National Marrow Donor Program®
Recipient Death Information

Registry Use Only

ence Number:

Date Received:

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

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

Product type for first transplant: ☐ Marrow (Form 190) ☐ PBSC (Form 590) ☐ Cord blood (Form 690)

DEATH

To be completed in conjunction with a 100-Day Follow-Up Form (Form 130, 530, 630), Six Month to Two Year Follow-Up Form (Form 140, 540, 640), or Greater Than Two Year Follow-Up Form (Form 150, 550, 650).

1. Date of death: Month ___ Day ___ Year ____ DEATHDT

2. Was cause of death confirmed by autopsy?
   1 ☐ yes
   2 ☐ no
   3 ☐ pending
   AUTOPSY

3. Cause of death: *(Enter appropriate cause of death code below. List in order of decreasing severity, i.e., primary cause first. If a code number for "Other, specify" is entered, write the cause in the space provided.)*

Primary: ___.___ Specify: _____ DCAUSE1

___.___ Specify: _____ DCAUSE2

___.___ Specify: _____ DCAUSE3

___.___ Specify: _____ DCAUSE4

___.___ Specify: _____ DCAUSE5

___.___ Specify: _____ DCAUSE6

4. Signed: _____
   Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____

Send a copy of this form to:
The NMDP Registry, Suite 500,
3001 Broadway Street N.E., Minneapolis, MN 55413
Retain original at the transplant center.

Cause of Death Codes

1.0	Graft rejection or failure
	Infection (other than interstitial pneumonia)
2.1	Bacterial
2.2	Fungal
2.3	Viral
2.4	Protozoal
2.5	Organism not identified
2.6	Other, specify
	Interstitial pneumonia
3.1	Viral, CMV
3.2	Viral, other
3.3	Pneumocystis
3.4	Idiopathic
3.5	Other, specify
4.0	Adult Respiratory Distress Syndrome
5.0	Acute GVHD
6.0	Chronic GVHD
7.0	Recurrence or persistence of leukemia/malignancy/MDS
	Organ failure (not due to GVHD or infection)
8.1	Liver
8.2	Cardiac (Cardiomyopathy)
8.3	Pulmonary
8.4	CNS
8.5	Renal
8.6	Multiple organ failure, specify
8.7	Other, specify
9.0	Secondary malignancy
	Hemorrhage
10.1	Pulmonary
10.2	Intracranial
10.3	Gastrointestinal
10.4	Hemorrhage not specified
10.5	Other, specify
	Vascular
11.1	Thromboembolic
11.2	Disseminated intravascular coagulation (DIC)
11.3	Gastrointestinal
11.4	Thrombotic thrombocytopenic purpura
11.5	Vascular not specified
11.6	Other, specify
12.0	Accidental death
13.0	Other, specify

TCD
T Cell Depletion Trial

DONOR INFORMATION REQUEST

DONRINFO

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

---

1. Donor gender ..... DIGENDER ..... 1 ☐ Male 2 ☐ Female

2. Donor age ..... DIAGE ..... ☐☐ years

   Birth date ..... DIBRTHDT ..... ☐☐ ☐☐ ☐☐ ☐ Not known
   M D Y

3. Donor ethnicity ..... DIETHNIC ..... ☐☐ 99 ☐ Not known

   Note: Use NMDP classification code numbers as listed below.

Caucasian/White
- 1 ☐ European or Western Russia
- 2 ☐ Middle East or North Coast of Africa
- 3 ☐ White, Otherwise not specified

Black
- 4 ☐ African American
- 5 ☐ African Black (both parents born in Africa)
- 6 ☐ Caribbean Black
- 7 ☐ South or Central American Black
- 8 ☐ Black, Otherwise not specified

Asian/Pacific Islander
- 9 ☐ Asian Indian
- 10 ☐ Filipino
- 11 ☐ Hawaiian (Polynesian)
- 12 ☐ Japanese
- 13 ☐ Korean
- 14 ☐ Northern Chinese
- 15 ☐ Southeast Asian/Southern Chinese
- 16 ☐ Asian/Pacific Islander, Otherwise not specified

Hispanic
- 17 ☐ Caribbean Hispanic
- 18 ☐ Mexican or Southwestern USA Hispanic
- 19 ☐ South or Central American Hispanic
- 20 ☐ Hispanic, Otherwise not specified

Native American
- 21 ☐ Native Alaskan/Eskimo/Aleut Tribe: _____
- 22 ☐ American Indian Tribe: _____
- 23 ☐ Native American, Otherwise not specified

Other
- 24 ☐ Other, specify _____

4. Donor testing for evidence of prior cytomegalovirus exposure/infection: DICMVTST

   1☐ Positive 2☐ Negative 3☐ Inconclusive 4☐ Not Tested

Comments: _____

_____ Signature

_____ TCD Certification No.

_____ Date

TCD
T Cell Depletion Trial

ELIGIBILITY FORM

ELIGIBLE

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

Patient Status

1. Date of birth ..... BIRTHDT ..... ☐☐ M ☐☐ D ☐☐ Y

2. Sex 1 ☐ Male
SEX 2 ☐ Female → 3. Is the patient pregnant or breastfeeding? ..... PREG 1 ☐ Yes 2 ☐ No

4. Has the patient had a previous autologous or allogeneic bone marrow transplant? ..... PRETX 1 ☐ Yes 2 ☐ No

5. Does the patient have a consenting suitably HLA-matched related donor? ..... RELDONR 1 ☐ Yes 2 ☐ No

6. Does the patient have a history of Myelodysplastic Syndrome? ..... MYELODYS 1 ☐ Yes 2 ☐ No

7. What is the patient's primary disease?

1 ☐ Acute Myelogenous Leukemia (with or without history of MDS) →

DISPRIM

↓

8. Is the patient in first complete remission (≤ 5% blasts in marrow) with translocations t(8;21)?

AMLCR

1 ☐ Yes → 8a. Has the patient failed first line induction therapy?
2 ☐ No ↓ *Continue with question 9*
1 ☐ Yes 2 ☐ No AMLINDCT
Continue with question 25

9. Is the patient in first complete remission (≤ 5% blasts in marrow) with translocations t(15;17) or 16q abnormality?

TRANSLOC

1 ☐ Yes → 9a. Has the patient failed first line induction therapy?
2 ☐ No ↓ *Continue with question 25*
1 ☐ Yes 2 ☐ No AMLINDCT
9b. Does the patient have molecular evidence of disease?
1 ☐ Yes 2 ☐ No AMLMOLEC
Continue with question 25

Primary diseases (question 7) are continued on page 2

2 ☐ Acute Lymphoblastic Leukemia →

10. Is the patient in first complete remission (≤ 5% blasts in marrow)? ALLCR
    1 ☐ Yes →
    2 ☐ No
    ↓ *Continue with question 25*

    11. Does patient have hypoploidy as measured by flow cytometry? HYPO . . . . . 1 ☐ Yes 2 ☐ No
    12. Does the patient have pseudodiploidy with translocations t(9;22), t(4;11), or t(8;14)? PSEUDO . . . . . 1 ☐ Yes 2 ☐ No
    13. Record the WBC at presentation . ☐☐☐☐☐ /mm³ WBC
    14. Did the patient achieve a complete remission after 4 weeks of induction therapy? . . . . 1 ☐ Yes 2 ☐ No ALLINDCT

Continue with question 25

3 ☐ Chronic Myelogenous Leukemia →

15. Is the patient in blast crisis (>30% promyelocytes plus blasts in their bone marrow)? CLMBLAST . . . . . 1 ☐ Yes 2 ☐ No

Continue with question 25

4 ☐ Lympho-blastic Lymphoma →

16. What is the Lymphoblastic Lymphoma staging level?

1 ☐ Stage 1 2 ☐ Stage 2 3 ☐ Stage 3 4 ☐ Stage 4 LLSTAGE

Continue with question 25

5 ☐ Undifferentiated Leukemia → *Continue with question 25*

6 ☐ Biphenotypic Leukemia → *Continue with question 25*

7 ☐ Juvenile CML →

17. Are either of the following cytogenetic abnormalities present?
    7q . . . . . JCML7Q . . . . . 1 ☐ Yes 2 ☐ No
    Infantile monosomy 7 . . . . . JCMLINM7 . . . . . 1 ☐ Yes 2 ☐ No
18. Record leukocytosis with absolute monocytosis JCMLLEUK ☐☐☐☐ µL
19. Are immature myeloid cells present in the peripheral circulation? . JCMLIMMY 1 ☐ Yes 2 ☐ No
20. Record % marrow blasts . . . . . JCMLBMBL . . . ☐☐☐ %

Continue with question 25

Primary diseases (question 7) are continued on page 3

8 ☐ Myelodysplastic Syndrome →

21. Indicate the patient's disease using the disease definitions in the TCD Protocol, section 2.2.1. MSDISEAS
   1 ☐ Refractory Anemia
   2 ☐ Refractory Anemia with Ringed Sideroblasts
   3 ☐ Refractory Anemia with Excess Blasts
   4 ☐ Refractory Anemia with Excess Blasts in Transformation
   5 ☐ Chronic Myelomonocytic Leukemia

Continue with question 25

9 ☐ Non-Hodgkins Lymphoma→

22. Is the patient beyond first complete remission? NHL1CR . . . . . 1 ☐ Yes 2 ☐ No
23. Was the patient a primary induction failure? NHLPIF . . . . . 1 ☐ Yes 2 ☐ No
24. Have tumors demonstrated chemosensitivity defined as 50% reduction in mass size? NHLCHEMO 1 ☐ Yes 2 ☐ No

Continue with question 25

25. Has the patient signed the informed consent form? CONSENT . . . . . 1 ☐ Yes 2 ☐ No

Patient Clinical Status

26. Does the primary disease include active CNS or skin leukemic involvement? CNS . . . . . 1 ☐ Yes 2 ☐ No
27. Does the patient require additional mediastinal iradiation? MEDIAXRT . . . . . 1 ☐ Yes 2 ☐ No
28. Does prior irradiation preclude this patient from receiving complete total body irradiation dose requirements? PRIORXRT 1 ☐ Yes 2 ☐ No
29. What is the patient's Karnofsky (Lansky for patients <16 years old) performance status? PS . . ☐☐☐ %
30. Does the patient have an uncontrolled viral, bacterial or fungal infection? INFECT . . . . . 1 ☐ Yes 2 ☐ No
31. Is the patient HIV seropositive? HIVPOS . . . . . 1 ☐ Yes 2 ☐ No
32. Does the patient have symptomatic cardiac disease?

CARDIAC
1 ☐ Yes →
2 ☐ No
↓

33. Record the left ventricular ejection fraction at rest EJFRACT . . . . . ☐☐☐ %
34. Does the ejection fraction improve with exercise? IMPROVE 1 ☐ Yes 2 ☐ No

Continue with question 35

35. Does the patient have any pulmonary disease symptoms?

PULMON
1 ☐ Yes →
2 ☐ No
↓

Continue with question 37

36. Record the DLCO (Diffusion capacity) DLCO . . . . . ☐☐☐ % of predicted (corrected for whole blood hemoglobin)

Continue with question 37

37. Provide the most recent values for the following tests:

		ULN for your institution	LLN for your institution
Serum Creatinine	CR ☐☐.☐ mg/dL	☐☐.☐ CRULN mg/dL	☐☐.☐ CRLLN mg/dL
SGOT	SGOT ☐☐☐ Units/L	☐☐☐ Units/L SGOTULN	
Total Serum Bilirubin	BILI ☐☐.☐ mg/dL		

38. Is the serum creatinine level ≤ the institution's ULN?

1 ☐ Yes → *Continue with question 40*

2 ☐ No → 39. Record creatinine clearance ..... CRCLR ☐☐☐ ml/min/1.73m²

CRNORM

40. Record the proposed starting date for conditioning therapy .... THRPYDT ☐☐ (M) ☐☐ (D) ☐☐ (Y)

Patient HLA Data

41. What are the patient's HLA-A and HLA-B phenotypes determined by serology?

	1	2	No. of Antigens Provided
HLA-A	☐☐☐☐ PATHLAA1	☐☐☐☐ PATHLAA2	1 ☐ One 2 ☐ Two PATANO
HLA-B	☐☐☐☐ PATHLAB1	☐☐☐☐ PATHLAB2	1 ☐ One 2 ☐ Two PATBNO

42. What is the patient's HLA-DRB1 genotype determined by high resolution DNA typing?

HLA-DRB1 ☐☐☐☐ PATHLAD1 ☐☐☐☐ PATHLAD3 1 ☐ One 2 ☐ Two PATDNO

/☐☐☐☐ PATHLAD2/☐☐☐☐ PATLAD4

Unrelated-Donor HLA Data

43. What are the unrelated donor's HLA-A and HLA-B phenotypes determined by serology?

	1	2	No. of Antigens Provided
HLA-A	☐☐☐☐ DNRHLAA1	☐☐☐☐ DNRHLAA2	1 ☐ One 2 ☐ Two DNRANO
HLA-B	☐☐☐☐ DNRHLAB1	☐☐☐☐ DNRHLAB2	1 ☐ One 2 ☐ Two DNRBNO

44. What is the donor's HLA-DRB1 genotypes determined by high resolution DNA typing?

HLA-DRB1 ☐☐☐☐ DNRHLAD1 ☐☐☐☐ 1 ☐ One 2 ☐ Two DNRDNO

/☐☐☐☐ /☐☐☐☐ DNRHLAD4

Comments: _____

Signature _____ TCD Certification No. _____ Date _____

TCD
T Cell Depletion Trial

IMMUNOPHENOTYPING - GRAFT EVALUATION FORM

GEI

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

ASSAYMAT

1 ☐ Non Depleted Graft/Pre Depletion Sample 2 ☐ T10B9 Depleted 3 ☐ Rotor-off Fraction 4 ☐ CD34(+) Addback

1. Record total number of nucleated cells infused or in pre-depletion harvest ..... NUCLTOT ☐☐☐.☐ X NUCLEXP 1 ☐ 10^6 2 ☐ 10^9

2. Record total number of debris-free events acquired ..... DFEVENTS ☐☐☐☐☐

3. Was an anti-CD45 third stain used? ANCD45YN 1 ☐ Yes → 4. Type of anti-CD45 stain ..... CD45TP 1 ☐ PerCP 2 ☐ PE-Cy5 9 ☐ Other, specify _____
   2 ☐ No ↓
   ↓ 5. Record total number of CD45+ events (from question 8-Tube 3) ..... CD45EVNM ☐☐☐☐☐
   Continue with question 7.

6. Record **total number** of CD45+ events from a CD45 or CD45/CD14 stain ..... CD45CD14 ☐☐☐☐☐
   (This represents the number of events in a CD45+ gate set on CD45 fluorescence versus forward or side scatter.)

7. Record total number of events in the lymphocyte gate ..... LYMPGATE ☐☐☐☐☐
   (Based on forward versus side scatter of CD45+ events for 3-color analysis or total debris-free events for 2-color analysis from the tube used in question 6.)
   The number of events in question 7 should approximate the denominator for the quadrant statistics in question 8.

8. Record **% of cells per quadrant** in the **lymphocyte gate** *(to one decimal place).*

	FITC Stain	PE Stain	Isotype	FITC+/PE-	FITC-/PE+	FITC+/PE+
1	IgG1	IgG2		C1G2F	C1G2P	C1G2FP
2	IgG2	IgG1		G2G1F	G2G1P	G2G1FP
3	Anti-CD14	Anti-CD34	C14C34IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1			
4	Anti-CD45Ra	Anti-CD4	C45C4IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1	C45C4F	C45C4P	C45C4FP
5	Anti-CD8	Anti-CD3	C8C3IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1	C8C3F	C8C3P	C8C3FP
6	Anti-CD3	Anti-CD16 + Anti-CD56	C16C56IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1	C16C56F	C16C56P	C16C56FP
7	Anti-CD3+CD5	Anti-CD19	C3C19IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1	C3C19F	C3C19P	C3C19FP
8	Anti-Tcr γδ	Anti-CD3	TCR3IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1	TCR3F	TCR3P	TCR3FP
9	Anti-Tcr αβ	Anti-CD5	TCR5IS 1 ☐ G1/G2 2 ☐ G2/G1 3 ☐ G1/G1 4 ☐ G2/G2	TCR5F	TCR5P	TCR5FP
	IgG1	IgG1	Record optional control, if used.	C1G10CF	C1G10CP	C1G10CFP

9. Record % PE-stained cells versus side scatter [using CD45(+) gate only] for 3-color analysis OR total debris-free events for 2-color analysis:

IgG1 PE (from question 8-Tube 2) . . . . . IGG1PE . . . . . ☐☐.☐ %

CD34(+) PE fluorescence (from question 8-Tube 3) . CD34PE . . ☐☐.☐ %

10. Record % CD3+ in infused marrow or in pre-depletion sample (based on question 8-Tube 5) . . . CD3PCT ☐☐.☐ %

11. **For panel using 7-AAD (OPTIONAL):**

a. Record number of debris-free and 7-AAD-negative events acquired (for Tube 2 below) . . GE7ADBFR ☐☐☐☐☐

b. Record total number of events in the lymphocyte gate (for Tube 2 below) GE7ALYMG ☐☐☐☐☐

c. Record % of cells per quadrant in the lymphocyte gate *(to one decimal place)*. (Elutriation centers must only complete Tubes 1-2 and T10B9 centers must complete Tubes 1-3.)

	FITC Stain	PE Stain	Isotype	FITC+/PE-	FITC-/PE+	FITC+/PE+
1	IgG1	IgG1		GE7AIGF	GE7AIGP	GE7AIGFP
2	Anti-CD45	Anti-CD3	1 ☐ G1/G1 2 ☐ Other GE7AACIS	GE7AACF	GE7AACP	GE7AACFP
3	Anti-Tcr γδ	Anti-CD3	1 ☐ G1/G1 2 ☐ Other GE7AATIS	GE7AATF	GE7AATP	GE7AATFP

12. **For pre-depletion samples:**

Complete the information below for a sample of the LDA pre-depletion assay (i.e., harvested marrow after Ficoll Hypaque enrichment of the mononuclear cells).

a. Record # of debris-free events gated . . . . . GEPDDBFR ☐☐☐☐☐

b. Record # of lymphocyte events gated . . . . . GEPDLYMG ☐☐☐☐☐

c. Complete the mini-panel below. (For 2-color analysis, complete Tubes 1-5. For 3-color analysis, complete Tubes 1-3.)

	FITC Stain	PE Stain	Isotype	FITC+/PE-	FITC-/PE+	FITC+/PE+
1	IgG1	IgG1		PDG1G1PM	PDC1G1MP	PDG1G1PP
2	Anti-CD8	Anti-CD3		PDC8C3PM	PDC8C3MP	PDC8C3PP
3	Anti-Tcr γδ	Anti-CD3		PDTCC3PM	PDTCC3MP	PDTCC3PP
4	IgG1	IgG2		PDG1G2PM	PDG1G2MP	PDG1G2PP
5	Anti-CD45	Anti-CD14	1 ☐ G1/G1 2 ☐ G1/G2 PD4515IS	PD4514PM	PD4514MP	PD4514PP

For rotor-off fraction reporting ONLY, complete the following:

13. Record the total number of nucleated cells, %CD3 and %CD34 cells **INFUSED** for each of the following fractions. Record 0 for Total Nucleated Cells Infused if no cells from that fraction were infused.

	Total Nucleated Cells Infused		%CD3	%CD34
140 Fraction	F140CINF ☐☐☐.☐	F140UNIT 1 ☐ 10^6 2 ☐ 10^9	F140CD3 ☐☐.☐	F140CD34 ☐☐.☐☐
CD34- Fraction	FC34CINF ☐☐☐.☐	FC34UNIT 1 ☐ 10^6 2 ☐ 10^9	FC34CD3 ☐☐.☐	FC34CD34 ☐☐.☐☐
Other, specify: _____	FOT1CINF ☐☐☐.☐	FOT1UNIT 1 ☐ 10^6 2 ☐ 10^9	FOT1CD3 ☐☐.☐	FOT1CD34 ☐☐.☐☐
Other, specify: _____	FOT2CINF ☐☐☐.☐	FOT2UNIT 1 ☐ 10^6 2 ☐ 10^9	FOT2CD3 ☐☐.☐	FOT2CD34 ☐☐.☐☐

14. Record analyzer's TCD laboratory certification number . . . . . LABCERT ☐☐☐ ☐☐

Results reviewed by: _____ Date: _____

Comments: _____

After the form has been completed and reviewed in the laboratory, give the form to the TCD Clinic Coordinator for signature and submission to the Medical Coordinating Center.

_____ Signature

_____ TCD Certification No.

_____ Date

GVHD

TCD
T Cell Depletion Trial

ACUTE GVHD WEEKLY ASSESSMENT FORM

MCC Use Only
Date Rcvd.:

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

Assessment Number: ☐☐

---

1. Date of staging ..... STAGEDT ☐☐ ☐☐ ☐☐ (M D Y)

2. Record cyclosporine trough level and date..... CSALVL ☐☐☐☐ ng/mL ☐☐ ☐☐ ☐☐ (M D Y) CSALVLDT

3. Record the highest level of organ abnormalities during the assessment period:

Skin ORGABSKN
1 ☐ No rash
2 ☐ Maculopapular rash < 25% of body surface
3 ☐ Maculopapular rash, 25-50% of body surface
4 ☐ Generalized erythroderma
5 ☐ Generalized erythroderma with bullous formation and desquamation

Intestinal tract (use mL/day for adult patients and mL/m² for pediatric patients) ORGABIT
0 ☐ No diarrhea
1 ☐ Diarrhea ≤ 500 mL/day or < 280 mL/m²
2 ☐ Diarrhea > 500 but ≤ 1000 mL/day or 280-555 mL/m²
3 ☐ Diarrhea > 1000 but ≤ 1500 mL/day or 556-833 mL/m²
4 ☐ Diarrhea > 1500 mL/day or > 833 mL/m²
5 ☐ Severe abdominal pain with or without ileus, or stool with frank blood or melena

Liver ORGABLVR
1 ☐ Bilirubin < 2.0 mg/dl
2 ☐ Bilirubin 2.0-3.0 mg/dl
3 ☐ Bilirubin 3.1-6.0 mg/dl
4 ☐ Bilirubin 6.1-15.0 mg/dl
5 ☐ Bilirubin > 15.0 mg/dl

Upper GI ORGABUGI
1 ☐ No protracted nausea and vomiting
2 ☐ Persistent nausea, vomiting or anorexia

4. Within this assessment period, or within the subsequent 7-day period, what etiologies contributed to above symptoms?

Skin ETIOSKIN (setnosx, setgvhd, setdrgrx, setcrtox)
0 ☐ No symptoms
1 ☐ GVHD
2 ☐ Drug Reaction
3 ☐ Cond. Regimen Toxicity
4 ☐ TPN settpn
5 ☐ Infection setinf
9 ☐ Other, specify: setother _____

Intestinal Tract (upper or lower) ETIOIT (gietnosx, gietgvhd, gietdrgrx, gietcrtox)
0 ☐ No symptoms
1 ☐ GVHD
2 ☐ Drug Reaction
3 ☐ Cond. Regimen Toxicity
4 ☐ TPN giettpn
5 ☐ Infection gietinf
9 ☐ Other, specify: gietother _____

Liver ETIOLVR (livetnosx, livetgvhd, livetdrg, livetcond)
0 ☐ No symptoms
1 ☐ GVHD livetgvh
2 ☐ Drug Reaction livetdrg
3 ☐ Cond. Regimen Toxicity livetcond
4 ☐ TPN livettpn
5 ☐ Infection livetinf
6 ☐ VOD livetvod
9 ☐ Other, specify: ? livetoth

5. Record biopsy results **pertaining to GVHD** for this assessment period:

Skin BIOPSKN
1 ☐ Positive
2 ☐ Negative
3 ☐ Equivocal
4 ☐ Not Done

Intestinal Tract (upper or lower) BIOPIT
1 ☐ Positive
2 ☐ Negative
3 ☐ Equivocal
4 ☐ Not Done

Liver BIOPLVR
1 ☐ Positive
2 ☐ Negative
3 ☐ Equivocal
4 ☐ Not Done

6. Was primary or secondary treatment for GVHD initiated? ..... RXINIT ..... 1 ☐ Yes 2 ☐ No

Comments: _____

_____ Signature

_____ TCD Certification No.

_____ Date

THE RULE OF NINES

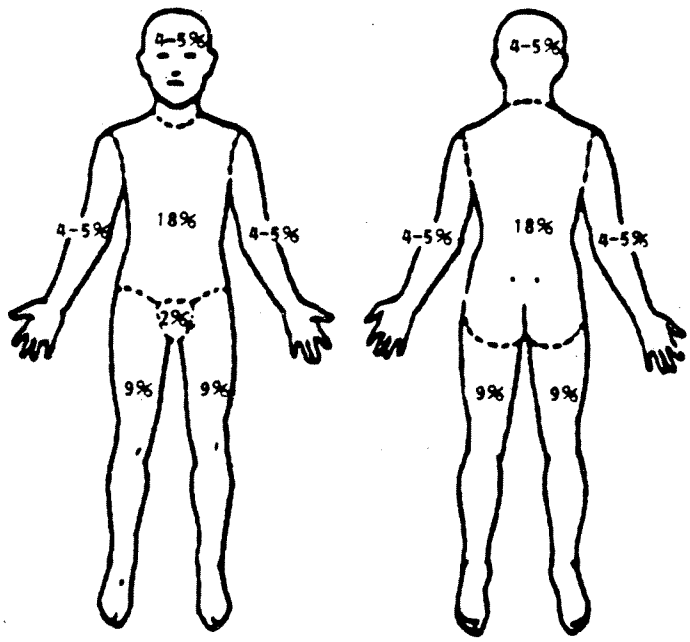

FIG 1.1.
The Rule of Nines

HEMATOPOIESIS ASSESSMENT FORM

HEMATOP

TCD
T Cell Depletion Trial

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

ASSESSPD

Assessment Period: 1 ☐ Day 28 Post-BMT 2 ☐ Day 100 Post-BMT 3 ☐ Secondary Graft Failure

1. Did the patient engraft as evidenced by an ANC ≥ 500/mm³ on 3 consecutive days?

ENGRAFT
1 ☐ Yes →
2 ☐ No
3 ☐ Previously reported
↓

2. Record ANC values and dates:

☐☐☐☐☐/mm³ ANC1 ANC1DT ☐☐ M ☐☐ D ☐☐ Y

☐☐☐☐☐/mm³ ANC2 ANC2DT ☐☐ M ☐☐ D ☐☐ Y

☐☐☐☐☐/mm³ ANC3 ANC3DT ☐☐ M ☐☐ D ☐☐ Y

Continue with question 3

3. Did the patient have severe neutropenia (ANC < 500/mm³) without subsequent improvement?

IMPNEUT
1 ☐ Yes →
2 ☐ No

4. Record % of marrow cellularity . . . BMCELL . . . . . ☐☐☐%

5. Date marrow obtained . . BMCELLDT . . . . . ☐☐ M ☐☐ D ☐☐ Y

6. Record chimerism assay data for marrow and/or blood.

	Date	Primary Method *Use codes below.*	Assay Results
Marrow	BMCHMDT ☐☐ M ☐☐ D ☐☐ Y	☐ BMCHMMTH If Other, specify: _____	BMCHMRES 1 ☐ All host cells 2 ☐ All donor cells 3 ☐ Host and donor → BMPCTDNR ☐☐% donor
☐ Marrow chimerism not done			
Blood	BLCHMDT ☐☐ M ☐☐ D ☐☐ Y	☐ BLCHMMTH If Other, specify: _____	BLCHMRES 1 ☐ All host cells 2 ☐ All donor cells 3 ☐ Host and donor → BLPCTDNR ☐☐% donor
☐ Blood chimerism not done			

Primary method codes:		
	1 - Standard cytogenetics	4 - Polymerase chain reaction (PCR)
	2 - Fluorescent in situ hybridization (FISH)	5 - HLA serotyping
	3 - Restriction fragment-length polymorphisms (RFLP)	9 - Other

7. Did the patient receive stem cell reinfusion (marrow or peripheral blood) due to inadequate hematopoietic function?

STEMCELL
1 ☐ Yes →
2 ☐ No

8. Record date of infusion . . . . SCINFSDT . . . ☐☐ M ☐☐ D ☐☐ Y

Comments: _____

_____ Signature

_____ TCD Certification No.

_____ Date

HOSPITAL

TCD
T Cell Depletion Trial

RE-ADMISSION FORM

MCC Use Only
Date Rcvd.:

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

HOSPDT Date of Re-Admission: ☐☐ M ☐☐ D ☐☐ Y

---

1. Date of Discharge ..... DISCRADT ..... ☐☐ M ☐☐ D ☐☐ Y

2. Patient status at discharge ..... PATSTAT ..... 1 ☐ Alive 2 ☐ Dead
   If 2-Dead, complete Death Form.

3. Record the primary reason for hospitalization and indicate if the other categories contributed or not.

   Record only 1 primary reason.

   GVHD ..... RSNGVHD ..... 1 ☐ Primary 2 ☐ Contributing 3 ☐ Non-contributing

   Relapse ..... RSNRLPS ..... 1 ☐ Primary 2 ☐ Contributing 3 ☐ Non-contributing

   Graft Failure ..... RSNNGF ..... 1 ☐ Primary 2 ☐ Contributing 3 ☐ Non-contributing

   Infection ..... RSNINF ..... 1 ☐ Primary 2 ☐ Contributing 3 ☐ Non-contributing

   Other ..... RSNOTHR ..... 1 ☐ Primary 2 ☐ Contributing 3 ☐ Non-contributing

   Specify: HSPTEXT / RSNOTHSP

4. Record the number of days on a ventilator during this hospitalization period ..... VENTDAYS ..... ☐☐

Comments: _____

_____ Signature

_____ TCD Certification No.

_____ Date

INFECT

TCD
T Cell Depletion Trial

POST-TRANSPLANT INFECTION FORM

MCC Use Only
Date Rcvd.:

Recipient NMDP ID: ☐☐☐ ☐☐☐☐
TCD Name Code: ☐☐☐
Center Code: ☐☐☐

---

1. Starting date of infection episode/visit date confirming an infection-free period. . . . INFECTDT ☐☐ M ☐☐ D ☐☐ Y

2. Does this form document an infection episode? . . . . . DOCINFCT 1 ☐ Yes 2 ☐ No → *Sign and submit the form*
   ↓
   Continue with question 3

3. Record all clinically important infections present.

		Site	Organism	Severity Scale
Bacteria	BACINF 1 ☐ Yes → 2 ☐ No ↓	BACSIT1 One ☐☐ BACSIT2 Two ☐☐	BACORG1 ☐☐☐ BACORG2 ☐☐☐	☐ BACSEV1 ☐ BACSEV2
	If Other, specify: INFTEXT/BAC1SP & BAC2SP			
Fungal	FNGINF 1 ☐ Yes → 2 ☐ No ↓	FNGSIT1 One ☐☐ FNGSIT2 Two ☐☐	F☐☐ FNGORG1 ☐ F☐☐ FNGORG2 ☐	FNGSEV1 FNGSEV2
	If Other, specify: INFTEXT/FUNG1SP & FUNG2SP			
Viral	VIRINF 1 ☐ Yes → 2 ☐ No ↓	VIRSIT1 One ☐☐ VIRSIT2 Two ☐☐	V☐☐ VIRORG1 ☐ V☐☐ VIRORG2 ☐	VIRSEV1 VIRSEV2
	If Other, specify: INFTEXT/VIR1SP & VIR2SP			
Protozoal	PROINF 1 ☐ Yes → 2 ☐ No ↓	PROSIT1 One ☐☐ PROSIT2 Two ☐☐	P☐☐ PROORG1 ☐ P☐☐ PROORG2 ☐	PROSEV1 PROSEV2
	If Other, specify: INFTEXT/PRO1SP & PRO2SP			
Other	OTHINF 1 ☐ Yes → 2 ☐ No ↓	OTHSIT1 One ☐☐ OTHSIT2 Two ☐☐	O☐☐ OTHORG1 ☐ O☐☐ OTHORG2 ☐	OTHSEV1 OTHSEV2
	If Other, specify: INFTEXT/OTH1SP & OTH2SP			

4. Was the only diagnosis for this episode "Fever of Undetermined Origin"? . . . . . 1 ☐ Yes 2 ☐ No

Sign and submit the form

Common Sites of Infection

01 Blood/Buffy Coat
02 Disseminated - Generalized, isolated at 3 or more distinct sites

Central Nervous System

03 Brain
04 Spinal Cord
05 Meninges and CSF
06 Central Nervous System unspecified

Gastrointestinal Tract

07 Lips
08 Tongue, Oral Cavity, and Oro-Pharynx
09 Esophagus
10 Stomach
11 Gallbladder and Bilinary Tree (not Hepatitis), Pancreas
12 Small Intestine
13 Large Intestine
14 Feces/Stool
15 Peritoneum
16 Liver
17 Gastrointestinal Tract unspecified

Respiratory Tract

18 Upper Airway and Nasopharynx
19 Laryngitis/Larynx
20 Lower Respiratory Tract (lung)
21 Pleural Cavity, Pleural Fluid
22 Sinuses
23 Respiratory Tract unspecified

Gentio-Urinary Tract

24 Kidneys, Renal Pelvis, Ureters, and Bladder
25 Prostate
26 Testes
27 Fallopian Tubes, Uterus, Cervix
28 Vagina
29 Gentio-Urinary Tract unspecified

Skin

30 Genital Area
31 Cellulitis
32 Herpes Zoster
33 Rash, Pustules, or Abscesses not typical of any of the above
34 Skin unspecified

Other

35 Central Venous Catheter, not otherwise specified
36 Woundsite or Catheter Tip
37 Eyes
38 Ears
39 Joints
40 Bone Marrow
41 Bone Cortex (Osteomyelitis)
42 Muscle (excluding Cardiac)
43 Cardiac (Endocardium, Myocardium, Pericardium)
44 Lymph Nodes
45 Spleen
46 Other unspecified

Commonly Reported Organisms

Bacteria

Specific bacteria will not be identified for infections.

Fungal Infections

F1 Candida Albicans
F2 Candida Krusei
F3 Candida Parasilosis
F4 Candida Tropicalis
F5 Torulopsis Galbrata (a subspecies of Candida)
F6 Candida, not otherwise specified
F7 Asperguillus Flavus
F8 Asperguillus Fumigatus
F9 Asperguillus Niger
F10 Asperguillus, not otherwise specified
F11 Cryptococcus Species
F12 Fusarium Species
F13 Mucormycosis (Zygomycetes, Rhizopus)
F14 Yeast, not otherwise specified
F15 Other Fungus

Viral Infections

V1 Herpes Simplex (HSV1, HSV2)
V2 Herpes Zoster (Chicken pox, Varicella)
V3 Cytomegalovirus (CMV)
V4 Adenovirus
V5 Enterovirus (Coxsackie, Echo, Polio)
V6 Hepatitis A (HAV)
V7 Hepatitis B (HBV, Australian antigen)
V8 Hepatitis C (includes non-A and non-B, HCV)
V9 HIV-1, HITLV-III
V10 Influenza (Flu)
V11 Measles (Rubeola)
V12 Mumps
V13 Papovavirus
V14 Respiratory Syncytial Virus (RSV)
V15 Rubella (German Measles)
V16 Parainfluenza
V17 HHV-6 (Human Herpes Virus)
V18 Epstein-Barr Virus (EBV)
V19 Polyomavirus
V20 Rotavirus
V21 Rhinovirus (Common Cold)
V22 Other Viral

Protozoal (Parasite) Infections

P1 Pneumocystis (PCP)
P2 Toxoplasma
P3 Giardia
P4 Cryptosporidium
P5 Amebiasis
P6 Echinocoocalcyst
P7 Trichomonas -- either vaginal or gingivitis
P8 Other Protozoal (Parasite)

Other Infections

O1 Mycobacterium Tuberculosis
O2 Other Mycobacterium
O3 Legionella
O4 Mycoplasma
O5 Other Organism
O6 No Organism Identified

Severity Scale

1. Mild, no active treatment (e.g., viral syndromes)
2. Moderate, requires outpatient PO antibiotic
3. Severe, requires IV antibiotic or antifungal or hospitalization
4. Life-threatening (e.g., septic shock)
5. Caused or contributed to death

Comments: _____

Signature _____ TCD Certification No. _____ Date _____

TCD
T Cell Depletion Trial

IMMUNOPHENOTYPING - IMMUNE RECONSTITUTION FORM

IRI

Recipient NMDP ID: ☐☐☐☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

Evaluation period: EVALPD 1 ☐ 1 mon 2 ☐ 3 mon 3 ☐ 6 mon 4 ☐ 12 mon 5 ☐ 18 mon 6 ☐ 24 mon

1. Date of blood draw ..... BLDRAWDT ☐☐ ☐☐ ☐☐ (M D Y)

2. Record sample WBC ..... NUCCELCT ☐☐☐.☐ X WBCEXP 1 ☐ 10^6/L 2 ☐ 10^9/L

3. Record % of lymphocytes in the sample ..... IRLYMDIF ☐☐.☐ %

4. Record total number of events in the lymphocyte gate ..... LYMEVENT ☐☐☐☐☐

5. Was a third stain used? STAIN3 0 ☐ No 1 ☐ PerCP 2 ☐ PE-Cy5 9 ☐ Other, specify: _____

6. Record **% of cells** per quadrant in the **lymphocyte gate** *(to one decimal place)* and indicate type of data reported.

	FITC Stain	PE Stain	Isotype	FITC+/PE-	FITC-/PE+	FITC+/PE+
1	IgG1	IgG2a		G1F	G2P	G1FG2P
2	IgG2a	IgG1		G2F	G1P	G2FG1P
3	Anti-CD45	Anti-CD14	C45C14IS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C45	C14	C45C14
4	Anti-CD8	Anti-CD28	C8C28IS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C8	C28	C8C28
5	Anti-Tcr αβ	Anti-CD8	CABC8PIS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	TAB	C8P	TABC8P
6	Anti-CD45Ra	Anti-CD4	C45RC4IS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C45R	C4	C45RC4
7	Anti-CD16	Anti-CD56	C16C56IS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C16	C56	C16C56
8	Anti-CD57	Anti-CD3	1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1 4 ☐ M/G1 C57C3AIS	C57	C3A	C57C3A
9	Anti-CD5	Anti-CD19	C5C19AIS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C5	C19A	C5C19A
10	Anti-Tcr γδ	Anti-CD3	GDC3BIS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	GD	C3B	GDC3B
11	Anti-HLA DR	Anti-CD3	DRC3CIS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	DR	C3C	DRC3C
12	Anti-CD3	Anti-CD8	C3C8IS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C3D	C8B	C3DC8B
13	Anti-CD3	Anti-CD56	C3C56IS 1 ☐ G1/G2a 2 ☐ G2a/G1 3 ☐ G1/G1	C3	C56B	C3C56B
	IgG1	IgG1	Record optional control, if used.	IGG1F	IGG1PA	IGG1G1
	IgM	IgG1	Record optional control, if used.	IGMF	IGG1PB	IGMG1

Question 7 continued on Page 2

7. Record analyzer's TCD laboratory certification number . . . . . LABCERT ☐☐☐ ☐☐

Results reviewed by: _____ Date: _____

Comments: _____

_____

_____

_____ _____

Signature, Lab Technologist Date

_____ _____ _____

Signature TCD Certification No. Date

TCD
T Cell Depletion Trial

RELAPSE FORM

RELAPSE

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

1. What is the patient's primary diagnosis?

PRIMDX

1 ☐ AML
2 ☐ ALL →
4 ☐ Lympho-blastic Lymphoma
5 ☐ Undifferentiated Leukemia
6 ☐ Biphenotypic Leukemia

2. Were leukemic blasts documented in the marrow or peripheral blood?

		% Leukemic Blasts	Date Blasts First Observed
Marrow	1 ☐ Yes →	☐☐.☐ BMPCT	☐☐ ☐☐ ☐☐ BMBLSDT (M D Y)
BMBLSYN	2 ☐ No		
Blood	1 ☐ Yes →	☐☐.☐ PBPCT	☐☐ ☐☐ ☐☐ PBBLSDT (M D Y)
PBBLSYN	2 ☐ No		

3. Was disease detected at an extramedullary site? EXTRAMED
1 ☐ Yes →
2 ☐ No

4. Date disease first detected . . . . . EMDISDT ☐☐ ☐☐ ☐☐ (M D Y)

5. Was disease confirmed by pathology? . . . . . 1 ☐ Yes 2 ☐ No PATHCONF

Continue with question 6

6. Have host cells reappeared? ACHOST
1 ☐ Yes →
2 ☐ No
8 ☐ No test performed
↓

7. Primary method: ACMETH
1 ☐ Standard cytogenetics 2 ☐ FISH
3 ☐ RFLP 4 ☐ PCR 5 ☐ HLA serotyping
9 ☐ Other, specify: _____

Continue with question 8

8. Have cytogenetic abnormalities reappeared? CYTOABN
1 ☐ Yes →
2 ☐ No
3 ☐ N/A
8 ☐ No test performed

9. Date abnormalities first observed . ABNORMDT ☐☐ ☐☐ ☐☐ (M D Y)

Continue with question 28

7 ☐ Juvenile CML →

10. Does patient have leukocytosis? LEUKOYN ..... 1 ☐ Yes 2 ☐ No

11. Record absolute monocytes ABMONOCY ☐☐☐☐☐ µl

12. Have immature myeloid cells been detected in the peripheral blood?

1 ☐ Yes → 13. Record dates of two consecutive marrow specimens indicating the presence of immature myeloid cells.

2 ☐ No

IMATMYEL

Date of 1st specimen IMMYS1DT ☐☐ M ☐☐ D ☐☐ Y

Date of 2nd specimen IMMYS2DT ☐☐ M ☐☐ D ☐☐ Y

Continue with question 28

3 ☐ CML →

14. Have immature hematopoietic cells been documented in the peripheral blood?

1 ☐ Yes → 15. Date first documented ..... ☐☐ M ☐☐ D ☐☐ Y

2 ☐ No IMMATHEM

IMMHEMDT

16. Has myeloid hyperplasia in the bone marrow been documented (in the absence of infection or growth factor therapy)?

1 ☐ Yes → 17. Date first documented ..... ☐☐ M ☐☐ D ☐☐ Y

2 ☐ No MYELHYPR

MYELHYDT

18. Have host cells reappeared? CMLHOST

1 ☐ Yes → 19. Primary method: 1 ☐ Standard cytogenetics 2 ☐ FISH 3 ☐ RFLP 4 ☐ PCR 5 ☐ HLA serotyping 9 ☐ Other, specify: _____

2 ☐ No

8 ☐ No test performed ↓

CMLMETH *Continue with question 20*

20. Has the 9;22 translocation reappeared? T922 1 ☐ Yes → *Continue with question 21* 2 ☐ No → *Continue with question 28* 3 ☐ N/A → *Continue with question 28*

21. Record date of cytogenetic analysis CYTODT ☐☐ M ☐☐ D ☐☐ Y

22. Record number of metaphases analyzed ..... META ☐☐

23. Record number of metaphases exhibiting 9;22 translocation METATRN ☐☐

Go to question 28 if the number of metaphases analyzed ≥ 10 and ≥ 50% exhibit the 9;22 translocation

24. Record date of second cytogenetic analysis ..... ☐☐ M ☐☐ D ☐☐ Y

CYTO2DT

25. Record number of metaphases exhibiting 9;22 translocation METATRN2 ☐☐

Continue with question 28

8 ☐ MDS →

26. Have MDS-associated morphologic abnormalities reappeared?

1 ☐ Yes →
2 ☐ No

MDSABNYN

27. Record dates of two consecutive marrow specimens and % cells of host origin.

Date of 1st specimen (MDSS1DT) ..... ☐☐ ☐☐ ☐☐
M D Y

% cells host origin (HOSTORG1) ..... ☐☐☐ %

Date of 2nd specimen (MDSS2DT) ..... ☐☐ ☐☐ ☐☐
M D Y

% cells host origin (HOSTORG2) ..... ☐☐☐ %

Continue with question 28

28. Have the following therapies been initiated for relapse reversal?

Infusion of donor lymphocytes (DNRINFUS) 1 ☐ Yes → Date first performed (DRINFDT) ..... ☐☐ ☐☐ ☐☐
2 ☐ No M D Y

Interferon use (INTERFER) 1 ☐ Yes → Date first performed (INTERFDT) ..... ☐☐ ☐☐ ☐☐
2 ☐ No M D Y

Second transplant (SCNDTX) 1 ☐ Yes → Date first performed (SCNDTXDT) ..... ☐☐ ☐☐ ☐☐
2 ☐ No M D Y

Other, specify: (OTHERRX) → 1 ☐ Yes → Date first performed (OTHRRXDT) ..... ☐☐ ☐☐ ☐☐
2 ☐ No M D Y

_____

Signature _____ TCD Certification No. _____ Date

TCD
T Cell Depletion Trial

SUPPORT MEASURES FORM

SUPPORT

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

TIMEPD
1 ☐ Admission to Day 21 post-BMT 2 ☐ Day 22 post-BMT to initial discharge 3 ☐ Initial discharge to 6 mon

All data should reflect the support measures used from the start to the end of the assessment period.

1. Start of assessment period ..... PDSTRTDT ..... ☐☐ M ☐☐ D ☐☐ Y

2. End of assessment period ..... PDENDDT ..... ☐☐ M ☐☐ D ☐☐ Y

3. Record the number of days the patient received hyperalimentation .. HYPERAL ..... ☐☐☐

4. Record the number of days the patient received IV antibiotics (other than ganciclovir and foscarnet)
Include number of days patient received IV antifungal agents. IVANTIB ☐☐☐

5. Record the number of units of red blood cells transfused ..... RBCTX ..... ☐☐☐

6. Did the patient receive a platelet transfusion(s)?

PLTLTTX
1 ☐ Yes →
2 ☐ No ↓
Continue with Question 10

7. Record the number of random donor platelet units .... RANDUNIT ☐☐☐

8. Record the number of HLA-matched single donor units MTCHUNIT ☐☐☐

9. Record the number of single donor units (not HLA matched) SINGUNIT ☐☐☐

Continue with question 10

10. Record the number of outpatient clinic and home care visits ..... OUTPATCL ..... ☐☐☐

11. Record the number of days on a ventilator ..... VENTDAYS ..... ☐☐☐

12. Record the number of days in hospital requiring intensive nursing support .. INSDAYS ..... ☐☐☐

Signature _____ TCD Certification No. _____ Date _____

TCD
T Cell Depletion Trial

TOXICITY FORM

TOXIC

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Rcvd.:

1. Date of evaluation ..... EVALDT ..... ☐☐ ☐☐ ☐☐
M D Y

2. Record the highest grade of toxicity diagnosed by the day of evaluation. Use the grading scale on the back of page 2 to determine the grade.

	Grade 0	Grade I	Grade II	Grade III	Grade IV
Cardiac TGCARD	0 ☐ No EKG abnormality	1 ☐ Mild EKG abnormality	2 ☐ Moderate EKG abnormality	3 ☐ Severe EKG abnormality	4 ☐ Fatal toxicity
Bladder TGBLAD	0 ☐ None	1 ☐ Macro. hem. 2d. from last chemo	2 ☐ Macro. hem. 7d. after last chemo	3 ☐ Hem. cystitis with frank blood	4 ☐ Fatal toxicity
Renal TGRENL	0 ☐ None	1 ☐ Creat. increase up to 2 x baseline	2 ☐ Creat. above 2 x baseline	3 ☐ Dialysis required	4 ☐ Fatal toxicity
Pulmonary TGPULM	0 ☐ None	1 ☐ See scale	2 ☐ See scale	3 ☐ See scale	4 ☐ Fatal toxicity
Hepatic TGHEPT	0 ☐ None	1 ☐ Mild hep. dysfunction	2 ☐ Mod. hep. dysfunction	3 ☐ Severe hep. dysfunction	4 ☐ Fatal toxicity
CNS TGCNS	0 ☐ None	1 ☐ Somnolence + arousable	2 ☐ Somnolence + confusion	3 ☐ Seizures or coma	4 ☐ Fatal toxicity
Stomatitis TGSTOM	0 ☐ None	1 ☐ Pain and/or ulceration, no IV narc. drug	2 ☐ Pain and/or ulceration with IV narc. drug	3 ☐ Severe ulcer. and/or mucositis - see scale	4 ☐ Fatal toxicity
GI Toxicity TGGITX	0 ☐ None	1 ☐ Watery stools >500 mL but ≤2,000 mL every d.	2 ☐ Watery stools >2,000 mL every d.	3 ☐ Ileus require nasogastric suction	4 ☐ Fatal toxicity

3. Did the patient have an allergic reaction?
ALLGRCT 0 ☐ None 1 ☐ Bronchospasm, no parenteral therapy needed 2 ☐ Anaphylaxis

4. Did the patient have persistent nausea and vomiting?
NAUSEA 0 ☐ None 1 ☐ Nausea 2 ☐ Transient vomiting 3 ☐ Vomiting requiring therapy 4 ☐ Intractable vomiting

If patient received Methotrexate for GVHD prophylaxis post-transplant, complete question 5.
If no Methotrexate prophylaxis was given, sign and submit the form.

5. Record Methotrexate dosing for GVHD prophylaxis.

	Day 1	Day 3	Day 6	Day 11
Date	METHD1DT M D Y	METHD3DT M D Y	METHD6DT M D Y	METH11DT M D Y
Total Dose (mg)	METHD1TD ☐☐.☐ mg	METHD3TD ☐☐.☐ mg	METHD6TD ☐☐.☐ mg	METH11TD ☐☐.☐ mg
Full Dose Given?	METHD1FD 1 ☐ Yes 2 ☐ No ↓	METHD3FD 1 ☐ Yes 2 ☐ No ↓	METHD6FD 1 ☐ Yes 2 ☐ No ↓	METH11FD 1 ☐ Yes 2 ☐ No ↓
Reason(s) for Reducing/ Withholding Dose				
Renal Dysfunction	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
Mucosal Toxicity	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
Fluid Accumulation	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
Liver Dysfunction	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
Other	1 ☐ Yes 2 ☐ No ↓ Specify: _____	1 ☐ Yes 2 ☐ No ↓ Specify: _____	1 ☐ Yes 2 ☐ No ↓ Specify: _____	1 ☐ Yes 2 ☐ No ↓ Specify: _____

Comments: _____

METHD1RD
METHD1MT
METHD1FA
METHD1LD
METHD1OT

METHD3RD
METHD3MT
METHD3FA
METHD3LD
METHD3OT

METHD6RD
METHD6MT
METHD6FA
METHD6LD
METHD6OT

METH11RD
METH11MT
METH11FA
METH11LD
METH11OT

Signature _____ TCD Certification No. _____ Date _____

TOXICITY GRADING SCALE

	GRADE I	GRADE II	GRADE III
Cardiac toxicity	Mild EKG abnormality, not requiring medical intervention; or noted heart enlargement on CXR with no clinical symptoms	Moderate EKG abnormalities requiring and responding to medical intervention; or requiring continuous monitoring without treatment; or congestive heart failure responsive to digitals or diuretics	Severe EKG abnormalities with no or only partial response to medical intervention; or heart failure with no or only minor response to medical intervention; or decrease in voltage by more than 50%
Bladder toxicity	Macroscopic hematuria after 2 d from last chemotherapy dose with no subjective symptoms of cystitis and not caused by infection	Macroscopic hematuria after 7 d from last chemotherapy dose not caused by infection; or hematuria after 2 d with subjective symptoms of cystitis not caused by infection	Hemorrhagic cystitis with frank blood, necessitating invasive local intervention with installation of sclerosing agents, nephrostomy or other surgical procedure
Renal toxicity	Increase in creatinine up to twice the baseline value (usually the last recorded before start of conditioning)	Increase in creatinine above twice baseline but not requiring dialysis	Requirement of dialysis
Pulmonary toxicity	Dyspnea without CXR changes not caused by infection or congestive heart failure; or CXR showing isolated infiltrate or mild interstitial changes without symptoms not caused by infection or congestive heart failure	CXR with extensive localized infiltrate or moderate interstitial changes combined with dyspnea and not caused by infection or CHF, or decrease of PO_2 (> 10% from baseline but not requiring mechanical ventilation or > 50% O_2 on mask and not caused by infection or CHF	Interstitial changes requiring mechanical ventilatory support or > 50% oxygen on mask and not caused by infection or CHF
Hepatic toxicity	Mild hepatic dysfunction with 2.0 mg% ≤ bilirubin ≤ 6.0 mg%; or weight gain > 2.5% and < 5% form baseline, of noncardiac origin; or SGOT increase more than 2-fold but less than 5-fold from lowest pre-conditioning	Moderate hepatic dysfunction bilirubin > 6 mg% < 20 mg%, or SGOT increase > 5-fold from pre-conditioning; or clinical escites or image documented escites > 100mL; or weight gain > 5% from baseline of noncardiac origin	Severe hepatic dysfunction with bilirubin > 20mg%; or hepatic encephalopathy; or ascites compromising respiratory function
CNS toxicity	Somnolence but the patient is easily arousable and oriented after arousal	Somnolence with confusion after arousal; or other new objectives CNS symptoms with no loss of consciousness not more easily explained by other medication, bleeding, or CNS infection	Seizures or coma not explained (documented) by other medication, CNS infection, or bleeding
Stomatitis	Pain and/or ulceration not requiring a continuous IV narcotic drug	Pain and/or ulceration requiring a continuous IV narcotic drug (morphine drip)	Severe ulceration and/or mucositis requiring preventive intubation; or resulting in documented aspiration pneumonia with or without intubation
GI toxicity	Watery stools > 500 ml but < 2,000 mL every d not related to infection	Watery stools > 2,000 ml every d not related to infection, or macroscopic hemorrhagic stools with no affect on cardiovascular status not caused by infection; or subileus not related to infection	Ileus requiring nasogastric suction and/or surgery and not related to infection; or hemorrhagic enterocolitis affecting cardiovascular status and requiring transfusion

Note: Grade IV regimen-related toxicity is defined as fatal toxicity.
Abbreviations: CXR, chest x-ray, IV, intravenous
Reference: Bearman SI, Appelbaum FR, Bucker CD, Peterson FB, Fisher LD, Clift RA, Thomas ED. (1988). Regimen-related toxicity in patients undergoing bone marrow transplantation. *Journal of Clinical Oncology* **6(10)**:1562-1568.

TCD
T Cell Depletion Trial

HQL BASELINE INTERVIEW

Recipient NMDP ID: ☐☐☐ ☐☐☐☐

MCC Use Only
Date Rcvd.:

TCD Name Code: ☐☐☐

Center Code: ☐☐☐

Good Morning/Afternoon/Evening, this is Joan Shepherd calling from The University of Iowa. Is this **/name**? I am calling to talk with you about how things have been going for you in the last few weeks. This is the telephone call that **/nurse coordinator** told you we would have at this time.

Is this a good time for you? (If no) What might be a better time--later tonight or tomorrow evening?

During this phone call, I'm going to talk with you about how your work, your everyday life around your home, your family, and your social relationships have been affected by your illness. It is important that you answer each question as best you can. We're asking these questions of patients all over the country, and your answers will be combined with theirs to give us a picture of how you are doing as a group. Your answers will be confidential. If you don't understand any question, please let me know and I will explain it to you. Also, you will answer some of the questions using the colored sheets of paper that I sent to you. Do you have those with you now?

As we go through the interview, you will notice that many of the questions are answered with a number. Take out the **white** sheet of paper now. Suppose I asked you how much you like chocolate, and you are to answer using the top answer key. Your answer could be anywhere from 0, which means "not at all," to 4, which means "very much." What would your answer be? (Clarify.)

I want to remind you that this is a voluntary study and you have the right to refuse to answer any question or any set of questions that you choose. We believe, however, that you as well as others will benefit from discussing your problems and concerns as a transplant patient.

Let's begin.

How long did it take to complete the interview? ☐ hours ☐☐ minutes

Where was the interview conducted?

(1) At the patient's home
(2) In a hotel or motel
(3) At a Ronald McDonald House
(4) In the hospital
(9) Other, specify: _____

_____/_____/_____
Transplant Date

_____/_____/_____
Today's Date

TCD: HQL ASSESSMENTS

	(# of items)	Baseline	100 Days	6 Months	1 Year	3 Years
Functional Assessment of Cancer Therapy (FACT)	(47)	X	X	X	X	X
Medical Outcomes Study Short Form 36 (MOS SF36)	(36)	X			X	X
Bush BMT Module	(57)	X	X	X	X	X
Perceived Health Questionnaire (PHQ)	(4)	X	X	X	X	X
Occupational Functioning Items	(6)	X		X	X	X
Sexual Functioning Items	(43)	X		X	X	X
Centers for Epidemiological Studies of Depression (CES-D)	(20)	X	X	X	X	X
Bradburn Affect Balance Scale	(10)	X	X	X	X	X
Ladder of Life	(3)	X	X	X	X	X
Social Support Rand Medical Outcomes Study (MOS)	(20)	X			X	
Berkman & Syme Social Network Index (SNI)	(4)	X			X	
Cancer Behavior Inventory: Self-efficacy (CBI)	(14)	X				
Life Orientation Test (LOT)	(13)	X				
Coping Orientations to Problems Encountered (COPE)	(30) Dispositional	X				
	Situational			X		

Methods for Scoring HQL Instruments

Scoring the FACT BMT

The FACT-BMT measures health-related functioning that is specific to the disease and treatment under study. The general portion of the FACT, the FACT-G, is designed to evaluate the HQL of patients receiving cancer treatment. It is comprised of five subscales that measure the following key aspects of HQL: Physical Well-being, Social/family Well-being, Relationship with Doctor, Emotional Well-being, and Functional (role) Well-being. An additional subscale of 12 items was specifically developed for use in bone marrow transplant patients with disease and treatment specific questions. The FACT-BMT is the primary endpoint for the TCD HQL substudy, and is administered with every interview.

The scoring of the FACT BMT was conducted using the FACT Manual Version 4. The TCD instrument is version 3 of the FACT-BMT, and is scored differently from version 4 in two respects. First, the Relationship with Doctor domain is scored in version 3 but not in version 4. Secondly, the sixth item of the Emotional Well-Being domain "I worry that my condition will get worse" is scored in version 4, but not in version 3. To facilitate comparison with published norms for version 3 of the FACT-BMT, we have chosen to omit this item from the scoring. We also omit two of the BMT subscale items "I have concerns about my ability to have children" and "I regret making the decision to have a bone marrow transplant" as these items were omitted in the analysis that validated the FACT (McQuellon RP et. al. (1997)).

In contrast to previous analyses of the FACT presented to the DSMB, the scoring of the FACT in this analysis is restricted to completed interviews, and does not impute missing values for the FACT. In previous analyses, patients who died before an interview were scored as 0. In addition, interviews missing for other reasons were scored as 2.5, which is equivalent to scoring each domain as 0.5. This policy of imputation was in accord with the T cell depletion protocol, but sometimes obscured the fact that apparent treatment differences in HQL scores are attributable to differences in morbidity and mortality.

To facilitate analysis of the FACT as an HQL outcome measure, it is desirable to reduce the dimensionality of the instrument. Several aggregate scores for the FACT-BMT are presented in the scoring manual and validated in previous studies. The version 3 FACT-G Total adds up 26 items from the five general domains plus 2 items comprising "Relationship with Doctor". With the addition of the 10 FACT-BMT Concerns specific to the Bone Marrow Module, the 38 item FACT-BMT total is obtained. As recommended by Dr. David Cella, we also compute the 24 item FACT-BMT Trial Outcome Index (FACT-TOI), which aggregates the Physical and Functional Well-Being and the FACT-BMT Concerns domains.

For analysis purposes, we consider the FACT-TOI, and two additional aggregates constructed by the TCD statistical staff, the FACT-MCS and the FACT-PCS. These latter measures were motivated by the SF-36 Mental and Physical Component scores. The FACT-MCS is the aggregate of the Emotional and Social Well-Being domains, and the FACT-PCS is the aggregate of the Physical and Functional Well-Being domains. Both the FACT-MCS and the FACT-PCS are rescaled to range from 0 to 100, to make them more comparable to their SF-36 counterparts. The FACT-TOI, which is the aggregate of 24 items scored 0-4, has a raw range of 0 to 96, is not rescaled.

Scoring the MOS SF-36

The MOS SF-36 measures health concepts that represent basic components of functioning that underlie health status and well-being irrespective of disease and treatment. The eight components of the SF-36 are Physical Functioning, Role Physical, Pain Index, General Health Perceptions, Vitality, Social Functioning, Role Emotional, and Mental Health Index. Each domain is positively scored indicating that higher scores are associated with positive outcome. This scale has been widely applied in a variety of outcome studies and is being used in this Trial as a generic measure of quality of life. The instrument is administered at baseline, and one and three years post-transplant for all adult patients.

The scoring of the MOS SF-36 was conducted using the software provided with the manual "Scoring Exercise for the SF-36 – With Test Dataset on Diskette" published by the Medical Outcomes Trust, Second Edition, August 1994. The version of the MOS SF-36 used by the TCD is identical in most respects to the published version. However, there are differences in the way that Question 3 and Question 6 on the published version of the SF-36 are worded as compared to the TCD instrument. This makes scoring of the TCD instrument challenging.

Question 3 on the published version of the SF-36 is worded "The following items are about activities that you might do during a typical day. Does your health now limit you in these activities? If so, how much?" In the TCD version of the instrument, this question was re-worded as "The following questions are about activities you might do during a typical day. First, I'd like to know if your physician has asked you not to do any of these activities. Then, I'd like you to tell me if your health limits you in these activities. That is, does your health limit you a lot, a little, or not at all?" In scoring the TCD version of the instrument, we have recoded the response "4 – Limited by doctor" as response "1 – Yes, limited a lot". This affects very few of the responses.

Question 6 on the published version of the SF-36 is worded "During the past-week, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?" with response categories "1 – Not at all, 2 – Slightly, 3 – Moderately, 4 – Quite a bit, and 5 – Extremely". On the TCD version of the instrument, this question is re-worded as "Has your health limited your social activities (like visiting with friends or close relatives)?" with response categories "1 – All of the time, 2 – Most of the time, 3 – A good bit of the time, 4 – Some of the time, 5 – A little of the time, and 6 – None of the time". In scoring the TCD version of the instrument, we translated social activity scores of 2, 3, 4, 5 and 6 to scores of 1.8, 2.6, 3.4, 4.2, and 5.0, to rescale them appropriately.

To facilitate analysis of the SF-36 as an HQL outcome measure, it is desirable to reduce the dimensionality of the instrument. We were guided in constructing summary measures by Ware JE, Kosinski, M & Keller SD. SF-36 Physical and Mental Health Summary Scales: A User's Manual. Boston, MA: The Health Institute, 1994. As described in the manual on page 4:1, "Scoring of the Physical (PCS) and Mental (MCS) Component Summary measures involve three steps. First, the eight SF-36 scales are standardized using means and standard deviations from the general U.S. population. Second, they are aggregated using weights (factor score coefficients) from the general U.S. population. Finally, aggregate PCS and MCS scores are standardized using a linear T-score transformation to have a mean of 50 and a standard deviation of 10, in the general U.S. population." Software provided in "SF-36 Physical and Mental Health Summary Scales: A User's Manual" was used to ensure that all calculations were performed correctly.

Scoring the LOT

The Life Orientation Test (LOT) is a 13-item measure of dispositional optimism-pessimism that has been widely used to predict health outcomes, and has demonstrated good reliability and validity in patient populations. The LOT has four questions worded in a positive direction, e.g. "In uncertain times, I usually expect the best", four questions worded in a negative direction, e.g. "I hardly ever expect things to go my way", four "filler" questions designed to disguise the instrument's intent, e.g. "I enjoy my friends a lot", and an overall question, "Overall, I expect more good things to happen to me than bad". The LOT is administered during the baseline interview.

Scheier and Carver, in "Optimism, Coping, and Health: Assessment and Implications of Generalized Outcome Expectancies" (1985), note that the LOT has two major factors, one composed of items worded in a negative direction, and one composed of items worded in a positive direction, but conclude "In sum, though there is justification for examining the two halves of the scale separately, the available data base, (when taken in its entirety) suggests that it may be most reasonable to treat the scale as unidimensional for most purposes".

In our analyses, we depart somewhat from this recommendation by aggregating the LOT into three separate domains, "Optimism", "Pessimism" and "Overall Expectations". The Cronbach's alpha coefficients of reliability for the Optimism and Pessimism domains are 0.79 and 0.74. This is comparable to the value of 0.76 reported by Scheier and Carver (1985) for the 8-item scale when the pessimism items are reversed and added to the optimism items.

Scoring the COPE

The Coping Orientations to Problems Encountered (COPE) Scale assesses an individual's characteristic coping style. The COPE measures 15 different coping categories ranging from problem-focused coping to positive reinterpretation. Prior work suggests that the scale is psychometrically sound, with factor analyses of the scale yielding 15 factors, one for each subscale or coping category. The dispositional COPE is administered at the baseline interview and the situational COPE at one year post-transplant.

The 30-item scale adopted by the TCD trial selects the two highest loading items for each of the 15 factors from the original 60 item COPE scale. Note that the TCD version of the COPE and Carver's "Brief COPE" are abbreviated instruments that both evolved in parallel from the full inventory, but do not contain the same items. The COPE is scored by summing the items in each sub-scale, without reversing any items.
To facilitate use of the baseline COPE as a predictor of FACT and SF-36 HQL at one year post-transplant, it is desirable to reduce the dimensionality of the instrument. On his web site (http://www.psy.miami.edu/faculty/Ccarver/sclCOPE.html), Carver comments that he has no recommendations for aggregating COPE scores. However, in his paper "Coping with stress, divergent strategies of optimists and pessimists" (1986) two clusters of coping behavior are identified. In the first cluster, individuals are problem-focused and seek social support, in the second, individuals focus on and vent their emotions and disengage from the stressor.

Carver's observations form the basis for three domains created for the COPE by the TCD statisticians. These domains are "Palliative Coping", "Avoidant Coping", and "Instrumental Coping". Each of these three domains aggregates five coping categories, and is comprised of 10 questions. The table below shows the items selected from the original 60-item COPE for the TCD abbreviated version, and which items contribute to each of the three domains. The internal reliability of the Palliative, Avoidant, and Instrumental domains at baseline as measured by

Cronbach's alpha is 0.76, 0.66, and 0.65, respectively. The domains make subsequent regression analyses that use the baseline COPE as a predictor variable more tractable.

Table 3 - Selection of items and aggregate domains for the TCD COPE

	Full 60 Item	TCD Version	TCD Domain
Positive reinterpretation & growth	1, 29, 38, 59	29, 38	Palliative Coping
Religious coping	7, 18, 48, 60	7, 18	Palliative Coping
Humor	8, 20, 36, 50	20, 36	Palliative Coping
Acceptance	13, 21, 44, 54	21, 54	Palliative Coping
Use of emotional social support	11, 23, 34, 52	23, 52	Palliative Coping
Mental disengagement	2, 16, 31, 43	31, 43	Avoidant Coping
Focus on and venting of emotions	3, 17, 28, 46	3, 28	Avoidant Coping
Denial	6, 27, 40, 57	27, 40	Avoidant Coping
Behavioral disengagement	9, 24, 37, 51	9, 24	Avoidant Coping
Substance use	12, 26, 35, 53	26, 35	Avoidant Coping
Restraint	10, 22, 41, 49	10, 41	Instrumental Coping
Use of instrumental social support	4, 14, 30, 45	4, 45	Instrumental Coping
Active coping	5, 25, 47, 58	25, 58	Instrumental Coping
Suppression of competing activities	15, 33, 42, 55	33, 55	Instrumental Coping
Planning	19, 32, 39, 56	19, 32	Instrumental Coping

Scoring the MOS Social Support

The Rand Medical Outcomes Study (MOS) Social Support Survey measures the patients perceptions of the amount and types of support and resources made available to them by their social environment or network. The scale was developed for patients in the Medical Outcomes Study, a two-year study of chronically ill patients. The scale is based on four separate social support subscales: "Emotional/Informational Support", "Tangible Support", "Affectionate Support", and "Positive Social Interaction". A higher score for an individual scale or for the overall support index indicates more support. The MOS Social Support Survey was administered at baseline and at one year post-transplant.

A description of the MOS Social Support Survey and instructions for scoring the MOS Social Support were found at http://www.rand.org/health/surveys/mos.descrip.html. Scores for each subscale are obtained by averaging the scores for each item in the subscale. The overall support index is the average of (1) the scores for all 18 items included in the four subscales, and (2) the score for the one additional item at the end of the survey. The scores were transformed to a 0-100 scale. Each subscale has high reliability in the TCD baseline interview data. Cronbach's alpha coefficients are 0.93, 0.82, 0.88 and 0.86 for the Emotional/Informational, Tangible, Affectionate, and Positive Social Interaction subscales, respectively. Cronbach's alpha coefficient for all 19 items is 0.95.

Scoring the CBI Self-Efficacy

The Cancer Behavior Inventory, a measure of self-efficacy, has two forms, a 33-item Long form (CBI-L version 2.0) and a 14-item Brief Form (CBI-B version 2.0). The CBI-L version 2.0 consists of 33 items describing behaviors cancer patients engage in throughout the course of their illness. The TCD instrument and the CBI-B are both abbreviated 14-item versions of the

CBI-L, but have different questions. The CBI-L version 2.0 has seven factors, shown below. The TCD abbreviated instrument selects two questions from each of factors 1, 2, 4 and 6, and three questions from each of factors 5 and 7. Factor 3 is a new scale introduced in 1999 with the adoption of version 2.0 of the CBI-L, and is not included in the TCD instrument.

Factor 1: Maintaining activity and independence
Factor 2: Seeking and understanding medical information
Factor 3: Stress management
Factor 4: Coping with treatment related side effects
Factor 5: Accepting cancer, maintaining a positive attitude
Factor 6: Affective regulation
Factor 7: Seeking social support

Following each item is a scale ranging from one to nine, assessing the confidence the patient has that he or she can accomplish each item. A total efficacy score is obtained by adding the scale value of each of the items. While the CBI-L can be scored by factor, Dr. Merluzzi's web-site (http://www.nd.edu/~tmerluzz/,"Home of the Cancer Behavior Inventory") recommends that the CBI-B be scored by summing the 14 items. We follow this recommendation for scoring the TCD abbreviated instrument. The reliability of the TCD abbreviated CBI Self-Efficacy administered at baseline is measured by Cronbach's alpha coefficient of 0.86, which is close to the reported value of 0.85 for the CBI-B.

References for TCD HQL Analysis

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http://www.nd.edu/~tmerluzz/

http://www.psy.miami.edu/faculty/Ccarver/sclCOPE.html

http://www.rand.org/health/surveys/mos.descrip.html

McQuellon RP, Russell GB, Cella DF, Craven, B.L., Brady, M., Bonomi, A.E., & Hurd, D.D. (1997). Quality of life measurement in bone marrow transplantation: Development of the Functional Assessment of Cancer Therapy-Bone Marrow Transplantation (FACT-BMT) scale. Bone Marrow Transplantation, 19, 357-368.

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Scheier, MF, Carver, CS. Optimism, Coping and Health: Assessment and Implications of Generalized Outcome Expectancies. Healthy Psychology, 1985. 4(3) 219-247.

Sherbourne CD, Stewart, AL. The MOS Social Support Survey, Soc. Sci. Med. Vol 32, No. 6, 1991, pp 705-714.

Ware JE, Kosinski, M & Keller SD. SF-36 Physical and Mental Healthy Summary Scales: A User's Manual. Boston, MA: The Health Institute, 1994.

FUNCTIONAL ASSESSMENT OF CANCER THERAPY (FACT) (VERSION 3)

I'm going to read a list of statements that describe situations other people with your illness have said are important. Please indicate how true each statement has been for you during the past seven days using the **white** sheet of paper and the top answer key--"not at all" to "very much."

PHYSICAL WELL-BEING

During the past 7 days:	Not at all	A little bit	Some-what	Quite a bit	Very much
1. I have a lack of energy	0	1	2	3	4
2. I have nausea	0	1	2	3	4
3. Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4. I have pain	0	1	2	3	4
5. I am bothered by side effects of treatment	0	1	2	3	4
6. In general, I feel sick	0	1	2	3	4
7. I am forced to spend time in bed	0	1	2	3	4

8. THINKING ABOUT THOSE LAST 7 QUESTIONS, HOW MUCH WOULD YOU SAY YOUR PHYSICAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE (using the second answer key that goes from 0 to 10)?

Circle one number

0 1 2 3 4 5 6 7 8 9 10

Not at all **Very much**

SOCIAL/FAMILY WELL-BEING

During the past 7 days:	Not at all	A little bit	Some-what	Quite a bit	Very much
9. I feel distant from my friends	0	1	2	3	4
10. I get emotional support from my family	0	1	2	3	4
11. I get support from my friends and neighbors	0	1	2	3	4
12. My family has accepted my illness	0	1	2	3	4
13. Family communication about my illness is poor	0	1	2	3	4
14. I feel close to my partner (or the person who is my main support)	0	1	2	3	4
15. Have you been sexually active during the past year? (1) Yes (If yes: I am satisfied with my sex life) (2) No	0	1	2	3	4

16. THINKING ABOUT THOSE LAST 7 QUESTIONS, HOW MUCH WOULD YOU SAY YOUR SOCIAL/FAMILY WELL-BEING AFFECTS YOUR QUALITY OF LIFE (using the second answer key that goes from 0 to 10)?

Circle one number

0 1 2 3 4 5 6 7 8 9 10

Not at all **Very much**

RELATIONSHIP WITH DOCTOR

The next three questions are about your relationship with your doctor. The doctor I would like you to consider is the doctor you presently have the most contact with.

During the past 7 days:	Not at all	A little bit	Some-what	Quite a bit	Very much
17. I have confidence in my doctor(s)	0	1	2	3	4
18. My doctor is available to answer my questions	0	1	2	3	4

19. THINKING ABOUT THOSE LAST 2 QUESTIONS, HOW MUCH WOULD YOU SAY YOUR RELATIONSHIP WITH THE DOCTOR AFFECTS YOUR QUALITY OF LIFE (using the second answer key that goes from 0 to 10)?

Circle one number

0 1 2 3 4 5 6 7 8 9 10

Not at all **Very much**

EMOTIONAL WELL-BEING

During the past 7 days:	Not at all	A little bit	Some-what	Quite a bit	Very much
20. I feel sad	0	1	2	3	4
21. I am proud of how I'm coping with my illness	0	1	2	3	4
22. I am losing hope in the fight against my illness	0	1	2	3	4
23. I feel nervous	0	1	2	3	4
24. I worry about dying	0	1	2	3	4
25. I worry that my condition will get worse	0	1	2	3	4

26. THINKING ABOUT THOSE LAST 6 QUESTIONS, HOW MUCH WOULD YOU SAY YOUR EMOTIONAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE (using the second answer key that goes from 0 to 10)?

Circle one number

0 1 2 3 4 5 6 7 8 9 10

Not at all **Very much**

FUNCTIONAL WELL-BEING

During the past 7 days:	Not at all	A little bit	Some-what	Quite a bit	Very much
27. I am able to work (include work in home)	0	1	2	3	4
28. My work (including work in home) is fulfilling	0	1	2	3	4
29. I am able to enjoy life "in the moment"	0	1	2	3	4
30. I have accepted my illness	0	1	2	3	4
31. I am sleeping well	0	1	2	3	4
32. I am enjoying my usual leisure pursuits	0	1	2	3	4
33. I am content with the quality of my life right now	0	1	2	3	4

34. THINKING ABOUT THOSE LAST 7 QUESTIONS, HOW MUCH WOULD YOU SAY YOUR FUNCTIONAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE (using the second answer key that goes from 0 to 10)?

Circle one number

0 1 2 3 4 5 6 7 8 9 10

Not at all **Very much**

ADDITIONAL CONCERNS

During the past 7 days:	Not at all	A little bit	Some-what	Quite a bit	Very much
35. I am concerned about keeping my job (include work at home)	0	1	2	3	4
36. I feel distant from other people	0	1	2	3	4
37. I worry that the transplant will not work	0	1	2	3	4
38. My side effects are worse than I had imagined	0	1	2	3	4
39. I have a good appetite	0	1	2	3	4
40. I like the appearance of my body	0	1	2	3	4
41. I am able to get around a room by myself	0	1	2	3	4
42. I get tired easily	0	1	2	3	4
43. I am interested in having sex	0	1	2	3	4
44. I have concerns about my ability to have children	0	1	2	3	4
45. I have confidence in the transplant nurses	0	1	2	3	4
46. I regret making the decision to have a bone marrow transplant	0	1	2	3	4

47. THINKING ABOUT THOSE LAST 12 QUESTIONS, HOW MUCH WOULD YOU SAY THESE ADDITIONAL CONCERNS AFFECT YOUR QUALITY OF LIFE (using the second answer key that goes from 0 to 10)?

Circle one number

0 1 2 3 4 5 6 7 8 9 10

Not at all **Very much**

BMT MODULE

For each symptom I'm going to read, I'd like you to tell me whether or not you have experienced this symptom during the past 14 days. Then, if you have experienced that symptom during the past 14 days, indicate how severe that symptom was and how much that symptom interfered with your life during the past 14 days. You'll need the **yellow** sheet of paper.

During the past 14 days, have you experienced (if no, code "not at all"):

	A. Severity				B. Interference			
	Not at all	A little bit	Quite a bit	Very much	Not at all	A little bit	Quite a bit	Very much
1. Loss of appetite	1	2	3	4	1	2	3	4
2. Nausea	1	2	3	4	1	2	3	4
3. Vomiting	1	2	3	4	1	2	3	4
4. Chills	1	2	3	4	1	2	3	4
5. Diarrhea	1	2	3	4	1	2	3	4
6. Constipation	1	2	3	4	1	2	3	4
7. Painful urination	1	2	3	4	1	2	3	4
8. Skin problems								
a. Rashes	1	2	3	4	1	2	3	4
b. Dryness	1	2	3	4	1	2	3	4
c. Sweating	1	2	3	4	1	2	3	4
d. Painful skin	1	2	3	4	1	2	3	4
e. Skin ulcers	1	2	3	4	1	2	3	4
f. Overall	1	2	3	4	1	2	3	4
9. Hair loss	1	2	3	4	1	2	3	4
10. Nail loss	1	2	3	4	1	2	3	4
11. Eye problems								
a. Dryness	1	2	3	4	1	2	3	4
b. Grittiness	1	2	3	4	1	2	3	4
c. Burning	1	2	3	4	1	2	3	4
d. Blurring	1	2	3	4	1	2	3	4
e. Sensitivity to light	1	2	3	4	1	2	3	4
f. Cataracts	1	2	3	4	1	2	3	4
g. Overall	1	2	3	4	1	2	3	4
12. Mouth/throat problems								
a. Dryness	1	2	3	4	1	2	3	4
b. Soreness	1	2	3	4	1	2	3	4
c. Burning	1	2	3	4	1	2	3	4
d. Overall	1	2	3	4	1	2	3	4
13. Teeth problems (dental caries, etc.)	1	2	3	4	1	2	3	4
14. Abnormal sense of taste for food or drink	1	2	3	4	1	2	3	4
15. Heartburn	1	2	3	4	1	2	3	4
16. Abdominal pain	1	2	3	4	1	2	3	4

	A. Severity				B. Interference			
	Not at all	A little bit	Quite a bit	Very much	Not at all	A little bit	Quite a bit	Very much
17. Weight loss	1	2	3	4	1	2	3	4
18. Sinusitis	1	2	3	4	1	2	3	4
19. Runny nose	1	2	3	4	1	2	3	4
20. Breathing problems								
a. Coughing	1	2	3	4	1	2	3	4
b. Wheezing	1	2	3	4	1	2	3	4
c. Bronchitis	1	2	3	4	1	2	3	4
d. Asthma	1	2	3	4	1	2	3	4
e. Overall	1	2	3	4	1	2	3	4
21. Painful joints								
a. Hip joints	1	2	3	4	1	2	3	4
b. Other joints	1	2	3	4	1	2	3	4
c. Overall	1	2	3	4	1	2	3	4
22. Painful muscles	1	2	3	4	1	2	3	4
23. Infections								
a. Varicella zoster (VZV)	1	2	3	4	1	2	3	4
b. Herpes Simplex	1	2	3	4	1	2	3	4
c. Cytomegalovirus (CMV)	1	2	3	4	1	2	3	4
d. Pneumonia	1	2	3	4	1	2	3	4
e. Measles	1	2	3	4	1	2	3	4
f. Chickenpox	1	2	3	4	1	2	3	4
g. Shingles	1	2	3	4	1	2	3	4
h. Overall	1	2	3	4	1	2	3	4
24. Chronic graft-versus-host disease (GVHD)	1	2	3	4	1	2	3	4
25. Minor symptoms or ailments (common cold, flu, migraine, etc.)	1	2	3	4	1	2	3	4
26. Worried by fear of infection	1	2	3	4	1	2	3	4
27. Worried by thoughts about relapse or dying	1	2	3	4	1	2	3	4
28. Difficulty in maintaining your attention and train of thought	1	2	3	4	1	2	3	4
29. Difficulty in reasoning and thinking clearly	1	2	3	4	1	2	3	4
30. Difficulty in concentrating on things, like reading a newspaper or watching television	1	2	3	4	1	2	3	4

31. Have you experienced any other symptoms that I didn't ask you about?

	A. Severity				B. Interference			
	Not at all	A little bit	Quite a bit	Very much	Not at all	A little bit	Quite a bit	Very much
_____	1	2	3	4	1	2	3	4
_____	1	2	3	4	1	2	3	4

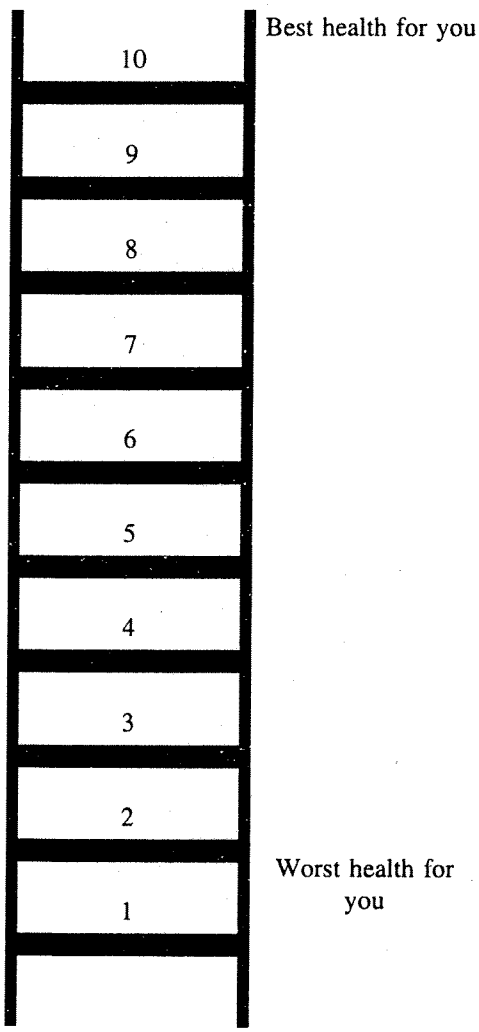
PERCEIVED HEALTH QUESTIONNAIRE (PHQ) and LADDER OF LIFE

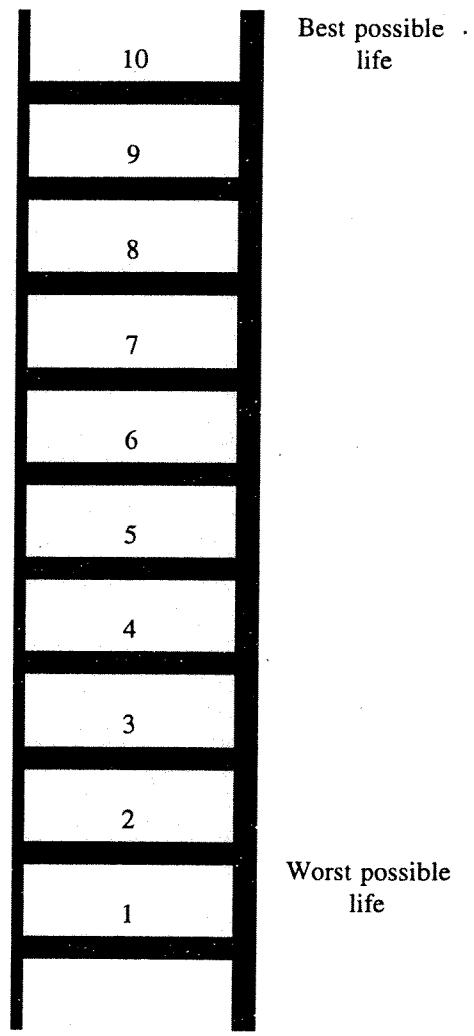
The **purple** sheet has a picture of a health ladder with 10 steps. Suppose that the top of the ladder represents perfect health for you and the bottom of the ladder represents the worst that your health could be.

1. On which step would you say your health is right now? _____
2. On which step would you say the health of the average person your age is? _____
3. On which step would you say your health was before your illness? _____
4. On which step would you say your health will be one year from now? _____

The **purple** sheet also has a ladder representing the "Ladder of Life." The top of the ladder represents the best possible life for you. The bottom of the ladder represents the worst possible life for you.

1. On which step of the ladder do you feel you personally stand at the present time? _____
2. On which step would you say you stood before your illness? _____
3. Thinking about your future, on which step do you think you will stand about one year from now? _____





SOCIAL SUPPORT RAND MEDICAL OUTCOMES STUDY (MOS)

People sometimes look to other people for companionship, assistance, or other types of support. I'm going to ask you how often certain kinds of support are available to you. When you answer these questions, think about your current relationships with other people. You will need the **pink** sheet to answer these questions. As you see, your answers can be anywhere from "none of the time" which is a 1 to "all of the time" which is a 5.

In general, how often is there . . .

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	Someone to help you if you were confined to bed	1	2	3	4	5
2.	Someone you can count on to listen to you when you need to talk	1	2	3	4	5
3.	Someone to give you good advice about a crisis	1	2	3	4	5
4.	Someone to take you to the doctor if you need it	1	2	3	4	5
5.	Someone who shows you love and affection	1	2	3	4	5
6.	Someone to have a good time with	1	2	3	4	5
7.	Someone to give you information to help you understand a situation	1	2	3	4	5
8.	Someone to confide in or talk about yourself or your problems	1	2	3	4	5
9.	Someone who hugs you	1	2	3	4	5
10.	Someone to get together with for relaxation	1	2	3	4	5
11.	Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
12.	Someone whose advice you really want	1	2	3	4	5
13.	Someone to do things with to help you get your mind off things	1	2	3	4	5
14.	Someone to help with daily chores if you were sick	1	2	3	4	5
15.	Someone to share your most private worries and fears with	1	2	3	4	5
16.	Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
17.	Someone to do something enjoyable with	1	2	3	4	5
18.	Someone who understands your problems	1	2	3	4	5
19.	Someone to love and make you feel wanted	1	2	3	4	5

I have been asking about support you have been **receiving** from others. The last question asks about support you **give** others. In general, how often is there . . .

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
20.	Someone to take care of	1	2	3	4	5

BERKMAN & SYME SOCIAL NETWORK INDEX (SNI)

Now, I'm going to ask you some questions about your relationships with your family, friends, co-workers, and so on. We are interested in how supported you feel by these people.

1. First, about how many close friends do you have? These would be people you feel at ease with and can talk to about what is on your mind.

   _____ (#) SNI

2. How many family members or close relatives do you have?

   _____ (#) SNI

3. How many of these friends or relatives do you see at least once a month?

   _____ (#) SNI

4. Do you belong to any of the following groups?

	Yes	No
A social or recreational group	1	2
A labor union, commercial group, or professional organization	1	2
A church group	1	2
A group concerned with children (PTA, Boy Scouts)	1	2
A group concerned with community betterment, charity, or service	1	2
A support group	1	2

Any other group (Describe:_____)

Is there anything you would like to add at this point about your relationships with people and how those were affected by your illness?

CANCER BEHAVIOR INVENTORY: SELF-EFFICACY (CBI)

Now I will ask you some questions about things that a person might do when receiving treatment for cancer. We are interested in your judgment of how confident you are that you can do those things. You will need the **blue** sheet for these questions. Do you have that?

I'll read each question. Then, you should tell me how confident you are that you can do that particular behavior. Your answer can be anywhere from "1," which means that you aren't at all confident, to "9," which means that you are completely confident.

How confident are you about . . .

		Not at all confident								Totally confident
1.	Coping with physical changes	1	2	3	4	5	6	7	8	9
2.	Maintaining a positive attitude	1	2	3	4	5	6	7	8	9
3.	Expressing negative feelings about cancer	1	2	3	4	5	6	7	8	9
4.	Keeping busy with activities	1	2	3	4	5	6	7	8	9
5.	Maintaining your independence	1	2	3	4	5	6	7	8	9
6.	Seeking consolation	1	2	3	4	5	6	7	8	9
7.	Maintaining a sense of humor	1	2	3	4	5	6	7	8	9
8.	Actively participating in treatment decisions	1	2	3	4	5	6	7	8	9
9.	Sharing feelings of concern	1	2	3	4	5	6	7	8	9
10.	Maintaining hope	1	2	3	4	5	6	7	8	9
11.	Managing nausea and vomiting	1	2	3	4	5	6	7	8	9
12.	Seeking support from people and groups outside your family	1	2	3	4	5	6	7	8	9
13.	Expressing personal feelings of anger and hostility	1	2	3	4	5	6	7	8	9
14.	Seeking information about cancer or cancer treatments	1	2	3	4	5	6	7	8	9

LIFE ORIENTATION TEST (LOT)

Let's go now to some questions about how you generally feel. To answer these questions, you'll need the **green** sheet. Do you have it? As you can see, you would tell me "0" if you strongly disagree with the item, "1" if you disagree, "2" if you are neutral, "3" if you agree, and "4" if you strongly agree.

As I ask these questions, try to be as honest as you can because there aren't any right or wrong answers. Also try not to let your answer to one question influence how you answer another.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	In uncertain times, I usually expect the best	0	1	2	3	4
2.	It's easy for me to relax	0	1	2	3	4
3.	If something can go wrong for me, it will . .	0	1	2	3	4
4.	I always look on the bright side of things . .	0	1	2	3	4
5.	I'm always optimistic about my future	0	1	2	3	4
6.	I enjoy my friends a lot	0	1	2	3	4
7.	It's important for me to keep busy	0	1	2	3	4
8.	I hardly ever expect things to go my way . .	0	1	2	3	4
9.	Things never work out the way I want them to	0	1	2	3	4
10.	I don't get upset too easily	0	1	2	3	4
11.	I'm a believer in the idea that "every cloud has a silver lining"	0	1	2	3	4
12.	I rarely count on good things happening to me	0	1	2	3	4
13.	Overall, I expect more good things to happen to me than bad	0	1	2	3	4

COPING ORIENTATIONS TO PROBLEMS ENCOUNTERED (COPE)--DISPOSITIONAL

We are interested in how people respond when they confront difficult or stressful problems. There are lots of ways to try to deal with problems. The next set of questions asks you what you usually do when you encounter difficulties or problems in your life.

Using the **tan** sheet of paper, tell how much each item I'll read describes your reactions. There are no "right" or "wrong" answers, so choose the most accurate answer for you--not what you think "most people" would say or do. Indicate what you usually do when you experience a problem.

		Don't at all	A little bit	A medium amount	A lot
1.	I get upset and let my emotions out	1	2	3	4
2.	I try to get advice from someone about what to do	1	2	3	4
3.	I put my trust in God	1	2	3	4
4.	I admit to myself that I can't deal with it, and quit trying	1	2	3	4
5.	I restrain myself from doing anything too quickly	1	2	3	4
6.	I seek God's help	1	2	3	4
7.	I make a plan of action	1	2	3	4
8.	I make jokes about it	1	2	3	4
9.	I accept that this has happened and that it can't be changed	1	2	3	4
10.	I try to get emotional support from friends or relatives	1	2	3	4
11.	I just give up trying to reach my goal	1	2	3	4
12.	I take additional action to try to get rid of the problem	1	2	3	4
13.	I try to lose myself for a while by drinking alcohol or taking drugs	1	2	3	4
14.	I refuse to believe that it has happened	1	2	3	4
15.	I let my feelings out	1	2	3	4
16.	I try to see it in a different light, to make it seem more positive	1	2	3	4
17.	I sleep more than usual	1	2	3	4
18.	I try to come up with a strategy about what to do	1	2	3	4
19.	I focus on dealing with this problem and, if necessary, let other things slide a little	1	2	3	4
20.	I drink alcohol or take drugs, in order to think about it less	1	2	3	4
21.	I kid around about it	1	2	3	4
22.	I look for something good in what is happening	1	2	3	4
23.	I pretend that it hasn't really happened	1	2	3	4
24.	I make sure not to make matters worse by acting too soon	1	2	3	4
25.	I go to movies or watch TV to think about it less	1	2	3	4
26.	I ask people who have had similar experiences what they did	1	2	3	4
27.	I talk to someone about how I feel	1	2	3	4
28.	I learn to live with it	1	2	3	4
29.	I put aside other activities in order to concentrate on this	1	2	3	4
30.	I do what has to be done, one step at a time	1	2	3	4

Are there other ways you respond to difficult or stressful situations that you have found helpful?

COPING ORIENTATIONS TO PROBLEMS ENCOUNTERED (COPE) (SITUATIONAL)

Now, I would like you to think specifically of a difficult or stressful situation you have had to deal with in the past 14 days. Tell me briefly about that.

Using the **tan** sheet of paper, tell me how much each item I'll read best describes how you reacted to that situation. Again, there are no "right" or "wrong" answers, so choose the most accurate answer for you--not what you think "most people" would have said or done. Indicate what you did when you experienced this particular problem.

		Don't at all	A little bit	A medium amount	A lot
1.	I got upset and let my emotions out	1	2	3	4
2.	I tried to get advice from someone about what to do	1	2	3	4
3.	I put my trust in God	1	2	3	4
4.	I admitted to myself that I couldn't deal with it, and quit trying	1	2	3	4
5.	I restrained myself from doing anything too quickly	1	2	3	4
6.	I sought God's help	1	2	3	4
7.	I made a plan of action	1	2	3	4
8.	I made jokes about it	1	2	3	4
9.	I accepted that this has happened and couldn't be changed	1	2	3	4
10.	I tried to get emotional support from friends or relatives	1	2	3	4
11.	I just gave up trying to reach my goal	1	2	3	4
12.	I took additional action to try to get rid of the problem	1	2	3	4
13.	I tried to lose myself for a while by drinking alcohol or taking drugs	1	2	3	4
14.	I refused to believe that it had happened	1	2	3	4
15.	I let my feelings out	1	2	3	4
16.	I tried to see it in a different light, to make it seem more positive	1	2	3	4
17.	I slept more than usual	1	2	3	4
18.	I tried to come up with a strategy about what to do	1	2	3	4
19.	I focused on dealing with the problem and, when necessary, let other things slide a little	1	2	3	4
20.	I drank alcohol or took drugs, in order to think about it less	1	2	3	4
21.	I kidded around about it	1	2	3	4
22.	I looked for something good in what was happening	1	2	3	4
23.	I pretended that it hadn't really happened	1	2	3	4
24.	I made sure not to make matters worse by acting too soon	1	2	3	4
25.	I went to movies or watched TV to think about it less	1	2	3	4
26.	I asked people who had had similar experiences what they did	1	2	3	4
27.	I talked to someone about how I felt	1	2	3	4
28.	I learned to live with it	1	2	3	4
29.	I put aside other activities in order to concentrate on it	1	2	3	4
30.	I did what had to be done, one step at a time	1	2	3	4

Are there other ways you responded to that situation that you found helpful?

OCCUPATIONAL FUNCTIONING ITEMS

The next set of questions has to do with your working at a job or in the home.

1. Which of the following best describes your current job status?

   1 = Employed outside the home, full-time
   2 = Employed outside the home, part-time
   3 = Homemaker
   4 = Retired
   5 = Unemployed, looking for work
   6 = Temporarily disabled
   7 = Permanently disabled
   8 = Student
   9 = Other (e.g., volunteer)

2. What kind of work do you do at the present time? (Include work done in the home.)

3. At the present time, how many hours do you work each week for which you are paid? How many for which you are not paid?

   _____ paid hours _____ unpaid hours

4. Have you attempted to work/go to school but found that you weren't able to?

   (1) Yes (2) No

   (If yes) What prevents you from working/going to school at the present time?

5. Is your work/school work as important to you now as it was before your diagnosis? (Explore.)

   (1) More important
   (2) About the same importance
   (3) Less important

6. Have you changed your goals concerning your work/education as a result of your diagnosis? (Explore.)

   (1) My goals haven't changed
   (2) My goals have changed slightly
   (3) My goals have changed quite a bit
   (4) My goals have changed completely

CENTERS FOR EPIDEMIOLOGICAL STUDIES OF DEPRESSION (CES-D)

Now, I am going to ask you some questions about things that may have happened to you during the past week. It's important to remember that you think about the past week only when you answer these questions. To answer these questions, you'll need the **red** sheet of paper. As you can see, for each question, you can answer that this was true for you less than one day, for 1 to 2 days, for 3 to 4 days, or for 5 to 7 days.

During the past week . . .

		Less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
1.	I was bothered by things that usually don't bother me	0	1	2	3
2.	I did not feel like eating; my appetite was poor	0	1	2	3
3.	I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4.	I felt that I was just as good as other people	0	1	2	3
5.	I had trouble keeping my mind on what I was doing	0	1	2	3
6.	I felt depressed (blue or down)	0	1	2	3
7.	I felt that everything I did was an effort	0	1	2	3
8.	I felt hopeful about the future	0	1	2	3
9.	I thought my life had been a failure	0	1	2	3
10.	I felt fearful	0	1	2	3
11.	My sleep was restless	0	1	2	3
12.	I was happy	0	1	2	3
13.	I talked less than usual	0	1	2	3
14.	I felt lonely	0	1	2	3
15.	People were unfriendly	0	1	2	3
16.	I enjoyed life	0	1	2	3
17.	I had crying spells	0	1	2	3
18.	I felt sad	0	1	2	3
19.	I felt that people disliked me	0	1	2	3
20.	I could not "get going"	0	1	2	3

BRADBURN AFFECT BALANCE SCALE

For the next questions that ask about your experiences of the past few weeks, please answer "no," "sometimes," or "often."

During the past few weeks, have you ever felt . . .

		No	Sometimes	Often
1.	Particularly excited or interested in something	1	2	3
2.	So restless that you couldn't sit still long in a chair	1	2	3
3.	Proud because someone complimented you on something you had done	1	2	3
4.	Very lonely or remote from other people	1	2	3
5.	Pleased about having accomplished something	1	2	3
6.	Bored	1	2	3
7.	On top of the world	1	2	3
8.	Depressed or very unhappy	1	2	3
9.	That things were going your way	1	2	3
10.	Upset because someone criticized you	1	2	3

SEXUAL FUNCTIONING ITEMS

Sometimes the diagnosis and treatment of cancer can affect a person's sexual activity or feelings of sexual attractiveness to others. While I know the following questions are personal, it's important to know how cancer and cancer treatments can affect this part of your life. We appreciate your answering these questions as best as you can. You'll need the **orange** sheet of paper.

1. Has your doctor told you not to engage in sexual intercourse?

   (1) Yes (go to question 5, next page)

   (2) No (go to remaining questions)

2. Have you been sexually active in the past six months?

   (1) Yes

   (2) No (go to question 4, next page)

3. Have you been sexually active in the past four weeks?

   (1) Yes (go to remaining questions)

   (2) No (go to question 4, next page)

   How much has each of the following been a problem to you over the past 4 weeks?

For males:	Not a problem	A little problem	A definite problem	A serious problem
Lack of sexual interest	1	2	3	4
Difficulty in achieving/keeping an erection	1	2	3	4
Premature ejaculation	1	2	3	4
Difficulty in having an orgasm	1	2	3	4
The appearance of my body	1	2	3	4
Seeing myself as sexually attractive	1	2	3	4

For females:	Not a problem	A little problem	A definite problem	A serious problem
Lack of sexual interest	1	2	3	4
Vaginal dryness	1	2	3	4
Painful intercourse	1	2	3	4
Difficulty having an orgasm	1	2	3	4
The appearance of my body	1	2	3	4
Seeing myself as sexually attractive	1	2	3	4

4. Have any of the following been a reason for your not being sexually active in the past month? (Skip this question if answered yes to question 3.)

	Yes	No	N/A
No partner	1	2	3
No opportunity	1	2	3
Lack of sexual interest	1	2	3
The appearance of my body	1	2	3
Seeing myself as sexually attractive	1	2	3
M - Problems in achieving/keeping an erection	1	2	3
M - Problems in having an orgasm	1	2	3
M - Premature ejaculation	1	2	3
F - Vaginal dryness	1	2	3
F - Painful intercourse	1	2	3
F - Difficulty having an orgasm	1	2	3

5. Even though your doctor asked you not to engage in sexual intercourse, have any of the following been a problem for you over the past four weeks? (Skip this question if answered no to question 1.)

	Yes	No	N/A
Lack of sexual interest	1	2	3
The appearance of my body	1	2	3
Seeing myself as sexually attractive	1	2	3

6. For females: Have you experienced any of the following symptoms?

	Yes	No
Hot flashes	1	2
Difficulty with bladder control when laughing or crying	1	2
Difficulty with bladder control at other times	1	2
Waking up at night	1	2
Difficulty falling asleep	1	2
Heavy menstrual flow	1	2
Vaginal discharge	1	2
Vaginal bleeding or spotting	1	2
Genital itching/irritation	1	2
Vaginal dryness	1	2
Pain with intercourse	1	2
Joint pains	1	2
Night sweats	1	2
Cold sweats	1	2
Difficulty concentrating	1	2
Irritability	1	2
Difficulty dealing with the idea of menopause	1	2
Wondering if my menopause is different than a "regular" menopause	1	2

What was the date of your last menstrual period? _____/_____/_____ _____ Don't know

7. For females: Have you ever taken hormone replacement therapy (in other words, have you taken estrogen in any form other than birth control pills?

   (1) Yes (go to question 8)

   (2) No (go to question 9)

   8. If yes, which of the following best describes your situation?

      (1) I took hormone replacement therapy up until my diagnosis and then stopped, and I have not started again.

      (2) I took hormone replacement therapy much before my diagnosis and was not taking it at that time, and I have not started again.

      (3) I began taking hormone replacement therapy after my diagnosis and am currently taking it.

      (4) I began taking hormone replacement therapy after my diagnosis, but I am not currently taking it.

9. Excluding fertility issues, has your health care provider discussed the effect of your transplant on sexual activity or functioning?

   (1) Yes (2) No

10. (For all respondents:) Is there any other problem you've had in this area that I didn't ask you about?

MEDICAL OUTCOMES STUDY SHORT FORM 36 (MOS SF36)

In this section, I'm going to ask for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities.

1. In general, would you say your health is:

   (1) Excellent
   (2) Very good
   (3) Good
   (4) Fair
   (5) Poor

2. Compared to 1 year ago, how would you rate your health in general now?

   (1) Much better than 1 year ago
   (2) Somewhat better now than 1 year ago
   (3) About the same
   (4) Somewhat worse now than 1 year ago
   (5) Much worse than 1 year ago

3. The following questions are about activities you might do during a typical day. First, I'd like to know if your physician has asked you not to do any of these activities. Then, I'd like you to tell me if your <u>health</u> limits you in these activities That is, does your health limit you a lot, a little, or not at all?

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Limited by doctor
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3	4
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3	4
Lifting or carrying groceries	1	2	3	4
Climbing several flights of stairs	1	2	3	4
Climbing one flight of stairs	1	2	3	4
Bending, kneeling, or stooping	1	2	3	4
Walking more than 1 mile	1	2	3	4
Walking several blocks	1	2	3	4
Walking 1 block	1	2	3	4
Bathing or dressing yourself	1	2	3	4

4. During the past four weeks, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	Yes	No
Cut down the amount of time you spent on work or other activities	1	2
Accomplished less than you would like	1	2
Were limited in the kind of work or other activities	1	2
Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

5. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
Cut down the amount of time you spent on work or other activities	1	2
Accomplished less than you would like	1	2
Didn't do work or other activities as carefully as usual	1	2

6. During the past 4 weeks, to what extent have your physical, health, or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(0) Not at all (1) Slightly (2) Moderately (3) Quite a bit (4) Extremely

7. How much bodily pain have you had during the past 4 weeks?

(0) None (1) Very mild (2) Mild (3) Moderate (4) Severe (5) Very severe

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(0) Not at all (1) Slightly (2) Moderately (3) Quite a bit (4) Extremely

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. Use the first answer key on the **gray** sheet of paper.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep	1	2	3	4	5	6
Have you been a very nervous person	1	2	3	4	5	6
Have you felt so down in the dumps nothing could cheer you up	1	2	3	4	5	6
Have you felt calm and peaceful	1	2	3	4	5	6
Did you have a lot of energy	1	2	3	4	5	6
Have you felt downhearted and blue	1	2	3	4	5	6
Did you feel worn out	1	2	3	4	5	6
Have you been a happy person	1	2	3	4	5	6
Did you feel tired	1	2	3	4	5	6
Has your health limited your social activities (like visiting with friends or close relatives)	1	2	3	4	5	6

10. Please choose the answer that best describes how true or false each of the following statements is for you. Use the second answer key on the **gray** sheet.

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
I seem to get sick a little easier than other people	1	2	3	4	5
I am as healthy as anybody I know	1	2	3	4	5
I expect my health to get worse	1	2	3	4	5
My health is excellent	1	2	3	4	5

DEMOGRAPHIC INFORMATION

This last set of questions will provide us with information about you, your background, and your family. Remember, all your answers will be kept strictly confidential.

1. What is your current marital status?

   1 = single
   2 = married
   3 = cohabiting
   4 = separated
   5 = divorced
   6 = widowed

2. Do you have any living children? (If yes) How many? ____

   What are their ages? ____ ____ ____ ____

   ____ ____ ____ ____

3. What is the total annual income in your household from all sources (before taxes)?

   1 = less than $10,000
   2 = $10,000 - $19,999
   3 = $20,000 - $29,999
   4 = $30,000 - $49,999
   5 = $50,000 - $69,999
   6 = $70,000- $99,999
   7 = $100,000 or more

4. How many years of education have you completed?

   1 = do not have high school degree
   2 = high school graduate or GED
   3 = have attended/currently attending a 2-year college or trade school
   4 = 2-year college degree or trade degree
   5 = have attended/currently attending a 4-year college
   6 = 4-year college degree
   7 = have completed/currently pursuing some graduate work
   8 = Master's degree
   9 = Doctorate

5. What is your primary source of your health insurance?

   1 = Present employment
   2 = Previous employment
   3 = Medicare
   4 = Medicaid
   5 = Veterans Administration
   6 = Self-pay
   7 = None
   8 = Other

6. Approximately what part of your medical expenses over the past year were covered by health insurance?

   1 = All (or almost all)
   2 = More than three-fourths but less than all
   3 = Between one half and three-fourths
   4 = Between one-fourth and one-half
   5 = Less than one-fourth

7. Are you currently receiving any financial support for disability? 1 = Yes 2 = No

That's all the questions we're going to ask you today. We appreciate your assistance with this study to help us better understand the feelings and concerns of individuals who are about to undergo transplant.

At this time, I'd like to remind you that I will be calling you again in approximately three months to see how you are doing and to ask you a much shorter set of questions. Do you have any questions for me right now? Is there anything you want to add that you think would be important for us to know?

I have one more request before we hang up. It's important that I get the names of two people who do not live with you, who can tell me how to locate you if I can't catch you by telephone. Are there two people who you would feel comfortable with me calling in case I have trouble locating you for the next interview? Would you give me their names?

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Thank you again for your help.

Chim m Studies (Provide date(s), method(s) and other information fr himerism studies performed prior to date of contact.)

Date			Method (See valid list below)	Cell Type (See valid list below)	Number of Cells Examined Total Cells	Number of Donor Cells	Number of Host Cells	Number of Unknown Origin (Third Party) Cells	Percent Donor Cells		Percent Host Cells		Percent Unknown Origin (Third Party) Cells	
Month	Day	Year							Quant	*Non-Quant	Quant	*Non-Quant	Quant	*Non-Quant

* If performed by non-quantitative method, indicate the presence of donor, host, or third-party cells by (+).

Valid Method Codes

(Insert number in box above to indicate method used)

1 - Standard cytogenetics
2 - Fluorescent in situ hybridization (FISH)
3 - Restriction fragment-length polymorphisms (RFLP)
4 - Polymerase chain reaction (PCR)
5 - HLA serotyping
6 - VNTR
7 - Other, specify: _____

Valid Cell Types

(Insert number in box above to indicate cell type)

1 - Bone marrow (BM)
2 - Peripheral blood mononuclear cells (PBMC)
3 - T-cells
4 - B-cells
5 - Red cells
6 - Monocytes
7 - Neutrophils
8 - Other, specify: _____

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

Recipient Last Name: [ ]

National Marrow Donor Program®
Recipient Baseline and Transplant Data

TCCODE

Registry Use Only

Sequence Number: N120DT

Date Received: BMTXDT

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

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)

Research blood samples should be collected before initiation of preparative regimen and sent to Blood Centers of the Pacific, Irwin Center. See Transplant Center Manual of Operations for instructions.

1. Recipient name: _____ (*please print*) **Reg Use Only** ___

2. a. State of residence of recipient (for residents of USA): STATE
   b. Zip or postal code for place of recipient's residence (USA recipients only): ZIP
   c. Country if non-resident of USA: COUNTRY

3. Does the recipient have a U.S. Social Security Number (or Canadian Social Insurance Number)? SSNYN

   1 ☐ yes → 4. Social Security Number/Social Insurance Number:

   ☐ no → 5. Why not? SSN REAS
   1 ☐ Not U.S. (or Canadian) citizen
   2 ☐ Less than 5 years old
   3 ☐ Other, specify: _____

6. Sex: 1 ☐ Male 2 ☐ Female XSEX

7. Race: If the recipient's parents are from two separate of the following groups, check both. RACE1 RACE2

Caucasian/White
1 ☐ North American or European
2 ☐ Middle East or North Coast of Africa
3 ☐ White, Otherwise not specified

Black
4 ☐ African American
5 ☐ African (both parents born in Africa)
6 ☐ Caribbean
7 ☐ South or Central American
8 ☐ Black, Otherwise not specified

Asian/Pacific Islander
9 ☐ South Asian
10 ☐ Filipino (Pilipino)
11 ☐ Hawaiian or Pacific Islander
12 ☐ Japanese
13 ☐ Korean
14 ☐ Chinese
15 ☐ Southeast Asian
16 ☐ Asian/Pacific Islander, Otherwise not specified

Hispanic
17 ☐ Puerto Rican or Caribbean
18 ☐ Mexican American or Chicano
19 ☐ South or Central American
20 ☐ Hispanic, Otherwise not specified

Native American
21 ☐ Alaskan Native or Aleut Tribe: _____
22 ☐ American Indian Tribe: _____
23 ☐ Native American, Otherwise not specified

Other
24 ☐ Other, specify: _____

8. Date of birth: Month ___ Day ___ Year ____ XBIRTHDT

Mail this form to:
The NMDP Registry
Suite 500
3433 Broadway Street N.E.
Minneapolis, MN 55413
Retain a copy at the transplant center.

NMDP Form 120, 520, 620 V7 (1–13) November 1998

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

at was the Primary Disease for which transplant was performed? XDISPRIM

1 ☐ Acute myelogenous leukemia (AML) → AMLTYPE

- 1 ☐ M1, myeloblastic
- 2 ☐ M2, myelocytic
- 3 ☐ M3, promyelocytic (APML, APL)
- 4 ☐ M4, myelomonocytic (AMML)
- 5 ☐ M5, monocytic (AMMOL)
- 6 ☐ M6, erythroblastic (AEL)
- 7 ☐ M7, megakaryoblastic
- 8 ☐ Granulocytic sarcoma
- 9 ☐ Other, specify _____
- 10 ☐ Unknown

Please Complete Form 120 – Insert I

2 ☐ Acute lymphoblastic leukemia (ALL) → ALLTYPE

- 1 ☐ Mature B-cell (L3)
- 2 ☐ T-cell
- 3 ☐ Null cell (early pre-B)
- 4 ☐ cALLa (includes pre-B)
- 5 ☐ Other, specify _____
- 6 ☐ Unknown

Please Complete Form 120 – Insert II

3 ☐ Chronic myelogenous leukemia → CMLTYPE

- 1 ☐ Ph'+; BCR/ABL+
- 2 ☐ Ph'+; BCR/ABL–
- 3 ☐ Ph'+; BCR/ABL unknown
- 4 ☐ Ph'–; BCR/ABL+
- 5 ☐ Ph'–; BCR/ABL–
- 6 ☐ Ph'–; BCR/ABL unknown
- 7 ☐ Ph' unknown; BCR/ABL+
- 8 ☐ Ph' unknown; BCR/ABL–
- 9 ☐ Ph' unknown; BCR/ABL unknown

Please Complete Form 120 – Insert III

4 ☐ Other leukemia → OTLTYPE

- 1 ☐ Acute undifferentiated leukemia
- 2 ☐ Biphenotypic, bilineage or hybrid leukemia
- 3 ☐ Acute mast cell leukemia
- 4 ☐ Chronic lymphocytic leukemia (CLL)
- 5 ☐ Hairy cell leukemia
- 6 ☐ Juvenile CML (no evidence of Philadelphia chromosome or BCR/ABL)
- 7 ☐ Prolymphocytic leukemia (PLL)
- 8 ☐ Other, specify _____
- 9 ☐ Unknown

Please Complete Form 120 – Insert IV

MYETYPE

5 ☐ Myelodysplastic/ myeloproliferative disorders (Please classify all preleukemias)

(If recipient has transformed to AML, indicate AML as the primary disease) →

- 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 (RARS)
- 6 ☐ Paroxysmal nocturnal hemoglobinuria (PNH)
- 7 ☐ Polycythemia vera
- 8 ☐ Essential or primary thrombocythemia
- 9 ☐ Myelofibrosis with myeloid metaplasia
- 10 ☐ Other myelofibrosis or myelosclerosis
- 11 ☐ Other myelodysplasia or myeloproliferative disorder, specify _____
- 12 ☐ Unknown

Please Complete Form 120 – Insert V

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

☐ Non-Hodgkin lymphoma → NHLTYPE

1 ☐ Small cell lymphocytic
2 ☐ Follicular, predominantly small cleaved cell
3 ☐ Follicular, mixed, small cleaved and large cell
4 ☐ Follicular, predominantly large cell
5 ☐ Diffuse, small cleaved cell
6 ☐ Diffuse, mixed, small and large cell
7 ☐ Diffuse, large cell
8 ☐ Large cell, immunoblastic
9 ☐ Lymphoblastic
10 ☐ Small noncleaved cell, unclassified
11 ☐ Small noncleaved cell, Burkitt
12 ☐ Small noncleaved cell, non-Burkitt
13 ☐ Mycosis fungoides
14 ☐ Histiocytic
15 ☐ Mantle zone/intermediate differentiation
16 ☐ Composite
17 ☐ Other NHL, specify
18 ☐ NHL Unknown

Please Complete Form 120 – Insert IX

7 ☐ Hodgkin lymphoma → HODTYPE

1 ☐ Lymphocyte predominant
2 ☐ Nodular sclerosis
3 ☐ Mixed cellularity
4 ☐ Lymphocyte depleted
5 ☐ Other HD, specify
6 ☐ HD Unknown

Please Complete Form 120 – Insert IX

8 ☐ Multiple myeloma/ plasma cell disorder → MMYTYPE

1 ☐ Multiple myeloma

Please Complete Form 120 – Insert VI

2 ☐ Plasma cell leukemia
3 ☐ Waldenstrom macroglobulinemia
4 ☐ Other, specify
5 ☐ Unknown

Continue with Question 10 on page 5

9 ☐ Other malignancies → OTMTYPE

1 ☐ Neuroblastoma
2 ☐ Breast cancer
3 ☐ Ewing sarcoma
4 ☐ Small cell lung cancer
5 ☐ Central nervous system tumors
6 ☐ Other, specify

Please Complete Form 120 – Insert VII

10 ☐ Severe aplastic anemia → SAATYPE

1 ☐ Idiopathic
2 ☐ Secondary to hepatitis
3 ☐ Secondary to toxin/ other drug
4 ☐ Amegakaryocytosis (not congenital)
5 ☐ Other, specify
6 ☐ Unknown

Please Complete Form 120 – Insert VIII

ERYTYPE

11 ☐ Inherited abnormalities of erythrocyte differentiation or function (If recipient has developed leukemia, complete insert for appropriate leukemic diagnosis) →

1 ☐ Fanconi anemia
2 ☐ Diamond-Blackfan anemia (pure red cell aplasia)

Please Complete Form 120 – Insert VIII

3 ☐ Thalassemia major (ß thalassemia)
4 ☐ Sickle cell anemia
5 ☐ Other hemoglobinopathy, specify
6 ☐ Other, specify

Continue with Question 10 on page 5

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

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

] Severe combined immunodeficiency (SCID) and other disorders primarily affecting the immune system →

SCIDTYPE

1 ☐ Adenosine deaminase (ADA) deficiency – SCID
2 ☐ Absence of T and B cells – SCID
3 ☐ Absence of T, normal B cell – SCID
4 ☐ Omenn syndrome
5 ☐ Reticular dysgenesis
6 ☐ Bare lymphocyte syndrome
7 ☐ Other SCID, specify _____

Please Complete Form 120 – Insert X

8 ☐ Wiskott-Aldrich syndrome

Please Complete Form 120 – Insert XI

9 ☐ Ataxia telangiectasia
10 ☐ HIV infection
11 ☐ DiGeorge anomoly
12 ☐ Chronic granulomatous disease
13 ☐ Chediak-Higashi syndrome
14 ☐ Common variable immunodeficiency
15 ☐ X-linked lympho-proliferative syndrome
16 ☐ Leukocyte adhesion deficiency (Gp-180 deficiency, CD-18 deficiency, LFA deficiency, WBC adhesion deficiency)
17 ☐ Kostmann neutropenia
18 ☐ Neutrophil actin deficiency
19 ☐ Cartilage – hair hypoplasia
20 ☐ Combined immuno-deficiency disease, specify _____
21 ☐ Other immunodeficiences, specify _____
22 ☐ Immune system disorders unknown

Continue with Question 10 on page 5

PLATYPE

13 ☐ Inherited abnormalities of platelets →

1 ☐ Amegakaryocytosis/ congenital thrombo-cytopenia
2 ☐ Glanzmann thrombasthenia
3 ☐ Other, specify _____
4 ☐ Unknown inherited platelet disorder

Continue with Question 10 on page 5

14 ☐ Inherited disorders of metabolism →

METTYPE

1 ☐ Osteopetrosis (malignant infantile osteopetrosis)
2 ☐ Lesch-Nyhan syndrome

Mucopolysaccharidoses

3 ☐ Hurler syndrome (IH)
4 ☐ Scheie syndrome (IS)
5 ☐ Hunter syndrome (II)
6 ☐ Sanfilippo (III)
7 ☐ Morquio (IV)
8 ☐ Maroteaux-Lamy (VI)
9 ☐ ß-Glucuronidase deficiency (VII)
10 ☐ Mucopolysaccharidosis V
11 ☐ Other mucopoly-saccharidosis, specify _____

Mucolipidoses

12 ☐ Gaucher disease
13 ☐ Metachromatic leukodystrophy
14 ☐ Adrenoleukodystrophy
15 ☐ Krabbe disease (globoid leukodystrophy)
16 ☐ Niemann-Pick disease
17 ☐ I-cell disease
18 ☐ Wolman disease
19 ☐ Glycogen storage disease
20 ☐ Lysosomal storage disease
21 ☐ Other mucolipidoses, specify _____
22 ☐ Unknown inherited metabolic disorder

Continue with Question 10 on page 5

HISTYPE

15 ☐ Histiocytic disorders →

1 ☐ Familial erythrophagocytic lymphohistiocytosis (FEL) (Familial hemophagocytic lymphohistiocytosis)
2 ☐ Histiocytosis-X
3 ☐ Hemophagocytosis
4 ☐ Other, specify _____

Continue with Question 10 on page 5

16 ☐ Other non-malignant disease →

Specify _____

Continue with Question 10 on page 5

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

( )l Status of Recipient Prior to Conditioning

10. Did the recipient receive blood transfusions at any time prior to conditioning? BTPRIOR

1 ☐ yes → 11. Give number (best estimate) of donor exposures:
- 1 ☐ 1 – 5
- 2 ☐ 6 – 10
- 3 ☐ 11 – 20
- 4 ☐ 21 – 30
- 5 ☐ 31 – 40
- 6 ☐ 41 – 50
- 7 ☐ > 50

don expos

2 ☐ no
3 ☐ not known

12. What is the recipient's blood type? BLDTYPE

- 1 ☐ A Positive
- 2 ☐ B Positive
- 3 ☐ AB Positive
- 4 ☐ O Positive
- 5 ☐ A Negative
- 6 ☐ B Negative
- 7 ☐ AB Negative
- 8 ☐ O Negative

13. Has the recipient ever been pregnant? EVERPREG

1 ☐ yes → 14. Number of pregnancies: ☐☐ NUMPREG
2 ☐ no
3 ☐ not known
4 ☐ not applicable, recipient is male

was the functional status of the recipient prior to conditioning? XPS

recipient is 16 years of age or older, complete the Karnofsky Scale. If the recipient is younger than 16 years of age, complete the Lansky Scale. Rate activity of recipients immediately prior to initiation of conditioning.

KARNOFSKY SCALE ≥ 16 yrs

Check the phrase in the Karnofsky Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

- 1 ☐ 100 Normal; no complaints; no evidence of disease
- 2 ☐ 90 Able to carry on normal activity
- 3 ☐ 80 Normal activity with effort

Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed

- 4 ☐ 70 Cares for self; unable to carry on normal activity or to do active work
- 5 ☐ 60 Requires occasional assistance but is able to care for most needs
- 6 ☐ 50 Requires considerable assistance and frequent medical care

Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly

- 7 ☐ 40 Disabled; requires special care and assistance
- 8 ☐ 30 Severely disabled; hospitalization indicated, although death not imminent
- ☐ 20 Very sick; hospitalization necessary
- 10 ☐ 10 Moribund; fatal process progressing rapidly

LANSKY SCALE < 16 yrs

Select the phrase in the Lansky Play-Performance Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

- 1 ☐ 100 Fully active
- 2 ☐ 90 Minor restriction in physically strenuous play
- 3 ☐ 80 Restricted in strenuous play, tires more easily, otherwise active

Mild to moderate restriction

- 4 ☐ 70 Both greater restrictions of, and less time spent in, active play
- 5 ☐ 60 Ambulatory up to 50% of time, limited active play with assistance/supervision
- 6 ☐ 50 Considerable assistance required for any active play; fully able to engage in quiet play

Moderate to severe restriction

- 7 ☐ 40 Able to initiate quiet activities
- 8 ☐ 30 Needs considerable assistance for quiet activity
- 9 ☐ 20 Limited to very passive activity initiated by others (e.g., TV)
- 10 ☐ 10 Completely disabled, not even passive play

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

COEXDIS

ere there clinically significant coexisting diseases (e.g., diabetes mellitus) or organ impairment within one month prior to onditioning?

1 ☐ yes → Indicate the diagnoses: DX120X20

2 ☐ no

DXSIGHEM	17.	1 ☐ yes	2 ☐ no	Significant hemorrhage (e.g., CNS or GI), specify site(s): _____
DXCORART	18.	1 ☐ yes	2 ☐ no	Coronary artery disease
DXHYPERT	19.	1 ☐ yes	2 ☐ no	Hypertension
DXOTCARD	20.	1 ☐ yes	2 ☐ no	Other cardiac disease, specify: _____
DXDIAMEL	21.	1 ☐ yes	2 ☐ no	Diabetes mellitus
DXTHYDIS	22.	1 ☐ yes	2 ☐ no	Thyroid disease
DXOTENDO	23.	1 ☐ yes	2 ☐ no	Other endocrine disease, specify: _____
DXSEIZUR	24.	1 ☐ yes	2 ☐ no	Seizure disorder
DXOTHCNS	25.	1 ☐ yes	2 ☐ no	Other CNS disease, specify: _____
DXASTHMA	26.	1 ☐ yes	2 ☐ no	Asthma
DXPULMON	27.	1 ☐ yes	2 ☐ no	Pulmonary disease, specify: _____
DXGENITO	28.	1 ☐ yes	2 ☐ no	Genitourinary disease, specify: _____
DXGASTRO	29.	1 ☐ yes	2 ☐ no	Gastrointestinal disease, specify: _____
DXHEMATD	30.	1 ☐ yes	2 ☐ no	Hematologic disease, specify: _____
DXFANCON	31.	1 ☐ yes	2 ☐ no	Fanconi anemia
DXDOWNSY	32.	1 ☐ yes	2 ☐ no	Down syndrome
DXOTCHRO	33.	1 ☐ yes	2 ☐ no	Other chromosomal disorders, specify: _____
DXOTMALI	34.	1 ☐ yes	2 ☐ no	History of other malignancy, specify: _____
DXNEOGVH	35.	1 ☐ yes	2 ☐ no	Neonatal GVHD
DXOTHER	36.	1 ☐ yes	2 ☐ no	Other, specify: _____

Organ Function Prior To Conditioning

Provide values for recipient's liver function just prior to conditioning:

			Date tested: Month / Day / Year	What is the upper limit of normal for your institution?
37. AST (SGOT) (XSGOT)	U/L	SGOTDT 38.		39. U/L XSGOTULN
40. ALT (SGPT) (SGPT)	U/L	SGPTDT 41.		42. U/L SGPTULN
43. Total serum bilirubin (XBILI)	☐☐☐.☐	Unit of measurement: 1 ☐ mg/dL (BILIUM) 2 ☐ µmol/L (BILIDT) 44.		45. ☐☐☐.☐ Unit of measurement: 1 ☐ mg/dL 2 ☐ µmol/L BILIULN
46. LDH (LDH)	U/L	47.	LDHDT	48. U/L LDHULN

49. Did the recipient have known clinical liver disease (e.g., hepatitis) at any time prior to conditioning? LIVERDIS

1 ☐ yes → 50. Specify: _____

2 ☐ no

51. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year LIVDISDT

52. What was the recipient's serum creatinine prior to conditioning?

☐☐.☐ Unit of measurement: 1 ☐ mg/dL 2 ☐ µmol/L (XCR) (CRUM)

53. Date tested: ☐☐ Month ☐☐ Day ☐☐☐☐ Year CRDT

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

ng for serological evidence of prior viral exposure / infection

60. HTLV1 HTLV1	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
61. Toxoplasma TOXOPLAS	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
62. Cytomegalovirus antibody CMV	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
63. Epstein-Barr antibody EPSTBARA	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
64. Hepatitis B surface and/or core antibody HEPBBODY	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
65. Hepatitis B surface antigen HEPBGEN	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
66. Hepatitis C antibody HEPCBODY	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
67. Hepatitis A antibody HEPCGEN	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
68. HIV 5 ☐ confidential HIV	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested
69. Other, specify DTHBODY	1 ☐ positive	2 ☐ negative	3 ☐ inconclusive	4 ☐ not tested

70. Was the recipient treated in an isolation room during the peri-transplant period? ISORMYN
- 1 ☐ yes → 71. Please specify: ISORMTYP
  - 1 ☐ Conventional private room
  - 2 ☐ Laminar air flow room
  - 3 ☐ HEPA filtered room
  - 4 ☐ Positive pressure room
  - 5 ☐ HEPA filtered plus positive pressure room
  - 6 ☐ Other, specify: _____
- 2 ☐ no

Pretransplant Conditioning

72. Date pretransplant conditioning began: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PRETXCDT

73. Height at initiation of pretransplant conditioning (nearest centimeter without shoes): ☐☐☐ cm PRETXCHT

74. Weight at initiation of pretransplant conditioning (nearest kilogram without shoes): ☐☐☐ kg PRETXCWT

75. Was irradiation performed as part of the pretransplant preparative regimen? PRETXRAD
- 1 ☐ yes →
  - 76. Source of X-ray therapy: 1 ☐ Linear accelerator 2 ☐ ^{60}Co XRAYSRCE
  - 77. Calculated dose-rate during irradiation: ☐☐.☐ cGy (rad)/min XRAYRATE
  - 78. What was the radiation field? RADFIELD
    - 1 ☐ Total body →
      - 79. Total dose: ☐☐☐☐ cGy RFTOTDOS
      - 80. Starting date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year RFDT
      - 81. Was radiation fractionated? RFFRACYN
        - 1 ☐ yes →
          - 82. Dose per fraction: ☐☐☐☐ cGy RFDPF
          - 83. Number of days: ☐ RFDAYS
          - 84. Total number of fractions: ☐☐ RFFRACTS
        - 2 ☐ no
      - 85. Was shielding used? RFSHYN
        - 1 ☐ yes →
          - 86. Indicate which organs were shielded:
            - a. Lungs RFSHLUNG ☐ yes ☐ no
            - b. Eyes RFSHEYES ☐ yes ☐ no
            - c. Liver RFSHLIVR ☐ yes ☐ no
            - d. Kidney RFSHKIDN ☐ yes ☐ no
            - e. Other, specify: RFSHOTHR ☐ yes ☐ no
        - 2 ☐ no → Cont. with 105
- 2 ☐ no → Cont. with 111

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

RADFIELD (continued)

2 ☐ Total lymphoid or nodal regions

87. Total dose: ☐☐☐☐ cGy LNTOTDOS

88. Starting date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year LNDT

89. Was radiation fractionated? LNFRACYN

1 ☐ yes → 90. Dose per fraction: ☐☐☐☐ cGy LNDPF; 91. Number of days: ☐ LNDAYS; 92. Total number of fractions: ☐☐ LNFRACTS → Cont. with 105

2 ☐ no → Cont. with 105

RADFIELD (continued)

3 ☐ Thoraco-abdominal regions

93. Total dose: ☐☐☐☐ cGy TATOTDOS

94. Starting date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year TADT

95. Was radiation fractionated? TAFRACYN

1 ☐ yes → 96. Dose per fraction: ☐☐☐☐ cGy TADPF; 97. Number of days: ☐ TADAYS; 98. Total number of fractions: ☐☐ TAFRACTS → Cont. with 105

2 ☐ no → Cont. with 105

RADFIELD (continued)

4 ☐ Other, specify: _____

99. Total dose: ☐☐☐☐ cGy OSTOTDOS

100. Starting date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year OSDT

101. Was radiation fractionated? OSFRACYN

1 ☐ yes → 102. Dose per fraction: ☐☐☐☐ cGy OSDPF; 103. Number of days: ☐ OSDAYS; 104. Total number of fractions: ☐☐ OSFRACTS → Cont. with 105

2 ☐ no → Cont. with 105

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

105. Was additional radiation given to other sites? ADDXRT

1 ☐ yes → 2 ☐ no CNSIRRAD

106. Was CNS irradiation performed? CNSDOSE
1 ☐ yes 2 ☐ no Dose: ☐☐☐☐ cGy

GONIRRAD

107. Was gonadal irradiation performed? GONDOSE
1 ☐ yes 2 ☐ no Dose: ☐☐☐☐ cGy

SPLIRRAD

108. Was splenic irradiation performed? SPLDOSE
1 ☐ yes 2 ☐ no Dose: ☐☐☐☐ cGy

OTHIRRAD

109. Other site, specify: _____ OTHDOSE
1 ☐ yes 2 ☐ no Dose: ☐☐☐☐ cGy

RADDT

110. Date radiation started: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

111. Were drugs given for pretransplant conditioning? PTXDRGYN

1 ☐ yes → 2 ☐ no

Cont. with 126

PTX20X14

	Pre-Marrow Infusion Total Dose (in mg)	Date Started Month	Day	Year	
112. ALG, ALS, ATG, ATS (1) ALGDOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	ALGD
113. Busulfan (Myleran) (2) BUSULDOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	BUSU
114. Methylprednisilone (3) METHYDOS 1 ☐ yes 2 ☐ no → METHMTH 1 ☐ oral 2 ☐ IV 3 ☐ both	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	METH DT
115. Prednisone (4) PREDNDOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	PRED
116. Other corticosteroid (5) OTCORDOS 1 ☐ yes 2 ☐ no specify: _____	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	OTCOR
117. Cyclophosphamide (6) CASDOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	CSAD
118. Cytarabine (Ara-C) (7) 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	
119. Etoposide (VP-16) (8) VPI6DOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	VPI6D
120. Melphalan (L-Pam) (9) MELPHDOS 1 ☐ yes 2 ☐ no → MELPHDT 1 ☐ oral 2 ☐ IV 3 ☐ both	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	
121. Thiotepa (10) THIOTDS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐ THIOTDT	
122. Intrathecal methotrexate (11) INMTXDOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	INMT
123. Nitrosourea (12) NITRODOS 1 ☐ yes 2 ☐ no	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	NITR
124. Monoclonal antibody (13) MONOCDOS 1 ☐ yes 2 ☐ no specify: _____	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	MONO
125. Other (14) OTHERDOS 1 ☐ yes 2 ☐ no specify: _____	☐☐☐☐☐ mg	☐☐	☐☐	☐☐☐☐	OTHE

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

I ompatibility Tests

For each of the following tests indicate whether it was a basis for matching the donor to the recipient:

126. Class I HLA Serology	CLSIHLA	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
127. Mixed Lymphocyte Culture (MLC)	MLC	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
128. Restriction Fragment Length Polymorphism (RFLP)	RFLP	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
129. Isoelectric Focusing (IEF)	IEF	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
130. Cytotoxic Lymphocyte Precursors (CTLP)	CTLP	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
131. Helper T Lymphocyte Precursors (HTLP)	HTLP	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
132. Class I Sequence Specific Oligo Probe (Class I SSOP)	SSOPI	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
133. Class II Sequence Specific Oligo Probe (Class II SSOP)	SSOPII	1 ☐ matched	2 ☐ mismatched	3 ☐ not done
134. Other, specify: _____		1 ☐ matched	2 ☐ mismatched	3 ☐ not done

Transplant Maneuver

Questions 135–158 are for marrow only. For peripheral blood stem cells, continue with question 159 and complete Form 580. For cord blood, continue with question 159 and complete Form 680.

135. Copy donor reference number from specimen here: ☐☐☐☐-☐☐☐☐-☐ DONREFNO

136. Date of receipt of marrow at your facility:. ☐☐ Month ☐☐ Day ☐☐☐☐ Year MARRECDT

137. Time (24-hour clock) at receipt of marrow: MARRECTM ☐☐ Hour : ☐☐ Minute 1 ☐ standard time 2 ☐ daylight savings time MARRECZN

138. Storage temperature during transport: STORTEMP 1 ☐ Refrigerated at 1–8°C 2 ☐ Room temperature

139. Nucleated cell count of the marrow before processing (uncorrected cell count): NCCBEFB1
Bag one: ☐☐☐•☐ x 10^3/ml
Bag two: ☐☐☐•☐ x 10^3/ml NCCBEFB2
NCCBEFB3 Bag three: ☐☐☐•☐ x 10^3/ml
Bag four: ☐☐☐•☐ x 10^3/ml NCCBEFB4

140. Method used to determine nucleated cell count: NCCMETH 1 ☐ Coulter counter 2 ☐ Manual count 3 ☐ Other, specify: _____

141. Total volume of marrow before processing: ☐☐☐☐•☐ ml. VOLBEFOR

142. Was the marrow manipulated at your facility prior to transplant?
1 ☐ yes → 143. Was the marrow manipulated for volume reduction *only*? 1 ☐ yes 2 ☐ no MANVRONL
144. Was the marrow plasma depleted *only*? 1 ☐ yes 2 ☐ no MANPLAS
145. Was the marrow manipulated for ABO incompatibility *only*? 1 ☐ yes 2 ☐ no MANABO
146. Was the marrow manipulated for GVHD prophylaxis? 1 ☐ yes → 147. Specify method used: MANMETH
1 ☐ Antibody + complement
2 ☐ Antibody + toxin
3 ☐ Antibody affinity column
4 ☐ Soybean lectin only
5 ☐ Sheep red blood cell rosetting only
6 ☐ Soybean lectin and sheep red blood cell rosetting
7 ☐ Elutriation
8 ☐ Immunomagnetic beads
9 ☐ Antibody coated plates
10 ☐ Soybean lectin and antibody coated plates
11 ☐ Other, specify: _____
2 ☐ no MANGVHD → **Cont. with 150**
2 ☐ no MANIPYN → **Cont. with 150**

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

148. If antibodies were used during marrow manipulation, indicate which antibodies were used:

a. anti CD2	ANTICD2	1 ☐ yes	2 ☐ no	
b. anti CD3	3	1 ☐ yes	2 ☐ no	
c. anti CD4	4	1 ☐ yes	2 ☐ no	
d. anti CD5	5	1 ☐ yes	2 ☐ no	
e. anti CD6	6	1 ☐ yes	2 ☐ no	
f. anti CD7	7	1 ☐ yes	2 ☐ no	
g. anti CD8	8	1 ☐ yes	2 ☐ no	
h. anti CD34	34	1 ☐ yes	2 ☐ no	
i. Other	99	1 ☐ yes	2 ☐ no	specify: _____
j. No antibodies used	☐ ANTINONE			

149. What assays were performed to determine the number of T-cells left in the marrow after processing?

a. Flow cytometry	1 ☐ yes	2 ☐ no	FLCYTASY
b. Limiting dilution assay	1 ☐ yes	2 ☐ no	LDA ASY
c. Other OTHERASY	1 ☐ yes	2 ☐ no	specify: _____
d. Not done	☐ NO ASSAYS		

150. Time (24-hour clock) at start of infusion: TXTIME ☐☐ (Hour) : ☐☐ (Minute) 1 ☐ standard time 2 ☐ daylight savings time TXZONE

151. Total volume of marrow infused on the day of transplant: ☐☐☐☐.☐ ml. VOLINFMS

152. Cell count of infused marrow (uncorrected cell count): ☐☐☐.☐ x 10^5/ml NUCCTINF

153. Method used to determine cell count:
1 ☐ Coulter counter CLCTMETH
2 ☐ Manual count
3 ☐ Other, specify: _____

154. Was a fraction of the collected marrow cryopreserved for back-up infusion?
1 ☐ yes →
2 ☐ no
CRYOYN

155. Total volume of cryopreserved marrow: ☐☐☐.☐ ml. CRYOVOL

156. Nucleated cell count of cryopreserved marrow: ☐☐☐.☐ x 10^5/ml CRYONCC

157. Was there any adverse reaction associated with the infusion?
1 ☐ yes →
2 ☐ no
ADVERSEI

158. Specify: _____

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

1 Was this the first transplant for this recipient?

1 ☐ yes

2 ☐ no → FIRSTTX

160. What was (were) the prior stem cell source(s)?

a. Autologous AUTOLOG
1 ☐ yes → 161. a. Bone marrow AUTBM 1 ☐ yes 2 ☐ no; b. Peripheral blood AUTPB 1 ☐ yes 2 ☐ no
2 ☐ no

b. Allogeneic, unrelated ALLOGUNR
1 ☐ yes → 162. a. Bone marrow ALUBM 1 ☐ yes 2 ☐ no; b. Peripheral blood ALUPB 1 ☐ yes 2 ☐ no; c. Cord blood ALUCB 1 ☐ yes 2 ☐ no
2 ☐ no

c. Allogeneic, related
1 ☐ yes → 163. a. Bone marrow 1 ☐ yes 2 ☐ no; b. Peripheral blood 1 ☐ yes 2 ☐ no; c. Cord blood 1 ☐ yes 2 ☐ no
2 ☐ no
ALLOGREL

164. Date of the last transplant (transplant just before current transplant): PRIORDT
☐☐ Month ☐☐ Day ☐☐☐☐ Year

165. Reason for *current* transplant: REASONTX
1 ☐ No engraftment
2 ☐ Partial engraftment
3 ☐ Graft failure/rejection
4 ☐ Persistent malignancy
5 ☐ Recurrent malignancy
6 ☐ Other, specify: _____

166. Source of stem cells for current transplant: CELLSRCE
1 ☐ Autologous
1 ☐ Cryopreserved bone marrow
2 ☐ Cryopreserved peripheral blood stem cells CELLSCTP
2 ☐ Allogeneic, unrelated
1 ☐ Fresh, original donor bone marrow
2 ☐ Cryopreserved original donor bone marrow
3 ☐ Fresh, second donor bone marrow
4 ☐ Fresh, original donor *mobilized* peripheral blood stem cells
5 ☐ Cryopreserved original donor *mobilized* peripheral blood stem cells
6 ☐ Fresh, second donor *mobilized* peripheral blood stem cells
7 ☐ NMDP cord blood
8 ☐ Non-NMDP cord blood
3 ☐ Allogeneic, related
1 ☐ Bone marrow
2 ☐ Peripheral blood
3 ☐ Cord blood

167. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____

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:

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 Acute Myelogenous Leukemia? Month ___ Day ___ Year ____ AMLDT

2. Was this a secondary (therapy-linked) leukemia?
   1 ☐ yes → 3. Cite prior disease (malignant or nonmalignant):
   2 ☐ no
   SECOLEUK
   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

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

Hematologic Findings at Diagnosis of Acute Myelogenous Leukemia

3. WBC:
   1 ☐ known → ☐☐☐.☐ x 10^9/L — WBCAML — $10^3/mm^3$
   2 ☐ not known

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 — FRAMLDT
   [illegible] FRAMLYN
   ↓
   Cont. with 29

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

24 a relapse occur pretransplant?
1 ☐ yes →
2 ☐ no
RELAMLYN

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
BLMAMLIN BMAML DT

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

National Marrow Donor Program®

Insert II – Acute Lymphoblastic Leukemia

NMDR122

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)

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 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.

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

NMDP123

Unrelated ID Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Recipient Local ID (optional):

NA23DT 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 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? SPLENCML
   1 ☐ yes → 10. Date: Month ___ Day ___ Year ____ SPLCMLDT
   2 ☐ no

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

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? FIRSTACC
1 ☐ yes 2 ☐ no

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 PALPSPLI
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

STATCML

3 ☐ Blastic phase →

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

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

BMCMLDT

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:

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
2 ☐ no
3 ☐ unknown
BCRABLRE

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

National ... Donor Program®

100-Day Follow-Up Visit of Recipient

NMDP130

Registry Use Only

Sequence Number

Date Received

Unrelated Recipient NMDP ID:

Recipient Last Name:

Related Unique Recipient Number (UPN):

Unrelated and Related Recipient Local ID (optional):

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 130) ☐ PBSC (Form 530) ☐ Cord blood (Form 630)

Unrelated Donor Marrow Transplant and Related Donor Marrow Transplant for CML Recipient

Information should come from an actual examination by the transplant center physician, or the private physician who is following the recipient post-transplant. Research blood samples from recipients receiving marrow from *unrelated* donors should be collected and sent to Blood Centers of the Pacific, Irwin Center. See Manual of Operations for detailed instructions.

1. Date of actual contact with recipient to determine medical status for this follow-up report: N130DT Month Day Year

2. Did recipient receive a subsequent stem cell infusion (bone marrow, mobilized peripheral blood stem cells, cord blood) prior to day 100 after the transplant for which this form is being completed? STEMCLL3
   - yes → Answers to subsequent questions should reflect clinical status immediately prior to start of conditioning for subsequent stem cell infusion. Be sure to answer questions 167–169 on page 18.
   - no

3. Did recipient die prior to day 100 after the transplant for which this form is being completed? DIED3
   - 1 ☐ yes → Answers to subsequent questions should reflect clinical status immediately prior to death.
   - 2 ☐ no → Answers to subsequent questions should reflect clinical status on day of actual contact for this follow-up evaluation (approximately 100 days post-transplant).

4. Has recipient received an infusion of peripheral blood mononuclear cells or lymphocytes from the original donor? PBMCDR3
   - 1 ☐ yes →
   - 2 ☐ no

   5. Date the first infusion was given: Month Day Year PBMCDT3
   6. Recipient weight within 2 weeks of first infusion: ___ kg PBMCWT3
   7. Total number of infusions: PBMCNUM3
   8. Total dose of mononuclear cells: ___ . ___ x 10^{10} PBMCMNC3
   9. Indication for the infusion(s) of donor cells: PBMCIND3
      - 1 ☐ Relapse
      - 2 ☐ Treatment for B cell lymphoproliferative disorder
      - 3 ☐ Prophylaxis against B cell lymphoproliferative disorder
      - 4 ☐ Graft failure
      - 5 ☐ Viral infection, specify: _____
      - 6 ☐ Other, specify: _____

Mail this form to:
The NMDP Registry, Suite 500
3433 Broadway St. N.E., Minneapolis, MN 55413
Retain a copy at the transplant center.

NMDP Form 130, 530, 630 V8 (1–18) November 1998

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

H topoietic Reconstitution Post-Transplant

10. Has the recipient received hematopoietic, lymphoid growth factors or cytokines post-transplant? HL6FC3

1 ☐ yes → 11. Specify agents given as *planned* therapy to promote engraftment, per protocol:
2 ☐ no

PLAN3X7

		Yes	No	Date started Month	Day	Year	Date stopped Month	Day	Year
PLAN31	a. G-CSF	1 ☐	2 ☐						
PLAN32	b. GM-CSF	1 ☐	2 ☐						
PLAN33	c. PIXY – 321	1 ☐	2 ☐						
PLAN34	d. Interleukin – 3 (IL-3)	1 ☐	2 ☐						
PLAN35	e. Stem Cell Factor (SCF)	1 ☐	2 ☐						
PLAN36	f. Blinded growth factor trial, specify agent:	1 ☐	2 ☐						
PLAN37	g. Other, specify:	1 ☐	2 ☐						

12. Specify additional agents given: ADDL3X13

Codes for Indication of Therapy

1. Intervention for delay/decline in absolute neutrophil count (ANC)
2. Intervention for delay/decline in platelets
3. Intervention for delay/decline in both ANC and platelets
4. Intervention for delay/decline in red blood cell counts
5. Antileukemic or tumor agent (prevention)
6. Antileukemic or tumor agent (treatment)
7. Other intervention therapy

		Yes	No	Date started Month	Day	Year	Date stopped Month	Day	Year	Indication (above)
ADDL31	a. G-CSF	1 ☐	2 ☐							
ADDL32	b. GM-CSF	1 ☐	2 ☐							
ADDL33	c. Erythropoietin	1 ☐	2 ☐							
ADDL34	d. Thrombopoietin	1 ☐	2 ☐							
ADDL35	e. Interleukin – 2 (IL-2)	1 ☐	2 ☐							
ADDL36	f. Interleukin – 3 (IL-3)	1 ☐	2 ☐							
ADDL37	g. Interleukin – 6 (IL-6)	1 ☐	2 ☐							
ADDL38	h. PIXY – 321	1 ☐	2 ☐							
ADDL39	i. Stem Cell Factor (SCF)	1 ☐	2 ☐							
ADDL310	j. Interferon alpha	1 ☐	2 ☐							
ADDL311	k. Interferon gamma	1 ☐	2 ☐							
ADD312	l. Blinded growth factor trial, specify agent:	1 ☐	2 ☐							
ADD313	m. Other, specify:	1 ☐	2 ☐							

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

Hematopoiesis

HEMREC3

13. Has (was) there evidence of hematopoietic recovery following the initial bone marrow infusion? (Check only one)

1 ☐ Yes, ANC ≥ 500/mm³ achieved and sustained for 3 consecutive lab values with no subsequent decline →

14. Date ANC > 500/mm³ (first of 3 consecutive lab values taken on different days): ANCNDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

15. Was ANC > 1,000/mm³ achieved and sustained for 3 consecutive lab values taken on different days? ANCNUYN3

1 ☐ yes → Date (first of 3 consecutive lab values taken on different days): ANCNUDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2 ☐ no

Continue with 32

2 ☐ Yes, ANC ≥ 500/mm³ for 3 consecutive lab values with subsequent decline in ANC to < 500/mm³ for greater than 3 days →

16. Date ANC > 500/mm³ (first of 3 consecutive days): ANCYDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

17. Was ANC > 1,000/mm³ achieved and sustained for 3 consecutive days? ANCYUYN3

1 ☐ yes → Date (first of 3 consecutive days): ANCYUDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2 ☐ no

18. Date of decline in ANC to < 500/mm³ for greater than 3 days (first of 3 days that ANC declined): ANCYDDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Actual CBC on first day of decline:

19. WBC: ☐☐☐☐.☐ x 10³/L ANCWBC3

20. Neutrophils: ☐☐.☐ % ANCNEU3

21. Lymphocytes: ☐☐.☐ % ANCLYM3

22. Did recipient recover and maintain ANC ≥ 500/mm³ following the decline? ANCYRYN3

1 ☐ yes → 23. Date of ANC recovery: ANCYRDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2 ☐ no

Continue with 27

Actual CBC on first day of recovery:

24. WBC: ☐☐☐☐.☐ x 10³/L ANCRWBC3

25. Neutrophils: ☐☐.☐ % ANCRNEU3

26. Lymphocytes: ☐☐.☐ % ANCRLYM3

3 ☐ No, ANC ≥ 500/mm³ was not achieved and there was no evidence of recurrent disease in the bone marrow → **Continue with 27**

4 ☐ No, ANC ≥ 500/mm³ was not achieved and there was documented persistent disease in the bone marrow post-transplant → **Continue with 68**

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

2. Suspected etiology of failure to achieve ANC > 500/mm³ or a decline in ANC: ANCPDR3

Persistent disease or relapse
1 ☐ yes
2 ☐ no

b. Immune mediated rejection ANCIM3X5
1 ☐ yes → 28. Immune mediated etiology: ANCIM31
2 ☐ no
- a. 1 ☐ yes 2 ☐ no Cellular ANCIM32
- b. 1 ☐ yes 2 ☐ no Antibody ANCIM33
- c. 1 ☐ yes 2 ☐ no Third party engraftment ANCIM34
- d. 1 ☐ yes 2 ☐ no Unknown ANCIM35

c. Graft versus host disease ANCGVHD3
1 ☐ yes
2 ☐ no

d. Non-viral infection ANCNV13
1 ☐ yes
2 ☐ no

e. Suspected viral infection
1 ☐ yes → 29. Suspected virus: ANCSV3X6 ANCSV31
2 ☐ no
- a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV) ANCSV32
- b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6) ANCSV33
- c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV) ANCSV34
- d. 1 ☐ yes 2 ☐ no Varicella ANCSV35
- e. 1 ☐ yes 2 ☐ no Other, specify: ANCSV36

f. Documented viral infection ANCDV3X6
1 ☐ yes → 30. Virus involved: ANCDV31
2 ☐ no
- a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV) ANCDV32
- b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6) ANCDV33
- c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV) ANCDV34
- d. 1 ☐ yes 2 ☐ no Varicella ANCDV35
- e. 1 ☐ yes 2 ☐ no Other, specify: ANCDV36

g. Antimicrobial therapy ANCAM3X4
1 ☐ yes → 31. Therapy:
2 ☐ no ANCAM31
- a. 1 ☐ yes 2 ☐ no Ganciclovir ANCAM32
- b. 1 ☐ yes 2 ☐ no Bactrim, Septra, Trimethoprim/Sulfamethoxazole ANCAM33
- c. 1 ☐ yes 2 ☐ no Other, specify: ANCAM34

h. Undetermined
1 ☐ yes
2 ☐ no ANCUND3

Megakaryopoiesis

The following questions relate to *initial* platelet recovery. All dates should reflect no transfusions in previous 7 days, and the first of 3 consecutive laboratory values.

32. Was a platelet count of ≥ 20,000 achieved? PL12YN3
1 ☐ yes → 33. Date platelets ≥ 20,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PL12DT3
2 ☐ no → **Continue with 38**

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

3. s a platelet count of ≥ 50,000 achieved? PL15Y N3

1 ☐ yes → 35. Date platelets ≥ 50,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PL15DT3

2 ☐ no → **Continue with 38**

36. Was a platelet count of ≥ 100,000 achieved? PL110Y N3

1 ☐ yes → 37. Date platelets ≥ 100,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PL110DT3

2 ☐ no → **Continue with 38**

38. Was recipient ever platelet transfusion independent? PL1T1Y N3

1 ☐ yes → 39. Is the date of the last platelet transfusion known?

1 ☐ yes → ☐☐ Month ☐☐ Day ☐☐☐☐ Year PL1T1KN3

2 ☐ no

If recipient was platelet transfusion independent for ≥ 14 days and then subsequently experienced a decline in platelet count and required platelet transfusions, record date of last platelet transfusion *before decline in counts*. If recipient has not required platelet transfusions since initial platelet recovery, record date of last platelet transfusion.

2 ☐ no → **Continue with 51**

40. After initial recovery to platelet count ≥ 20,000 did the platelet count decline to < 20,000 for 3 consecutive laboratory values or a decline to < 20,000 for one laboratory value and the recipient received a platelet transfusion? PL1T1DT3

1 ☐ yes → 41. Date of the first day platelet count declined below 20,000: PL1DY N3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year PL1DDT3

42. Did platelet count recover? PL1RY N3

1 ☐ yes → **Continue with 43**

2 ☐ no → **Continue with 49**

2 ☐ no → **Continue with 49**

The following date questions relate to *subsequent* platelet recovery following a decline of platelet count to below 20,000. All dates should reflect no transfusions in previous 7 days, and the first of 3 consecutive laboratory values.

43. Was a platelet count of ≥ 20,000 achieved? PLS2Y N3

1 ☐ yes → 44. Date platelets ≥ 20,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLS2DT3

2 ☐ no → **Continue with 49**

45. Was a platelet count of ≥ 50,000 achieved? PLS5Y N3

1 ☐ yes → 46. Date platelets ≥ 50,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLS5DT3

2 ☐ no → **Continue with 49**

47. Was a platelet count of ≥ 100,000 achieved? PLS10Y N3

1 ☐ yes → 48. Date platelets ≥ 100,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLS10DT3

2 ☐ no

49. Is recipient now receiving platelet transfusions? PLSREC3

1 ☐ yes → **Continue with 51**

2 ☐ no → 50. Is the date of the last platelet transfusion known? PLSKNWN3

1 ☐ yes → ☐☐ Month ☐☐ Day ☐☐☐☐ Year → PLSDT3

2 ☐ no

If platelet count ≥ 100,000 achieved, continue with question 56. Otherwise continue with question 51.

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

spected etiology of failure to achieve a platelet count ≥ 100,000 or decline in platelet count to < 20,000

a. Persistent disease or relapse PLTPDR3
1 ☐ yes
2 ☐ no

b. Immune mediated rejection PLTIM3X5
1 ☐ yes →
2 ☐ no

52. Immune mediated etiology: PLTIM31
- a. 1 ☐ yes 2 ☐ no Cellular PLTIM32
- b. 1 ☐ yes 2 ☐ no Antibody PLTIM33
- c. 1 ☐ yes 2 ☐ no Third party engraftment PLTIM34
- d. 1 ☐ yes 2 ☐ no Unknown PLTIM35

c. Graft versus host disease PLTGVHD3
1 ☐ yes
2 ☐ no

d. Non-viral infection PLTNVI3
1 ☐ yes
2 ☐ no

e. Suspected viral infection PLTSV3X6
1 ☐ yes →
2 ☐ no

53. Suspected virus: PLTSV31
- a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV) PLTSV32
- b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6) PLTSV33
- c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV) PLTSV34
- d. 1 ☐ yes 2 ☐ no Varicella ~~PLTSV34~~ PLTSV35
- e. 1 ☐ yes 2 ☐ no Other, specify: PLTSV36

f. Documented viral infection PLTDV3X6
1 ☐ yes →
2 ☐ no

54. Virus involved: PLTDV31
- a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV) PLTDV32
- b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6) PLTDV33
- c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV) PLTDV34
- d. 1 ☐ yes 2 ☐ no Varicella PLTDV35
- e. 1 ☐ yes 2 ☐ no Other, specify: PLTDV36

g. Antimicrobial therapy PLTAM3X4
1 ☐ yes →
2 ☐ no

55. Therapy: PLTAM31
- a. 1 ☐ yes 2 ☐ no Ganciclovir PLTAM32
- b. 1 ☐ yes 2 ☐ no Bactrim, Septra, Trimethoprim/Sulfamethoxazole PLTAM33
- c. 1 ☐ yes 2 ☐ no Other, specify: PLTAM34

h. Veno-occlusive disease (VOD) PLTVOD3
1 ☐ yes
2 ☐ no

i. Undetermined PLTUND3
1 ☐ yes
2 ☐ no

Recipient NMDP ID: ☐☐☐ - ☐☐☐ - ☐

Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Erythropoiesis

56. Has recipient received red blood cell (RBC) transfusions within 20 days of the day of contact? RBCREC3

1 ☐ yes
2 ☐ no →

57. Is the date of the last RBC transfusion known? RBCKNWN3
1 ☐ yes → Month ☐☐ Day ☐☐ Year ☐☐☐☐ RBCDT3
2 ☐ no ↓
Continue with 58

58. Did (does) recipient have evidence of hemolysis? HEMOLYS3

1 ☐ yes →
2 ☐ no

59. Specify criteria: _____

Current Hematologic Findings

60. Date of most recent CBC: Month ☐☐ Day ☐☐ Year ☐☐☐☐ CBCDT3

Actual CBC values:

61. WBC: ☐☐☐☐ • ☐ x 10³/L ACTWBC3
62. Neutrophils: ☐☐ • ☐ % ACTNEU3
63. Lymphocytes: ☐☐ • ☐ % ACTLYM3
64. Hemoglobin: ☐☐ • ☐ g/dL ACTHGB3
65. Hematocrit: ☐☐ • ☐ % ACTHCT3
66. Platelets: ☐☐☐☐ • ☐ x 10³/L ACTPLT3

67. Were chimerism studies performed prior to date of contact? CHIMSTD3

1 ☐ yes → Complete table on following page
2 ☐ no → Continue with 68

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

Acute Graft vs. Host Disease (GVHD)

6 Is specific therapy used post transplant to *prevent* acute GVHD or promote engraftment? PRAG3X11

1 ☐ yes → 2 ☐ no

69. For each agent listed below indicate whether or not it was used to prevent acute GVHD or promote engraftment: PRAG31
   a. 1 ☐ 2 ☐ Methotrexate PRAG32
   b. 1 ☐ 2 ☐ Cyclosporine PRAG33
   c. 1 ☐ 2 ☐ Corticosteroids PRAG34
   d. 1 ☐ 2 ☐ ALS, ALG, ATS, ATG PRAG35
   e. 1 ☐ 2 ☐ Azathioprine PRAG36
   f. 1 ☐ 2 ☐ Cyclophosphamide PRAG37
   g. 1 ☐ 2 ☐ In vivo anti T-lymphocyte monoclonal antibody, specify: PRAG38
   h. 1 ☐ 2 ☐ In vivo immunotoxin, specify: PRAG39
   i. 1 ☐ 2 ☐ Blinded randomized trial, specify agent: PRAG310
   j. 1 ☐ 2 ☐ Other, specify: PRAG311

70. Did acute GVHD occur? AGVHD4N3

1 ☐ yes →

71. Maximun overall grade: 1 ☐ I 2 ☐ II 3 ☐ III 4 ☐ IV AGVHDM63

72. Karnofsky/Lansky score at time of maximum severity of acute GVHD: ☐☐☐ (Refer to page 15 for complete scale) AGVHDKL3

73. What was the diagnosis based on? 1 ☐ Histologic evidence 2 ☐ Clinical evidence 3 ☐ Both AGVHDEV3

74. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year AGVHDDT3

75. Is acute GVHD still present at time of this report? AGVHDPR3
   1 ☐ Yes
   2 ☐ No
   3 ☐ Progressed to chronic GVHD
   4 ☐ Not known

2 ☐ no → **Continue with 82**

List the maximum severity of organ involvement attributed to acute GVHD:

76. Skin AGVSKIN3
   1 ☐ Stage 0 – No rash
   2 ☐ Stage 1 – Maculopapular rash, < 25% of body surface
   3 ☐ Stage 2 – Maculopapular rash, 25-50% of body surface
   4 ☐ Stage 3 – Generalized erythroderma
   5 ☐ Stage 4 – Generalized erythroderma with bulbous formation and desquamation

77. Intestinal tract (use ml/day for adult recipients and ml/m²/day for pediatric recipients) AGVINTE3
   1 ☐ Stage 0 – No diarrhea
   2 ☐ Stage 0 – Diarrhea ≤ 500 ml/day or < 280 ml/m²/day
   3 ☐ Stage 1 – Diarrhea > 500 but ≤ 1000 ml/day or 280-555 ml/m²/day
   4 ☐ Stage 2 – Diahrrea > 1000 but ≤ 1500 ml/day or 556-833 ml/m²/day
   5 ☐ Stage 3 – Diarrhea > 1500 ml/day or > 833 ml/m²/day
   6 ☐ Stage 4 – Severe abdominal pain, with or without ileus

78. Liver AGVLIVE3
   1 ☐ Stage 0 – Bilirubin < 2.0 mg/dL (< 34 µmol/L)
   2 ☐ Stage 1 – Bilirubin 2.0-3.0 mg/dL (34-51 µmol/L)
   ] Stage 2 – Bilirubin 3.1-6.0 mg/dL (51.1-102 µmol/L)
) Stage 3 – Bilirubin 6.1-15.0 mg/dL (102.1-255 µmol/L)
   5 ☐ Stage 4 – Bilirubin > 15.0 mg/dL (> 255 µmol/L)
   6 ☐ Not evaluable, other liver process present

Recipient NMDP ID: ☐☐☐ - ☐☐☐ - ☐

Recipient Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

79. ...ner organ involvement? AGOTH3X4

1 ☐ yes → 2 ☐ no

a. 1 ☐ yes 2 ☐ no Upper GI tract AGOTH32
b. 1 ☐ yes 2 ☐ no Lung AGOTH33
c. 1 ☐ yes 2 ☐ no Other, specify: AGOTH34

80. Was specific therapy used to *treat* acute GVHD? TRAG3X13

1 ☐ yes → 2 ☐ no

81. For each agent listed below indicate whether or not it was used to treat AGVHD (if recipient was already receiving agent, indicate if dose was increased): TRAG31

	yes	no	increasd	
a.	1 ☐	2 ☐	3 ☐	Methotrexate TRAG32
b.	1 ☐	2 ☐	3 ☐	Cyclosporine TRAG33
c.	1 ☐	2 ☐	3 ☐	Systemic corticosteroids TRAG34
d.	1 ☐	2 ☐	3 ☐	Topical corticosteroids TRAG35
e.	1 ☐	2 ☐	3 ☐	ALS, ALG, ATS, ATG TRAG36
f.	1 ☐	2 ☐	3 ☐	Azathioprine TRAG37
g.	1 ☐	2 ☐	3 ☐	Cyclophosphamide TRAG38
h.	1 ☐	2 ☐	3 ☐	Thalidomide TRAG39
i.	1 ☐	2 ☐	3 ☐	In vivo anti T-lymphocyte monoclonal antibody, specify: TRAG310
j.	1 ☐	2 ☐	3 ☐	In vivo immunotoxin, specify: TRAG311
k.	1 ☐	2 ☐	3 ☐	Blinded randomized trial, specify agent: TRAG312
l.	1 ☐	2 ☐	3 ☐	Other, specify: TRAG313

Chronic Graft vs. Host Disease

82. Has recipient developed clinical chronic GVHD? CGVHDYN3

1 ☐ yes → 2 ☐ no

Continue with 95

83. Date of onset: ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year) CGVHDDT3

84. Karnofsky/Lansky score at diagnosis of chronic GVHD: ☐☐☐ CGVHDKL3
(Refer to page 15 for complete scale)

85. Platelet count at diagnosis of chronic GVHD: ☐☐☐☐ • ☐ x 10^9/L CGVHDPL3

86. Total serum bilirubin at diagnosis of chronic GVHD: ☐☐ • ☐ Unit of measurement 1 ☐ mg/dL 2 ☐ µmol/L CGVHDBU3 CGVHDBT3

87. What was the diagnosis based on?

1 ☐ Histologic evidence
2 ☐ Clinical evidence CGVHDEV3
3 ☐ Both

88. Maximum grade of chronic GVHD: CGVHDMG3

1 ☐ Limited (Localized skin involvement and/or hepatic dysfunction due to chronic GVHD)
2 ☐ Extensive (Generalized skin involvement or localized skin involvement and/or hepatic dysfunction due to chronic GVHD, plus;
- Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
- Involvement of eye: Schirmer's test with < 5 mm wetting; or
- Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
- Involvement of any other target organ

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

CGVH3X17

89. Indicate if there was organ involvement with chronic GVHD from list below:

a. 1 ☐ yes 2 ☐ no Cutaneous involvement CGVH31
b. 1 ☐ yes 2 ☐ no Xerophthalmia (dry eyes) CGVH32
c. 1 ☐ yes 2 ☐ no Oral involvement CGVH33
d. 1 ☐ yes 2 ☐ no Mucositis, specify site: CGVH34
e. 1 ☐ yes 2 ☐ no Esophogeal involvement CGVH35
f. 1 ☐ yes 2 ☐ no Chronic nausea/vomiting CGVH36
g. 1 ☐ yes 2 ☐ no Chronic diarrhea CGVH37
h. 1 ☐ yes 2 ☐ no Other GI tract involvement CGVH38
i. 1 ☐ yes 2 ☐ no Weight loss CGVH39
j. 1 ☐ yes 2 ☐ no Hepatitis/hepatic involvement CGVH310
k. 1 ☐ yes 2 ☐ no Arthritis/arthralgia (joint pain) CGVH311
l. 1 ☐ yes 2 ☐ no Contractures CGVH312
m. 1 ☐ yes 2 ☐ no Obstructive lung disease CGVH313
n. 1 ☐ yes 2 ☐ no Serositis, specify site: CGVH314
o. 1 ☐ yes 2 ☐ no Myositis/myalgia (tenderness/pain in muscles) CGVH315
p. 1 ☐ yes 2 ☐ no Thrombocytopenia CGVH316
q. 1 ☐ yes 2 ☐ no Other, specify: CGVH317

90. Was specific therapy used to *treat* chronic GVHD? TRCG3X12

1 ☐ yes → 91. For each agent listed below indicate whether or not it was used to treat chronic GVHD: TRCG31

	Yes, still taking	Dose increased, still taking	Yes, no longer taking	No
a. ALS, ALG, ATS, ATG TRCG32	1 ☐	2 ☐	3 ☐	4 ☐
b. Azathioprine TRCG33	1 ☐	2 ☐	3 ☐	4 ☐
c. Cyclosporine TRCG34	1 ☐	2 ☐	3 ☐	4 ☐
d. Systemic corticosteroids TRCG35	1 ☐	2 ☐	3 ☐	4 ☐
e. Topical corticosteroids TRCG36	1 ☐	2 ☐	3 ☐	4 ☐
f. Cyclophosphamide TRCG37	1 ☐	2 ☐	3 ☐	4 ☐
g. Thalidomide TRCG38	1 ☐	2 ☐	3 ☐	4 ☐
h. In vivo anti T-lymphocyte monoclonal antibody, specify: TRCG39	1 ☐	2 ☐	3 ☐	4 ☐
i. In vivo immunotoxin, specify: TRCG310	1 ☐	2 ☐	3 ☐	4 ☐
j. Blinded randomized trial, specify agent: TRCG311	1 ☐	2 ☐	3 ☐	4 ☐
k. Other, specify: TRCG312	1 ☐	2 ☐	3 ☐	4 ☐

92. Is the recipient still receiving treatment for chronic GVHD? TRCGYN3

1 ☐ yes
2 ☐ no → 93. Date final treatment was administered:

TRC6DT3 → Month ☐☐ Day ☐☐ Year ☐☐☐☐

94. Is chronic GVHD still present?

1 ☐ yes
2 ☐ no CGVHDPR3
3 ☐ no symptoms, recipient still receiving treatment

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

O'' Treatment and Clinical Status Post-Transplant

95 ..ere transfusions given at any time after the start of conditioning to present? TRANSYN3

1 ☐ yes → 2 ☐ no

96. Did recipient receive only CMV seronegative blood products?
1 ☐ yes 2 ☐ no CMVNEG3

97. Were blood products filtered to reduce leukocytes?
1 ☐ yes 2 ☐ no BPFILT3

98. Did recipient receive any of the following agents for infection prophylaxis after start of conditioning to present? INPR3X14

1 ☐ yes → 2 ☐ no

99. Specify: INPR31

a. 1 ☐ yes 2 ☐ no Polyclonal IV gamma globulin (not ATG) INPR32
b. 1 ☐ yes 2 ☐ no IV amphotericin INPR33
c. 1 ☐ yes 2 ☐ no Fluconazole INPR34
d. 1 ☐ yes 2 ☐ no Itraconazole INPR35
e. 1 ☐ yes 2 ☐ no Other systemic antifungal agent, specify: INPR36
f. 1 ☐ yes 2 ☐ no Acyclovir INPR37
g. 1 ☐ yes 2 ☐ no Ganciclovir INPR38
h. 1 ☐ yes 2 ☐ no Foscarnet INPR39
i. 1 ☐ yes 2 ☐ no Other antiviral agent, specify: INPR310
j. 1 ☐ yes 2 ☐ no Trimethoprim/sulfamethoxazole (Bactrim, Septra) INPR311
k. 1 ☐ yes 2 ☐ no Pentamidine INPR312
l. 1 ☐ yes 2 ☐ no Other pneumocystis prophylaxis, specify: NIPR313
m. 1 ☐ yes 2 ☐ no Other, specify: INPR314

Organ Function

Pulmonary Function

100. Did recipient develop interstitial pneumonitis after the start of conditioning to present? (Interstitial pneumonitis is characterized by hypoxia and diffuse interstitial infiltrates on chest x-ray not caused by fluid overload.) PNYN3

1 ☐ yes → 2 ☐ no

Continue with 107

101. What was the date of onset? ☐☐ ☐☐ ☐☐☐☐ (Month, Day, Year) PNDT3

102. Were diagnostic tests done? PNTEST3

1 ☐ yes → 2 ☐ no

103. Diagnosis was evaluated by: PNDIA3XJ

a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage PNDIA31
b. 1 ☐ yes 2 ☐ no Transbronchial biopsy PNDIA32
c. 1 ☐ yes 2 ☐ no Open lung biopsy PNDIA33
d. 1 ☐ yes 2 ☐ no Autopsy PNDIA34
e. 1 ☐ yes 2 ☐ no Other, specify: PNDIA35

104. Was an organism isolated? PNO13X9

1 ☐ yes → 2 ☐ no (idiopathic)

105. Etiology: PNO131

a. 1 ☐ yes 2 ☐ no Pneumocystis carinii PNO 132
b. 1 ☐ yes 2 ☐ no Aspergillus PNO 133
c. 1 ☐ yes 2 ☐ no Cytomegalovirus PNO134
d. 1 ☐ yes 2 ☐ no Herpes simplex PNO135
e. 1 ☐ yes 2 ☐ no Adenovirus PNO 136
f. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6) PNO 137
g. 1 ☐ yes 2 ☐ no Other virus, specify: PNO 138
h. 1 ☐ yes 2 ☐ no Other, specify: PNO 139

106. Has interstitial pneumonitis resolved? 1 ☐ yes 2 ☐ no PNRESLV3

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

10[illegible] recipient develop pulmonary abnormalities other than interstitial pneumonitis after the start of conditioning to present?

1 ☐ yes → 108. Did recipient develop Acute Respiratory Distress Syndrome (ARDS)? PAYN3

2 ☐ no → Continue with 122

108. Did recipient develop Acute Respiratory Distress Syndrome (ARDS)? PAYN3

1 ☐ yes → 109. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year ARDT3

2 ☐ no ARYN3

110. Were diagnostic tests done? ARTEST3

1 ☐ yes → 111. Diagnosis was evaluated by: ARDIA3X5

2 ☐ no

a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage ARDIA31

b. 1 ☐ yes 2 ☐ no Transbronchial biopsy ARDIA32

c. 1 ☐ yes 2 ☐ no Open lung biopsy ARDIA33

d. 1 ☐ yes 2 ☐ no Autopsy ARDIA34

e. 1 ☐ yes 2 ☐ no Other, specify: ARDIA35

112. Did recipient develop bronchiolitis obliterans? BOYN3

1 ☐ yes → 113. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year BODT3

2 ☐ no

114. Were diagnostic tests done? BOTEST3

1 ☐ yes → 115. Diagnosis was evaluated by: BODIA3X5

2 ☐ no

a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage BODIA31

b. 1 ☐ yes 2 ☐ no Transbronchial biopsy BODIA32

c. 1 ☐ yes 2 ☐ no Open lung biopsy BODIA33

d. 1 ☐ yes 2 ☐ no Autopsy BODIA34

e. 1 ☐ yes 2 ☐ no Other, specify: BODIA35

116. Did recipient develop pulmonary hemorrhage? PHYN3

1 ☐ yes → 117. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PHDT3

2 ☐ no

118. Were diagnostic tests done? PHTEST3

1 ☐ yes → 119. Diagnosis was evaluated by: PHDIA3X5

2 ☐ no

a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage PHDIA31

b. 1 ☐ yes 2 ☐ no Transbronchial biopsy PHDIA32

c. 1 ☐ yes 2 ☐ no Open lung biopsy PHDIA33

d. 1 ☐ yes 2 ☐ no Autopsy PHDIA34

e. 1 ☐ yes 2 ☐ no Other, specify: PHDIA35

120. Did recipient develop other pulmonary abnormalities? PAOTHER3

1 ☐ yes → 121. Specify: _____

2 ☐ no

Liver Function

MAXBQT3

122. Recipient's maximum known total bilirubin: ☐☐☐.☐ Unit of measurement: 1 ☐ mg/dL *or* 2 ☐ µmol/L MAXBMEA3

123. Date of maximum known total bilirubin: ☐☐ Month ☐☐ Day ☐☐☐☐ Year MAXBDT3

124. [illegible]cipient's bilirubin on day of contact: ☐☐☐.☐ Unit of measurement: 1 ☐ mg/dL *or* 2 ☐ µmol/L CONBMEA3

CONBQTY3

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

12[illegible] the recipient develop any of the following clinical signs/symptoms of abnormal liver function after the start of conditioning to ent? ALF3X6

a. 1 ☐ yes 2 ☐ no Jaundice ALF31
b. 1 ☐ yes 2 ☐ no Hepatomegaly ALF32
c. 1 ☐ yes 2 ☐ no Right upper quadrant pain ALF33
d. 1 ☐ yes 2 ☐ no Ascites ALF34
e 1 ☐ yes 2 ☐ no Weight gain (> 5%) ALF35
f. 1 ☐ yes 2 ☐ no Other, specify: ALF36

126. Did recipient develop liver toxicity after the start of conditioning to present? LTYN3

1 ☐ yes → 2 ☐ no

127. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year LTDT3

128. Etiology: LTETIOL3
1 ☐ Veno-occlusive disease (VOD)
2 ☐ Other, specify: _____
3 ☐ VOD and other, specify: _____
4 ☐ Unknown

129. Diagnosis was based on: LTDIA3X5
a. 1 ☐ yes 2 ☐ no Clinical signs and symptoms LTDIA31
b. 1 ☐ yes 2 ☐ no Elevated liver enzymes LTDIA32
c. 1 ☐ yes 2 ☐ no Biopsy LTDIA33
d. 1 ☐ yes 2 ☐ no Autopsy LTDIA34
e. 1 ☐ yes 2 ☐ no Other, specify: LTDIA35

130. Has liver toxicity resolved? LTRESLV3
1 ☐ yes
2 ☐ no

Kidney Function

131. Recipient's serum creatinine on day of contact: ☐☐.☐ mg/dL SERCREA3

New Malignancy

132. Did a *new* malignancy, lymphoproliferative or myeloproliferative disorder appear? NMYN3

1 ☐ yes → 2 ☐ no

133. Diagnosis: NMDIA3X6
a. 1 ☐ yes 2 ☐ no AML/MDS NMDIA31
b. 1 ☐ yes 2 ☐ no B-cell lymphoproliferative disorder NMDIA32
c. 1 ☐ yes 2 ☐ no Other lymphoma, specify: NMDIA33
d. 1 ☐ yes 2 ☐ no Skin cancer, specify: NMDIA34
e. 1 ☐ yes 2 ☐ no Solid tumor, specify: NMDIA35
f. 1 ☐ yes 2 ☐ no Other, specify, including site: NMDIA36

134. Date of diagnosis: ☐☐ Month ☐☐ Day ☐☐☐☐ Year NMDT3

Survival and Functional Status

135. Was recipient discharged from hospital after transplant? DISCHYN3

1 ☐ yes → 2 ☐ no

136. Date of first discharge from hospital after transplant: DISCHDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

137. Total number of inpatient days in first 100 days post-transplant: ☐☐☐ DAYSINP3

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

138 Is the recipient alive on the day of contact? ALIVEYN3

1 ☐ yes → 139 If the recipient was alive on the day of contact, complete the Karnofsky Scale for recipients 16 years or older and the Lansky Scale for recipients younger than 16. Rate activity of recipients hospitalized for therapy according to how they were functioning before hospitalization.

2 ☐ no

KARNOFSKY SCALE ≥ 16 yrs ALIVE KPS

Check the phrase in the Karnofsky Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

1 ☐ 100 Normal; no complaints; no evidence of disease
2 ☐ 90 Able to carry on normal activity
3 ☐ 80 Normal activity with effort

Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed

4 ☐ 70 Cares for self; unable to carry on normal activity or to do active work
5 ☐ 60 Requires occasional assistance but is able to care for most needs
6 ☐ 50 Requires considerable assistance and frequent medical care

Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly

7 ☐ 40 Disabled; requires special care and assistance
8 ☐ 30 Severely disabled; hospitalization indicated, although death not imminent
9 ☐ 20 Very sick; hospitalization necessary
10 ☐ 10 Moribund; fatal process progressing rapidly

LANSKY SCALE < 16 yrs

Select the phrase in the Lansky Play-Performance Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

1 ☐ 100 Fully active
2 ☐ 90 Minor restriction in physically strenuous play
3 ☐ 80 Restricted in strenuous play, tires more easily, otherwise active

Mild to moderate restriction

4 ☐ 70 Both greater restrictions of, and less time spent in, active play
5 ☐ 60 Ambulatory up to 50% of time, limited active play with assistance/supervision
6 ☐ 50 Considerable assistance required for any active play; fully able to engage in quiet play

Moderate to severe restriction

7 ☐ 40 Able to initiate quiet activities
8 ☐ 30 Needs considerable assistance for quiet activity
9 ☐ 20 Limited to very passive activity initiated by others (e.g., TV)
10 ☐ 10 Completely disabled, not even passive play

Disease Status and Treatment Post-Transplant

Questions 140–166 are disease specific questions. For this section, only answer the questions that pertain to the disease that was reported for this recipient on the Form 120, 520, 620.

Leukemia, Lymphoma, MDS, Other Malignancy (If recipient's original diagnosis was CML only answer questions 146-163.)

140. What is (was) the status of recipient's disease at time of this report or at time of death? LLSTAT3

1 ☐ First complete remission post transplant (no hematologic evidence of disease) → **Continue with 167**

2 ☐ Therapy-induced complete remission after persistent disease or relapse post transplant →

141. Date of first relapse: ☐☐ Month ☐☐ Day ☐☐☐☐ Year LLRELDT3

142. Site of relapse: LLRS3X4

Relapse or persistent disease →

a. 1 ☐ yes 2 ☐ no Blood and/or bone marrow LLRS31
b. 1 ☐ yes 2 ☐ no CNS LLRS32
c. 1 ☐ yes 2 ☐ no Testes LLRS33
d. 1 ☐ yes 2 ☐ no Other, specify: LLRS34 _____

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143. Was patient treated for post-transplant relapse? LLRT3X10
- 1 ☐ yes → 144. What treatments were given? LLRT31
  - a. 1 ☐ yes 2 ☐ no Interferon gamma LLRT32
  - b. 1 ☐ yes 2 ☐ no Interferon alpha LLRT33
  - c. 1 ☐ yes 2 ☐ no Chemotherapy LLRT34
  - d. 1 ☐ yes 2 ☐ no Withdrawal of immunosuppression LLRT35
  - e. 1 ☐ yes 2 ☐ no Immunotoxins LLRT36
  - f. 1 ☐ yes 2 ☐ no Donor leukocytes LLRT37
  - g. 1 ☐ yes 2 ☐ no Second transplant LLRT38
  - h. 1 ☐ yes 2 ☐ no Growth factors, specify: LLRT39
  - i. 1 ☐ yes 2 ☐ no Other, specify: LLRT310
- 2 ☐ no

145. Did the patient acheive a hematologic remission? LLHEMRE3
- 1 ☐ yes
- 2 ☐ no
- 3 ☐ not applicable

Continue with 167

CML Only

146. Did Chronic Myelogenous Leukemia recur (include clinical and/or cytogenetic relapse) post-transplant? CMRECYN3
- 1 ☐ yes → 147. Was post-transplant relapse extramedullary only? CMEMYN3
  - 1 ☐ yes → 148. Date of extramedullary relapse: CMEMDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year
    149. Site of relapse, specify: _____
    Continue with 157
  - 2 ☐ no
    150. Was *initial* post-transplant relapse cytogenetic *only*? CMCYYN3
    - 1 ☐ yes → 151. Date of cytogenetic relapse: CMBMDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year
      152. Did hematologic evidence of CML *subsequently* appear? CMHEYN3
      - 1 ☐ yes → 153. Date of hematologic relapse: CMHEDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year
        154. *Initial hematologic* relapse findings were consistent with: CMHECON3
        - 1 ☐ Chronic phase
        - 2 ☐ Acccelerated phase
        - 3 ☐ Blast phase

        Continue with 157
      - 2 ☐ no

      Cont. with 157
- 2 ☐ no

155. Were initial post-transplant relapse hematologic findings consistent with: CMPTCON3
- 1 ☐ Chronic phase → 153. Date of relapse: CMPTDT3 ☐☐ Month ☐☐ Day ☐☐☐☐ Year
- 2 ☐ Accelerated or blast phase →

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

157. Was recipient treated for post-transplant relapse? CMTRYN3
- 1 ☐ yes →
- 2 ☐ no

158. What treatments were given? CMTRT3X9
- a. 1 ☐ yes 2 ☐ no Interferon gamma CMTRT31
- b. 1 ☐ yes 2 ☐ no Interferon alpha CMTRT32
- c. 1 ☐ yes 2 ☐ no Chemotherapy CMTRT33
- d. 1 ☐ yes 2 ☐ no Withdrawal of immunosuppression CMTRT34
- e. 1 ☐ yes 2 ☐ no Immunotoxins CMTRT35
- f. 1 ☐ yes 2 ☐ no Donor leukocytes CMTRT36
- g. 1 ☐ yes 2 ☐ no Second transplant CMTRT37
- h. 1 ☐ yes 2 ☐ no Growth factors, specify: CMTRT38
- i. 1 ☐ yes 2 ☐ no Other, specify: CMTRT39

159. Did recipient achieve hematologic remission? CMHEMRE3
- 1 ☐ yes
- 2 ☐ no
- 3 ☐ not applicable

160. Did recipient achieve cytogenetic remission? CMCRYN3
- 1 ☐ yes →
- 2 ☐ no →
- 3 ☐ not applicable, extramedullary relapse only
- 4 ☐ not tested

161. Date bone marrow examined: CMCRDT3
Month ☐☐ Day ☐☐ Year ☐☐☐☐

162. Did recipient achieve chronic phase?
- 1 ☐ yes CMCRCP3
- 2 ☐ no
- 3 ☐ not applicable, cytogenetic relapse only

Continue with 163

Cont. with 163

163. At the time of this report, CML was (check one box only): CMLSTAT3
- 1 ☐ Absent
- 2 ☐ Present on cytogenetic testing only
- 3 ☐ In chronic phase
- 4 ☐ In accelerated phase
- 5 ☐ In blast phase

Continue with 167

Aplastic Anemia, Nonmalignant Hematologic Disorders, Inborn Errors of Metabolism

164. What was the status of original disease at the time of this report? NHDSTAT3
- 1 ☐ Cured
- 2 ☐ Improved
- 3 ☐ Unchanged
- 4 ☐ Worse
- 5 ☐ Unknown

Continue with 167

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

Immunodeficiency Disease (For SCIDS complete Insert I; for WAS complete Insert II, and answer questions 165 and 166.)

165. What was the status of T-cell function at this visit or at the time of death? IDTSTAT3
- 1 ☐ Absent (≤ 10% normal response)
- 2 ☐ Normal
- 3 ☐ Partial
- 4 ☐ Unknown

166. What was the status of B-cell function at this visit or at the time of death? IDBSTAT3
- 1 ☐ Absent (≤ 10% normal response)
- 2 ☐ Normal
- 3 ☐ Partial
- 4 ☐ Unknown

Subsequent Stem Cell Infusion

Complete this section if recipient has received a subsequent stem cell infusion. If the donor is a second unrelated donor, complete a new Form 120, 520, 620 for baseline information relative to the subsequent infusion.

167. Date of subsequent stem cell infusion: ☐☐ (Month) ☐☐ (Day) ☐☐☐☐ (Year) SCIDT3

168. What was the indication for subsequent stem cell infusion? SCIIND3
- 1 ☐ Graft failure/rejection
- 2 ☐ Recurrence of disease
- 3 ☐ Other, specify: _____

169. Source of stem cells: SCISRCA3
- 1 ☐ Autologous
  - 1 ☐ Cryopreserved bone marrow
  - 2 ☐ Cryopreserved peripheral blood stem cells
- 2 ☒ Allogeneic, unrelated
  - 1 ☐ Fresh, original donor bone marrow
  - 2 ☐ Cryopreserved original donor bone marrow
  - 3 ☐ Fresh, second donor bone marrow
  - 4 ☐ Fresh, original donor *mobilized* peripheral blood stem cells
  - 5 ☐ Cryopreserved original donor *mobilized* peripheral blood stem cells
  - 6 ☐ Fresh, second donor *mobilized* peripheral blood stem cells
  - 7 ☐ **NMDP cord blood**
  - 8 ☐ **Non-NMDP cord blood**
- 3 ☐ Allogeneic, related
  - 1 ☐ Bone marrow
  - 2 ☐ Peripheral blood
  - 3 ☐ Cord blood

170. Signed: _____ (Person completing form)

Please print name: _____

Phone: (_____) _____

(_____) _____

E-mail address: _____

National Marrow Donor Program®
Six Month to Two Year Follow-Up Visit of Recipient

[NMDP 140]

Unrelated Recipient NMDP ID: ___ - ___ - ___

Recipient Last Name:

Related Unique Recipient Number (UPN):

Unrelated and Related Recipient Local ID (optional):

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

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

Visit: ☐ 6 month ☐ 1 year ☐ 2 year

Product type: ☐ Marrow (Form 140) ☐ PBSC (Form 540) ☐ Cord blood (Form 640)

Registry Use Only

Sequence Number:

Date Received:

N140DT

Unrelated Donor Marrow Transplant and Related Donor Marrow Transplant for CML Recipient

Information should come from an actual examination by the transplant center physician, or the private physician who is following the recipient post-transplant.

1. Date of actual contact with recipient to determine medical status for this follow-up report: Month ___ Day ___ Year ____

2. Did recipient receive a subsequent stem cell infusion (bone marrow, mobilized peripheral blood stem cells, cord blood) since last report? STEMCEL4
   - ☐ yes → Answer questions 164–166 on page 18.
   - ☐ no

3. Did recipient die since last report? DIED4
   - 1 ☐ yes → Answers to subsequent questions should reflect clinical status immediately prior to death.
   - 2 ☐ no → Answers to subsequent questions should reflect clinical status on day of actual contact for this follow-up evaluation.

4. Has recipient received an infusion of peripheral blood mononuclear cells or lymphocytes from the donor since last report?
   - 1 ☐ yes →
   - 2 ☐ no

   PBMCDR4

   5. Date the first infusion was given: Month ___ Day ___ Year ____ PBMCDT4
   6. Recipient weight within 2 weeks of first infusion: ___ kg PPMCWT4
   7. Total number of infusions: ___ PPMCNUM4
   8. Total dose of mononuclear cells: ___ • ___ x 10^{10} PPMCMNC4
   9. Indication for the infusion(s) of donor cells: PBMCIND4
      - 1 ☐ Relapse
      - 2 ☐ Treatment for B cell lymphoproliferative disorder
      - 3 ☐ Prophylaxis against B cell lymphoproliferative disorder
      - 4 ☐ Graft failure
      - 5 ☐ Viral infection, specify: _____
      - 6 ☐ Other, specify: _____

Mail this form to:
The NMDP Registry, Suite 500,
3433 Broadway St. N.E., Minneapolis, MN 55413
Retain a copy at the transplant center.

NMDP Form 140, 540, 640 V5 (1–18) November 1998

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

ıatopoietic Reconstitution Post-Transplant

10. Has the recipient received hematopoietic, lymphoid growth factors or cytokines since last report? HLGFC4

1 ☐ yes → 2 ☐ no

11. Specify agents given:

	Yes	No	Date started Month	Day	Year	Date stopped Month	Day	Year	Code (below)
a. G-CSF	1 ☐	2 ☐							
b. GM-CSF	1 ☐	2 ☐							
c. Erythropoietin	1 ☐	2 ☐							
d. Thrombopoietin	1 ☐	2 ☐							
e. Interleukin – 2 (IL-2)	1 ☐	2 ☐							
f. Interleukin – 3 (IL-3)	1 ☐	2 ☐							
g. Interleukin – 6 (IL-6)	1 ☐	2 ☐							
h. PIXY – 321	1 ☐	2 ☐							
i. Stem Cell Factor (SCF)	1 ☐	2 ☐							
j. Interferon alpha	1 ☐	2 ☐							
k. Interferon gamma	1 ☐	2 ☐							
l. Blinded growth factor trial, specify agent: _____	1 ☐	2 ☐							
m. Other, specify: _____	1 ☐	2 ☐							

GCSFAD B4/E4
GMAD B4/E4
ERYTAD B4/E4
THROAD B4/E4
IL2AD
IL3AD
IL6RD
PIXYAD
SCFAD
ALPHAD
GAMMAD
BGFAD
OTHRAD

INDC4X13

Codes for Indication of Therapy

1. Intervention for delay/decline in absolute neutrophil count (ANC)
2. Intervention for delay/decline in platelets
3. Intervention for delay/decline in both ANC and platelets
4. Intervention for delay/decline in red blood cell counts
5. Antileukemic or tumor agent (prevention)
6. Antileukemic or tumor agent (treatment)
7. Other intervention therapy

12. After being off growth factors for at least 30 days, did the recipient receive other courses of growth factors or cytokines post-transplant?

1 ☐ yes
2 ☐ no
3 ☐ unknown

HLGFC304

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

.ulopoiesis

HEMRSC4

13. Did the recipient achieve an *initial* hematopoietic recovery (ANC ≥ 500/mm³ for 3 consecutive lab values obtained on different days) since last report?

1 ☐ Yes →

14. Date ANC ≥ 500/mm³ (first of 3 consecutive lab values): ANCNDT4 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

15. Was ANC ≥ 1,000/mm³ achieved and sustained for 3 consecutive lab values?

1 ☐ yes →

Date (first of 3 consecutive lab values): ANCNUDT4 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2 ☐ noANCNUYN4

Continue with 16

2 ☐ No, recipient's initial hematopoietic recovery was recorded on a previous report

Continue with 16

3 ☐ No, recipient has never achieved an ANC ≥ 500/mm³ for three consecutive lab values obtained on different days and there is no evidence of recurrent disease

Continue with 26

4 ☐ No, recipient has never achieved an ANC ≥ 500/mm³ for three consecutive lab values obtained on different days and there was documented persistent malignant disease post-transplant

Continue with 68

16. Following initial hematopoietic recovery (ANC ≥ 500/mm³ for three consecutive lab values obtained on different days) did the recipient experience a subsequent decline in ANC to < 500/mm³ for greater than three days since last report?

☐ yes →

2 ☐ no

ANCYYN4

Continue with 31

17. Date of decline in ANC to < 500/mm³ for greater than 3 days (first of 3 days that ANC declined): ☐☐ Month ☐☐ Day ☐☐☐☐ Year ANCYDDT4

Actual CBC on first day of decline:

18. WBC: ☐☐☐☐.☐ x 10⁹/L ANCWBC4

19. Neutrophils: ☐☐.☐ % ANCNEU4

20. Lymphocytes: ☐☐.☐ % ANCLYM4

21. Did recipient recover and maintain ANC ≥ 500/mm³ following the decline?

1 ☐ yes →

2 ☐ no

ANCRYN4

22. Date of ANC recovery: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Actual CBC on first day of recovery: ANCYRDT4

23. WBC: ☐☐☐☐.☐ x 10⁹/L ANCRWBC4

24. Neutrophils: ☐☐.☐ % ANCRNEU4

25. Lymphocytes: ☐☐.☐ % ANCRLYM4

Continue with 26

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

uspected etiology of failure to achieve ANC ≥ 500/mm^3 or a decline in ANC:

a. Persistent disease or relapse
1 ☐ yes
2 ☐ no
ANCPDR4

b. Immune mediated rejection
1 ☐ yes → 27. Immune mediated etiology:
2 ☐ no ANCIM4X5
a. 1 ☐ yes 2 ☐ no Cellular
b. 1 ☐ yes 2 ☐ no Antibody
c. 1 ☐ yes 2 ☐ no Third party engraftment
d. 1 ☐ yes 2 ☐ no Unknown

c. Graft versus host disease
1 ☐ yes
2 ☐ no ANCGVHD4

d. Non-viral infection
1 ☐ yes
2 ☐ no ANCNVI4

e. Suspected viral infection
1 ☐ yes → 28. Suspected virus:
2 ☐ no ANCSV4X6
a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV)
b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6)
c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV)
d. 1 ☐ yes 2 ☐ no Varicella
e. 1 ☐ yes 2 ☐ no Other, specify: _____

f. Documented viral infection
1 ☐ yes → 29. Virus involved:
2 ☐ no ANCDV4X6
a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV)
b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6)
c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV)
d. 1 ☐ yes 2 ☐ no Varicella
e. 1 ☐ yes 2 ☐ no Other, specify: _____

g. Antimicrobial therapy ANCCAM4X4
1 ☐ yes → 30. Therapy:
2 ☐ no
a. 1 ☐ yes 2 ☐ no Ganciclovir
b. 1 ☐ yes 2 ☐ no Bactrim, Septra, Trimethoprim/Sulfamethoxazole
c. 1 ☐ yes 2 ☐ no Other, specify: _____

h. Undetermined
1 ☐ yes
2 ☐ no ANCUD4 N

Megakaryopoiesis

The following questions relate to *initial* platelet recovery. All dates should reflect no transfusions in previous 7 days, and the first of 3 consecutive laboratory values obtained on different days.

31. Did recipient achieve an initial platelet count of ≥ 20,000 since last report? PLT2LR4

1 ☐ Yes → Continue with 32

2 ☐ No, recipient achieved a platelet count of ≥ 20,000 prior to current report but < 50,000 → Continue with 34

3 ☐ No, recipient achieved a platelet count of ≥ 50,000 prior to current report but < 100,000 → Continue with 36

☐ No, recipient achieved a platelet count of ≥ 100,000 prior to current report → Continue with 40

5 ☐ No, recipient never achieved a platelet count of ≥ 20,000 → Continue with 49

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

Was a platelet count of ≥ 20,000 achieved? PLI2YN4

1 ☐ yes → 33. Date platelets ≥ 20,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLI2DT4

2 ☐ no → **Continue with 38**

34. Was a platelet count of ≥ 50,000 achieved? PLI5YN4

1 ☐ yes → 35. Date platelets ≥ 50,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLI5DT4

2 ☐ no → **Continue with 38**

36. Was a platelet count of ≥ 100,000 achieved? PLI10YN4

1 ☐ yes → 37. Date platelets ≥ 100,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLI10DT4

2 ☐ no

38. Was recipient ever platelet transfusion independent? PLITIYN4

1 ☐ yes → 39. Is the date of the last platelet transfusion known?

1 ☐ yes → ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLITIDT4

2 ☐ no PLITIKN4

If recipient was platelet transfusion independent for ≥ 14 days and then subsequently experienced a decline in platelet count and required platelet transfusions, record date of last platelet transfusion *before decline in counts*. If recipient has not required platelet transfusions since initial platelet recovery, record date of last platelet transfusion.

2 ☐ no → **Continue with 51**

After initial recovery to platelet count ≥ 20,000 did the platelet count decline to < 20,000 for 3 consecutive laboratory values or a decline to < 20,000 for one laboratory value and the recipient received a platelet transfusion?

1 ☐ yes → PLIDYN4

41. Date of the first day platelet count declined below 20,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLIDDT4

42. Has platelet count recovered? PLIRYN4

1 ☐ yes → **Continue with 43**

2 ☐ no → **Continue with 49**

2 ☐ no → **Continue with 49**

The following date questions relate to *subsequent* platelet recovery following a decline of platelet count to below 20,000. All dates should reflect no transfusions in previous 7 days, and the first of 3 consecutive laboratory values.

43. Was a platelet count of ≥ 20,000 achieved?

1 ☐ yes → PLS2YN4

44. Date platelets ≥ 20,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLS2DT4

2 ☐ no → **Continue with 49**

45. Was a platelet count of ≥ 50,000 achieved?

1 ☐ yes → PLS5YN4

46. Date platelets ≥ 50,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLS5DT4

2 ☐ no → **Continue with 49**

47. Was a platelet count of ≥ 100,000 achieved?

☐ yes →

2 ☐ no PLS10YN4

48. Date platelets ≥ 100,000: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLS10DT4

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

; recipient now receiving platelet transfusions?

1 ☐ yes → **Continue with 51**

2 ☐ no → 50. Is the date of the last platelet transfusion known?

PLSPEC4

1 ☐ yes → ☐☐ Month ☐☐ Day ☐☐☐☐ Year PLSDT4

2 ☐ no

3 ☐ previously reported PLSKNWN4

If platelet count ≥ 100,000 achieved, continue with question 56. Otherwise continue with question 51.

51. Suspected etiology of failure to achieve a platelet count ≥ 100,000 or decline in platelet count to < 20,000:

a. Persistent disease or relapse
1 ☐ yes PLTPDR4
2 ☐ no

b. Immune mediated rejection
1 ☐ yes →
2 ☐ no
PLITIM4X5

52. Immune mediated etiology:
a. 1 ☐ yes 2 ☐ no Cellular
b. 1 ☐ yes 2 ☐ no Antibody
c. 1 ☐ yes 2 ☐ no Third party engraftment
d. 1 ☐ yes 2 ☐ no Unknown

c. Graft versus host disease
1 ☐ yes
2 ☐ no PLTGVHD4

d. Non-viral infection
1 ☐ yes
2 ☐ no PLTNVI4

e. Suspected viral infection
1 ☐ yes →
2 ☐ no
PLTSV4X6

53. Suspected virus:
a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV)
b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6)
c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV)
d. 1 ☐ yes 2 ☐ no Varicella
e. 1 ☐ yes 2 ☐ no Other, specify: _____

f. Documented viral infection
1 ☐ yes →
2 ☐ no
PLTDV4X6

54. Virus involved:
a. 1 ☐ yes 2 ☐ no Cytomegalovirus (CMV)
b. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6)
c. 1 ☐ yes 2 ☐ no Herpes Simplex Virus (HSV)
d. 1 ☐ yes 2 ☐ no Varicella
e. 1 ☐ yes 2 ☐ no Other, specify: _____

g. Antimicrobial therapy
1 ☐ yes →
2 ☐ no
PLTAM4X4

55. Therapy:
a. 1 ☐ yes 2 ☐ no Ganciclovir
b. 1 ☐ yes 2 ☐ no Bactrim, Septra, Trimethoprim/Sulfamethoxazole
c. 1 ☐ yes 2 ☐ no Other, specify: _____

h. Veno-occlusive disease (VOD)
1 ☐ yes
2 ☐ no PLTVOD4

i. Undetermined
1 ☐ yes
2 ☐ no PLTUND4

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

ıropoiesis

56. Has recipient received red blood cell (RBC) transfusions within 20 days of the day of contact?
1 ☐ yes
2 ☐ no → RBCREC4

57. Is the date of the last RBC transfusion known?
1 ☐ yes → RBCKNWN Month ☐☐ Day ☐☐ Year ☐☐☐☐ RBCDT4
2 ☐ no
Continue with 58

58. Did (does) recipient have evidence of hemolysis?
1 ☐ yes →
2 ☐ no
HEMOLYS4

59. Specify criteria: _____
(e.g., fragmented red cells, spherocytes, hemoglobinuria, etc.)

Current Hematologic Findings

60. Date of most recent CBC: CBCDT4 Month ☐☐ Day ☐☐ Year ☐☐☐☐

Actual CBC results:

61. WBC: ☐☐☐☐.☐ x 10^9/L ACTWBC4
62. Neutrophils: ☐☐.☐ % ACTNEU4
Lymphocytes: ☐☐.☐ % ACTLYM4
64. Hemoglobin: ☐☐.☐ g/dL ☐ not tested ACTHGB4
65. Hematocrit: ☐☐.☐ % ☐ not tested ACTHCT4
66. Platelets: ☐☐☐☐.☐ x 10^9/L ACTPLT4

67. Were chimerism studies performed prior to date of contact? CHIMSTD4
1 ☐ yes → Complete table on following page
2 ☐ no → Continue with 68

Recipient NMDP ID: ___-___-___

Recipient Last Name: _____

Chim[illegible]n Studies (Provide date(s), method(s) and other information for [illegible]imerism studies performed prior to date of contact.)

Date			Method (See valid list below)	Cell Type (See valid list below)	Number of Cells Examined	Number of Donor Cells	Number of Host Cells	Number of Unknown Origin (Third Party) Cells	Percent Donor Cells		Percent Host Cells		Percent Unknown Origin (Third Party) Cells	
Month	Day	Year			Total Cells				Quant.	*Non-Quant.	Quant.	*Non-Quant.	Quant.	*Non-Quant.

* If performed by non-quantitative method, indicate the presence of donor, host, or third-party cells by (+).

Valid Method Codes

(Insert number in box above to indicate method used)

1 - Standard cytogenetics
2 - Fluorescent in situ hybridization (FISH)
3 - Restriction fragment-length polymorphisms (RFLP)
4 - Polymerase chain reaction (PCR)
5 - HLA serotyping
6 - VNTR
7 - Other, specify: _____

Valid Cell Types

(Insert number in box above to indicate cell type)

1 - Bone marrow (BM)
2 - Peripheral blood mononuclear cells (PBMC)
3 - T-cells
4 - B-cells
5 - Red cells
6 - Monocytes
7 - Neutrophils
8 - Other, specify: _____

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

t vs. Host Disease (GVHD)

68. (For six month report only) Was acute GVHD present at time of 100-day post-transplant report?
1 ☐ yes → 69. Is acute GVHD still present at time of *this* report?
1 ☐ yes AGVHDNOW
2 ☐ no
3 ☐ progressed to chronic GVHD
4 ☐ not known
2 ☐ no
3 ☐ not known
AGVHD100

70. Did acute GVHD occur for the first time (or a flare-up that was more severe) after the 100-day post-transplant report or since previous report?
1 ☐ yes → 71. Maximun overall grade: 1 ☐ I 2 ☐ II 3 ☐ III 4 ☐ IV AGVHDMG4
72. Karnofsky/Lansky score at time of maximum severity of acute GVHD: ☐☐☐ (Refer to page 15 for complete scale)
73. What was the diagnosis based on? 1 ☐ Histologic evidence 2 ☐ Clinical evidence 3 ☐ Both
74. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year AGVHDDT4 AGVHDEV4
75. Is acute GVHD still present at time of this report?
1 ☐ Yes
2 ☐ No AGVHDPR4
3 ☐ Progressed to chronic GVHD
4 ☐ Not known
2 ☐ no AGVHDYN4
3 ☐ not known

Continue with 82

List the maximum severity of organ involvement attributed to acute GVHD:

76. Skin AVGSKIN4
1 ☐ Stage 0 – No rash
2 ☐ Stage 1 – Maculopapular rash, < 25% of body surface
3 ☐ Stage 2 – Maculopapular rash, 25-50% of body surface
4 ☐ Stage 3 – Generalized erythroderma
5 ☐ Stage 4 – Generalized erythroderma with bulbous formation and desqamation

77. Intestinal tract (use ml/day for adult recipients and ml/m²/day for pediatric recipients) AVGINTE4
1 ☐ Stage 0 – No diarrhea
2 ☐ Stage 0 – Diarrhea ≤ 500 ml/day or < 280 ml/m²/day
3 ☐ Stage 1 – Diarrhea > 500 but ≤ 1000 ml/day or 280-555 ml/m²/day
4 ☐ Stage 2 – Diahrrea > 1000 but ≤ 1500 ml/day or 556-833 ml/m²/day
5 ☐ Stage 3 – Diarrhea > 1500 ml/day or > 833 ml/m²/day
6 ☐ Stage 4 – Severe abdominal pain, with or without ileus

78. Liver AVGLIVE4
1 ☐ Stage 0 – Bilirubin < 2.0 mg/dL (< 34 µmol/L)
2 ☐ Stage 1 – Bilirubin 2.0-3.0 mg/dL (34-51 µmol/L)
3 ☐ Stage 2 – Bilirubin 3.1-6.0 mg/dL (51.1-102 µmol/L)
4 ☐ Stage 3 – Bilirubin 6.1-15.0 mg/dL (102.1-255 µmol/L)
5 ☐ Stage 4 – Bilirubin > 15.0 mg/dL (> 255 µmol/L)
6 ☐ **Not evaluable, other liver process present**

79. Other organ involvement?
1 ☐ yes → a. 1 ☐ yes 2 ☐ no Upper GI tract
b. 1 ☐ yes 2 ☐ no Lung
c. 1 ☐ yes 2 ☐ no Other, specify: _____
2 ☐ no
AGOTH4XY

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

80. Was specific therapy used to *treat* acute GVHD?
1 ☐ yes → 2 ☐ no

TRAG4X13

81. For each agent listed below indicate whether or not it was used to treat AGVHD (if recipient was already receiving agent, indicate if dose was increased):

	yes	no	increasd	
a.	1 ☐	2 ☐	3 ☐	Methotrexate
b.	1 ☐	2 ☐	3 ☐	Cyclosporine
c.	1 ☐	2 ☐	3 ☐	Systemic corticosteroids
d.	1 ☐	2 ☐	3 ☐	Topical corticosteroids
e.	1 ☐	2 ☐	3 ☐	ALS, ALG, ATS, ATG
f.	1 ☐	2 ☐	3 ☐	Azathioprine
g.	1 ☐	2 ☐	3 ☐	Cyclophosphamide
h.	1 ☐	2 ☐	3 ☐	Thalidomide
i.	1 ☐	2 ☐	3 ☐	In vivo anti T-lymphocyte monoclonal antibody, specify: _____
j.	1 ☐	2 ☐	3 ☐	In vivo immunotoxin, specify: _____
k.	1 ☐	2 ☐	3 ☐	Blinded randomized trial, specify agent: _____
l.	1 ☐	2 ☐	3 ☐	Other agents, specify: _____

82. Did recipient have chronic GVHD at time of last report?
☐ yes → **Continue with 89** CGVHDLR4
☐ no

83. Has recipient developed clinical chronic GVHD since last report?
1 ☐ yes →
2 ☐ no CGVHDYN4 → **Continue with 96**

84. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year CGVHDDT4

85. Karnofsky/Lansky score at diagnosis of chronic GVHD: ☐☐☐ (Refer to page 15 for complete scale) CGVHDKL4

86. Platelet count at diagnosis of chronic GVHD: ☐☐☐☐.☐ x 10^9/L CGVHDPL4

87. Total serum bilirubin at diagnosis of chronic GVHD: ☐☐.☐ Unit of measurement: 1 ☐ mg/dL 2 ☐ µmol/L

88. What was the diagnosis based on? CGVHDBS4 CGVHDBT4
1 ☐ Histologic evidence
2 ☐ Clinical evidence
3 ☐ Both

89. Maximum grade of chronic GVHD: CGVHDEV4
1 ☐ Limited (Localized skin involvement and/or hepatic dysfunction due to chronic GVHD)
2 ☐ Extensive (Generalized skin involvement or localized skin involvement and/or hepatic dysfunction due to chronic GVHD, plus;
- Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
- Involvement of eye: Schirmer's test with < 5 mm wetting; or
- Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
- Involvement of any other target organ

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

ıdicate if there was organ involvement with chronic GVHD from list below:

a. 1☐ yes 2☐ no Cutaneous involvement CGVH41 ~~CGVH14X17~~
b. 1☐ yes 2☐ no Xerophthalmia (dry eyes) 42
c. 1☐ yes 2☐ no Oral involvement 43
d. 1☐ yes 2☐ no Mucositis, specify site: _____ 44
e. 1☐ yes 2☐ no Esophogeal involvement 45
f. 1☐ yes 2☐ no Chronic nausea/vomiting 46
g. 1☐ yes 2☐ no Chronic diarrhea 47
h. 1☐ yes 2☐ no Other GI tract involvement 48
i. 1☐ yes 2☐ no Weight loss 49
j. 1☐ yes 2☐ no Hepatitis/hepatic involvement 410
k. 1☐ yes 2☐ no Arthritis/arthralgia (joint pain) 411
l. 1☐ yes 2☐ no Contractures 412
m. 1☐ yes 2☐ no Obstructive lung disease 413
n. 1☐ yes 2☐ no Serositis, specify site: _____ 414
o. 1☐ yes 2☐ no Myositis/myalgia (tenderness/pain in muscles) 415
p. 1☐ yes 2☐ no Thrombocytopenia 416
q. 1☐ yes 2☐ no Other, specify: _____ 417

91. Was specific therapy used to *treat* chronic GVHD?
1☐ yes →
2☐ no

92. For each agent listed below indicate whether or not it was used to treat chronic GVHD: ~~X~~ ~~TRCG4X12~~

	Yes, still taking	Dose increased, still taking	Yes, no longer taking	No
a. ALS, ALG, ATS, ATG	1☐	2☐	3☐	4☐
b. Azathioprine	1☐	2☐	3☐	4☐
c. Cyclosporine	1☐	2☐	3☐	4☐
d. Systemic corticosteroids TRGC44	1☐	2☐	3☐	4☐
e. Topical corticosteroids TRGC45	1☐	2☐	3☐	4☐
f. Cyclophosphamide TRGC46	1☐	2☐	3☐	4☐
g. Thalidomide	1☐	2☐	3☐	4☐
h. In vivo anti T-lymphocyte monoclonal antibody, specify: _____	1☐	2☐	3☐	4☐
i. In vivo immunotoxin, specify: _____	1☐	2☐	3☐	4☐
j. Blinded randomized trial, specify agent: _____	1☐	2☐	3☐	4☐
k. Other, specify: _____	1☐	2☐	3☐	4☐

93. Is the recipient still receiving treatment for chronic GVHD? TRCGVN4
1☐ yes
2☐ no →

94. Date final treatment administered: TRCGDT4
Month ☐☐ Day ☐☐ Year ☐☐☐☐

95. Is chronic GVHD still present? CGVHDPR4
1☐ yes
2☐ no
3☐ no symptoms, recipient still receiving treatment

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

:r Function Post-Transplant

Pulmonary Function

96. Has recipient developed interstitial pneumonitis since last report? (Interstitial pneumonitis is characterized by hypoxia and diffuse interstitial infiltrates on chest x-ray not caused by fluid overload.)

1 ☐ yes → 2 ☐ no

PRYN4

97. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PNDT4

98. Were diagnostic tests done?

1 ☐ yes → 2 ☐ no

PNTEST4

99. Diagnosis was evaluated by:

PNDI[redacted] 41 42 43 44 45

a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage
b. 1 ☐ yes 2 ☐ no Transbronchial biopsy
c. 1 ☐ yes 2 ☐ no Open lung biopsy
d. 1 ☐ yes 2 ☐ no Autopsy
e. 1 ☐ yes 2 ☐ no Other, specify: _____

100. Was an organism isolated?

1 ☐ yes → 2 ☐ no (idiopathic)

PNOI[redacted]

101. Etiology:

41 a. 1 ☐ yes 2 ☐ no Pneumocystis carinii
42 b. 1 ☐ yes 2 ☐ no Aspergillus
43 c. 1 ☐ yes 2 ☐ no Cytomegalovirus
44 d. 1 ☐ yes 2 ☐ no Herpes simplex
45 e. 1 ☐ yes 2 ☐ no Adenovirus
46 f. 1 ☐ yes 2 ☐ no Human Herpesvirus Type 6 (HHV6)
47 g. 1 ☐ yes 2 ☐ no Other virus, specify: _____
48 h. 1 ☐ yes 2 ☐ no Other, specify: _____

102. Has interstitial pneumonitis resolved?

1 ☐ yes 2 ☐ no PNRESLV4

103. Did recipient develop pulmonary abnormalities other than interstitial pneumonitis since the last report?

1 ☐ yes → 2 ☐ no PAYN4

Continue with 118

104. Did recipient develop Acute Respiratory Distress Syndrome (ARDS)?

1 ☐ yes → 2 ☐ no ARYN4

105. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year ARDT4

106. Were diagnostic tests done?

1 ☐ yes → 2 ☐ no ARTEST4

107. Diagnosis was evaluated by: ARDIA[redacted]

a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage 41
b. 1 ☐ yes 2 ☐ no Transbronchial biopsy 42
c. 1 ☐ yes 2 ☐ no Open lung biopsy 43
d. 1 ☐ yes 2 ☐ no Autopsy 44
e. 1 ☐ yes 2 ☐ no Other, specify: 45

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

108. Did recipient develop bronchiolitis obliterans?
1 ☐ yes → 2 ☐ no
BOYN4

109. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year BODT4

110. Were diagnostic tests done?
1 ☐ yes → 2 ☐ no
BOTEST4

111. Diagnosis was evaluated by: BODIA[redacted]
a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage 41
b. 1 ☐ yes 2 ☐ no Transbronchial biopsy 42
c. 1 ☐ yes 2 ☐ no Open lung biopsy 43
d. 1 ☐ yes 2 ☐ no Autopsy 44
e. 1 ☐ yes 2 ☐ no Other, specify: US

112. Did recipient develop pulmonary hemorrhage?
1 ☐ yes → 2 ☐ no
PHYN4

113. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year PHDT4

114. Were diagnostic tests done?
1 ☐ yes → 2 ☐ no
PHTEST4

115. Diagnosis was evaluated by: PHDIA[redacted]
a. 1 ☐ yes 2 ☐ no Bronchoalveolar lavage 41
b. 1 ☐ yes 2 ☐ no Transbronchial biopsy 42
c. 1 ☐ yes 2 ☐ no Open lung biopsy 43
d. 1 ☐ yes 2 ☐ no Autopsy 44
e. 1 ☐ yes 2 ☐ no Other, specify: 45

PAOTHER4

116. Did recipient develop other pulmonary abnormalities sice last report?
1 ☐ yes → 2 ☐ no

117. Specify: _____

Liver Function

118. Recipient's maximum known total bilirubin: ☐☐☐.☐ Unit of measurement: MAXBMEA4
1 ☐ mg/dL *or* 2 ☐ µmol/L ☐ not tested
MAXBQTY4

119. Date of maximum known total bilirubin: ☐☐ Month ☐☐ Day ☐☐☐☐ Year MAXBDT4

120. Recipient's most recent bilirubin: ☐☐☐.☐ Unit of measurement:
1 ☐ mg/dL *or* 2 ☐ µmol/L CONBMEA4
CONBQTY4

121. Date of most recent bilirubin: ☐☐ Month ☐☐ Day ☐☐☐☐ Year CONBDT4

122. Did the recipient develop any of the following clinical signs/symptoms of abnormal liver function since the last report?
a. 1 ☐ yes 2 ☐ no Jaundice 41
b. 1 ☐ yes 2 ☐ no Hepatomegaly 42
c. 1 ☐ yes 2 ☐ no Right upper quadrant pain ALF[redacted] 43
d. 1 ☐ yes 2 ☐ no Ascites 44
e. 1 ☐ yes 2 ☐ no Weight gain (> 5%) 45
f. 1 ☐ yes 2 ☐ no Other, specify: 46

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

Did recipient develop liver toxicity since the last report?

1 ☐ yes → 2 ☐ no

LTYN4

124. Date of onset: ☐☐ Month ☐☐ Day ☐☐☐☐ Year LTDT4

125. Etiology: LTETIOL4
- 1 ☐ Veno-occlusive disease (VOD)
- 2 ☐ Other, specify: _____
- 3 ☐ VOD and other, specify: _____
- 4 ☐ Unknown

126. Diagnosis was based on: LTDIA[redacted]41
- a. 1 ☐ yes 2 ☐ no Clinical signs and symptoms 41
- b. 1 ☐ yes 2 ☐ no Elevated liver enzymes 42
- c. 1 ☐ yes 2 ☐ no Biopsy 43
- d. 1 ☐ yes 2 ☐ no Autopsy 44
- e. 1 ☐ yes 2 ☐ no Other, specify: _____ 45

127. Has liver toxicity resolved? LTRSLV4
- 1 ☐ yes
- 2 ☐ no

Kidney Function

128. Recipient's most recent serum creatinine: ☐☐.☐ mg/dL SERCREA4

129. Date of serum creatinine: ☐☐ Month ☐☐ Day ☐☐☐☐ Year SERCRDT4

r Organ Impairmant/Disorder

130. Since the last reported contact has the recipient developed any other clinically significant organ impairment or disorder?

1 ☐ yes → 2 ☐ no

IDYN4

131. From the list below, indicate what organ impairment/disorder occurred: IDOR41
- a. 1 ☐ yes 2 ☐ no Renal failure requiring dialysis 41
- b. 1 ☐ yes 2 ☐ no TTP/HUS or similar syndrome 42
- c. 1 ☐ yes 2 ☐ no Hemorrhage, specify site: _____ 43
- d. 1 ☐ yes 2 ☐ no Seizures 44
- e. 1 ☐ yes 2 ☐ no Cataracts 45
- f. 1 ☐ yes 2 ☐ no Hypothyroidism 46
- g. 1 ☐ yes 2 ☐ no Gonadal dysfunction 47
- h. 1 ☐ yes 2 ☐ no Growth disturbance/growth hormone deficiency 48
- i. 1 ☐ yes 2 ☐ no Hemorraghic cystitis 49
- j. 1 ☐ yes 2 ☐ no Other, specify: _____ 410

New Malignancy

132. Did a *new* malignancy, lymphoproliferative or myeloproliferative disorder appear since the last report?

1 ☐ yes → 2 ☐ no

NMYN4

133. Diagnosis: [redacted] NMDIA41
- a. 1 ☐ yes 2 ☐ no AML/MDS 41
- b. 1 ☐ yes 2 ☐ no B-cell lymphoproliferative disorder 42
- c. 1 ☐ yes 2 ☐ no Other lymphoma, specify: _____ 43
- d. 1 ☐ yes 2 ☐ no Skin cancer, specify: _____ 44
- e. 1 ☐ yes 2 ☐ no Solid tumor, specify: _____ 45
- f. 1 ☐ yes 2 ☐ no Other, specify, including site: _____ 46

134. Date of diagnosis: ☐☐ Month ☐☐ Day ☐☐☐☐ Year NMDT4

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

Was the recipient alive on the day of contact? (If recipient died on date of contact, check "no.")

1 ☐ yes → 136. If the recipient was alive on the day of contact, complete the Karnofsky Scale for recipients 16 years or older and the Lansky Scale for recipients younger than 16. Rate activity of recipients hospitalized for therapy according to how they were functioning before hospitalization.

2 ☐ no

ALIVEYN4

ALIVEKL4 **KARNOFSKY SCALE ≥ 16 yrs**

Check the phrase in the Karnofsky Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

1 ☐ 100 Normal; no complaints; no evidence of disease
2 ☐ 90 Able to carry on normal activity
3 ☐ 80 Normal activity with effort

Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed

4 ☐ 70 Cares for self; unable to carry on normal activity or to do active work
5 ☐ 60 Requires occasional assistance but is able to care for most needs
6 ☐ 50 Requires considerable assistance and frequent medical care

Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly

7 ☐ 40 Disabled; requires special care and assistance
8 ☐ 30 Severely disabled; hospitalization indicated, although death not imminent
9 ☐ 20 Very sick; hospitalization necessary
10 ☐ 10 Moribund; fatal process progressing rapidly

LANSKY SCALE < 16 yrs

Select the phrase in the Lansky Play-Performance Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

1 ☐ 100 Fully active
2 ☐ 90 Minor restriction in physically strenuous play
3 ☐ 80 Restricted in strenuous play, tires more easily, otherwise active

Mild to moderate restriction

4 ☐ 70 Both greater restrictions of, and less time spent in, active play
5 ☐ 60 Ambulatory up to 50% of time, limited active play with assistance/supervision
6 ☐ 50 Considerable assistance required for any active play; fully able to engage in quiet play

Moderate to severe restriction

7 ☐ 40 Able to initiate quiet activities
8 ☐ 30 Needs considerable assistance for quiet activity
9 ☐ 20 Limited to very passive activity initiated by others (e.g., TV)
10 ☐ 10 Completely disabled, not even passive play

Disease Status and Treatment Post-Transplant

Questions 137–163 are disease specific questions. For this section, only answer the questions that pertain to the disease that was reported for this recipient on the Form 120, 520, 620.

Leukemia, Lymphoma, MDS, Other Malignancy (If recipient's original diagnosis was CML only answer questions 143-160.)

137. What is (was) the status of recipient's disease at time of this report or at time of death?

1 ☐ First complete remission post transplant (no hematologic evidence of disease) → **Continue with 164**

LLSTAT4

2 ☐ Therapy-induced complete remission after persistent disease or relapse post transplant →

3 ☐ Relapse or persistent disease →

138. Date of first relapse: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

LLREL DT4

139. Site of relapse:

a. 1 ☐ yes 2 ☐ no Blood and/or bone marrow ~~BLRS4N4~~ LLRS41
b. 1 ☐ yes 2 ☐ no CNS 42
c. 1 ☐ yes 2 ☐ no Testes 43
d. 1 ☐ yes 2 ☐ no Other, specify: _____ 44

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

140. Was recipient treated for post-transplant relapse?
1 ☐ yes →
2 ☐ no

141. What treatments were given? LLRTHX10
a. 1 ☐ yes 2 ☐ no Interferon gamma
b. 1 ☐ yes 2 ☐ no Interferon alpha
c. 1 ☐ yes 2 ☐ no Chemotherapy
d. 1 ☐ yes 2 ☐ no Withdrawal of immunosuppression
e. 1 ☐ yes 2 ☐ no Immunotoxins
f. 1 ☐ yes 2 ☐ no Donor leukocytes
g. 1 ☐ yes 2 ☐ no Second transplant
h. 1 ☐ yes 2 ☐ no Growth factors, specify: _____
i. 1 ☐ yes 2 ☐ no Other, specify: _____

142. Did the recipient acheive a hematologic remission? LLHEMRE4
1 ☐ yes
2 ☐ no
3 ☐ not applicable

Continue with 164

CML Only

143. Did Chronic Myelogenous Leukemia recur (include clinical and/or cytogenetic relapse) post-transplant?
1 ☐ yes →
2 ☐ no CMRECYN4 ↓

Continue with 160

144. Was post-transplant relapse extramedullary only? CMEMDT4
1 ☐ yes →
2 ☐ no CMEMYN4

145. Date of extramedullary relapse: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

146. Site of relapse, specify: _____

Continue with 154

147. Was *initial* post-transplant relapse cytogenetic *only*?
1 ☐ yes →
2 ☐ no CMCYYN4

148. Date of cytogenetic relapse: CMBNDT4 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

149. Did hematologic evidence of CML *subsequently* appear?
1 ☐ yes →
2 ☐ no CMHEYN4 ↓

Cont. with 154

150. Date of hematologic relapse: CMHEDT4 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

151. *Initial hematologic* relapse findings were consistent with: CMHECON4
1 ☐ Chronic phase
2 ☐ Acccelerated phase
3 ☐ Blast phase

Continue with 154

152. Were initial post-transplant relapse hematologic findings consistent with:
1 ☐ Chronic phase →
2 ☐ Accelerated or blast phase → CMPTCON4

153. Date of relapse: CMPTDT4 ☐☐ Month ☐☐ Day ☐☐☐☐ Year

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

154. Was recipient treated for post-transplant relapse?
1 ☐ yes →
2 ☐ no

CMTRYN4

155. What treatments were given?
a. 1 ☐ yes 2 ☐ no Interferon gamma
b. 1 ☐ yes 2 ☐ no Interferon alpha
c. 1 ☐ yes 2 ☐ no Chemotherapy
d. 1 ☐ yes 2 ☐ no Withdrawal of immunosuppression
e. 1 ☐ yes 2 ☐ no Immunotoxins
f. 1 ☐ yes 2 ☐ no Donor leukocytes
g. 1 ☐ yes 2 ☐ no Second transplant
h. 1 ☐ yes 2 ☐ no Growth factors, specify: _____
i. 1 ☐ yes 2 ☐ no Other, specify: _____

CMTRT4X9

156. Did recipient achieve hematologic remission?
1 ☐ yes
2 ☐ no
3 ☐ not applicable

CM HEMR@4

157. Did recipient achieve cytogenetic remission?
1 ☐ yes →
2 ☐ no →
3 ☐ not applicable, extramedullary relapse only
4 ☐ not tested

CMCRYN4

158. Date bone marrow examined: CMCRDT4
☐☐ Month ☐☐ Day ☐☐☐☐ Year

159. Did recipient achieve chronic phase?
1 ☐ yes
2 ☐ no
3 ☐ not applicable, cytogenetic relapse only

CMCRCP4

Continue with 160

Cont. with 160

160. At the time of this report, CML was (check one box only):
1 ☐ Absent
2 ☐ Present on cytogenetic testing only
3 ☐ In chronic phase
4 ☐ In accelerated phase
5 ☐ In blast phase

CMLSTAT4

Continue with 164

Aplastic Anemia, Nonmalignant Hematologic Disorders, Inborn Errors of Metabolism

161. What was the status of original disease at the time of this report?
1 ☐ Cured
2 ☐ Improved
3 ☐ Unchanged
4 ☐ Worse
5 ☐ Unknown

NHDSTAT4

Continue with 164

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

I' inodeficiency Disease (For SCIDS complete Insert I; for WAS complete Insert II, and answer questions 162 and 163.)

162. What was the status of T-cell function at this visit or at the time of death?
1 ☐ Absent (≤ 10% normal response)
2 ☐ Normal
3 ☐ Partial
4 ☐ Unknown

IDSTAT4

163. What was the status of B-cell function at this visit or at the time of death?
1 ☐ Absent (≤ 10% normal response)
2 ☐ Normal
3 ☐ Partial
4 ☐ Unknown

IDBSTAT 4

Subsequent Stem Cell Infusion

Complete this section if recipient has received a subsequent stem cell infusion. If the donor is a second unrelated donor, complete a new Form 120, 520, 620 for baseline information relative to the subsequent infusion.

164. Date of subsequent stem cell infusion: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

SCIDT4

165. What was the indication for subsequent stem cell infusion?
1 ☐ Graft failure/rejection
2 ☐ Recurrence of disease
3 ☐ Other, specify: _____

SCIIND4

1' ource of stem cells:
1 ☐ Autologous
1 ☐ Cryopreserved bone marrow
2 ☐ Cryopreserved peripheral blood stem cells
2 ☐ Allogeneic, unrelated
1 ☐ Fresh, original donor bone marrow
2 ☐ Cryopreserved original donor bone marrow
3 ☐ Fresh, second donor bone marrow
4 ☐ Fresh, original donor *mobilized* peripheral blood stem cells
5 ☐ Cryopreserved original donor *mobilized* peripheral blood stem cells
6 ☐ Fresh, second donor *mobilized* peripheral blood stem cells
7 ☐ **NMDP cord blood**
8 ☐ **Non-NMDP cord blood**
3 ☐ Allogeneic, related
1 ☐ Bone marrow
2 ☐ Peripheral blood
3 ☐ Cord blood

SCISRCA4

SCISRCB4

167. Signed: _____
Person completing form
Please print name: _____
Phone: (_____) _____
Fax: (_____) _____
E-mail address: _____

National Marrow Donor Program®
Yearly Follow-Up for Greater Than Two Years Post-Transplant

Registry Use Only

Sequence Number:

Date Received:

Unrelated Recipient NMDP ID:

Recipient Last Name:

Related Unique Recipient Number (UPN):

Unrelated and Related Recipient Local ID (optional):

Today's Date: N150DT Month Day Year TC Code

Follow-up Visit for which this form is being completed: Follvls

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

Product type: ☐ Marrow (Form 150) ☐ PBSC (Form 550) ☐ Cord blood (Form 650)

Survival Status

1 Is the recipient alive?

1 ☐ yes → recalvyn

2. Give date of most recent contact: Month Day Year recentdt

Continue with question 4

2 ☐ no →

3. Give date of death: Month Day Year deathdt

Complete Form 190 and continue with question 5

Answers to subsequent questions should reflect clinical status just prior to death

Functional Status N5 Karlan

Complete the Karnofsky Scale for recipients 16 years or older and the Lansky Scale for recipients younger than 16. Rate activity of recipients hospitalized for therapy according to how they were functioning before hospitalization.

KARNOFSKY SCALE ≥ 16 yrs

Check the phrase in the Karnofsky Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

1 ☐ 100 Normal; no complaints; no evidence of disease
2 ☐ 90 Able to carry on normal activity
3 ☐ 80 Normal activity with effort

Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed

4 ☐ 70 Cares for self; unable to carry on normal activity or to do active work
5 ☐ 60 Requires occasional assistance but is able to care for most needs
6 ☐ 50 Requires considerable assistance and frequent medical care

Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly

7 ☐ 40 Disabled; requires special care and assistance
8 ☐ 30 Severely disabled; hospitalization indicated, although death not imminent
9 ☐ 20 Very sick; hospitalization necessary
10 ☐ 10 Moribund; fatal process progressing rapidly

LANSKY SCALE < 16 yrs

Select the phrase in the Lansky Play-Performance Scale which best describes the activity status of the recipient:

Able to carry on normal activity; no special care is needed

1 ☐ 100 Fully active
2 ☐ 90 Minor restriction in physically strenuous play
3 ☐ 80 Restricted in strenuous play, tires more easily, otherwise active

Mild to moderate restriction

4 ☐ 70 Both greater restrictions of, and less time spent in, active play
5 ☐ 60 Ambulatory up to 50% of time, limited active play with assistance/supervision
6 ☐ 50 Considerable assistance required for any active play; fully able to engage in quiet play

Moderate to severe restriction

7 ☐ 40 Able to initiate quiet activities
8 ☐ 30 Needs considerable assistance for quiet activity
9 ☐ 20 Limited to very passive activity initiated by others (e.g., TV)
10 ☐ 10 Completely disabled, not even passive play

Mail this form to:
The NMDP Registry, Suite 500, 3433 Broadway St. N.E.
Minneapolis, MN 55413
Retain a copy at the transplant center.

Recipient NMDP ID: ___ - ___ - ___ Recipient Last Name: _____

onic GVHD

5 Did the recipient have chronic GVHD at the time of the last report? chrn0guhd

- 1 ☐ yes → **Continue with question 8**
- 2 ☐ no

6. Did the recipient develop chronic GVHD since the last report?

1 ☐ yes → 7. Date of onset: Month ___ Day ___ Year ____ **Continue with question 8** cgvnd ndt

CGVHDnew

2 ☐ no → **Continue with question 10**

8 Indicate the maximum grade of GVHD since the last report: ~~GVHD pres~~ cguhdmg5

1 ☐ Limited (Localized skin involvement and/or hepatic dysfunction due to chronic GVHD)

2 ☐ Extensive (Generalized skin involvement or localized skin involvement and/or hepatic dysfunction due to chronic GVHD), plus

- Liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
- Involvement of eye, Schirmer's test with < 5 mm wetting; or
- Involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
- Involvement of any other target organ

9 Is chronic GVHD still present at the time of this report? guhdpres

1 ☐ yes
2 ☐ no

New Malignancies

Did a *new* malignancy, lymphoproliferative or myeloproliferative disorder appear?

- 1 ☐ yes →
- 2 ☐ no

nmyn5

11. Diagnosis:

a. 1 ☐ yes 2 ☐ no AML/MDS nmdia51
b. 1 ☐ yes 2 ☐ no B-cell lymphoproliferative disorder nmdia52
c. 1 ☐ yes 2 ☐ no Other lymphoma, specify: nmdia53
d. 1 ☐ yes 2 ☐ no Skin cancer, specify: nmdia54
e. 1 ☐ yes 2 ☐ no Solid tumor, specify: nmdia55
f. 1 ☐ yes 2 ☐ no Other, specify, including site: nmdia56

12. Date of diagnosis: Month ___ Day ___ Year ____ nmdt5

Other Organ Impairment/Disorder

13 Since the last reported contact has the recipient developed any other clinically significant organ impairment or disorder?

- 1 ☐ yes →
- 2 ☐ no

orimpair

14. From the list below, indicate what organ impairment/disorder occurred:

a. 1 ☐ yes 2 ☐ no Renal failure requiring dialysis orrenal
b. 1 ☐ yes 2 ☐ no TTP/HUS or similar syndrome orttphus
c. 1 ☐ yes 2 ☐ no Hemorrhage, specify site: orhemorr
d. 1 ☐ yes 2 ☐ no Seizures orseizur
e. 1 ☐ yes 2 ☐ no Cataracts orcatar
f. 1 ☐ yes 2 ☐ no Hypothyroidism orhypoth
g. 1 ☐ yes 2 ☐ no Gonadal dysfunction orgonad
h. 1 ☐ yes 2 ☐ no Growth disturbance/growth hormone deficiency orgrowth
i. 1 ☐ yes 2 ☐ no Hemorraghic cystitis orcystit
j. 1 ☐ yes 2 ☐ no Other, specify: orother

ecipient
MDP ID: ___ - ___ - ___ Recipient Last Name: _____

) se Status Post-Transplant

)nly answer the section that corresponds with the diagnosis listed on Form 120, 520, 620.

15. Acute and Chronic Leukemias, Lymphomas, Other Malignancies acutchrn

- 1 ☐ Complete remission
- 2 ☐ Chemotherapy induced remission after persistent disease or relapse post-transplant →
- 3 ☐ Hematologic relapse →
- 4 ☐ Cytogenetic relapse →
- 5 ☐ Extramedullary relapse →

16. Date of first relapse for this type of relapse: (Month / Day / Year) acutchdt

☐ First relapse date for this type of relapse previously reported

17 Aplastic Anemia, Nonmalignant Hematologic Disorders, Inborn Errors of Metabolism

- 1 ☐ Cured
- 2 ☐ Improved
- 3 ☐ Unchanged
- 4 ☐ Worse
- 5 ☐ Unknown

aplsanem

m nodeficiency Disease

18 What was the status of T-cell function at this visit or at the time of death?

- ☐ Absent (≤ 10% normal response)
- ☐ Normal
- ☐ Partial
- ☐ Unknown

tcelstat

19 What was the status of B-cell function at this visit or at the time of death?

- ☐ Absent (≤ 10% normal response)
- ☐ Normal
- ☐ Partial
- ☐ Unknown

bcelstat

ubsequent Stem Cell Infusion

omplete this section if patient has received a subsequent stem cell infusion. If the donor was a second unrelated donor, complete ew Form 120, 520, 620 for baseline information relative to the subsequent infusion.

20 Date of subsequent stem cell infusion: (Month / Day / Year) scidt5

21 What was the indication for the subsequent stem cell infusion?

- ☐ Graft/failure rejection
- ☐ Recurrent disease
- ☐ Other, specify _____

scind 5

Recipient NMDP ID | | | | - | | | | - | |

Recipient Last Name: | | | | | | | | |

2 ource of stem cells scisrca5

1 ☐ Autologous
   1 ☐ Cryopreserved bone marrow
   2 ☐ Cryopreserved peripheral blood stem cells

2 ☐ Allogeneic, unrelated
   1 ☐ Fresh, original donor bone marrow
   2 ☐ Cryopreserved original donor bone marrow
   3 ☐ Fresh, second donor bone marrow
   4 ☐ Fresh, original donor mobilized peripheral blood stem cells
   5 ☐ Cryopreserved original donor mobilized peripheral blood stem cells
   6 ☐ Fresh, second donor mobilized peripheral blood stem cells
   7 ☐ NMDP cord blood
   8 ☐ Non-NMDP cord blood

Type-scisrcb5

3 ☐ Allogeneic, related
   1 ☐ Bone marrow
   2 ☐ Peripheral blood
   3 ☐ Cord blood

23 Signed: ______________________________

Person completing form

Please print name: ______________________________

Phone number: (__________) ______________________________

Fax number: (__________) ______________________________

E-mail address ______________________________