COBCT NMDP121

National Marrow Donor Program®
Insert I – Acute Myelogenous Leukemia

Unrelated

Recipient NMDP ID: ☐☐☐ - ☐☐☐☐ - ☐

Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Recipient Local ID (optional): ☐☐☐☐☐☐☐☐☐☐

N121 DT
Today's Date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year TC Code: ☐☐☐

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

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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1. What was the date of diagnosis of Acute Myelogenous Leukemia? ☐☐ Month ☐☐ Day ☐☐☐☐ Year AMLDT

2. Was this a secondary (therapy-linked) leukemia?
   1 ☐ yes →
   2 ☐ no
   SECOLEUK

3. Cite prior disease (malignant or nonmalignant):
   1 ☐ Hodgkin lymphoma DISPRITP
   2 ☐ Non-Hodgkin lymphoma
   3 ☐ Other, specify: _____

4. What was the date of diagnosis of prior disease? ☐☐ Month ☐☐☐☐ Year DISPRIDT

5. Treatment for prior disease included:
   a. Radiation 1 ☐ yes 2 ☐ no TRTRADIA
   b. Chemotherapy 1 ☐ yes 2 ☐ no TRTCHEMO
   TRTOTHYN c. Other 1 ☐ yes 2 ☐ no If yes, specify: _____
   d. Unknown 1 ☐ yes 2 ☐ no

6. Did the recipient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)?
   1 ☐ yes →
   2 ☐ no AHDISOLD
   ↓
   Cont. with 11

7. What was the date of diagnosis of antecedent hematologic disorder? ☐☐ Month ☐☐☐☐ Year
   AHDIAGDT

8. What was the classification of hematologic disorder at diagnosis? ***(complete Form 120, Insert V)*** AHCLASS
   1 ☐ Refractory anemia (RA)
   2 ☐ Refractory anemia with excess blasts (RAEB)
   3 ☐ Refractory anemia with excess blasts in transformation (RAEBT)
   4 ☐ Chronic myelomonocytic leukemia (CMML)
   5 ☐ Acquired idiopathic sideroblastic anemia
   6 ☐ Paroxysmal nocturnal hemoglobinuria (PNH)
   7 ☐ Polycythemia vera
   8 ☐ Essential thromobocythemia
   9 ☐ Myelofibrosis with myeloid metaplasia
   10 ☐ Acute myelofibrosis or myelosclerosis
   11 ☐ Other myelodysplasia or myeloproliferative disorder, specify: _____
   12 ☐ Acquired aplastic anemia
   13 ☐ Unknown

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: [ ][ ][ ] - [ ][ ][ ] - [ ]

Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

CYAAMLYN

9. Did recipient have a cytogenetic abnormality at any time during the course of the disease?
   1 ☐ yes → 10. What was (were) the cytogentic abnormality(ies)?
   2 ☐ no
   3 ☐ unknown

CYAAMLOT →

a. Monosomy 7	1 ☐ yes	2 ☐ no	MONOSO7
b. Trisomy 8	1 ☐ yes	2 ☐ no	TRISO8
c. 5q–	1 ☐ yes	2 ☐ no	FIVEQ
d. Other	1 ☐ yes	2 ☐ no	If yes, specify: _____

1. Did recipient have a predisposing condition prior to the diagnosis of leukemia?
   1 ☐ yes → 12. Please specify:
   2 ☐ no

PDCAMLYN

PDCAMLOT →

1 ☐ Fanconi anemia	PDCAMLFA
2 ☐ Bloom syndrome	PDCAMLBS
3 ☐ Down syndrome	PDCAMLDS
→4 ☐ Other, specify:	_____

Hematologic Findings at Diagnosis of Acute Myelogenous Leukemia

3. WBC:
   1 ☐ known → [ ][ ][ ] • [ ] x 10^9/L
   2 ☐ not known

WBCAML

$10^3/mm^3$

4. Blasts in blood:
   1 ☐ known → [ ][ ] • [ ] %
   2 ☐ not known

BBAML

5. [illegible] in bone marrow:
   [illegible] known → [ ][ ] • [ ] %
   2 ☐ not known

BBMAML

6. Was extramedullary disease present at diagnosis?
   1 ☐ yes → 17. Please specify sites:
   2 ☐ no

EMDAMLYN

a. Central nervous system	1 ☐ yes	2 ☐ no	EMDAMLCN
b. Other EMDAMLOT	1 ☐ yes	2 ☐ no	If yes, specify: _____

8. Were cytogenetics tested at diagnosis, prior to start of treatment? CYAMLTST
   1 ☐ yes → 19. Number of metaphases examined: [ ][ ][ ] METAMLEX
   2 ☐ yes, but no evaluable metaphases
   3 ☐ no
   4 ☐ unknown

CYAMLTST

20. Was karyotype normal?
   1 ☐ yes
   2 ☐ no → 21. Specify the abnormality(ies):

KNAMLYN

a. 8;21	1 ☐ yes	2 ☐ no	KAAML821
b. 15;17	1 ☐ yes	2 ☐ no	KAAML151
c. 5q–	1 ☐ yes	2 ☐ no	KAAML5Q
d. Abnormal 16q	1 ☐ yes	2 ☐ no	KAAML16Q
e. Other abnormality	1 ☐ yes	2 ☐ no	If yes, specify:

KAAMLOTH _____

2. Was a first complete remission achieved?
   1 ☐ yes → 23. Date: [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
   2 ☐ no FRAMLYN

FRAMLDT

Cont. with 29

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

24 a relapse occur pretransplant?
yes →
2 ☐ no
REMAMLYN

25. Date of first relapse: ☐☐ Month ☐☐ Day ☐☐☐☐ Year RELAMLDT

26. Did the first relapse occur on chemotherapy? 1 ☐ yes 2 ☐ no RELAMLCH

27. Was additional therapy given after the first relapse?
1 ☐ yes →
2 ☐ no
RELAMLTH

28. Indicate what therapy was given:
a. Chemotherapy 1 ☐ yes 2 ☐ no THAMLCHM
b. Radiation 1 ☐ yes 2 ☐ no THAMLRAD
c. Surgery 1 ☐ yes 2 ☐ no THAMLSRG
d. Immunotherapy 1 ☐ yes 2 ☐ no THAMLIMM
e. Other 1 ☐ yes 2 ☐ no If yes, specify: THAMLOTH ____

29. What was the status of primary disease immediately prior to conditioning of recipient for transplant? STATAML
1 ☐ Primary Induction Failure → **Cont. with 31**
2 ☐ 1st Complete Remission (no previous marrow or extramedullary relapse)
3 ☐ 2nd CR
4 ☐ 3rd CR
5 ☐ ≥ 4th CR
6 ☐ 1st relapse → 1 ☐ medullary 2 ☐ extramedullary 3 ☐ both
2nd relapse → 1 ☐ medullary 2 ☐ extramedullary 3 ☐ both

30. What was the initial date this disease status was achieved? ☐☐ Month ☐☐ Day ☐☐☐☐ Year STTAMLDT

Hematologic Findings Just Prior to Conditioning

1. WBC: ☐☐☐.☐ x 10^9/L (or $10^3/mm^3$) WBCAMLIN
2. Blasts in blood: ☐☐.☐ % BLBAMLIN
3. Blasts in bone marrow: ☐☐.☐ % → 34. Date of bone marrow examination: ☐☐ Month ☐☐ Day ☐☐☐☐ Year BMAML DT
BLMAMLIN

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

C0BLT NMDP122

National Marrow Donor Program®
Insert II – Acute Lymphoblastic Leukemia

Registry Use Only

Sequence Number:

Date Received:

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

N122DT Today's Date: Month ___ Day ___ Year ____

TCCODE TC Code: ___

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

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1. What was the date of diagnosis of Acute Lymphoblastic Leukemia? Month ___ Day ___ Year ____ ALLDT

2. Did recipient have a predisposing condition prior to the diagnosis of leukemia?
   1 ☐ yes → 3. Please specify:
   2 ☐ no PDCALLYN
   - 1 ☐ Fanconi anemia PDCALLFA
   - 2 ☐ Bloom syndrome PDCALLBS
   - 3 ☐ Down syndrome PDCALLDS
   - 4 ☐ Other, specify: PDCALLOT

Hematologic Findings at Diagnosis of Acute Lymphoblastic Leukemia

4. WBC:
   1 ☐ known → ___ . ___ x 10^9/L WBCALL
   2 ☐ not known

5. Blasts in blood:
   1 ☐ known → ___ . ___ % BBALL
   2 ☐ not known

6. Blasts in bone marrow:
   1 ☐ known → ___ . ___ % BBMALL
   2 ☐ not known

7. Was extramedullary disease present at diagnosis?
   1 ☐ yes → 8. Please specify site(s):
   2 ☐ no EMDALLYN
   - a. CNS EMDALLCN 1 ☐ yes 2 ☐ no 3 ☐ unknown
   - b. Testes EMDALLTE 1 ☐ yes 2 ☐ no 3 ☐ unknown
   - c. Mediastinum EMDALLME 1 ☐ yes 2 ☐ no 3 ☐ unknown
   - d. Other site(s) EMDALLOT 1 ☐ yes 2 ☐ no 3 ☐ unknown

   If yes, specify: _____

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Were cytogenetics tested at diagnosis, prior to start of treatment?

1 ☐ yes → 10. Number of metaphases examined: METALLEX

2 ☐ yes, but no evaluable metaphases

3 ☐ no

4 ☐ unknown

CYALLTST

11. Was karyotype normal?

1 ☐ yes

2 ☐ no → 12. Specify the abnormality(ies):

KNALLYN

a. Hyperdiploid	1 ☐ yes	2 ☐ no	KAALLHPE
b. Hypodiploid	1 ☐ yes	2 ☐ no	KAALLHPO
c. 9;22	1 ☐ yes	2 ☐ no	KAALL922
d. 8;14	1 ☐ yes	2 ☐ no	KAALL814
e. 14;18	1 ☐ yes	2 ☐ no	KAALL141
f. 4;11	1 ☐ yes	2 ☐ no	KAALL411
g. Other abnormality	1 ☐ yes	2 ☐ no	KAALLOTH

If yes, specify: _____

13. Was a first complete remission achieved?

1 ☐ yes → 14. Date: Month ☐☐ Day ☐☐ Year ☐☐☐☐ FRALLDT

2 ☐ no

FRALLYN

Cont. with 20

15. Did a relapse (marrow or extramedullary) occur pretransplant?

1 ☐ yes → 16. Date of first relapse: Month ☐☐ Day ☐☐ Year ☐☐☐☐ RELALLDT

☐ no

RELALLYN

17. Did the first relapse occur on chemotherapy? 1 ☐ yes 2 ☐ no RELALLCH

18. Was additional therapy given after the first relapse?

1 ☐ yes → 19. Indicate what therapy was given:

2 ☐ no

RELALLTH

a. Chemotherapy	1 ☐ yes	2 ☐ no	THALLCHM
b. Radiation	1 ☐ yes	2 ☐ no	THALLRAD
c. Surgery	1 ☐ yes	2 ☐ no	THALLSRG
d. Immunotherapy	1 ☐ yes	2 ☐ no	THALLIMM
e. Other	1 ☐ yes	2 ☐ no	THALLOTH

If yes, specify: _____

20. What was the status of primary disease just prior to conditioning of recipient for transplant?

STATALL

1 ☐ Primary Induction Failure → **Cont. with 22**

2 ☐ 1st Complete Remission (no previous marrow or extramedullary relapse)

3 ☐ 2nd CR

4 ☐ 3rd CR

5 ☐ ≥ 4th CR

6 ☐ 1st relapse → 1 ☐ medullary 2 ☐ extramedullary 3 ☐ both

7 ☐ ≥ 2nd relapse → 1 ☐ medullary 2 ☐ extramedullary 3 ☐ both

STATALL2

21. What was the initial date of this disease status? Month ☐☐ Day ☐☐ Year ☐☐☐☐ STTALLDT

Recipient NMDP ID: [ ][ ][ ] - [ ][ ][ ] - [ ]

Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

atologic Findings Just Prior to Conditioning

22. WBC: [ ][ ][ ] . [ ] x 10^9/L WBCALLIN

23. Blasts in blood: [ ][ ] . [ ] % BLBALLIN

24. Blasts in bone marrow: [ ][ ] . [ ] % BLMALLIN → 25. Date of bone marrow examination: [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year BMALLDT

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

COBCT NMDP123

National Marrow Donor Program®
Insert III – Chronic Myelogenous Leukemia (CML)

Registry Use Only

Sequence Number:

Date Received:

Unrelated

ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

N123DT Today's Date: Month ___ Day ___ Year ____

TCCODE TC Code: ___

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

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

Hematologic Findings at Diagnosis of Chronic Myelogenous Leukemia

2. Hemoglobin (only recipients untransfused within 4 weeks): ___.___ g/dL ☐ unknown HGBCML
3. Hematocrit (only recipients untransfused within 4 weeks): ___.___ % ☐ unknown HCTCML
4. Platelets (only recipients untransfused within 4 weeks): ____.___ x 10^9/L ☐ unknown PLTCML
5. WBC: ___.___ x 10^9/L ☐ unknown WBCCML
6. Eosinophils: ___.___ % ☐ unknown EOSCML
7. Basophils: ___.___ % ☐ unknown BASCML
8. Blasts: ___.___ % ☐ unknown BLSCML

9. Did the recipient receive a splenectomy?
   1 ☐ yes → 10. Date: Month ___ Day ___ Year ____ SPLCMLDT
   2 ☐ no
   SPLENCML

11. Did the recipient receive chemo- or immuno-therapy at any time prior to pre-transplant conditioning?
   1 ☐ yes →
   2 ☐ no
   CHEMIMMT

12. Please specify drugs used:

a. Busulfan	1 ☐ yes	2 ☐ no	BUSULFAN
b. Hydroxyurea	1 ☐ yes	2 ☐ no	HYDROXYU
c. Interferon alpha	1 ☐ yes	2 ☐ no	ALPHAINT
d. Interferon gamma	1 ☐ yes	2 ☐ no	GAMMAINT
e. Anegrilide	1 ☐ yes	2 ☐ no	ANEGRILI
f. Other drug	1 ☐ yes	2 ☐ no	OTHCIYN

If yes, specify: _____

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: [ ][ ][ ] - [ ][ ][ ] - [ ]

Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

What was the status of the primary disease just prior to conditioning of recipient for transplant?

☐ First chronic phase → **Cont. with 20**

2 ☐ Accelerated phase →

14. Was this the first accelerated phase?
1 ☐ yes 2 ☐ no FIRSTACC

15. Indicate which of the following were present:
1 ☐ yes 2 ☐ no Anemia (hemoglobin < 8 g/dL) ANEMIA
1 ☐ yes 2 ☐ no Leukocytosis (WBC > 10^5/mm^3) unresponsive to busulfan or hydroxyurea LEUKOCYT
1 ☐ yes 2 ☐ no Thrombocytopenia (platelets < 10^5/mm^3) unresponsive to busulfan or hydroxyurea THROMBLO
1 ☐ yes 2 ☐ no Thrombocytosis (platelets > 10^6/mm^3) unresponsive to busulfan or hydroxyurea THROMBHI
1 ☐ yes 2 ☐ no Palpable splenomegaly unresponsive to busulfan or hydroxyurea PALPSPLE
1 ☐ yes 2 ☐ no Development of extramedullary disease DEVEMDIS
1 ☐ yes 2 ☐ no ≥ 10% Blasts in blood or marrow BLASTS10
1 ☐ yes 2 ☐ no ≥ 20% Blasts plus promyelocytes in blood or marrow BLASTS20
1 ☐ yes 2 ☐ no ≥ 20% Basophils plus eosinophiles in blood BASOPH20
1 ☐ yes 2 ☐ no Clonal marrow cytogenetic abnormality(ies) in addition to the single Philadelphia chromosome arising from the standard t(9;22) translocation CMCYTABN
1 ☐ yes 2 ☐ no Other, specify: ~~ACCOTHYN~~

Cont. with 20

3 ☐ Blastic phase →

16. How many blast crises has the recipient ever experienced?
1 ☐ One 2 ☐ Two or more BLSTCRIS

17. Indicate type of blast cells: BLCELLTP
1 ☐ Lymphoid only
2 ☐ Myeloid only
3 ☐ Lymphoid and myeloid
4 ☐ Unknown (indeterminate results)

Cont. with 20

4 ☐ Second or greater chronic phase (for those recipients who have not had a previous BMT) →

18. How many chronic phases has the recipient experienced? CHRPHASE
1 ☐ Two
2 ☐ Three
3 ☐ Four or more

Cont. with 20

5 ☐ Chronic phase following previous BMT →

19. Please specify: CRPHTYPE
1 ☐ First chronic phase post BMT
2 ☐ ≥ Second chronic phase post BMT

Cont. with 20

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

hin Four Weeks Prior to Conditioning

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

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

Peripheral Blood Findings Immediately Prior to Conditioning

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

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

24. Platelets (only recipients untransfused within 4 weeks): ☐☐☐☐.☐ x 10^9/L ☐ not done PLTCMLIN

25. WBC: ☐☐☐.☐ x 10^9/L ☐ not done WBCCMLIN

26. Eosinophils: ☐☐.☐ % ☐ not done EOSCMLIN

27. Basophils: ☐☐.☐ % ☐ not done BASCMLIN

28. Blasts: ☐☐.☐ % ☐ not done BLSCMLIN

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): BMCMLDT ☐☐ Month ☐☐ Day ☐☐☐☐ Year

30. Indicate the percent of blasts and promyelocytes present according to the laboratory's reporting method:
a. ☐ Blasts: ☐☐.☐ % BMBLASTS Promyelocytes: ☐☐.☐ % BMPROMYE
b. ☐ Blasts plus promyelocytes: ☐☐.☐ % BMBLPROM
c. ☐ Blasts plus promyelocytes < 5% BMBLPR05

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

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

33. Was other cytogenetic abnormality present?
1 ☐ yes → 34. Please specify: _____
2 ☐ no CYACMLYN
3 ☐ not tested

35. Was BCR-ABL rearranged?
1 ☐ yes
☐ no
☐ unknown
BCRABLRE

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

COBLT [NMDP124]

National Marrow Donor Program®
Insert IV – Other Leukemias

Unrelated ID Recipient NMDP ID: [ ][ ][ ] - [ ][ ][ ] - [ ]

Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Recipient Local ID (optional): [ ][ ][ ][ ][ ][ ][ ][ ][ ]

N124DT Today's Date: [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year

TCCODE TC Code: [ ][ ][ ]

Date of Transplant for which this form is being completed: [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number: [ ]

Date Received: [ ]

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1. What was the date of diagnosis of the leukemia? [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year OTLDT

Hematologic Findings Immediately Prior to Conditioning

2. Hemoglobin: [ ][ ].[ ] g/dL HEMOTLIN
3. WBC: [ ][ ][ ].[ ] x 10^9/L WBCOTLIN
   phocytes: [ ][ ][ ].[ ] % LYMOTLIN
5. Platelets: [ ][ ][ ][ ].[ ] x 10^9/L PLTOTLIN
6. Blasts in blood: [ ][ ].[ ] % BLBOTLIN
7. BLMOTLIN Blasts in bone marrow: [ ][ ].[ ] % → 8. Date of bone marrow examination: BMOTLDT [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
9. Did the recipient receive a splenectomy?
   1 ☐ yes
   2 ☐ no SPLENOTL
10. Was cytogenetic abnormality(ies) present prior to conditioning?
    1 ☐ yes → 11. Please specify: _____
    2 ☐ no CYAOTLIN
    3 ☐ unknown
12. What was the status of the primary disease immediately prior to conditioning of recipient for transplant?
    1 ☐ No therapy attempted
    2 ☐ Primary induction failure
    3 ☐ 1st Complete Remission (no previous marrow or extramedullary relapse)
    4 ☐ 2nd CR
    5 ☐ 3rd CR
    6 ☐ ≥ 4th CR
    7 ☐ 1st relapse
    8 ☐ ≥ 2nd relapse

STATOTL

14. ...at was the initial date this disease status was achieved? [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year STTOTLDT

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

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

COBL1 NMDP125

National Marrow Donor Program®
Insert V – Myelodysplasia/ Myeloproliferative Disorders

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

N125DT Today's Date: Month ___ Day ___ Year ____ TCCODE TC Code: ___

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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1. What was the date of first diagnosis of myelodysplastic/myeloproliferative disorder? Month ___ Day ___ MMLDT Year ____

2. FAB type *at diagnosis* (this may differ from FAB type immediately prior to conditioning):

FABTYP

1 ☐ Refractory anemia
2 ☐ Refractory anemia with excess blasts (RAEB)
3 ☐ Refractory anemia with excess blasts in transformation (RAEB-T)
4 ☐ Chronic myelomonocytic leukemia (CMML)
5 ☐ Acquired idiopathic sideroblastic anemia (RARS)
6 ☐ Paroxysmal nocturnal hemoglobinuria (PNH)
7 ☐ Polycythemia vera
8 ☐ Essential thrombocythemia
9 ☐ Myelofibrosis with myeloid metaplasia (chronic myelofibrosis — *see appendix - page 7*)
10 ☐ Other myelofibrosis or myelosclerosis →
11 ☐ Other myelodysplasia or myeloproliferative disorder, specify: _____
12 ☐ Unknown

3. Classification of other myelofibrosis (*see appendix - page 7*):
1 ☐ Myelofibrosis in accelerated phase or with excess blasts
2 ☐ Myelofibrosis in blastic transformation
3 ☐ Acute myelofibrosis
4 ☐ Myelodysplasia with myelofibrosis
5 ☐ Other, specify: _____

MYELODX

4. Was this a secondary (therapy-linked) disorder?
1 ☐ yes →
2 ☐ no
3 ☐ unknown

SECODISO

5. Cite prior disease (malignant or nonmalignant):
1 ☐ Hodgkin lymphoma
2 ☐ Non-Hodgkin lymphoma
3 ☐ Breast cancer
4 ☐ Aplastic anemia
5 ☐ Other, specify: _____
6 ☐ Unknown

DISPRIT5

6. What was the date of diagnosis of prior disease? DISPRID5 Month ___ Day ___ Year ____

Treatment of prior disease included:

7. 1 ☐ yes 2 ☐ no Radiation TRTRAD5
8. 1 ☐ yes 2 ☐ no Chemotherapy TRTCHEM5
9. 1 ☐ yes 2 ☐ no Antithymocyte globulin TRTANT15
10. 1 ☐ yes 2 ☐ no Other, specify: TRTOTH5

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

d recipient have other predisposing conditions prior to diagnosis of hematologic disorder?

1 ☐ yes → 12. Please specify:
2 ☐ no PDCMMLYN

- 1 ☐ Fanconi anemia PDCMMLFA
- 2 ☐ Bloom syndrome PDCMMLBS
- 3 ☐ Down syndrome PDCMMLDS
- 4 ☐ Other, specify: ~~PDCMMLOT~~

Clinical Features *at Diagnosis*

13. Did recipient have systemic symptoms (fever, sweats, weight loss > 10%) *at diagnosis*?
    1 ☐ yes
    2 ☐ no
    3 ☐ unknown SYSSYMDX

14. Did recipient have splenomegaly *at diagnosis*?
    1 ☐ yes
    2 ☐ no
    3 ☐ unknown SPLENODX

15. Did recipient have hepatomegaly *at diagnosis*?
    1 ☐ yes
    2 ☐ no
    3 ☐ unknown HEPATODX

tologic Findings *at Diagnosis*

16. Hemoglobin (untransfused)
    1 ☐ known → ☐☐ g/dL HGBMMLDX
    2 ☐ unknown

17. Platelets (untransfused)
    1 ☐ known → ☐☐☐☐.☐ x 10^9/L PLTMMLDX
    2 ☐ unknown

18. WBC
    1 ☐ known → ☐☐☐☐.☐ x 10^9/L WBCMMLDX
    2 ☐ unknown

19. Neutrophils
    1 ☐ known → ☐☐ % NEUMMLDX
    2 ☐ unknown

20. Monocytes
    1 ☐ known → ☐☐ % MONMMLDX
    2 ☐ unknown

21. Blasts in blood
    1 ☐ known → ☐☐ % BBMMLDX
    2 ☐ unknown

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Marrow Findings *at Diagnosis*

22. Was a bone marrow examination done *at first diagnosis* of hematologic disorder?
1 ☐ yes → 2 ☐ no 3 ☐ unknown
BMDXYN

23. Cellularity:
1 ☐ decreased
2 ☐ normal
3 ☐ increased
4 ☐ unknown
BMDXCELL

24. Fibrosis:
1 ☐ absent
2 ☐ mild
3 ☐ moderate
4 ☐ severe
5 ☐ unknown
BMDXFIBR

25. a. Were Auer rods present?
1 ☐ yes
2 ☐ no
BMDXAUER

b. Blasts in marrow: ☐☐ % BMDXBM

26. Were tests done to detect a cytogenetic abnormality *at first diagnosis* of hematologic disorder?
1 ☐ tests done →
☐ tests attempted, but no evaluable metaphases obtained
3 ☐ no tests done
4 ☐ unknown
CYADXYN

27. Number of metaphases: ☐☐☐ METMMLDX

28. Was karyotype normal?
1 ☐ yes
2 ☐ no →
KNDXYN

29. Specify abnormality:

a.	-5/5q-	1 ☐ yes 2 ☐ no	MMLDX5Q
b.	-7/7q-	1 ☐ yes 2 ☐ no	MMLDX7Q
c.	-20q-	1 ☐ yes 2 ☐ no	MMLDX20Q
d.	+8	1 ☐ yes 2 ☐ no	MMLDX8
e.	+21	1 ☐ yes 2 ☐ no	MMLDX21
f.	abnormal 3q	1 ☐ yes 2 ☐ no	MMLDX3Q
g.	abnormal 11q	1 ☐ yes 2 ☐ no	MMLDX11Q
h.	abnormal 16q	1 ☐ yes 2 ☐ no	MMLDX16Q
i.	t (1;7)	1 ☐ yes 2 ☐ no	MMLDX17
j.	t (5;7)	1 ☐ yes 2 ☐ no	MMLDX57
k.	t (6;9)	1 ☐ yes 2 ☐ no	MMLDX69
l.	t (8;16)	1 ☐ yes 2 ☐ no	MMLDX816
m.	t (8;21)	1 ☐ yes 2 ☐ no	MMLDX821
n.	t (9;22)	1 ☐ yes 2 ☐ no	MMLDX922
o.	t (15;17)	1 ☐ yes 2 ☐ no	MMLDX151
p.	other	1 ☐ yes 2 ☐ no	MMLDXOTH

If yes, specify: _____

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

tment Prior to Conditioning

30. Did recipient receive treatment for myelodysplastic/myeloproliferative disorder prior to conditioning?

1 ☐ yes → 2 ☐ no 3 ☐ unknown

TRTMMLYN

31. Specify treatments:

	Date started (Month / Year)	Indication (see codes below)	Agents (see codes below)	Response (see codes below)
1st treatment	MMLT1BDT ☐☐ ☐☐	MMLT1IND ☐	MMLT1AGT ☐	MMLT1RSP ☐
2nd treatment	MMLT2BDT ☐☐ ☐☐	MMLT2IND ☐	MMLT2AGT ☐	MMLT2RSP ☐
3rd treatment	MMLT3BDT ☐☐ ☐☐	MMLT3IND ☐	MMLT3AGT ☐	MMLT3RSP ☐
4th treatment	MMLT4BDT ☐☐ ☐☐	MMLT4IND ☐	MMLT4AGT ☐	MMLT4RSP ☐

If more than 4 treatments were used prior to transplant, please copy the form for 1st–4th treatments and complete as appropriate, indicating each sequential therapy.

Indication codes:

1 Bone marrow failure (anemia, thrombocytopenia, neutropenia)
2 Early evidence of progression to leukemia (increasing percentage of blasts or RAEB-T)
3 To induce complete remission (prior to bone marrow failure or evolution)
4 Other (specify in space below box)

Agent codes:

1 Androgens
2 Corticosteroids
3 Interferon
4 G-CSF
5 GM-CSF
6 IL3
7 Stem cell factor
8 Other cytokine (specify in space below box)
9 Splenic radiation
10 Splenectomy
11 Low-dose chemotherapy
12 Intensive chemotherapy
13 Other (specify in space below box)

Response codes:

1 Complete remission
2 Bone marrow function* improved
3 Improved bone marrow biopsy (specify in space below box)
4 No response to therapy
5 Bone marrow function* worse
6 Other (specify in space below box)

*As assessed by transfusion requirements, number of infections, etc.

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ical Features *Just Prior to Conditioning*

32. Did recipient transform to a different FAB classification or stage *prior to conditioning*?

1 ☐ yes → 33. Indicate FAB classification or stage at time of transplant, or if in complete remission, the most recent FAB stage:

2 ☐ yes, with subsequent complete remission → 33. Indicate FAB classification or stage at time of transplant, or if in complete remission, the most recent FAB stage:

3 ☐ no

FABSYNPC

FABTPPC

1 ☐ Refractory anemia
2 ☐ Refractory anemia with excess blasts (RAEB)
3 ☐ Refractory anemia with excess blasts in transformation (RAEB-T)
4 ☐ Chronic myelomonocytic leukemia (CMML)
5 ☐ Acquired idiopathic sideroblastic anemia (RARS)
6 ☐ Paroxysmal nocturnal hemoglobinuria (PNH)
7 ☐ Polycythemia vera
8 ☐ Essential thrombocythemia
9 ☐ Myelofibrosis with myeloid metaplasia (chronic myelofibrosis — *see appendix - page 7*)
10 ☐ Other myelofibrosis or myelosclerosis → 34. Classification of myelofibrosis *(see appendix - page 7)*:
  1 ☐ Myelofibrosis in accelerated phase or with excess blasts
  2 ☐ Myelofibrosis in blastic transformation
  3 ☐ Acute myelofibrosis
  4 ☐ Myelodysplasia with myelofibrosis
  5 ☐ Other, specify: _____
11 ☐ Other myelodysplasia or myeloproliferative disorder, specify: _____
12 ☐ Unknown

MYELOPC

35. Date of most recent transformation: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

FABDTPC

Did recipient have systemic symptoms (fever, sweats, weight loss > 10%) *just prior to conditioning*?

1 ☐ yes
2 ☐ no
3 ☐ unknown

SYSSYMPC

37. Did recipient have splenomegaly *just prior to conditioning*?

1 ☐ yes → 38. cm below left costal margin: ☐☐ SPLLCMPC
2 ☐ no
3 ☐ splenectomy
4 ☐ unknown

SPLENOPC

39. Did recipient have hepatomegaly *just prior to conditioning*?

1 ☐ yes
2 ☐ no
3 ☐ unknown

HEPATOPC

Hematologic Findings *Just Prior to Conditioning*

40. Did the recipient receive a red cell transfusion within 4 weeks of conditioning?

1 ☐ yes
2 ☐ no → MMLRCTPC

41. Hemoglobin: ☐☐ g/dL HGBMMLPC

42. Did the recipient receive a platelet transfusion within 4 weeks of conditioning?

1 ☐ yes
2 ☐ no → MMLPLTPC

43. Platelets: ☐☐☐☐.☐ x 10^9/L PLTMMLPC

44. WBC: ☐☐☐☐.☐ x 10^9/L WBCMMLPC

45. Neutrophils: ☐☐ % NEUMMLPC

Monocytes: ☐☐ % MONMMLPC

47. Blasts in blood: ☐☐ % BBMMLPC

Recipient r:MDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Marrow Findings *Just Prior to Conditioning*

48. Date of most recent bone marrow examination: ☐☐ Month ☐☐ Day ☐☐☐☐ Year BMPCDT

49. Cellularity: BMPCCELL
1 ☐ decreased
2 ☐ normal
3 ☐ increased
4 ☐ unknown

50. Fibrosis: BMPCFIBR
1 ☐ absent
2 ☐ mild
3 ☐ moderate
4 ☐ severe
5 ☐ unknown

51. a. **Were Auer rods present?** 1 ☐ yes 2 ☐ no BMPCAUER

b. Blasts in marrow: ☐☐ % BMPCBM

52. Indication for bone marrow transplant: MMLINDTX
1 ☐ bone marrow failure (anemia, thrombocytopenia, neutropenia)
2 ☐ early evidence of progression to leukemia (increasing percentage of blasts or RAEB-T)
3 ☐ to induce complete remission (prior to bone marrow failure or evolution)
4 ☐ other, specify: _____

Were tests done to detect a cytogenetic abnormality *after* treatment?
1 ☐ tests done → 54. In all tests done, was the karyotype normal?
2 ☐ tests attempted, but no evaluable metaphases obtained
3 ☐ no further tests done
4 ☐ unknown
CYAATYN

54. In all tests done, was the karyotype normal?
1 ☐ yes
2 ☐ no → 55. Specify abnormality(ies):
KNATYN

55. Specify abnormality(ies):

a.	-5/5q-	1 ☐ yes	2 ☐ no MMLAT5Q
b.	-7/7q-	1 ☐ yes	2 ☐ no MMLAT7Q
c.	-20q-	1 ☐ yes	2 ☐ no MMLAT20Q
d.	+8	1 ☐ yes	2 ☐ no MMLAT8
e.	+21	1 ☐ yes	2 ☐ no MMLAT21
f.	abnormal 3q	1 ☐ yes	2 ☐ no MMLAT3Q
g.	abnormal 11q	1 ☐ yes	2 ☐ no MMLAT11Q
h.	abnormal 16q	1 ☐ yes	2 ☐ no MMLAT16Q
i.	t (1;7)	1 ☐ yes	2 ☐ no MMLAT17
j.	t (5;7)	1 ☐ yes	2 ☐ no MMLAT57
k.	t (6;9)	1 ☐ yes	2 ☐ no MMLAT69
l.	t (8;16)	1 ☐ yes	2 ☐ no MMLAT816
m.	t (8;21)	1 ☐ yes	2 ☐ no MMLAT821
n.	t (9;22)	1 ☐ yes	2 ☐ no MMLAT922
o.	t (15;17)	1 ☐ yes	2 ☐ no MMLAT151
p.	other	1 ☐ yes	2 ☐ no MMLATOTH

If yes, specify: _____

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

Appendix: Classification of Myelofibrosis

I. Chronic myelofibrosis (classical myeloid metaplasia with agnogenic metaplasia):

Clinically:
- Splenomegaly

Blood:
- Leukoerythroblastic picture
- < 1% blasts

Bone Marrow:
- Fibrosis
- Trilineage proliferation
- No foci of blasts on marrow biopsy or < 5% blasts on touch preps

II. Myelofibrosis in "accelerated phase" or "with excess of blasts":

Clinically:
- Splenomegaly

Blood:
- Leukoerythroblastic picture
- ≤ 30% blasts

Bone Marrow:
- Fibrosis
- Trilineage proliferation
- Presence of foci of blasts on marrow biopsy or ≤ 30% blasts on touch preps

III. Myelofibrosis in blastic transformation:

Clinically:
- Splenomegaly
- *History of "chronic phase"*

Blood:
- Leukoerythroblastic picture
- > 30% blasts

Bone Marrow:
- Fibrosis
- Diffuse blastic infiltration on marrow biopsy or > 30% blasts on touch preps

IV. Acute myelofibrosis:

Clinically:
- ± Splenomegaly, if present usually mild
- *No history of "chronic phase"*

Blood:
- > 30% blasts (not necessarily megakaryoblasts)

Bone Marrow:
- Fibrosis
- Blastic marrow (not necessarily megakaryoblasts), > 30% blasts

V. MDS with myelofibrosis:

Clinically:
- Absence of or barely palpable spleen

Blood:
- Leukoerythroblastic picture
- < 1% blasts

Bone Marrow:
- Fibrosis
- Trilineage proliferation with marked dysplasia
- No foci of blasts or < 5% blasts on touch preps

NMDP Form 120, 520, 620 Insert V V2 (7–7) November 1998

COBLT NMDP126

National Marrow Donor Program®
Insert VI – Multiple Myeloma

Unrelated ID Recipient NMDP ID: ☐☐☐-☐☐☐-☐

Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Recipient Local ID (optional): ☐☐☐☐☐☐☐☐☐☐

NL26DT Today's Date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

TCCODE TC Code: ☐☐☐

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

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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.

1. What was the date of diagnosis of multiple myeloma? ☐☐ Month ☐☐ Day ☐☐☐☐ Year MULMYEDT

2. What was the immunochemical type? IMMUNTYP
   1 ☐ IgG
   2 ☐ IgA
   3 ☐ IgD
   4 ☐ IgE
   5 ☐ IgM
   ☐ Light chains only, specify type: _____
   7 ☐ Nonsecretory

3. What was the staging of the multiple myeloma at the time of the transplant? STAGING
   1 ☐ Stage I
   All of the following must be present:
   - Hemoglobin > 10 g/dL
   - Serum calcium < 12 mg/dL
   - Normal bones on radiographs, or solitary plasmacytoma
   - Low M-component production rates
   - IgG ≤ 5 g/dL
   - IgA < 3 g/dL
   - Urinary light chain excretion < 4 g/24 hours

   2 ☐ Stage II
   - Fitting neither Stage I nor III

   3 ☐ Stage III
   One or more of the following must be present:
   - Hemoglobin < 8.5 g/dL
   - Serum calcium > 12 mg/dL
   - Advanced lytic bone lesions
   - High M-component production rates
   - IgG > 7 g/dL
   - IgA > 5 g/dL
   - Urinary light chain excretion > 12 g/24 hours

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: [ ][ ][ ]-[ ][ ][ ]-[ ] Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

oratory Findings Immediately Prior to Conditioning

4. Serum calcium: [ ][ ].[ ] mg/dL SERCALC

5. Serum M component concentration: [ ][ ].[ ] g/dL SERMCONC

6. 24 hour urinary light chain excretion: [ ][ ].[ ] g/24 hours U24HRLCE

7. Serum beta 2 microglobulin: [ ][ ].[ ] mg/dL SERB2MIC

8. Was recipient refractory to chemotherapy prior to conditioning?
   1 ☐ yes
   2 ☐ no
   REFPRIOR

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

COBLT NMDP127

National Marrow Donor Program®
Insert VII – Other Malignancy

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

NA27DT Today's Date: Month ___ Day ___ Year ____

TCODE TC Code:

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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.

1. What was the diagnosis? DIAG127

2. What was the subtype? STYPE127

3. What was the stage (if appropriate)? STAGE127

What was the date of diagnosis? Month ___ Day ___ Year ____ OTHMALDT

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

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

COBLT [NMDP128]

National Marrow Donor Program®
Insert VIII – Aplastic Anemia

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

N128DT Today's Date: Month ___ Day ___ Year ____ TCCODE TC Code: ___

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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.

1. What was the date of diagnosis of aplastic anemia? Month ___ Day ___ Year ____ APLANEDT

2. What was the etiology? ETIOL128
   1 ☐ Fanconi anemia
   2 ☐ Diamond-Blackfan anemia
   3 ☐ Hepatitis (specify type, if known): _____
   4 ☐ Drug induced (specify drug, if known): _____
   ☐ Idiopathic
   ☐ Other, specify: _____

Hematologic Findings at Diagnosis of Aplastic Anemia

3. Hemoglobin (untransfused): ___ . ___ g/dL DHEMO128

4. Hematocrit:
   1 ☐ known → ___ . ___ % DHEMA128
   2 ☐ unknown

5. RBC:
   1 ☐ known → ___ . ___ x 10^{12}/L DRBC128
   2 ☐ unknown

6. Uncorrected reticulocytes:
   1 ☐ known → ___ DRET128
   2 ☐ unknown

7. WBC: ___ . ___ x 10^{9}/L DWBC128

8. Granulocytes: ___ % DGRAN128

9. Platelets: ___ . ___ x 10^{9}/L DPLAT128

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Has recipient received prior treatment for aplastic anemia?

1 ☐ yes → 2 ☐ no PRIORAPL

11. Please specify what treatments were given:

a. Androgens 1 ☐ yes 2 ☐ no ANDRO128

b. Corticosteroids 1 ☐ yes 2 ☐ no CORT128

c. ATG, ALS, ATS, ALG 1 ☐ yes 2 ☐ no ATGLS128

d. Cyclosporine 1 ☐ yes 2 ☐ no CYCLO128

e. Other immunosuppression, specify: _____ 1 ☐ yes 2 ☐ no OTHIM128

f. Cytokines 1 ☐ yes → 2 ☐ no CYTOK128

12. What cytokines were given?

a. IL3 IL3128	1 ☐ yes	2 ☐ no
b. GM-CSF GMCSF128	1 ☐ yes	2 ☐ no
c. G-CSF GCSF128	1 ☐ yes	2 ☐ no
d. Stem cell STEMC128	1 ☐ yes	2 ☐ no
e. Erythropoietin ERYTH128	1 ☐ yes	2 ☐ no
f. Other, specify: ~~OTHCY128~~	1 ☐ yes	2 ☐ no

g. Other treatment 1 ☐ yes → 2 ☐ no OTHTR128

If yes, specify: _____

Within Four Weeks Prior to Conditioning

13. Did recipient receive red blood cell transfusions within four weeks prior to conditioning?
1 ☐ yes 2 ☐ no RBCTR128

14. Did recipient receive platelet transfusions within four weeks prior to conditioning?
1 ☐ yes 2 ☐ no PLATR128

Peripheral Blood Findings Immediately Prior to Conditioning

15. Hemoglobin (only recipients untransfused within 4 weeks): ☐☐.☐ g/dL CHEMO128

16. Hematocrit (only recipients untransfused within 4 weeks): ☐☐.☐ % CHEMA128

17. Platelets (only recipients untransfused within 4 weeks): ☐☐☐.☐ x 10^9/L CPLAT128

18. WBC: ☐☐.☐ x 10^9/L CWBC128

19. Granulocytes: ☐☐☐ % CGRAN128

Blasts: ☐☐.☐ % CBLAS128

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

COBLT | NMDP129

National Marrow Donor Program®
Insert IX – Hodgkin and Non-Hodgkin Lymphoma

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

T129DT Today's Date: Month ___ Day ___ Year ____ TCCODE TC Code: ___

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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 abstraction of the recipient's medical records.

1. Date of diagnosis of lymphoma: Month ___ Day ___ Year ____ NHLDT

2. What was lymphoma histology *at diagnosis*? ___ (See codes in list below) LYMHIST Specify: _____ Specify line must be completed for codes 5, 25, 36, 38

Hodgkin codes:
01 Lymphocyte predominant
02 Nodular sclerosis
03 Mixed cellularity
04 Lymphocyte depleted
05 Other Hodgkin lymphoma, specify above
06 Hodgkin lymphoma, type unclassified

Non-Hodgkin codes:
07 Small cell lymphocytic
08 Small cell lymphocytic plasmacytoid (Lymphoplasmacytoid lymphoma)
09 Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma)
10 Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma)
11 Follicular, predominantly large cell (Grade III follicle center lymphoma)
12 Diffuse, small cleaved cell (Follicular center lymphoma, diffuse)
13 Diffuse, mixed, small and large cell
14 Diffuse, large cell
15 Large cell, immunoblastic (B-cell only)
16 Primary mediastinal large B-cell lymphoma
17 Lymphoblastic (Precursor B-lymphoblastic lymphoma/ leukemia)
18 Precursor T-lymphoblastic lymphoma/leukemia
19 Small noncleaved cell, unclassified
20 Small noncleaved cell, Burkitt
21 Small noncleaved cell, non-Burkitt
22 Mycosis fungoides/Sezary syndrome
23 Histiocytic
24 Mantle cell
25 Composite, specify above
26 Large cell anaplastic lymphoma, Ki1 positive
27 Primary CNS lymphoma
28 Mucosal associated lymphoid tissue type (Extranodal marginal zone B-cell lymphoma)
29 Nodal marginal zone B-cell lymphoma
30 Splenic marginal zone B-cell lymphoma
31 Large granular lymphocytic leukemia
32 Angioimmunoblastic T-cell lymphoma
33 Angiocentric lymphoma
34 Intestinal T-cell lymphoma
35 Adult T-cell lymphoma/leukemia (HTLV1 associated)
36 Other peripheral T-cell lymphoma, specify above
37 Peripheral T-cell lymphomas, unclassified
38 Other non-Hodgkin lymphoma, specify above
40 Non-Hodgkin lymphoma, unclassified

3. Immune phenotype *at diagnosis*:
1 ☐ B-cell
2 ☐ T-cell
☐ NK-cell
☐ Null
5 ☐ Other, specify: _____
6 ☐ Unknown

IMMOHENO

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: ☐☐☐ - ☐☐☐ - ☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Did histologic transformation occur after diagnosis?
1 ☐ yes → 2 ☐ no
HSTTRNYN

5. Date of transformation: ☐☐ Month ☐☐ Day ☐☐☐☐ Year HSTTRNDT

NEWHIST
6. New histology: ☐☐ (Use codes from question 2) Specify: _____

Stage at Time of Diagnosis

7. Organ involvement *at diagnosis*:
ORGINV
1 ☐ I — Involvement of a single lymph node region or of a single extralymphatic organ or site
2 ☐ II — Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm
3 ☐ III — Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
4 ☐ IV — Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
5 ☐ Other, specify: _____
6 ☐ Unknown

8. Symptoms *at diagnosis*:
1 ☐ A — None of the symptoms listed in B below
2 ☐ B — Unexplained weight loss > 10% body weight in six months before treatment; unexplained fever > 38°C; or night sweats → SYMPTOMS
3 ☐ Unknown

Was there extranodal or splenic involvement at diagnosis?
1 ☐ yes → 2 ☐ no 3 ☐ unknown
EIDGANY

10. Specify sites:

a. Lung	1 ☐ yes	2 ☐ no	EIDGLUNG
b. Pleura	1 ☐ yes	2 ☐ no	EIDGPLEU
c. Liver	1 ☐ yes	2 ☐ no	EIDGLIVR
d. Kidney	1 ☐ yes	2 ☐ no	EIDGKIDN
e. Brain	1 ☐ yes	2 ☐ no	EIDGBRAI
f. CSF	1 ☐ yes	2 ☐ no	EIDGCSF
g. Epidural space	1 ☐ yes	2 ☐ no	EIDGEPSP
h. Bone	1 ☐ yes	2 ☐ no	EIDGBONE
i. Bone marrow	1 ☐ yes	2 ☐ no	EIDGBM
j. Skin	1 ☐ yes	2 ☐ no	EIDGSKIN
k. GI tract	1 ☐ yes	2 ☐ no	EIDGGITR
l. Spleen	1 ☐ yes	2 ☐ no	EIDGSPLE
m. Other	1 ☐ yes	2 ☐ no	If yes, specify: EIDGOTHR

LDH129
11. LDH at diagnosis: ☐☐☐☐☐ LDHUNIT ☐ µkat/L ☐ IU/L ☐ unknown

12. Upper limit of normal for LDH: ☐☐☐ ULLDH

13. Was a mediastinal mass present at diagnosis?
1 ☐ yes → MEDIMASS
☐ no
☐ unknown

14. Enter age-appropriate Karnofsky or Lansky score at diagnosis: ☐☐☐ N9KARLAN N9KARLAN
(For a complete scale, see page 5 of Form 120, 520, 620)

Recipient NMDP ID: [ ][ ][ ] - [ ][ ][ ][ ] - [ ]

Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Was recipient treated for lymphoma *prior* to a high-dose therapy (conditioning)?

1 ☐ yes → TRTLYMPH
2 ☐ no

Cont. with 164

Line of Therapy	1st Line of Therapy	2nd Line of Therapy
Chemotherapy:	16. 1 ☐ yes 2 ☐ no → cont. with q. 41 (T1CHEMO)	53. 1 ☐ yes 2 ☐ no → cont. with q. 78 (T2CHEMO)
Number of cycles:	17. [ ][ ] 2 ☐ unknown/not applicable (T1CYCLES)	54. [ ][ ] 2 ☐ unknown/not applicable (T2CYCLES)
Date started therapy: (T1CBEGDT)	18. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	55. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year (T2CBEGDT)
Date stopped therapy: (T1CENDDT)	19. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	56. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year (T2CENDDT)
Treatment		
Adriamycin:	20. 1 ☐ yes 2 ☐ no (T1ADRIAM)	57. 1 ☐ yes 2 ☐ no (T2ADRIAM)
BCNU:	21. 1 ☐ yes 2 ☐ no (T1BCNU)	58. 1 ☐ yes 2 ☐ no (T2BCNU)
Bleomycin:	22. 1 ☐ yes 2 ☐ no (T1BLEOMY)	59. 1 ☐ yes 2 ☐ no (T2BLEOMY)
Carboplatin:	23. 1 ☐ yes 2 ☐ no (T1CARBOP)	60. 1 ☐ yes 2 ☐ no (T2CARBOP)
Cisplatin:	24. 1 ☐ yes 2 ☐ no (T1CISPLA)	61. 1 ☐ yes 2 ☐ no (T2CISPLA)
Corticosteroids:	25. 1 ☐ yes 2 ☐ no (T1CORTIC)	62. 1 ☐ yes 2 ☐ no (T2CORTIC)
Cyclophosphamide:	26. 1 ☐ yes 2 ☐ no (T1CYCLOP)	63. 1 ☐ yes 2 ☐ no (T2CYCLOP)
Cytarabine (Ara-C):	27. 1 ☐ yes 2 ☐ no (T1CYTARA)	64. 1 ☐ yes 2 ☐ no (T2CYTARA)
Dacarbazine (DTIC):	28. 1 ☐ yes 2 ☐ no (T1DACARB)	65. 1 ☐ yes 2 ☐ no (T2DACARB)
Etoposide (VP16):	29. 1 ☐ yes 2 ☐ no (T1ETOPOS)	66. 1 ☐ yes 2 ☐ no (T2ETOPOS)
Fludarabine:	30. 1 ☐ yes 2 ☐ no (T1FLUDAR)	67. 1 ☐ yes 2 ☐ no (T2FLUDAR)
Ifosfamide:	31. 1 ☐ yes 2 ☐ no (T1IFOSFA)	68. 1 ☐ yes 2 ☐ no (T2IFOSFA)
Methotrexate:	32. 1 ☐ yes 2 ☐ no (T1METHOT)	69. 1 ☐ yes 2 ☐ no (T2METHOT)
Mitoxantrone:	33. 1 ☐ yes 2 ☐ no (T1MITOXA)	70. 1 ☐ yes 2 ☐ no (T2MITOXA)
Nitrogen mustard (mustine):	34. 1 ☐ yes 2 ☐ no (T1NITROG)	71. 1 ☐ yes 2 ☐ no (T2NITROG)
Procarbazine:	35. 1 ☐ yes 2 ☐ no (T1PROCAR)	72. 1 ☐ yes 2 ☐ no (T2PROCAR)
Vinblastine:	36. 1 ☐ yes 2 ☐ no (T1VINBLA)	73. 1 ☐ yes 2 ☐ no (T2VINBLA)
Vincristine:	37. 1 ☐ yes 2 ☐ no (T1VINCRI)	74. 1 ☐ yes 2 ☐ no (T2VINCRI)
Other:	38. 1 ☐ yes 2 ☐ no (T1COTHER)	75. 1 ☐ yes 2 ☐ no (T2COTHER)
Specify other:	39. _____	76. _____
Given for stem cell priming?	40. 1 ☐ yes 2 ☐ no (T1PRIMIN)	77. 1 ☐ yes 2 ☐ no (T2PRIMIN)
Radiation Therapy:	41. 1 ☐ yes 2 ☐ no → cont. with q. 47 (T1RADIAT)	78. 1 ☐ yes 2 ☐ no → cont. with q. 84 (T2RADIAT)
Mediastinum:	42. 1 ☐ yes 2 ☐ no (T1MEDIAS)	79. 1 ☐ yes 2 ☐ no (T2MEDIAS)
Other site(s):	43. 1 ☐ yes 2 ☐ no (T1ROTHER)	80. 1 ☐ yes 2 ☐ no (T2ROTHER)
Specify site(s):	44. _____	81. _____
Date started therapy: (T1RBEGDT)	45. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	82. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year (T2RBEGDT)
Date stopped therapy: (T1RENDDT)	46. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	83. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year (T2RENDDT)
Surgery:	47. 1 ☐ yes 2 ☐ no (T1SURGER)	84. 1 ☐ yes 2 ☐ no (T2SURGER)
Specify site:	48. _____	85. _____
Best Response to ~~Line of~~ Therapy: (check one) (see definitions below) (T1RSPCOD)	49. 1 ☐ CCR 5 ☐ NR/SD 2 ☐ CR 6 ☐ PROG 3 ☐ CRU 7 ☐ NE, specify: _____ 4 ☐ PR 8 ☐ Unknown	86. 1 ☐ CCR 5 ☐ NR/SD 2 ☐ CR 6 ☐ PROG 3 ☐ CRU 7 ☐ NE, specify: _____ 4 ☐ PR 8 ☐ Unknown (T2RSPCOD)
Date response established: (T1RESPDT)	50. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	87. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year (T2RESPDT)
Did patient relapse/progress following this line of therapy? (T1RELYN)	51. 1 ☐ yes 2 ☐ no	88. 1 ☐ yes 2 ☐ no (T2RELYN)
Date of relapse/progression: (T1RELDT)	52. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	89. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year (T2RELDT)

Response Code Definitions

1 Continuous CR	3 CR undetermined	5 No response/Stable disease	7 Not evaluable
2 CR	4 Partial response	6 Progressive disease	8 Not tested/Unknown

Recipient NMDP ID: [ ][ ][ ] - [ ][ ][ ] - [ ]

Recipient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Continued from previous page. Copy and complete this page for more than 4 instances.

Line of Therapy	3rd Line of Therapy	4th Line of Therapy
Chemotherapy:	90. 1 ☐ yes 2 ☐ no → cont. with q.115	127. 1 ☐ yes 2 ☐ no → cont. with q.152
Number of cycles:	91. [ ][ ] 2 ☐ unknown/not applicable	128. [ ][ ] 2 ☐ unknown/not applicable
Date started therapy:	92. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	129. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
Date stopped therapy:	93. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	130. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
Treatment		
Adriamycin:	94. 1 ☐ yes 2 ☐ no	131. 1 ☐ yes 2 ☐ no
BCNU:	95. 1 ☐ yes 2 ☐ no	132. 1 ☐ yes 2 ☐ no
Bleomycin:	96. 1 ☐ yes 2 ☐ no	133. 1 ☐ yes 2 ☐ no
Carboplatin:	97. 1 ☐ yes 2 ☐ no	134. 1 ☐ yes 2 ☐ no
Cisplatin:	98. 1 ☐ yes 2 ☐ no	135. 1 ☐ yes 2 ☐ no
Corticosteroids:	99. 1 ☐ yes 2 ☐ no	136. 1 ☐ yes 2 ☐ no
Cyclophosphamide:	100. 1 ☐ yes 2 ☐ no	137. 1 ☐ yes 2 ☐ no
Cytarabine (Ara-C):	101. 1 ☐ yes 2 ☐ no	138. 1 ☐ yes 2 ☐ no
Dacarbazine (DTIC):	102. 1 ☐ yes 2 ☐ no	139. 1 ☐ yes 2 ☐ no
Etoposide (VP16):	103. 1 ☐ yes 2 ☐ no	140. 1 ☐ yes 2 ☐ no
Fludarabine:	104. 1 ☐ yes 2 ☐ no	141. 1 ☐ yes 2 ☐ no
Ifosfamide:	105. 1 ☐ yes 2 ☐ no	142. 1 ☐ yes 2 ☐ no
Methotrexate:	106. 1 ☐ yes 2 ☐ no	143. 1 ☐ yes 2 ☐ no
Mitoxantrone:	107. 1 ☐ yes 2 ☐ no	144. 1 ☐ yes 2 ☐ no
Nitrogen mustard (mustine):	108. 1 ☐ yes 2 ☐ no	145. 1 ☐ yes 2 ☐ no
Procarbazine:	109. 1 ☐ yes 2 ☐ no	146. 1 ☐ yes 2 ☐ no
Vinblastine:	110. 1 ☐ yes 2 ☐ no	147. 1 ☐ yes 2 ☐ no
Vincristine:	111. 1 ☐ yes 2 ☐ no	148. 1 ☐ yes 2 ☐ no
Other:	112. 1 ☐ yes 2 ☐ no	149. 1 ☐ yes 2 ☐ no
Specify other:	113. _____	150. _____
Given for stem cell priming?	114. 1 ☐ yes 2 ☐ no	151. 1 ☐ yes 2 ☐ no
Radiation Therapy:	115. 1 ☐ yes 2 ☐ no → cont. with q.121	152. 1 ☐ yes 2 ☐ no → cont. with q.158
Mediastinum:	116. 1 ☐ yes 2 ☐ no	153. 1 ☐ yes 2 ☐ no
Other site(s):	117. 1 ☐ yes 2 ☐ no	154. 1 ☐ yes 2 ☐ no
Specify site(s):	118. _____	155. _____
Date started therapy:	119. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	156. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
Date stopped therapy:	120. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	157. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
Surgery:	121. 1 ☐ yes 2 ☐ no	158. 1 ☐ yes 2 ☐ no
Specify site:	122. _____	159. _____
Best Response to Line of Therapy: (check one) (see definitions below)	123. 1 ☐ CCR 5 ☐ NR/SD 2 ☐ CR 6 ☐ PROG 3 ☐ CRU 7 ☐ NE, specify: _____ 4 ☐ PR 8 ☐ Unknown	160. 1 ☐ CCR 5 ☐ NR/SD 2 ☐ CR 6 ☐ PROG 3 ☐ CRU 7 ☐ NE, specify: _____ 4 ☐ PR 8 ☐ Unknown
Date response established:	124. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	161. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year
Did patient relapse/progress following this line of therapy?	125. 1 ☐ yes 2 ☐ no	162. 1 ☐ yes 2 ☐ no
Date of relapse/progression:	126. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year	163. [ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year

T3CHEMO T4CHEMO T3CYCLES T4CYCLES T3CBEGDT T4CBEGDT T3CENDDT T4CENDDT T3ADRIAM T4ADRIAM T3BCNU T4BCNU T3BLEOMY T4BLEOMY T3CARBOP T4CARBOP T3CISPLA T4CISPLA T3CORTIC T4CORTIC T3CYCLOP T4CYCLOP T3CYTARA T4CYTARA T3DACARB T4DACARB T3ETOPOS T4ETOPOS T3FLUDAR T4FLUDAR T3IFOSFA T4IFOSFA T3METHOT T4METHOT T3MITOXA T4MITOXA T3NITROG T4NITROG T3PROCAR T4PROCAR T3VINBLA T4VINBLA T3VINCRI T4VINCRI T3COTHER T4COTHER T3PRIMIN T4PRIMIN T3RADIAT T4RADIAT T3MEDIAS T4MEDIAS T3ROTHER T4ROTHER T3RBEGDT T4RBEGDT T3RENDDT T4RENDDT T3SURGER T4SURGER T3RSPCOD T4RSPCOD T3RESPDT T4RESPDT T3RELYN T4RELYN T3RELDT T4RELDT

Response Code Definitions

1 Continuous CR	3 CR undetermined	5 No response/Stable disease	7 Not evaluable
2 CR	4 Partial response	6 Progressive disease	8 Not tested/Unknown

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

. Did recipient have a splenectomy?
1 ☐ Yes → 165. Date: ☐☐ Month ☐☐☐☐ Year SPLDTLDT
2 ☐ No
SPLENYN

166. Was the recipient restaged ≤ 2 months prior to high-dose therapy (conditioning)?

1 ☐ Yes → 167. Stage of disease immediately prior to high-dose therapy (conditioning):
STAGPHDT
1 ☐ Complete remission – complete disappearance of all known disease
2 ☐ Complete remission undetermined – as above with the exception of persistent scan abnormalities of unknown significance
3 ☐ I — Involvement of a single lymph node region or of a single extralymphatic organ or site
4 ☐ II — Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm
5 ☐ III — Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
6 ☐ IV — Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
7 ☐ Other, specify: _____

RESTAGED

2 ☐ No, not completely restaged (i.e., insufficient staging to determine stage as listed in question 167) → 168. Evidence of disease prior to conditioning:
DXEVIDNC
1 ☐ No known evidence of disease
2 ☐ No known evidence of disease except for persistent scan abnormalities of unknown significance
3 ☐ Known residual localized disease only
4 ☐ Known residual stage IV disease (see question 167, option 6 for definition)
5 ☐ Unknown

169. Did recipient have known nodal involvement immediately prior to conditioning?
1 ☐ yes → 170. Specify sites:
2 ☐ no
NODALYN

a. Waldeyer's ring	1 ☐ yes	2 ☐ no	3 ☐ unknown	NIWILDEY
b. Cervical	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI CERVIC
c. Supraclavicular	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI SUPRAC
d. Axillary	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI AXILL A
e. Hilar	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI HILAR
f. Mediastinal	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI MEDIAS
g. Retroperitoneal	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI RETROP
h. Intra-abdominal	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI INTRAA
i. Inguinal	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI INGUIN
j. Spleen	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI SPLEEN
k. Periaortic	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI PERIAO
l. Illiac	1 ☐ yes	2 ☐ no	3 ☐ unknown	NI ILLIAC
m. Other site	1 ☐ yes	2 ☐ no	3 ☐ unknown	If yes, specify: NI OTHER

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Did recipient have known extranodal involvement immediately prior to conditioning?

1 ☐ yes → 172. Specify sites:
2 ☐ no
3 ☐ unknown
EIPCANY

a. Lung	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCLUNG
b. Pleura	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCPLEU
c. Liver	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCLIVR
d. Kidney	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCKIDN
e. Brain	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCBRAI
f. CSF	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCCSF
g. Epidural space	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCEPSP
h. Bone	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCBONE
i. Bone marrow	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCBM
j. Skin	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCSKIN
k. GI tract	1 ☐ yes	2 ☐ no	3 ☐ unknown	EIPCGITR
l. Other site	1 ☐ yes	2 ☐ no	3 ☐ unknown	If yes, specify: EIPCOTHR

173. Did patient have any mass immediately prior to conditioning?

1 ☐ yes → **174. Size of largest mass (of any kind):** ☐☐ cm X ☐☐ cm
2 ☐ no
MASSPRCO
175. Site: MASSSZ1 MASSSZ2

176. Was Gallium scan done ≤ 4 weeks prior to conditioning?

1 ☐ yes → 177. Results:
2 ☐ no
GALLSCYN
1 ☐ Negative
2 ☐ Positive
3 ☐ Indeterminate/equivocal
GALLSCRE
178. Sites: _____

What was sensitivity of lymphoma to chemotherapy prior to conditioning?
(Response to last chemotherapy given prior to transplant; treatment must be given ≤ 6 months prior to transplant)

SENSCHEM
1 ☐ Sensitive: ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease
2 ☐ Resistant: < 50% reduction in diameter of all disease sites or development of new disease sites
3 ☐ Untreated: within 6 months prior to (high dose) conditioning
4 ☐ Not evaluable
5 ☐ Unknown

180. Remission state *immediately prior to conditioning:*

REMSTPL
1 ☐ PIF res . . . . . Primary induction failure-resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment
2 ☐ PIF sen . . . . Primary induction failure-sensitive: NEVER in COMPLETE remission but with partial remission on treatment
3 ☐ PIF unt . . . . . Primary induction failure-untreated
4 ☐ PIF unk . . . . Primary induction failure-sensitivity unknown
5 ☐ CR1 . . . . . 1st complete remission: no bone marrow or extramedullary relapse prior to transplant
6 ☐ CR2 . . . . . 2nd complete remission
7 ☐ CR3+ . . . . . 3rd or subsequent complete remission
8 ☐ REL1 unt . . . 1st relapse-untreated: includes either bone marrow or extramedullary relapse
9 ☐ REL1 res . . . 1st relapse-resistant: stable or progressive disease with treatment
10 ☐ REL1 sen . . . 1st relapse-sensitive: partial remission (if complete remission achieved, classify as CR2, code 6)
11 ☐ REL1 unk . . . 1st relapse-sensitivity unknown
12 ☐ REL2 unt . . . 2nd relapse-untreated: includes either bone marrow or extramedullary relapse
13 ☐ REL2 res . . . 2nd relapse-resistant: stable or progressive disease with treatment
14 ☐ REL2 sen . . . 2nd relapse-sensitive: partial remission (if complete remission achieved, classify as CR3+, code 7)
15 ☐ REL2 unk . . . 2nd relapse-sensitivity unknown
☐ REL3+ unt . . 3rd or subsequent relapse-untreated: includes either bone marrow or extramedullary relapse
☐ REL3+ res . . 3rd or subsequent relapse-resistant: stable or progressive disease with treatment
18 ☐ REL3+ sen . . 3rd or subsequent relapse-sensitive: partial remission (if complete remission achieved, classify as CR3+, code 7)
19 ☐ REL3+ unk . . 3rd relapse or greater-sensitivity unknown

NMDP12A

National Marrow Donor Program®
Insert X – Severe Combined Immunodeficiency (SCID)

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

N12ADT Today's Date: Month ___ Day ___ Year ____ TCCODE TC Code: ___

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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.

1. What was the date of diagnosis of SCID? Month ___ Day ___ Year ____ SCIDSDT

2. What was the SCID phenotype: *(see instructions for description)*
   1 ☐ ADA deficiency
   2 ☐ Absence of T cells with normal B cells
   3 ☐ Absence of T and B cells
   4 ☐ Other, specify: _____ PHENO12A

What was the inheritance of SCID?
1 ☐ X-linked
2 ☐ Autosomal recessive
3 ☐ Unknown
INHER12A

Hematologic Findings Pre-Transplant

4. WBC: ___.___ x 10^9/L WBC12A
5. Lymphocytes: ___.___ % LYMPH12A
6. T cells (CD3 or equivalent): ___.___ % TCELL12A
7. CD4+ cells: ___.___ % CD412A
8. CD8+ cells: ___.___ % CD812A
9. B cells (SIg + or equivalent): ___.___ % BCELL12A

K cells (CD16+ or equivalent): ___.___ % NKCEL12A

Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.

Recipient NMDP ID: ☐☐☐-☐☐☐-☐ Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

11. What was the mitogen proliferation response? MITPR12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ not tested

12. What was the natural killer cell function? NATKC12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ not tested

13. IgG IGG12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ increased 5 ☐ not tested

14. IgM IGM12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ increased 5 ☐ not tested

15. IgA IGA12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ increased 5 ☐ not tested

16. IgE IGE12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ increased 5 ☐ not tested

17. What was the specific antibody response? SPANR12A
1 ☐ absent (<10% normal) 2 ☐ decreased 3 ☐ normal 4 ☐ increased 5 ☐ not tested

Clinical Status of Recipient Pre-Transplant

18. Was maternal engraftment present? MATEN12A
1 ☐ yes
2 ☐ no
3 ☐ unknown (not tested)

19. Was graft vs. host disease present? GVHDP12A
1 ☐ yes → 20. Was GVHD caused by:
2 ☐ no

a. Maternal cells	1 ☐ yes	2 ☐ no	MACEL12A
b. Unirradiated blood transfusions	1 ☐ yes	2 ☐ no	UNIBT12A
c. Source unknown	1 ☐ yes	2 ☐ no	GVHDU12A

21. Did the recipient have failure to thrive? *(see Forms Instruction Manual)* THRIV12A
1 ☐ yes
2 ☐ no

22. Did the recipient have chronic (protracted) diarrhea? *(see Forms Instruction Manual)* DIARR12A
1 ☐ yes
2 ☐ no

23. Did the recipient have respiratory impairment? *(see Forms Instruction Manual)* RESIM12A
1 ☐ yes
2 ☐ no

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

COBLT NMDP12B

National Marrow Donor Program®
Insert XI – Wiskott Aldrich Syndrome (WAS)

Unrelated

ID Recipient NMDP ID: ___ ___ ___ - ___ ___ ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

N12BDT Today's Date: Month ___ Day ___ Year ____

TCCODE TC Code:

Date of Transplant for which this form is being completed: Month ___ Day ___ Year ____

Product type: ☐ Marrow (Form 120) ☐ PBSC (Form 520) ☐ Cord blood (Form 620)

Registry Use Only

Sequence Number:

Date Received:

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.

1. What was the date of diagnosis of WAS? Month ___ Day ___ Year ____ WISALDDT

2. What were the WAS defining (diagnostic) criteria?
   a. Decreased platelet count (prior to splenectomy) 1 ☐ yes 2 ☐ no 3 ☐ unknown DECPL12B
   b. Small platelet size 1 ☐ yes 2 ☐ no 3 ☐ unknown SMAPL12B
   c. Eczema 1 ☐ yes 2 ☐ no 3 ☐ unknown ECZEM12B
   d. X-linked inheritance demonstrated in the family 1 ☐ yes 2 ☐ no 3 ☐ unknown XLINK12B

'as the diagnosis confirmed by molecular identification of the presence of a defect in the WAS gene?
☐ yes
2 ☐ no
3 ☐ unknown > CONF12B

Clinical Status of Recipient Pre-Transplant

4. Did the patient undergo splenectomy?
   1 ☐ yes → 5. Was the platelet count normal immediately pre-transplant?
   2 ☐ no
   3 ☐ unknown
   SPLEN12B

   5. Was the platelet count normal immediately pre-transplant?
   1 ☐ yes
   2 ☐ no
   3 ☐ unknown > PLNRM12B

6. Did B-cell lymphoproliferative disorder (BLPD) develop pre-transplant?
   1 ☐ yes → 7. Was the BLPD associated with EBV?
   2 ☐ no
   3 ☐ unknown
   BLPD12B

   7. Was the BLPD associated with EBV?
   1 ☐ yes
   2 ☐ no
   3 ☐ unknown > BLPDA12B

8. Did the recipient develop any malignancy (non BLPD) pre-transplant?
   1 ☐ yes
   2 ☐ no
   3 ☐ unknown > MALIG12B

9. Did the recipient develop any autoimmune complications pre-transplant?
   ☐ yes
   no
   3 ☐ unknown > AUTOC12B

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

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Mail to NMDP Registry with Form 120, 520, 620. Retain a copy at the transplant center.