>
<td>Hemoglobin (only recipients untransfused within 4 weeks):</td>
<td>g/dL</td>
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<tr>
<td>3.</td>
<td>Hematocrit (only recipients untransfused within 4 weeks):</td>
<td>%</td>
</tr>
<tr>
<td>4.</td>
<td>Platelets (only recipients untransfused within 4 weeks):</td>
<td>x 10^9/L</td>
</tr>
<tr>
<td>5.</td>
<td>WBC:</td>
<td>x 10^9/L</td>
</tr>
<tr>
<td>6.</td>
<td>Eosinophils:</td>
<td>%</td>
</tr>
<tr>
<td>7.</td>
<td>Basophils:</td>
<td>%</td>
</tr>
<tr>
<td>8.</td>
<td>Blasts:</td>
<td>%</td>
</tr>
<tr>
<td>9.</td>
<td>Did the recipient receive a splenectomy?</td>
<td>yes no</td>
</tr>
<tr>
<td>10.</td>
<td>Date:</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>11.</td>
<td>Did the recipient receive chemotherapy or immunotherapy at any time prior to pretransplant conditioning?</td>
<td>yes no</td>
</tr>
<tr>
<td>12.</td>
<td>Please specify drugs used:</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Busulfan</td>
<td>yes no</td>
</tr>
<tr>
<td>b.</td>
<td>Hydroxyurea</td>
<td>yes no</td>
</tr>
<tr>
<td>c.</td>
<td>Interferon alpha</td>
<td>yes no</td>
</tr>
<tr>
<td>d.</td>
<td>Interferon gamma</td>
<td>yes no</td>
</tr>
<tr>
<td>e.</td>
<td>Anegrilide</td>
<td>yes no</td>
</tr>
<tr>
<td>f.</td>
<td>Other drug, specify:</td>
<td>yes no</td>
</tr>
</tbody>
</table>

This form must be accompanied by Form 120, 520, 620 – Recipient Baseline and Transplant Data. All information in the box above, including the date, should be identical with the corresponding Form 120, 520, 620. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-transplant, or abstraction of the recipient’s medical records.
13. What was the status of the primary disease just prior to conditioning of recipient for transplant?

1. First chronic phase

2. Accelerated phase

14. Was this the first accelerated phase?

1. Yes
2. No

15. Indicate which of the following were present:

a. Anemia (hemoglobin < 8 g/dL)

b. Leukocytosis (WBC > 10⁵/mm³) unresponsive to busulfan or hydroxyurea

c. Thrombocytopenia (platelets < 10⁵/mm³) unresponsive to busulfan or hydroxyurea

d. Thrombocytosis (platelets > 10⁶/mm³) unresponsive to busulfan or hydroxyurea

e. Palpable splenomegaly unresponsive to busulfan or hydroxyurea

f. Development of extramedullary disease

g. ≥ 10% Blasts in blood or marrow

h. ≥ 20% Blasts plus promyelocytes in blood or marrow

i. ≥ 20% Basophils plus eosinophiles in blood

j. Clonal marrow cytogenetic abnormality(ies) in addition to the single Philadelphia chromosome arising from the standard t(9;22) translocation

k. Other, specify: __________________________

16. How many blast crises has the recipient ever experienced?

1. One
2. Two or more

17. Indicate type of blast cells:

1. Lymphoid only
2. Myeloid only
3. Lymphoid and myeloid
4. Unknown (indeterminate results)

18. How many chronic phases has the recipient experienced?

1. Two
2. Three
3. Four or more

19. Please specify:

1. First chronic phase post BMT
2. ≥ Second chronic phase post BMT
**Within Four Weeks Prior to Conditioning**

20. Did recipient receive red blood cell transfusions within four weeks prior to conditioning?
   1 □ yes
   2 □ no

21. Did recipient receive platelet transfusions within four weeks prior to conditioning?
   1 □ yes
   2 □ no

**Peripheral Blood Findings Immediately Prior to Conditioning**

22. Hemoglobin (only recipients untransfused within 4 weeks): □ □ g/dL □ not done

23. Hematocrit (only recipients untransfused within 4 weeks): □ □ % □ not done

24. Platelets (only recipients untransfused within 4 weeks): □ □ x 10⁹/L □ not done

25. WBC: □ □ x 10⁹/L □ not done

26. Eosinophils: □ □ % □ not done

27. Basophils: □ □ % □ not done

28. Blasts: □ □ % □ not done

**Most Recent Bone Marrow Findings**

29. Date of the most recent bone marrow examination prior to conditioning (should be within 30 days of conditioning but not more than six months prior to conditioning):
   Month Day Year

30. Indicate the percent of blasts and promyelocytes present according to the laboratory’s reporting method:
   1 □ Blasts: □ □ % Promyelocytes: □ □ %
   2 □ Blasts plus promyelocytes: □ □ %
   3 □ Blasts plus promyelocytes < 5%

31. Myelofibrosis:
   1 □ absent
   2 □ mild
   3 □ moderate
   4 □ severe
   5 □ unknown

32. Was Philadelphia chromosome (9;22 translocation or variant) present?
   1 □ yes
   2 □ no
   3 □ not tested

33. Was other cytogenetic abnormality present?
   1 □ yes
   2 □ no
   3 □ not tested

34. Please specify: ____________________________________________________________

35. Was BCR-ABL rearranged?
   1 □ yes
   2 □ no
   3 □ unknown

Continue with question 10 on page 5 of Form 120, 520, 620