



Appendix Z: Primary Disease and Disease Inserts Due

E-mail comments regarding the content of the CIBMTR Forms Instruction Manual to: CIBMTRFormsManualComments@nmdp.org. Comments will be considered for future manual updates and revisions. For questions that require an immediate response, please contact your transplant center’s CIBMTR CRC.

Acute Myelogenous Leukemia (AML or ANLL)	2
Acute Lymphoblastic Leukemia (ALL)	3
Other Acute Leukemia.....	3
Chronic Myelogenous Leukemia (CML)	3
Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases.....	4
Other Leukemia (Includes CLL)	5
Hodgkin Lymphoma	5
Non-Hodgkin Lymphoma.....	5
Multiple Myeloma/ Plasma Cell Disorder (PCD)	7
Solid Tumors	7
Severe Aplastic Anemia	9
Inherited Abnormalities of Erythrocyte Differentiation or Function.....	9
Disorders of the Immune System	9
Inherited Abnormalities of Platelets.....	10
Inherited Disorders of Metabolism.....	11
Histiocytic Disorders.....	12
Autoimmune Diseases	12
Other Disease	13

Primary Disease and Disease Inserts Due

This appendix is useful for determining the disease inserts that should be completed for the disease selected on a recipient’s Pre-TED form. The disease inserts should appear in the recipient’s forms list in FormsNet for those on the comprehensive reporting track after the Pre-TED is submitted. No disease inserts are due for those on the TED reporting track.

Acute Myelogenous Leukemia (AML or ANLL)

Primary Disease	Disease Subtype(s)	Disease Inserts
Acute myelogenous leukemia (AML or ANLL)	<ul style="list-style-type: none"> <input type="checkbox"/> AML with t(9;11) (p22;q23); MLLT 3-MLL (5) <input type="checkbox"/> AML with t(6;9) (p23;q24); DEK-NUP214 (6) <input type="checkbox"/> AML with inv(3) (q21;q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1 (7) <input type="checkbox"/> AML (megakaryoblastic) with t(1;22) (p13;q13); RBM15-MKL1 (8) <input type="checkbox"/> AML with t(8;21); (q22; q22); RUNX1/RUNX1T1 (281) <input type="checkbox"/> AML with inv(16); (p13;1q22) or t(16;16) (p13.1; q22); CBFβ/MYH11 (282) <input type="checkbox"/> APL with t(15;17); (q22;q12); RARA;PML (283) <input type="checkbox"/> AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284) <input type="checkbox"/> AML with myelodysplasia – related changes (285) <input type="checkbox"/> Therapy related AML (t-AML) (9) <input type="checkbox"/> Myeloid sarcoma (295) <input type="checkbox"/> Blastic plasmacytoid dendritic cell neoplasm (296) <input type="checkbox"/> AML or ANLL, not otherwise specified (280) <input type="checkbox"/> AML, minimally differentiated (M0) (286) <input type="checkbox"/> AML without maturation (M1) (287) <input type="checkbox"/> AML with maturation (M2) (288) <input type="checkbox"/> Acute myelomonocytic leukemia (M4) (289) <input type="checkbox"/> Acute monoblastic / acute monocytic leukemia (M5) (290) <input type="checkbox"/> Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (M6) (291) <input type="checkbox"/> Acute megakaryoblastic leukemia (M7) (292) <input type="checkbox"/> Acute basophilic leukemia (293) <input type="checkbox"/> Acute panmyelosis with myelofibrosis (294) 	Form 2010 & 2110

Acute Lymphoblastic Leukemia (ALL)

Primary Disease	Disease Subtype(s)	Disease Inserts
Acute lymphoblastic leukemia (ALL)	<ul style="list-style-type: none"> <input type="checkbox"/> t(9;22)(q34;q11); BCR/ABL1 (192) <input type="checkbox"/> t(v;11q23); MLL rearranged (193) <input type="checkbox"/> t(1;19)(q23;p13) TCF3-PBX1 (194) <input type="checkbox"/> t(12;21) (p12;q22); TEL-AML1 (195) <input type="checkbox"/> t(5;14) (q31;q32); IL3-IGH (81) <input type="checkbox"/> Hyperdiploidy (51-65 chromosomes) (82) <input type="checkbox"/> Hypodiploidy (<45 chromosomes) (83) <input type="checkbox"/> B-cell ALL, NOS {L1/L2} (191) <input type="checkbox"/> T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196) <input type="checkbox"/> ALL, NOS (190) 	Form 2011 & 2111

Other Acute Leukemia

Primary Disease	Disease Subtype(s)	Disease Inserts
Other Acute Leukemia	<ul style="list-style-type: none"> <input type="checkbox"/> Acute undifferentiated leukemia (31) <input type="checkbox"/> Biphenotypic, bilineage or hybrid leukemia (32) <input type="checkbox"/> Acute mast cell leukemia (33) <input type="checkbox"/> Other acute leukemia (89) 	Form 2010 & 2110

Chronic Myelogenous Leukemia (CML)

Primary Disease	Disease Subtype(s)	Disease Inserts
Chronic myelogenous leukemia (CML)	<ul style="list-style-type: none"> <input type="checkbox"/> Ph+ / bcr+ (41) <input type="checkbox"/> Ph+ / bcr- (42) <input type="checkbox"/> Ph+ / bcr unknown (43) <input type="checkbox"/> Ph- / bcr+ (44) <input type="checkbox"/> Ph unknown / bcr+ (47) 	Form 2012 & 2112

Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases

Primary Disease	Disease Subtype(s)	Disease Inserts
Myelodysplastic (MDS) / myeloproliferative (MPN) diseases	MDS <ul style="list-style-type: none"> <input type="checkbox"/> Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51) <input type="checkbox"/> Refractory anemia with ringed sideroblasts (RARS) (55) <input type="checkbox"/> Refractory anemia with excess blasts-1 (RAEB-1) (61) <input type="checkbox"/> Refractory anemia with excess blasts-2 (RAEB-2) (62) <input type="checkbox"/> Refractory cytopenia with multilineage dysplasia (RCMD) (64) <input type="checkbox"/> Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68) <input type="checkbox"/> Myelodysplastic syndrome with isolated del(5q) (5q-syndrome) (66) <input type="checkbox"/> Myelodysplastic syndrome (MDS), unclassifiable (50) MPN <ul style="list-style-type: none"> <input type="checkbox"/> Chronic neutrophilic leukemia (165) <input type="checkbox"/> Chronic eosinophilic leukemia, NOS (166) <input type="checkbox"/> Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58) <input type="checkbox"/> Polycythemia vera (PCV) (57) <input type="checkbox"/> Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), agnogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167) <input type="checkbox"/> Myeloproliferative neoplasm (MPN), unclassifiable (60) MDS / MPN <ul style="list-style-type: none"> <input type="checkbox"/> Chronic myelomonocytic leukemia (CMML) (54) <input type="checkbox"/> Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) 	Form 2014 & 2114
	<input type="checkbox"/> Juvenile myelomonocytic leukemia (JMML/JCML) (no evidence of Ph ¹ or BCR/ABL) (36)	Form 2015 & 2115
	<input type="checkbox"/> Atypical chronic myeloid leukemia, Ph-/bcr/abl- {CML, NOS} (45) <input type="checkbox"/> Atypical chronic myeloid leukemia, Ph-/bcr unknown {CML, NOS} (46) <input type="checkbox"/> Atypical chronic myeloid leukemia, Ph unknown/bcr- {CML, NOS} (48) <input type="checkbox"/> Atypical chronic myeloid leukemia, Ph unknown/bcr unknown {CML, NOS} (49)	Form 2010 & 2110

Other Leukemia (Includes CLL)

Primary Disease	Disease Subtype(s)	Disease Inserts
Other Leukemia	<input type="checkbox"/> Chronic lymphocytic leukemia (CLL), NOS (34) <input type="checkbox"/> Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) <input type="checkbox"/> Hairy cell leukemia (35) <input type="checkbox"/> Prolymphocytic leukemia (PLL), NOS (37) <input type="checkbox"/> PLL, B-cell (73) <input type="checkbox"/> PLL, T-cell (74)	Form 2013 & 2113
	<input type="checkbox"/> Other leukemia, NOS (30) <input type="checkbox"/> Other leukemia (39)	Form 2010 & 2110

Hodgkin Lymphoma

Primary Disease	Disease Subtype(s)	Disease Inserts
Hodgkin Lymphoma	<input type="checkbox"/> Nodular lymphocyte predominant Hodgkin lymphoma (155) <input type="checkbox"/> Lymphocyte-rich (151) <input type="checkbox"/> Nodular sclerosis (152) <input type="checkbox"/> Mixed cellularity (153) <input type="checkbox"/> Lymphocyte depleted (154) <input type="checkbox"/> Hodgkin lymphoma, NOS (150)	Form 2018 & 2118

Non-Hodgkin Lymphoma

Primary Disease	Disease Subtype(s)	Disease Inserts
Non-Hodgkin Lymphoma	<p>B-cell neoplasms:</p> <input type="checkbox"/> Splenic marginal zone B-cell lymphoma (124) <input type="checkbox"/> Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122) <input type="checkbox"/> Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123) <input type="checkbox"/> Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102) <input type="checkbox"/> Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103) <input type="checkbox"/> Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)	Form 2018 & 2118

Primary Disease	Disease Subtype(s)	Disease Inserts
	<ul style="list-style-type: none"> <input type="checkbox"/> Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163) <input type="checkbox"/> Follicular (grade unknown) (164) <input type="checkbox"/> Mantle cell lymphoma (115) <input type="checkbox"/> Intravascular large B-cell lymphoma (136) <input type="checkbox"/> Primary mediastinal (thymic) large B-cell lymphoma (125) <input type="checkbox"/> Primary effusion lymphoma (138) <input type="checkbox"/> Diffuse, large B-cell lymphoma — NOS (107) <input type="checkbox"/> Burkitt lymphoma (111) <input type="checkbox"/> B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and Burkitt lymphoma (140) <input type="checkbox"/> B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin Lymphoma (149) <input type="checkbox"/> T-cell / histiocytic rich large B-cell lymphoma (120) <input type="checkbox"/> Primary diffuse large B-cell lymphoma of the CNS (118) <input type="checkbox"/> Other B-cell lymphoma (129) <p>T-cell / NK cell neoplasms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extranodal NK / T-cell lymphoma, nasal type (137) <input type="checkbox"/> Enteropathy-type T-cell lymphoma (133) <input type="checkbox"/> Hepatosplenic T-cell lymphoma (145) <input type="checkbox"/> Subcutaneous panniculitis-like T-cell lymphoma (146) <input type="checkbox"/> Mycosis fungoides (141) <input type="checkbox"/> Sezary syndrome (142) <input type="checkbox"/> Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147) <input type="checkbox"/> Peripheral T-cell lymphoma (PTCL), NOS (130) <input type="checkbox"/> Angioimmunoblastic T-cell lymphoma (131) <input type="checkbox"/> Anaplastic large-cell lymphoma (ALCL), ALK positive (143) <input type="checkbox"/> Anaplastic large-cell lymphoma (ALCL), ALK negative (144) <input type="checkbox"/> T-cell large granular lymphocytic leukemia (126) <input type="checkbox"/> Aggressive NK-cell leukemia (27) <input type="checkbox"/> Adult T-cell lymphoma / leukemia (HTLV1 associated) (134) <input type="checkbox"/> Other T-cell / NK-cell lymphoma (139) 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173) 	<p>Form 2019 & 2119</p>

Multiple Myeloma/ Plasma Cell Disorder (PCD)

Primary Disease	Disease Subtype(s)	Disease Inserts
Multiple myeloma / plasma cell disorder (PCD)	<input type="checkbox"/> Multiple myeloma-IgG (181)	Form 2016 & 2116
	<input type="checkbox"/> Multiple myeloma-IgA (182)	
	<input type="checkbox"/> Multiple myeloma-IgD (183)	
	<input type="checkbox"/> Multiple myeloma-IgE (184)	
	<input type="checkbox"/> Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185)	
	<input type="checkbox"/> Multiple myeloma-light chain only (186)	
	<input type="checkbox"/> Multiple myeloma-non-secretory (187)	
	<input type="checkbox"/> Plasma cell leukemia (172)	
	<input type="checkbox"/> Solitary plasmacytoma (no evidence of myeloma) (175)	
	<input type="checkbox"/> Amyloidosis (174)	
	<input type="checkbox"/> Osteosclerotic myeloma / POEMS syndrome (176)	
	<input type="checkbox"/> Light chain deposition disease (177)	
	<input type="checkbox"/> Other plasma cell disorder (179)	

Solid Tumors

Primary Disease	Disease Subtype(s)	Disease Inserts
Solid Tumors	<input type="checkbox"/> Breast cancer (250)	Form 2020 & 2120
	<input type="checkbox"/> Lung, small cell (202)	Form 2021 & 2121
	<input type="checkbox"/> Lung, non-small cell (203)	
	<input type="checkbox"/> Lung, not otherwise specified (230)	
	<input type="checkbox"/> Germ cell tumor, extragonadal (225)	Form 2022 & 2122
<input type="checkbox"/> Testicular (210)		
	<input type="checkbox"/> Ovarian (epithelial) (214)	Form 2023 & 2123
	<input type="checkbox"/> Bone sarcoma (excluding Ewing family tumors) (273)	Form 2024 & 2124
	<input type="checkbox"/> Ewing family tumors of bone (including PNET) (275)	
	<input type="checkbox"/> Ewing family tumors, extraosseous (including PNET) (276)	
	<input type="checkbox"/> Fibrosarcoma (244)	
	<input type="checkbox"/> Hemangiosarcoma (246)	
	<input type="checkbox"/> Leiomyosarcoma (242)	

Primary Disease	Disease Subtype(s)	Disease Inserts
	<ul style="list-style-type: none"> <input type="checkbox"/> Liposarcoma (243) <input type="checkbox"/> Lymphangio sarcoma (247) <input type="checkbox"/> Neurogenic sarcoma (248) <input type="checkbox"/> Rhabdomyosarcoma (232) <input type="checkbox"/> Synovial sarcoma (245) <input type="checkbox"/> Soft tissue sarcoma (excluding Ewing family tumors) (274) 	
	<ul style="list-style-type: none"> <input type="checkbox"/> Central nervous system tumor, including CNS PNET (220) <input type="checkbox"/> Medulloblastoma (226) 	Form 2025 & 2125
	<ul style="list-style-type: none"> <input type="checkbox"/> Neuroblastoma (222) 	Form 2026 & 2126
	<ul style="list-style-type: none"> <input type="checkbox"/> Head / neck (201) <input type="checkbox"/> Mediastinal neoplasm (204) <input type="checkbox"/> Colorectal (228) <input type="checkbox"/> Gastric (229) <input type="checkbox"/> Pancreatic (206) <input type="checkbox"/> Hepatobiliary (207) <input type="checkbox"/> Prostate (209) <input type="checkbox"/> External genitalia (211) <input type="checkbox"/> Cervical (212) <input type="checkbox"/> Uterine (213) <input type="checkbox"/> Vaginal (215) <input type="checkbox"/> Melanoma (219) <input type="checkbox"/> Wilm tumor (221) <input type="checkbox"/> Retinoblastoma (223) <input type="checkbox"/> Thymoma (231) <input type="checkbox"/> Other solid tumor (269) <input type="checkbox"/> Solid tumor, not otherwise specified (200) 	No disease insert required
	<ul style="list-style-type: none"> <input type="checkbox"/> Renal cell (208) 	Form 2027 & 2127

Severe Aplastic Anemia

Primary Disease	Disease Subtype(s)	Disease Inserts
Severe Aplastic Anemia	<input type="checkbox"/> Acquired severe aplastic anemia, not otherwise specified (301) <input type="checkbox"/> Acquired SAA secondary to hepatitis (302) <input type="checkbox"/> Acquired SAA secondary to toxin / other drug (303) <input type="checkbox"/> Acquired amegakaryocytosis (not congenital) (304) <input type="checkbox"/> Acquired pure red cell aplasia (not congenital) (306) <input type="checkbox"/> Other acquired cytopenic syndrome (309)	Form 2028 & 2128
	<input type="checkbox"/> Dyskeratosis congenital (307)	No disease insert required

Inherited Abnormalities of Erythrocyte Differentiation or Function

Primary Disease	Disease Subtype(s)	Disease Inserts
Inherited abnormalities of erythrocyte differentiation or function	<input type="checkbox"/> Paroxysmal nocturnal hemoglobinuria (PNH) (56) <input type="checkbox"/> Shwachman-Diamond (305) <input type="checkbox"/> Diamond-Blackfan anemia (pure red cell aplasia) (312) <input type="checkbox"/> Other constitutional anemia (319)	Form 2028 & 2128
	<input type="checkbox"/> Sickle thalassemia (355) <input type="checkbox"/> Sickle cell disease (356)	Form 2030 & 2130
	<input type="checkbox"/> Beta thalassemia major (357) <input type="checkbox"/> Other hemoglobinopathy (359)	No disease insert required
	<input type="checkbox"/> Fanconi anemia (311)	Form 2029 & 2129

Disorders of the Immune System

Primary Disease	Disease Subtype(s)	Disease Inserts
Disorders of the immune system	<input type="checkbox"/> Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401) <input type="checkbox"/> Absence of T and B cells SCID (402) <input type="checkbox"/> Absence of T, normal B cell SCID (403)	Form 2031 & 2131

© 2015 National Marrow Donor Program® and The Medical College of Wisconsin

Primary Disease	Disease Subtype(s)	Disease Inserts
	<input type="checkbox"/> Omenn syndrome (404) <input type="checkbox"/> Reticular dysgenesis (405) <input type="checkbox"/> Bare lymphocyte syndrome (406) <input type="checkbox"/> Other SCID (419) <input type="checkbox"/> SCID, not otherwise specified (410) <input type="checkbox"/> Ataxia telangiectasia (451) <input type="checkbox"/> HIV infection (452) <input type="checkbox"/> DiGeorge anomaly (454) <input type="checkbox"/> Common variable immunodeficiency (457) <input type="checkbox"/> Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459) <input type="checkbox"/> Kostmann agranulocytosis (congenital neutropenia) (460) <input type="checkbox"/> Neutrophil actin deficiency (461) <input type="checkbox"/> Cartilage-hair hypoplasia (462) <input type="checkbox"/> CD40 ligand deficiency (464) <input type="checkbox"/> Other immunodeficiencies (479) <input type="checkbox"/> Immune deficiency, not otherwise specified (400)	
	<input type="checkbox"/> Chediak-Higashi syndrome (456) <input type="checkbox"/> Griscelli syndrome type 2 (465) <input type="checkbox"/> Hermansky-Pudlak syndrome type 2 (466)	Form 2056 & 2156
	<input type="checkbox"/> Chronic granulomatous disease (455)	Form 2055 & 2155
	<input type="checkbox"/> Wiskott-Aldrich syndrome (453)	Form 2033 & 2133
	<input type="checkbox"/> X-linked lymphoproliferative syndrome (458)	Form 2034 & 2134

Inherited Abnormalities of Platelets

Primary Disease	Disease Subtype(s)	Disease Inserts
Inherited abnormalities of platelets	<input type="checkbox"/> Congenital amegakaryocytosis / congenital thrombocytopenia (501)	Form 2035 & 2135
	<input type="checkbox"/> Glanzmann thrombasthenia (502)	No disease insert required
	<input type="checkbox"/> Other inherited platelet abnormality (509)	

Inherited Disorders of Metabolism

Primary Disease	Disease Subtype(s)	Disease Inserts
Inherited disorders of metabolism	<input type="checkbox"/> Osteopetrosis (malignant infantile osteopetrosis) (521)	Form 2036 & 2136
	<input type="checkbox"/> Metachromatic leukodystrophy (MLD) (542) <input type="checkbox"/> Adrenoleukodystrophy (ALD) (543) <input type="checkbox"/> Krabbe disease (globoid leukodystrophy) (544)	Form 2037 & 2137
	<input type="checkbox"/> Lesch-Nyhan (HGPRT deficiency) (522) <input type="checkbox"/> Neuronal ceroid lipofuscinosis (Batten disease) (523) Mucopolysaccharidosis: <input type="checkbox"/> Hurler syndrome (IH) (531) <input type="checkbox"/> Scheie syndrome (IS) (532) <input type="checkbox"/> Hunter syndrome (II) (533) <input type="checkbox"/> Sanfilippo (III) (534) <input type="checkbox"/> Morquio (IV) (535) <input type="checkbox"/> Maroteaux-Lamy (VI) (536) <input type="checkbox"/> β -glucuronidase deficiency (VII) (537) <input type="checkbox"/> Mucopolysaccharidosis (V) (538) <input type="checkbox"/> Mucopolysaccharidosis, not otherwise specified (530) <input type="checkbox"/> Gaucher disease (541) <input type="checkbox"/> Niemann-Pick disease (545) <input type="checkbox"/> I-cell disease (546) <input type="checkbox"/> Wolman disease (547) <input type="checkbox"/> Glucose storage disease (548) <input type="checkbox"/> Mucopolysaccharidosis, not otherwise specified (540) Polysaccharide hydrolase abnormalities: <input type="checkbox"/> Aspartyl glucosaminidase (561) <input type="checkbox"/> Fucosidosis (562) <input type="checkbox"/> Mannosidosis (563) <input type="checkbox"/> Polysaccharide hydrolase abnormality, not otherwise specified (560) <input type="checkbox"/> Other inherited metabolic disorder (529) <input type="checkbox"/> Inherited metabolic disorder, not otherwise specified (520)	Form 2038 & 2138

Histiocytic Disorders

Primary Disease	Disease Subtype(s)	Disease Inserts
Histiocytic disorders	<input type="checkbox"/> Hemophagocytic lymphohistiocytosis (HLH) (571)	Form 2039 & 2139
	<input type="checkbox"/> Langerhans cell histiocytosis (histiocytosis-X) (572)	Form 2040 & 2140
	<input type="checkbox"/> Hemophagocytosis (reactive or viral associated) (573)	No disease insert required
	<input type="checkbox"/> Malignant histiocytosis (574)	
	<input type="checkbox"/> Other histiocytic disorder (579)	
<input type="checkbox"/> Histiocytic disorder, not otherwise specified (570)		

Autoimmune Diseases

Primary Disease	Disease Subtype(s)	Disease Inserts
Autoimmune diseases	<input type="checkbox"/> Rheumatoid arthritis (603)	Form 2041 & 2141
	<input type="checkbox"/> Psoriatic arthritis / psoriasis (604)	Form 2042 & 2142
	<input type="checkbox"/> Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)	
	<input type="checkbox"/> JIA: oligoarticular (641)	
	<input type="checkbox"/> JIA: polyarticular (642)	
	<input type="checkbox"/> JIA: other (643)	
	<input type="checkbox"/> Other arthritis (633)	
	<input type="checkbox"/> Multiple sclerosis (602)	Form 2043 & 2143
	<input type="checkbox"/> Systemic sclerosis (scleroderma) (607)	Form 2044 & 2144
	<input type="checkbox"/> Systemic lupus erythematosus (SLE) (605)	Form 2045 & 2145
	<p>Connective tissue diseases:</p> <input type="checkbox"/> Sjögren syndrome (608) <input type="checkbox"/> Polymyositis / dermatomyositis (606) <input type="checkbox"/> Antiphospholipid syndrome (614) <input type="checkbox"/> Other connective tissue disease (634) <p>Vasculitis:</p> <input type="checkbox"/> Wegener granulomatosis (610) <input type="checkbox"/> Classical polyarteritis nodosa (631) <input type="checkbox"/> Microscopic polyarteritis nodosa (632) <input type="checkbox"/> Churg-Strauss (635) <input type="checkbox"/> Giant cell arteritis (636)	No disease insert required

Primary Disease	Disease Subtype(s)	Disease Inserts
	<ul style="list-style-type: none"> <input type="checkbox"/> Takayasu (637) <input type="checkbox"/> Behcet syndrome (638) <input type="checkbox"/> Overlap necrotizing arteritis (639) <input type="checkbox"/> Other vasculitis (611) <p>Other neurologic autoimmune disease:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Myasthenia gravis (601) <input type="checkbox"/> Other autoimmune neurological disorder (644) <p>Hematologic autoimmune disease:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Idiopathic thrombocytopenic purpura (ITP) (645) <input type="checkbox"/> Hemolytic anemia (646) <input type="checkbox"/> Evan syndrome (647) <input type="checkbox"/> Other autoimmune cytopenia (648) <p>Bowel disease:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crohn's disease (649) <input type="checkbox"/> Ulcerative colitis (650) <input type="checkbox"/> Other autoimmune bowel disorder (651) 	

Other Disease

Primary Disease	Disease Subtype(s)	Disease Inserts
Other disease	Specify other disease: _____	No disease insert required