

BLOOD AND MARROW TRANSPLANT Notification Form (Day 100 report)

For Office Use only:

ID: /
Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Centre Code: Or Reporting centre name: _____ ii. Date of this Report (dd/mm/yyyy): / / (autofill)

iii. Place of Transplant centre: iv. Name of Transplant centre:

1. APBMT Center #:	<input style="width: 100%; height: 20px;" type="text"/>	2. CIBMTR Center #:	<input style="width: 100%; height: 20px;" type="text"/>
3. EBMT Code (CIC):	<input style="width: 100%; height: 20px;" type="text"/>		
4. Hospital: (autofill)	<input style="width: 100%; height: 20px;" type="text"/>		
6. Contact person: (autofill)	a. Name:	<input style="width: 100%; height: 20px;" type="text"/>	
	b. Phone:	<input style="width: 100%; height: 20px;" type="text"/>	
	c. Fax:	<input style="width: 100%; height: 20px;" type="text"/>	
7. Report information:	d. Email:	<input style="width: 100%; height: 20px;" type="text"/>	
	a. CIBMTR patient (recipient) identification #:	<input style="width: 100%; height: 20px;" type="text"/>	
	b. EBMT patient (recipient) #:	<input style="width: 100%; height: 20px;" type="text"/>	
c. Patient following national / international study / trial: (Defaulted as No)	<input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> Unknown <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">i. Name of study / trial: <input style="width: 150px; height: 20px;" type="text"/></div>		

SECTION 1 : PATIENT DETAILS & DEMOGRAPHICS

1. Unique Patient Number or Code: _____ (Autofill)	2. Centre Specification Number: _____
3. Name: _____ <small>* (Please print in capital letters)</small>	4. Initials: _____
5. NRIC : * MyKad/ MyKid: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Old IC: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Other ID document No: <input style="width: 100%; height: 20px;" type="text"/>
Specify document type (if others): <input type="radio"/> Army <input type="radio"/> Mother's IC <input type="radio"/> Work Permit <input type="radio"/> Birth Certificate <input type="radio"/> Others: <input type="radio"/> Police <input type="radio"/> Father's IC <input type="radio"/> Passport <input type="radio"/> Pension Card	
6. Address:	State: <input type="radio"/> Johor Darul Takzim <input type="radio"/> Pahang Darul Makmur <input type="radio"/> Sarawak <input type="radio"/> Wilayah Persekutuan Labuan <input type="radio"/> Kedah Darul Aman <input type="radio"/> Perak Darul Ridzuan <input type="radio"/> Selangor Darul Ehsan <input type="radio"/> Wilayah Persekutuan Putrajaya <input type="radio"/> Kelantan Darul Naim <input type="radio"/> Perlis Indera Kayangan <input type="radio"/> Terengganu Darul Iman <input type="radio"/> Not applicable - Foreign <input type="radio"/> Melaka <input type="radio"/> Pulau Pinang <input type="radio"/> Wilayah Persekutuan Kuala Lumpur <input type="radio"/> Negeri Sembilan Darul Khusus <input type="radio"/> Sabah
7. Gender * <input type="radio"/> Male <input type="radio"/> Female	7. Date of Birth * (dd/mm/yyyy) : <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input type="checkbox"/> Estimated/presumed year (autofill if MyKad is available) <small>If the exact date is not known, please enter 01/07/yyyy & check the estimated / presumed year box</small>
9. Age: * (autocalculated) <input style="width: 20px; height: 20px;" type="text"/>	
10. Ethnic group: * <input type="radio"/> Malay <input type="radio"/> Bumiputera Sabah, specify: _____ <input type="radio"/> Other Malaysian, specify: _____ <input type="radio"/> Chinese <input type="radio"/> Bumiputera Sarawak, specify: _____ <input type="radio"/> Foreigner, specify country: _____ <input type="radio"/> Indian	
11. Weight: <input style="width: 40px; height: 20px;" type="text"/> (kg)	12. Height : <input style="width: 40px; height: 20px;" type="text"/> (cm)

SECTION 2 : DISEASE

1. Date of initial diagnosis: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (dd/mm/yyyy)	Complete and attach the relevant Disease classification pages with disease status at HSCT																																										
2. Primary Disease * Diagnosis:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="radio"/> Acute Leukemias</td> <td style="width: 50%;">→ (Please complete Section 9: Acute Leukemias)</td> </tr> <tr> <td><input type="radio"/> Chronic Myelogenous Leukemia (CML)</td> <td>→ (Please complete Section 10: Chronic Myelogenous Leukemia (CML) Note: CMML is Not a CML)</td> </tr> <tr> <td><input type="radio"/> Other Leukemias : _____</td> <td>→ (Please complete Section 11 : Other Leukemias)</td> </tr> <tr> <td><input type="radio"/> Lymphomas</td> <td>→ (Please complete Section 12 : Lymphomas)</td> </tr> <tr> <td><input type="radio"/> Myelodysplastic Syndrome (MDS)</td> <td>→ (Please complete Section 13 : Myelodysplastic Syndrome (MDS))</td> </tr> <tr> <td><input type="radio"/> Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)</td> <td>→ (Please complete Section 14 : Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS))</td> </tr> <tr> <td><input type="radio"/> Myeloproliferative Syndrome</td> <td>→ (Please complete Section 15 : Myeloproliferative Syndromes)</td> </tr> <tr> <td><input type="radio"/> Plasma Cell Disorder including Multiple Myeloma</td> <td>→ (Please complete Section 16 : Plasma Cell Disorders Including Multiple Myelom)</td> </tr> <tr> <td><input type="radio"/> Anaemia</td> <td>→ (Please complete Section 17 : Anaemia)</td> </tr> <tr> <td><input type="radio"/> Hemoglobinopathy</td> <td>→ (Please complete Section 18 : Haemoglobinopathy)</td> </tr> <tr> <td><input type="radio"/> Breast Cancer - Staging at Diagnosis</td> <td>→ (Please complete Section 19 : Breast Cancer - Staging at Diagnosis)</td> </tr> <tr> <td><input type="radio"/> Other Malignancies</td> <td>→ (Please complete Section 20 : Other Malignancies)</td> </tr> <tr> <td><input type="radio"/> Primary Immune Deficiencies</td> <td>→ (Please complete Section 21 : Primary Immune Deficiencies)</td> </tr> <tr> <td><input type="radio"/> Inherited Disorders of Metabolism</td> <td>→ (Please complete Section 22 : Inherited Disorders of Metabolism)</td> </tr> <tr> <td><input type="radio"/> Platelet and Other Inherited Disorders</td> <td>→ (Please complete Section 23 : Platelet and Other Inherited Disorders)</td> </tr> <tr> <td><input type="radio"/> Histiocytic Disorders</td> <td>→ (Please complete Section 24 : Histiocytic Disorders)</td> </tr> <tr> <td><input type="radio"/> Autoimmune Disorders</td> <td>→ (Please complete Section 25 : Autoimmune Disorders)</td> </tr> <tr> <td><input type="radio"/> Multiple Sclerosis</td> <td>→ (Please complete Section 26 : Multiple Sclerosis)</td> </tr> <tr> <td><input type="radio"/> Other Neurological Autoimmune Disease</td> <td>→ (Please complete Section 27 : Other Neurological Autoimmune Disease)</td> </tr> <tr> <td><input type="radio"/> Haematological Autoimmune Diseases</td> <td>→ (Please complete Section 28 : Haematological Autoimmune Diseases)</td> </tr> <tr> <td><input type="radio"/> Bowel Disease</td> <td>→ (Please complete Section 29 : Bowel Disease)</td> </tr> </table>	<input type="radio"/> Acute Leukemias	→ (Please complete Section 9: Acute Leukemias)	<input type="radio"/> Chronic Myelogenous Leukemia (CML)	→ (Please complete Section 10: Chronic Myelogenous Leukemia (CML) Note: CMML is Not a CML)	<input type="radio"/> Other Leukemias : _____	→ (Please complete Section 11 : Other Leukemias)	<input type="radio"/> Lymphomas	→ (Please complete Section 12 : Lymphomas)	<input type="radio"/> Myelodysplastic Syndrome (MDS)	→ (Please complete Section 13 : Myelodysplastic Syndrome (MDS))	<input type="radio"/> Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)	→ (Please complete Section 14 : Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS))	<input type="radio"/> Myeloproliferative Syndrome	→ (Please complete Section 15 : Myeloproliferative Syndromes)	<input type="radio"/> Plasma Cell Disorder including Multiple Myeloma	→ (Please complete Section 16 : Plasma Cell Disorders Including Multiple Myelom)	<input type="radio"/> Anaemia	→ (Please complete Section 17 : Anaemia)	<input type="radio"/> Hemoglobinopathy	→ (Please complete Section 18 : Haemoglobinopathy)	<input type="radio"/> Breast Cancer - 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 Centre:

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i. Patient Name and NRIC Number: _____
 iii. Name of reporting centre: _____

ii. Centre Code:

SECTION 3 : HSCT

1. Performance score: 10 20 30 40 50 60 70 80 90 100

2. System: Karnofsky Lansky

3. Type of HSCT: *

Autologous (Kindly proceed to item number 5)

Allogeneic

a. Patient CMV status: (for allografts) Negative Positive Not evaluated Unknown

b. Multiple donors: (including multiple CB units) Yes → i. Number: No

4. Donor: <small>(If Multiple donors is Yes)</small>	Donor ID	HLA match type	Name of donor registry/CB Bank	WMDA code	Complete number of mismatches	Donor Sex	Donor CMV status	Ethnic group		
		<input type="radio"/> Syngeneic (monozygotic twin)		<input style="width: 20px;" type="text"/>	Antigenic:		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Not evaluated <input type="radio"/> Unknown	<input type="radio"/> Malay <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Bumiputera Sabah, specify: _____ <input type="radio"/> Bumiputera Sarawak, specify: _____ <input type="radio"/> Other Malaysian, specify: _____ <input type="radio"/> Foreigner, specify country: _____	
		<input type="radio"/> HLA-identical sibling (may include non-monozygotic twin)			A: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND	B: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND				
		<input type="radio"/> HLA-matched other relative			C: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND					DRB1: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND
		<input type="radio"/> HLA-mismatched relative: Degree of allele mismatch: <input type="radio"/> 1 HLA antigen mismatch <input type="radio"/> ≥ 2 HLA antigen mismatch			DQB1: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND					DPB1: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND
<input type="radio"/> Unrelated donor Degree of allele mismatch: <input type="radio"/> 1 HLA antigen mismatch <input type="radio"/> ≥ 2 HLA antigen mismatch	Allelic:		A: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND	B: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND	C: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND	DRB1: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND	DQB1: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND	DPB1: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ND		

5. Source of Stem Cells: Bone Marrow Cord Blood Peripheral Blood Other, specify: _____

6. Date of this HSCT: / / (dd/mm/yyyy)

7. Chronological no. of HSCT for this patient: 1 2 3 4 5

8. Date of most recent previous HSCT: / / (dd/mm/yyyy)

9. Type of most recent previous HSCT: Allo Auto N/A

10. HSCT part of a planned multiple graft protocol? Yes No

11. Graft manipulation ex-vivo (including T-cell depletion): (Other than for RBC removal or volume reduction) Yes No

12. Preparative (conditioning) regimen given? Yes No (Usually Pediatric Inherited Disorders only. Kindly proceed to Section 5)

13. Was this intended to be myeloablative? (Applicable for allo only) Yes No → i. Reason: Age of recipient Protocol driven
 Comorbid conditions Others, specify: _____
 Prior HSCT

14. Cell dose :

i. Marrow :	<input style="width: 50px;" type="text"/> (nucleated cell dose) x 10 ⁸ /kg	iii. PBSC	<input style="width: 50px;" type="text"/> (CD34 + cells) x 10 ⁶ /kg
ii. Cord Blood :	<input style="width: 50px;" type="text"/> (nucleated cell dose) x 10 ⁷ /kg	<input type="checkbox"/> Unknown	

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ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 4 : PREPARATION REGIMEN

Regimen	RAD dose	RAD unit	Total prescribed dose	Unit
1) TBI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> cGy <input type="radio"/> Gy		
2) TLI, TNI, TAI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> cGy <input type="radio"/> Gy		
3) ALG, ALS, ATG, ATS (before d0)	<input type="radio"/> Yes <input type="radio"/> No <div style="border: 1px dashed black; padding: 2px; display: inline-block;"> <input type="radio"/> Horse <input type="radio"/> Other, specify: _____ <input type="radio"/> Rabbit </div>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
4) Anthracycline	i) Daunorubicin	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
	ii) Doxorubicin	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
	iii) Idarubicin	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
5) Bleomycin	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
6) Busulfan	<input type="radio"/> Yes <input type="radio"/> No <div style="border: 1px dashed black; padding: 2px; display: inline-block;"> <input type="radio"/> Oral <input type="radio"/> Both <input type="radio"/> IV </div>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
7) Carboplatin	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
8) Carmustine (BCNU)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
9) Cisplatin	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
10) Corticosteroids	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
11) Cyclophosphamide	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
12) Cytarabine (Ara-C)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
13) Etoposide (VP16)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
14) Fludarabine	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
15) Ifosfamide	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
16) Imatinib mesylate (Gleevec, Glivec)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
17) Lomustine(CCNU)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
18) Melphalan(L-PAM)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
19) Mitoxantrone	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
20) Monoclonal antibody(MAb)	i) Campath	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
	ii) Rituximab (Rituxan, anti-CD20)	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
	iii) Gemtuzumab (Mylotarg, anti-CD33)	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
	iv) Other, MAb, specify: _____	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
21) Paclitaxel (Taxol , Xyotax)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
22) Thiotepa	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
23) Tenoposide (VM26)	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
24) Other, specify: _____	<input type="radio"/> Yes <input type="radio"/> No		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mg/m ² <input type="radio"/> mg/kg
25) Radiolabeled MAb	i) Tositumomab(Bexxar)	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mCi <input type="radio"/> mBq
	ii) Ibritumomab(Zevalin)	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mCi <input type="radio"/> mBq
	iii) Other rMab, specify: _____	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> mCi <input type="radio"/> mBq

BLOOD AND MARROW TRANSPLANT Notification Form (Day 100 report)

For Office Use only:
 ID: /
 Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____
 iii. Name of reporting centre: _____

ii. Centre Code:

SECTION 5 : AFTER HSCT

1. GvHD prophylaxis given: <i>(Applicable for Allografts only)</i>	<input type="radio"/> Yes → <input type="radio"/> No		a) Immunosuppressive chemotherapy	i) ALG, ALS, ATG, ATS (after d0) : <input type="radio"/> Yes <input type="radio"/> No	iv) ECP (extra-corporeal photopheresis) : <input type="radio"/> Yes <input type="radio"/> No	
			ii) Corticosteroids : <input type="radio"/> Yes <input type="radio"/> No	v) FK 506 (Tacrolimus, Prograf) : <input type="radio"/> Yes <input type="radio"/> No		
			iii) Cyclosporine (CSA) : <input type="radio"/> Yes <input type="radio"/> No	vi) Methotrexate (MTX) : <input type="radio"/> Yes <input type="radio"/> No		
	b) In vivo monoclonal antibody (MAB)		i) Anti CD25 (Zenapax, Daclizumab, AntiTAC) : <input type="radio"/> Yes <input type="radio"/> No	iv) Infliximab (Remicade) : <input type="radio"/> Yes <input type="radio"/> No		
			ii) Campath : <input type="radio"/> Yes <input type="radio"/> No	v) Other, specify : <input type="radio"/> Yes <input type="radio"/> No		
			iii) Etanercept (Enbrel) : <input type="radio"/> Yes <input type="radio"/> No			
			c) Mycophenolate (MMF, Cellcept) : <input type="radio"/> Yes <input type="radio"/> No			
			d) Sirolimus (Rapamycin, Rapamune) : <input type="radio"/> Yes <input type="radio"/> No			
			e) Other drug, specify : _____		<input type="radio"/> Yes <input type="radio"/> No	

2. Absolute neutrophil count (ANC) recovery (engraftment) (Neutrophils >0.5X10⁹/L) :	<input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> Died before evaluable <input type="radio"/> Never below <input type="radio"/> Unknown		a. Date of ANC recovery: (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
			i. Graft Loss: <input type="radio"/> Yes <input type="radio"/> No
			a. Date of Graft Loss: (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
			ii. Autologous recovery: <input type="radio"/> Yes <input type="radio"/> No
		iii. Mixed chimera: <input type="radio"/> Yes <input type="radio"/> No	

3. Absolute platelet recovery: (Platelets > 20 x 10³/L)	<input type="radio"/> Yes → <input type="radio"/> No → <input type="radio"/> Graft Loss <input type="radio"/> Died before evaluable <input type="radio"/> Autologous recovery <input type="radio"/> Never below <input type="radio"/> Unknown		a. Date of Platelet recovery : (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
			b. Transplant day platelets >= 20 x 10⁹/L : (3 days transfusion free) <input style="width: 40px; height: 20px;" type="text"/> (auto calculate)
			a. Date of last assessment: (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>

4. Acute Graft Versus Host Disease: <i>(Applicable for Allografts only)</i>	i. Maximum Overall Grade : <input type="radio"/> 0 (none) <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Present but grade unknown <input type="radio"/> Not applicable								
	ii. Maximum severity of organ involvement:								
	a. Skin →	<input type="radio"/> Stage 0 : No rash <input type="radio"/> Stage 1 : Maculopapular rash <25% of body surface <input type="radio"/> Stage 2 : Maculopapular rash 25%-50% of body surface <input type="radio"/> Stage 3 : Generalized erythroderma <input type="radio"/> Stage 4 : Generalized erythroderma with bullous formation and desquamation							
	b. GIT →	<input type="radio"/> Stage 0 : No diarrhea <input type="radio"/> Stage 1 : Diarrhoea >500 mls/day or >280 mls/m ² /day <input type="radio"/> Stage 2 : Diarrhoea >1000 mls/day or 280-555 mls/m ² /day <input type="radio"/> Stage 3 : Diarrhoea >1500 mls/day or 556-833 mls/m ² /day <input type="radio"/> Stage 4 : Diarrhoea Severe abdominal pain with or without ileus							
	c. Liver →	<input type="radio"/> Stage 0 : Bilirubin <34 umol/L <input type="radio"/> Stage 1 : Bilirubin 34-50 umol/L <input type="radio"/> Stage 2 : Bilirubin 51-102 umol/L <input type="radio"/> Stage 3 : Bilirubin 103-255 umol/L <input type="radio"/> Stage 4 : Bilirubin >255 umol/L							
		d. Other organs →	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">i. Upper GIT:</td> <td style="padding: 2px;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td style="padding: 2px;">ii. Lungs:</td> <td style="padding: 2px;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td style="padding: 2px;">iii. Others:</td> <td style="padding: 2px;">_____</td> </tr> </table>	i. Upper GIT:	<input type="radio"/> Yes <input type="radio"/> No	ii. Lungs:	<input type="radio"/> Yes <input type="radio"/> No	iii. Others:	_____
i. Upper GIT:	<input type="radio"/> Yes <input type="radio"/> No								
ii. Lungs:	<input type="radio"/> Yes <input type="radio"/> No								
iii. Others:	_____								

5. VOD : <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	6. Idiopathic Pneumonia Syndrome (IP) : <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:
 ID: /
 Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____ ii. Centre Code:
 iii. Name of reporting centre: _____

SECTION 6 : ADDITIONAL TREATMENT INCLUDING CELL INFUSION

1. Cell infusion (CI) : <i>(not HSCT or autologous stem cell re-infusion)</i>	<input type="radio"/> Yes → <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Date of first infusion: <i>(can be the same as HSCT date)</i></td> <td colspan="3"><input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> (dd/mm/yyyy)</td> </tr> <tr> <td rowspan="3">b. Type of cell(s):</td> <td>i) Lymphocyte :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>iv) Fibroblasts :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>ii) Dendritic cells :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>v) Other rMab, specify :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>iii) Mesenchymal :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>c. Chronological no. of CI for this patient:</td> <td colspan="3"></td> </tr> <tr> <td rowspan="5">d. Indication:</td> <td>i) Planned/protocol :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>vi) Treatment for disease :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>ii) Prophylactic :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>vii) Mixed chimaerism :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>iii) Treatment of GvHD :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>viii) Treatment viral infection :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>iv) Loss/decreased chimaerism :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>ix) Other, specify :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>v) Treatment PTLD, EBV lymphoma :</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>e. Number of infusions within 10 weeks:</td> <td colspan="3"><input type="text"/><input type="text"/> <i>(count only infusions that are part of same regimen and given for the same indication)</i></td> </tr> </table>	a. Date of first infusion: <i>(can be the same as HSCT date)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)			b. Type of cell(s):	i) Lymphocyte :	<input type="radio"/> Yes <input type="radio"/> No	iv) Fibroblasts :	<input type="radio"/> Yes <input type="radio"/> No	ii) Dendritic cells :	<input type="radio"/> Yes <input type="radio"/> No	v) Other rMab, specify :	<input type="radio"/> Yes <input type="radio"/> No	iii) Mesenchymal :	<input type="radio"/> Yes <input type="radio"/> No			c. Chronological no. of CI for this patient:				d. Indication:	i) Planned/protocol :	<input type="radio"/> Yes <input type="radio"/> No	vi) Treatment for disease :	<input type="radio"/> Yes <input type="radio"/> No	ii) Prophylactic :	<input type="radio"/> Yes <input type="radio"/> No	vii) Mixed chimaerism :	<input type="radio"/> Yes <input type="radio"/> No	iii) Treatment of GvHD :	<input type="radio"/> Yes <input type="radio"/> No	viii) Treatment viral infection :	<input type="radio"/> Yes <input type="radio"/> No	iv) Loss/decreased chimaerism :	<input type="radio"/> Yes <input type="radio"/> No	ix) Other, specify :	<input type="radio"/> Yes <input type="radio"/> No	v) Treatment PTLD, EBV lymphoma :	<input type="radio"/> Yes <input type="radio"/> No			e. Number of infusions within 10 weeks:	<input type="text"/> <input type="text"/> <i>(count only infusions that are part of same regimen and given for the same indication)</i>		
	a. Date of first infusion: <i>(can be the same as HSCT date)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)																																														
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	v) Treatment PTLD, EBV lymphoma :	<input type="radio"/> Yes <input type="radio"/> No																																														
e. Number of infusions within 10 weeks:	<input type="text"/> <input type="text"/> <i>(count only infusions that are part of same regimen and given for the same indication)</i>																																															
2. Disease treatment: <i>(apart from cell infusion)</i>		<input type="radio"/> Yes, Planned <i>(planned before HSCT)</i> <input type="radio"/> Yes, Not planned <i>(for relapse/progression or persistent disease)</i> <input type="radio"/> No																																														

SECTION 7 : MALIGNANT DISEASE EVALUATION FOR THIS HSCT

(Non-malignant disease skip disease evaluation)

1. Best disease status (response) after HSCT <i>(prior to treatment modification in response to a post HSCT disease assessment)</i>	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="radio"/> Continued complete remission (CR)</td> <td style="width: 33%;"><input type="radio"/> CR achieved</td> <td style="width: 33%;"><input type="radio"/> Never in CR</td> <td style="width: 33%;"><input type="radio"/> Not evaluated</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">i. Date CR achieved : <i>(dd/mm/yyyy)</i></td> <td style="width: 50%;">i. Date assessed : <i>(dd/mm/yyyy)</i></td> </tr> </table>	<input type="radio"/> Continued complete remission (CR)	<input type="radio"/> CR achieved	<input type="radio"/> Never in CR	<input type="radio"/> Not evaluated	i. Date CR achieved : <i>(dd/mm/yyyy)</i>	i. Date assessed : <i>(dd/mm/yyyy)</i>			
<input type="radio"/> Continued complete remission (CR)	<input type="radio"/> CR achieved	<input type="radio"/> Never in CR	<input type="radio"/> Not evaluated							
i. Date CR achieved : <i>(dd/mm/yyyy)</i>	i. Date assessed : <i>(dd/mm/yyyy)</i>									
2. First relapse or progression after HSCT <i>(Any type, not persistent disease)</i>	<p><input type="radio"/> No <input checked="" type="radio"/> Yes If yes, tick all methods used for assessment with the dates on which they were used and the results.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">i. Relapse/progression detected by clinical /haematological method:</td> <td style="width: 10%;"> <input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated </td> <td style="width: 50%;"> i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> </tr> <tr> <td>ii. Relapse/progression detected by cytogenetic method</td> <td> <input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated </td> <td> i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> </tr> <tr> <td>iii. Relapse/progression detected by molecular method:</td> <td> <input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated </td> <td> i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> </tr> </table>	i. Relapse/progression detected by clinical /haematological method:	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ii. Relapse/progression detected by cytogenetic method	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	iii. Relapse/progression detected by molecular method:	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Relapse/progression detected by clinical /haematological method:	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
ii. Relapse/progression detected by cytogenetic method	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
iii. Relapse/progression detected by molecular method:	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	i. Date assessed : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Date first seen : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
3. Method of latest status disease assessment <i>(record the most recent status and date for each method, depending on the disease)</i> <i>*In some circumstances, disease may be detected by molecular or cytogenetic testing, but may not be considered a relapse or progression. It should still be reported.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">i. Was disease status detected by clinic / haematological method?</td> <td style="width: 10%;"> <input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated </td> <td style="width: 60%;">a. Last date assessed <i>(dd/mm/yyyy)</i></td> </tr> <tr> <td>ii. Was disease status detected by cytogenetic / FISH method?</td> <td> <input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated </td> <td> a. Last date assessed <i>(dd/mm/yyyy)</i> b. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes </td> </tr> <tr> <td>iii. Was disease status detected by molecular method?</td> <td> <input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated </td> <td> a. Last date assessed <i>(dd/mm/yyyy)</i> b. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes </td> </tr> </table>	i. Was disease status detected by clinic / haematological method?	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	a. Last date assessed <i>(dd/mm/yyyy)</i>	ii. Was disease status detected by cytogenetic / FISH method?	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	a. Last date assessed <i>(dd/mm/yyyy)</i> b. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes	iii. Was disease status detected by molecular method?	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	a. Last date assessed <i>(dd/mm/yyyy)</i> b. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes
i. Was disease status detected by clinic / haematological method?	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	a. Last date assessed <i>(dd/mm/yyyy)</i>								
ii. Was disease status detected by cytogenetic / FISH method?	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	a. Last date assessed <i>(dd/mm/yyyy)</i> b. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes								
iii. Was disease status detected by molecular method?	<input type="radio"/> No → <input type="radio"/> Yes → <input type="radio"/> Not evaluated	a. Last date assessed <i>(dd/mm/yyyy)</i> b. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes								

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:

ID: /
Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 8: PATIENT STATUS AT LAST CONTACT

1. Survival Status:	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Died before HSCT <input type="checkbox"/> Patient lost to follow up	a. Main Cause of Death: (only one main cause)	<input type="radio"/> Relapse or Progression/Persistent disease <input type="radio"/> HSCT Related Cause <input type="radio"/> Unknown <input type="radio"/> Others, specify: _____
			<div style="border: 1px dashed black; padding: 5px;"> <input type="checkbox"/> GVHD <input type="checkbox"/> Rejection/Poor graft function <input type="checkbox"/> Pulmonary toxicity <input type="checkbox"/> Other, specify: _____ </div> <div style="border: 1px dashed black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Cardiac Toxicity <input type="checkbox"/> Infection <input type="checkbox"/> Venous occlusive disorder </div>
2. Date of last contact: (Date of last follow up or death)	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)		

SECTION 9 : ACUTE LEUKEMIAS

1. Classification :	<p>AML with recurrent genetic abnormalities :</p> <input type="radio"/> AML with t(8;21)(q22;q22), (AML1/ETO) <input type="radio"/> AML with abnormal bone marrow eosinophils and inv(16)(p13q22) or t(16;16)(p13;q22) CBFβ/MYH11 <input type="radio"/> AML with t(15;17)(q22;q12), (PML/RARα) and variants (FAB M3) <input type="radio"/> AML with 11q23, (MLL) abnormalities <input type="radio"/> AML with multilineage dysplasia (w/o MDS or MPS/MDS antecedents)								
	<p>Acute Lymphoblastic Leukemia (ALL) :</p> <input type="radio"/> Precursor B-cell ALL <input type="radio"/> t(9;22)(a34;q11); BCR/ABL <input type="radio"/> t(v;11q23); MLL rearranged <input type="radio"/> t(1;19)(q23;p13) E2A/PBX1 <input type="radio"/> t(12;21)(p12;q22) ETV/CBF-alpha <input type="radio"/> Precursor T-cell ALL <input type="radio"/> ALL not otherwise specified								
	<p>Other Acute Leukemias :</p> <input type="radio"/> Acute undifferentiated leukaemia <input type="radio"/> Biphenotypic, bilineage, hybrid <input type="radio"/> Acute mast cell leukaemia <input type="radio"/> Other, specify: _____								
	<p>AML not otherwise categorised :</p> <input type="radio"/> AML, minimally differentiated (FAB M0) <input type="radio"/> AML without maturation (FAB M1) <input type="radio"/> AML with maturation (FAB M2) <input type="radio"/> Acute myelomonocytic leukemia (FAB M4) <input type="radio"/> Acute monoblastic/acute monocytic leukemia (FAB M5) <input type="radio"/> Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (FAB M6) <input type="radio"/> Acute megakaryoblastic leukemia (FAB M7) <input type="radio"/> Acute basophilic leukemia <input type="radio"/> Acute panmyelosis with myelofibrosis <input type="radio"/> Myeloid sarcoma <input type="radio"/> AML not otherwise specified <input type="radio"/> Transformed from MDS <small>Complete MDS section in MYELODYSPLASTIC SYNDROME (MDS) section. Do not complete the remainder of AML</small>								
2. Secondary origin:	<input type="radio"/> Yes: Disease related to prior exposure to therapeutic drugs or radiation <input type="radio"/> No <input type="radio"/> Unknown								
3. Status at HSCT	<input type="radio"/> Primary induction failure <input type="radio"/> Complete haematological remission (CR) <input type="radio"/> Relapse <input type="radio"/> Never treated								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">i. NUMBER (complete only for CR or relapse)</td> <td style="padding: 5px;"> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="padding: 5px;">ii. Type of remission (complete only for complete remission)</td> <td style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Cytogenetic</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">b. Molecular</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> </table> </td> </tr> </table>	i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Type of remission (complete only for complete remission)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Cytogenetic</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">b. Molecular</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> </table>	a. Cytogenetic	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown	b. Molecular	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown
i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher								
ii. Type of remission (complete only for complete remission)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Cytogenetic</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">b. Molecular</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> </table>	a. Cytogenetic	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown	b. Molecular	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown				
a. Cytogenetic	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown								
b. Molecular	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown								

SECTION 10 : CHRONIC MYELOGENOUS LEUKEMIA (CML) Note: CMML is not a CML

1. Classification: At least one investigation must be positive	i. Translocation (9;22): <input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Not evaluated ii. bcr-abl: <input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Not evaluated										
2. Status at HSCT	<input type="radio"/> Chronic phase (CP) <input type="radio"/> Accelerated phase <input type="radio"/> Blast crisis										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">i. NUMBER</td> <td style="padding: 5px;"> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="padding: 5px;">ii. Presence and type of CR (For chronic phase only)</td> <td style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Haematological</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">b. Cytogenetic (t(9;22))</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">c. Molecular (bcr-abl)</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> </table> </td> </tr> </table>	i. NUMBER	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Presence and type of CR (For chronic phase only)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Haematological</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">b. Cytogenetic (t(9;22))</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">c. Molecular (bcr-abl)</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> </table>	a. Haematological	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown	b. Cytogenetic (t(9;22))	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown	c. Molecular (bcr-abl)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown
i. NUMBER	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher										
ii. Presence and type of CR (For chronic phase only)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">a. Haematological</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">b. Cytogenetic (t(9;22))</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> <tr> <td style="padding: 5px;">c. Molecular (bcr-abl)</td> <td style="padding: 5px;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown </td> </tr> </table>	a. Haematological	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown	b. Cytogenetic (t(9;22))	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown	c. Molecular (bcr-abl)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown				
a. Haematological	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown										
b. Cytogenetic (t(9;22))	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown										
c. Molecular (bcr-abl)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not evaluated <input type="radio"/> Unknown										

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:
 ID: /
 Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 11 : OTHER LEUKEMIAS

1. Classification :	<input type="radio"/> Chronic lymphocytic leukemia (CLL) <input type="radio"/> Prolymphocytic Leukemia, B-cell <input type="radio"/> Prolymphocytic Leukemia, T-cell <input type="radio"/> Hairy Cell Leukemia <input type="radio"/> Other leukemia, specify: _____
2. Status at HSCT	<input type="radio"/> Stable disease/No response <input type="radio"/> Partial remission (PR) <input type="radio"/> Relapse <input type="radio"/> Never treated <input type="radio"/> Complete remission (CR) <input type="radio"/> nodular Partial remission (nPR) <input type="radio"/> Progression

SECTION 12 : LYMPHOMAS

1. Classification :	<p>Non-Hodgkin's lymphoma (NHL) B-cell Neoplasms :</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Follicular lymphoma <input type="radio"/> Mantle cell lymphoma <input type="radio"/> Extranodal marginal zone of MALT type <input type="radio"/> Diffuse large B-cell lymphoma (If known indicate subtype) <input type="radio"/> Burkitt's lymphoma/Burkitt cell leukemia (ALL L3) <input type="radio"/> Lymphoplasmacytic lymphoma <input type="radio"/> Waldenstrom macroglobulinaemia <input type="radio"/> Splenic marginal zone B-cell lymphoma <input type="radio"/> Nodal marginal zone B-cell lymphoma <input type="radio"/> Primary CNS lymphoma <input type="radio"/> Other B-cell, specify: _____ </td> <td style="width: 5%; text-align: center; vertical-align: middle;">→</td> <td style="width: 45%; border: 1px dashed black; padding: 5px;"> <input type="radio"/> Grade I <input type="radio"/> Grade II <input type="radio"/> Grade III <input type="radio"/> Unknown </td> </tr> <tr> <td style="vertical-align: top;"> <input type="radio"/> Diffuse large B-cell lymphoma (If known indicate subtype) </td> <td style="text-align: center; vertical-align: middle;">→</td> <td style="border: 1px dashed black; padding: 5px;"> <input type="radio"/> Intravascular large cell lymphoma <input type="radio"/> Mediastinal large cell lymphoma <input type="radio"/> Primary effusion large cell lymphoma </td> </tr> <tr> <td style="vertical-align: top;"> <input type="radio"/> Burkitt's lymphoma/Burkitt cell leukemia (ALL L3) </td> <td style="text-align: center; vertical-align: middle;">→</td> <td style="border: 1px dashed black; padding: 5px;"> <input type="radio"/> High grade B-cell lymphoma, Burkitt-like (provisional entity) </td> </tr> </table> <p>Hodgkin :</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Nodular lymphocyte predominant <input type="radio"/> Lymphoma depleted <input type="radio"/> Lymphocyte rich </td> <td style="width: 5%; text-align: center; vertical-align: middle;">→</td> <td style="width: 45%; vertical-align: top;"> <input type="radio"/> Nodular sclerosis <input type="radio"/> Mixed cellularity <input type="radio"/> Other, specify: _____ </td> </tr> </table> <p>T-cell NK-cell Neoplasms :</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Angioimmunoblastic (AILD) <input type="radio"/> Peripheral T-cell lymphoma (all variants) <input type="radio"/> Anaplastic large-cell, T/null cell, primary cutaneous <input type="radio"/> Anaplastic large-cell, T/null cell, primary systemic <input type="radio"/> Extranodal NK/T-cell lymphoma, nasal type <input type="radio"/> Enteropathy-type T-cell lymphoma <input type="radio"/> Hepatosplenic gamma-delta T-cell lymphoma </td> <td style="width: 5%; text-align: center; vertical-align: middle;">→</td> <td style="width: 45%; vertical-align: top;"> <input type="radio"/> Subcutaneous panniculitis-like T-cell lymphoma <input type="radio"/> Adult T-cell lymphoma/leukaemia (HTLV1+) <input type="radio"/> Aggressive NK-cell leukaemia <input type="radio"/> Large T-cell granular lymphocytic leukaemia <input type="radio"/> Mycosis fungoides <input type="radio"/> Sezary syndrome <input type="radio"/> Other T/NK-cell, specify: _____ </td> </tr> </table>	<input type="radio"/> Follicular lymphoma <input type="radio"/> Mantle cell lymphoma <input type="radio"/> Extranodal marginal zone of MALT type <input type="radio"/> Diffuse large B-cell lymphoma (If known indicate subtype) <input type="radio"/> Burkitt's lymphoma/Burkitt cell leukemia (ALL L3) <input type="radio"/> Lymphoplasmacytic lymphoma <input type="radio"/> Waldenstrom macroglobulinaemia <input type="radio"/> Splenic marginal zone B-cell lymphoma <input type="radio"/> Nodal marginal zone B-cell lymphoma <input type="radio"/> Primary CNS lymphoma <input type="radio"/> Other B-cell, specify: _____	→	<input type="radio"/> Grade I <input type="radio"/> Grade II <input type="radio"/> Grade III <input type="radio"/> Unknown	<input type="radio"/> Diffuse large B-cell lymphoma (If known indicate subtype)	→	<input type="radio"/> Intravascular large cell lymphoma <input type="radio"/> Mediastinal large cell lymphoma <input type="radio"/> Primary effusion large cell lymphoma	<input type="radio"/> Burkitt's lymphoma/Burkitt cell leukemia (ALL L3)	→	<input type="radio"/> High grade B-cell lymphoma, Burkitt-like (provisional entity)	<input type="radio"/> Nodular lymphocyte predominant <input type="radio"/> Lymphoma depleted <input type="radio"/> Lymphocyte rich	→	<input type="radio"/> Nodular sclerosis <input type="radio"/> Mixed cellularity <input type="radio"/> Other, specify: _____	<input type="radio"/> Angioimmunoblastic (AILD) <input type="radio"/> Peripheral T-cell lymphoma (all variants) <input type="radio"/> Anaplastic large-cell, T/null cell, primary cutaneous <input type="radio"/> Anaplastic large-cell, T/null cell, primary systemic <input type="radio"/> Extranodal NK/T-cell lymphoma, nasal type <input type="radio"/> Enteropathy-type T-cell lymphoma <input type="radio"/> Hepatosplenic gamma-delta T-cell lymphoma	→	<input type="radio"/> Subcutaneous panniculitis-like T-cell lymphoma <input type="radio"/> Adult T-cell lymphoma/leukaemia (HTLV1+) <input type="radio"/> Aggressive NK-cell leukaemia <input type="radio"/> Large T-cell granular lymphocytic leukaemia <input type="radio"/> Mycosis fungoides <input type="radio"/> Sezary syndrome <input type="radio"/> Other T/NK-cell, specify: _____
<input type="radio"/> Follicular lymphoma <input type="radio"/> Mantle cell lymphoma <input type="radio"/> Extranodal marginal zone of MALT type <input type="radio"/> Diffuse large B-cell lymphoma (If known indicate subtype) <input type="radio"/> Burkitt's lymphoma/Burkitt cell leukemia (ALL L3) <input type="radio"/> Lymphoplasmacytic lymphoma <input type="radio"/> Waldenstrom macroglobulinaemia <input type="radio"/> Splenic marginal zone B-cell lymphoma <input type="radio"/> Nodal marginal zone B-cell lymphoma <input type="radio"/> Primary CNS lymphoma <input type="radio"/> Other B-cell, specify: _____	→	<input type="radio"/> Grade I <input type="radio"/> Grade II <input type="radio"/> Grade III <input type="radio"/> Unknown														
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2. Status at HSCT	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Never treated <input type="radio"/> Primary refractory <div style="border: 1px dashed black; padding: 2px; margin: 5px 0;"><input type="radio"/> Complete remission, confirmed (CR)</div> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;"><input type="radio"/> Complete remission, unconfirmed (CRU)</div> <input type="radio"/> 1st Partial response (PR1) <div style="border: 1px dashed black; padding: 2px; margin: 5px 0;"><input type="radio"/> Partial response>1 (never in CR) (PR>1)</div> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;"><input type="radio"/> Relapse</div> <input type="radio"/> Progression <small>*CRU – complete response with persistent scan abnormalities of unknown significance</small> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">→</td> <td style="width: 45%; border: 1px dashed black; padding: 5px;"> <table style="width: 100%;"> <tr> <td style="background-color: #f8d7da; padding: 5px;">i. NUMBER (complete only for CR, PR>1 or relapse)</td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="background-color: #f8d7da; padding: 5px;">ii. Sensitivity to chemotherapy vsensit (complete only for relapse)</td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown </td> </tr> </table> </td> </tr> </table>	<input type="radio"/> Never treated <input type="radio"/> Primary refractory <div style="border: 1px dashed black; padding: 2px; margin: 5px 0;"><input type="radio"/> Complete remission, confirmed (CR)</div> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;"><input type="radio"/> Complete remission, unconfirmed (CRU)</div> <input type="radio"/> 1st Partial response (PR1) <div style="border: 1px dashed black; padding: 2px; margin: 5px 0;"><input type="radio"/> Partial response>1 (never in CR) (PR>1)</div> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;"><input type="radio"/> Relapse</div> <input type="radio"/> Progression <small>*CRU – complete response with persistent scan abnormalities of unknown significance</small>	→	<table style="width: 100%;"> <tr> <td style="background-color: #f8d7da; padding: 5px;">i. NUMBER (complete only for CR, PR>1 or relapse)</td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="background-color: #f8d7da; padding: 5px;">ii. Sensitivity to chemotherapy vsensit (complete only for relapse)</td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown </td> </tr> </table>	i. NUMBER (complete only for CR, PR>1 or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Sensitivity to chemotherapy vsensit (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown								
<input type="radio"/> Never treated <input type="radio"/> Primary refractory <div style="border: 1px dashed black; padding: 2px; margin: 5px 0;"><input type="radio"/> Complete remission, confirmed (CR)</div> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;"><input type="radio"/> Complete remission, unconfirmed (CRU)</div> <input type="radio"/> 1st Partial response (PR1) <div style="border: 1px dashed black; padding: 2px; margin: 5px 0;"><input type="radio"/> Partial response>1 (never in CR) (PR>1)</div> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;"><input type="radio"/> Relapse</div> <input type="radio"/> Progression <small>*CRU – complete response with persistent scan abnormalities of unknown significance</small>	→	<table style="width: 100%;"> <tr> <td style="background-color: #f8d7da; padding: 5px;">i. NUMBER (complete only for CR, PR>1 or relapse)</td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="background-color: #f8d7da; padding: 5px;">ii. Sensitivity to chemotherapy vsensit (complete only for relapse)</td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown </td> </tr> </table>	i. NUMBER (complete only for CR, PR>1 or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Sensitivity to chemotherapy vsensit (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown										
i. NUMBER (complete only for CR, PR>1 or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher															
ii. Sensitivity to chemotherapy vsensit (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown															

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

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 Centre:

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i. Patient Name and NRIC Number: _____ ii. Centre Code:
 iii. Name of reporting centre: _____

SECTION 13 : MYELODYSPLASTIC SYNDROME (MDS) (MYELODYSPLASTIC SYNDROME (MDS) combined MD/MPS is in the next section)

1. WHO Classification at diagnosis :	<input type="radio"/> Refractory anaemia (RA) <input type="radio"/> Refractory anaemia with ring sideroblasts (RARS) <input type="radio"/> RA with excess of blasts-1 (RAEB-1) <input type="radio"/> RA with excess of blasts-2 (RAEB-2)	<input type="radio"/> Refractory cytopenia with multilineage dysplasia (RCMD) <input type="radio"/> RCMD-RS <input type="radio"/> MDS associated with isolated del(5q) <input type="radio"/> MDS Unclassifiable (MDS-U)
2. FAB Classification at diagnosis :	<input type="radio"/> RA <input type="radio"/> RARS	<input type="radio"/> RAEB <input type="radio"/> RAEB in transformation (RAEB-t) <input type="radio"/> MDS Unclassifiable
3. Secondary origin: (other than transformed to AML)	<input type="radio"/> Yes: Disease related to prior exposure to therapeutic drugs or radiation	<input type="radio"/> No <input type="radio"/> Unknown
4. WHO Classification at HSCT :	<input type="radio"/> Refractory anaemia (RA) <input type="radio"/> Refractory anaemia with ring sideroblasts (RARS) <input type="radio"/> RA with excess of blasts-1 (RAEB-1) <input type="radio"/> RA with excess of blasts-2 (RAEB-2) <input type="radio"/> Refractory cytopenia with multilineage dysplasia (RCMD) <input type="radio"/> RCMD-RS <input type="radio"/> MDS associated with isolated del(5q)	<input type="radio"/> Transformed to AML <input type="radio"/> MDS Unclassifiable (MDS-U)
5. FAB Classification at HSCT :	<input type="radio"/> RA <input type="radio"/> RARS	<input type="radio"/> RAEB <input type="radio"/> RAEB in transformation (RAEB-t) <input type="radio"/> Transformed to AML (fill date in opposite column) <input type="radio"/> MDS Unclassifiable
6. Status at HSCT	<div style="border: 1px dashed black; padding: 5px;"> Treated with chemotherapy : <input type="radio"/> Primary refractory phase (no change) <input type="radio"/> Complete remission (CR) → i. NUMBER (complete for CR or relapse) <input type="radio"/> Improvement but no CR <input type="radio"/> Relapse (after CR) → i. NUMBER (complete for CR or relapse) <input type="radio"/> Progression/worse </div> <div style="margin-top: 5px;"> <input type="radio"/> Untreated (Supportive care or treatment without chemotherapy) </div>	

SECTION 14 : COMBINED MYELODYSPLASTIC/MYELOPROLIFERATIVE SYNDROME (MD/MPS)

1. Classification at diagnosis :	<input type="radio"/> Chronic myelomonocytic leukaemia (CMMoL, CMML) <input type="radio"/> Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML) <input type="radio"/> Atypical CML ((t(9;22) negative and bcr/abl negative)	
2. Secondary origin: (other than transformed to AML)	<input type="radio"/> Yes: Disease related to prior exposure to therapeutic drugs or radiation	<input type="radio"/> No <input type="radio"/> Unknown
3. Classification at HSCT:	<input type="radio"/> Chronic myelomonocytic leukaemia (CMMoL, CMML) <input type="radio"/> Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML) <input type="radio"/> Atypical CML ((t(9;22) negative and bcr/abl negative)	<input type="radio"/> Transformed to AML <input type="radio"/> i. Date of transformation: (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4. Status at HSCT	<div style="border: 1px dashed black; padding: 5px;"> a. MDS or CMML (including Transformed to AML) / Atypical CML: Treated with chemotherapy : <input type="radio"/> Primary refractory phase (no change) <input type="radio"/> Complete remission (CR) → i. NUMBER (complete for CR or relapse) <input type="radio"/> Improvement but no CR <input type="radio"/> Relapse (after CR) → i. NUMBER (complete for CR or relapse) <input type="radio"/> Progression/worse </div> <div style="margin-top: 5px;"> <input type="radio"/> Untreated (Supportive care or treatment without chemotherapy) </div>	
	b. JMML:	<input type="radio"/> Stable disease (SD) <input type="radio"/> Complete response (CR)
		<input type="radio"/> Minimal response (MR) <input type="radio"/> Partial response (PR)
		<input type="radio"/> Progression (PD)

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ID: /
Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 15 : MYELOPROLIFERATIVE SYNDROMES

1. Classification at diagnosis	<input type="radio"/> Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia) <input type="radio"/> Polycythemia vera <input type="radio"/> Essential or primary thrombocythemia <input type="radio"/> Hyper eosinophilic syndrome (HES)		<input type="radio"/> Chronic eosinophilic leukaemia (CEL) <input type="radio"/> Chronic neutrophilic leukaemia <input type="radio"/> Stem cell leukemia-Lymphoma syndrome (8p11 syndrome) <input type="radio"/> MPS not otherwise specified <input type="radio"/> Other, specify: _____	
2. Secondary origin: (other than transformed to AML)	<input type="radio"/> Yes: Disease related to prior exposure to therapeutic drugs or radiation		<input type="radio"/> No <input type="radio"/> Unknown	
3. Classification at HSCT :	<input type="radio"/> Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia) <input type="radio"/> Polycythemia vera <input type="radio"/> Essential or primary thrombocythemia <input type="radio"/> Hyper eosinophilic syndrome (HES) <input type="radio"/> Chronic eosinophilic leukaemia (CEL) <input type="radio"/> Chronic neutrophilic leukaemia <input type="radio"/> Stem cell leukemia-Lymphoma syndrome (8p11 syndrome)		<input type="radio"/> Secondary myelofibrosis <input type="radio"/> Transformed to AML <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> i. Date of transformation: (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <input type="radio"/> MPS not otherwise specified <input type="radio"/> Other, specify: _____	
4. Status at HSCT	Treated with chemotherapy : <input type="radio"/> Primary refractory phase (no change) <input type="radio"/> Complete remission (CR) → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR or relapse) </div> <input type="radio"/> 1st <input type="radio"/> Improvement but no CR → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR or relapse) </div> <input type="radio"/> 2nd <input type="radio"/> Relapse (after CR) → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR or relapse) </div> <input type="radio"/> 3rd or higher <input type="radio"/> Progression/worse <input type="radio"/> Untreated (Supportive care or treatment without chemotherapy)			

SECTION 16 : PLASMA CELL DISORDERS including MULTIPLE MYELOMA

1. Classification:	<input type="radio"/> Multiple myeloma IgG <input type="radio"/> Multiple myeloma IgA <input type="radio"/> Multiple myeloma IgD <input type="radio"/> Multiple myeloma IgE <input type="radio"/> Multiple myeloma IgM (not Waldenstrom) <input type="radio"/> Multiple myeloma- light chain only <input type="radio"/> Multiple myeloma-non-secretory <input type="radio"/> Plasma cell leukemia <input type="radio"/> Solitary plasmacytoma <input type="radio"/> Primary amyloidosis <input type="radio"/> Other, specify: _____		
2. Status at HSCT	<input type="radio"/> Never treated <input type="radio"/> Complete remission (CR) → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR, PR or relapse) </div> <input type="radio"/> 1st <input type="radio"/> Partial remission (PR) → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR, PR or relapse) </div> <input type="radio"/> 2nd <input type="radio"/> Minimal response (MR) → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR, PR or relapse) </div> <input type="radio"/> 3rd or higher <input type="radio"/> Relapse from CR (untreated) → <div style="border: 1px solid black; padding: 2px; display: inline-block;"> i. NUMBER (complete for CR, PR or relapse) </div> <input type="radio"/> Progression <input type="radio"/> No change / stable disease		

i. Light chain type:	<input type="radio"/> Kappa <input type="radio"/> Lambda	
ii. Salmon & durie stage at diagnosis: (Multiple Myeloma only)	<input type="radio"/> I And <input type="radio"/> A <input type="radio"/> II <input type="radio"/> B <input type="radio"/> III	
iii. I.S.S:	a.i. Serum β2 - microglobulin: <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	a.ii. Units: <input type="radio"/> µg/dL <input type="radio"/> mg/L <input type="radio"/> nmol/L
	b.i. Serum albumin: <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	b.ii. Units: <input type="radio"/> g/dL <input type="radio"/> g/L
c. Stage	d. β2 -mic	e. S.albumin
<input type="radio"/> 1	<3.5	>3.5
<input type="radio"/> 2	<3.5 3.5-<5.5	<3.5 -
<input type="radio"/> 3	> 5.5	-

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 17 : ANAEMIA

1. Classification :

- Acquired Severe Aplastic Anaemia (SAA), not otherwise specified
- Acquired SAA, secondary to hepatitis
- Acquired SAA, secondary to toxin/other drug
- Amegakaryocytosis, acquired (not congenital)
- Acquired Pure Red Cell Aplasia (PRCA) (not congenital)
- Other acquired cytopenic syndrome, specify: _____
- Paroxysmal nocturnal hemoglobinuria (PNH)
- Congenital:
 - Fanconi anaemia
 - Diamond-Blackfan anaemia (congenital PRCA)
 - Schwachman-Diamond
 - Other congenital anaemia, specify: _____

SECTION 18 : HEMOGLOBINOPATHY

1. Classification :

- Thalassemia
- Sickle cell disease
- Other hemoglobinopathy, specify: _____

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

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ID: /
Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 19: BREAST CANCER - STAGING AT DIAGNOSIS

1. Metastases:	<input type="radio"/> Yes <input type="radio"/> No → Stage: <input type="radio"/> 0 <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III										
2. Classification:	<input type="radio"/> Inflammatory <input type="radio"/> Non-inflammatory										
3. Status at HSCT:	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> <input type="radio"/> Adjuvant (Stage II, III only) <input type="radio"/> Never treated (upfront) <input type="radio"/> Primary refractory </td> <td style="width: 70%; border: 1px dashed black; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">i. NUMBER (complete only for CR or relapse)</td> <td> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="width: 50%;">ii. Sensitivity to chemotherapy (complete only for relapse)</td> <td> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant </td> </tr> </table> </td> </tr> <tr> <td> <div style="border: 1px dashed black; padding: 2px;">Complete remission (CR) :</div> <input type="radio"/> Confirmed <input type="radio"/> Unconfirmed (CRU*) <input type="radio"/> Unknown </td> <td style="text-align: center;">→</td> </tr> <tr> <td> <div style="border: 1px dashed black; padding: 2px;">Relapse :</div> <input type="radio"/> Local <input type="radio"/> Metastatic </td> <td style="text-align: center;">→</td> </tr> </table>	<input type="radio"/> Adjuvant (Stage II, III only) <input type="radio"/> Never treated (upfront) <input type="radio"/> Primary refractory	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">i. NUMBER (complete only for CR or relapse)</td> <td> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="width: 50%;">ii. Sensitivity to chemotherapy (complete only for relapse)</td> <td> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant </td> </tr> </table>	i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Sensitivity to chemotherapy (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant	<div style="border: 1px dashed black; padding: 2px;">Complete remission (CR) :</div> <input type="radio"/> Confirmed <input type="radio"/> Unconfirmed (CRU*) <input type="radio"/> Unknown	→	<div style="border: 1px dashed black; padding: 2px;">Relapse :</div> <input type="radio"/> Local <input type="radio"/> Metastatic	→
<input type="radio"/> Adjuvant (Stage II, III only) <input type="radio"/> Never treated (upfront) <input type="radio"/> Primary refractory	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">i. NUMBER (complete only for CR or relapse)</td> <td> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="width: 50%;">ii. Sensitivity to chemotherapy (complete only for relapse)</td> <td> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant </td> </tr> </table>	i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Sensitivity to chemotherapy (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant						
i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher										
ii. Sensitivity to chemotherapy (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant										
<div style="border: 1px dashed black; padding: 2px;">Complete remission (CR) :</div> <input type="radio"/> Confirmed <input type="radio"/> Unconfirmed (CRU*) <input type="radio"/> Unknown	→										
<div style="border: 1px dashed black; padding: 2px;">Relapse :</div> <input type="radio"/> Local <input type="radio"/> Metastatic	→										

SECTION 20 : OTHER MALIGNANCIES

1. Classification:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Bone sarcoma (excluding Ewing sarcoma/PNET) <input type="radio"/> Central nervous system tumors (include CNS PNET) <input type="radio"/> Colorectal <input type="radio"/> Ewing sarcoma/PNET, extra-skeletal <input type="radio"/> Ewing sarcoma/PNET, skeletal <input type="radio"/> Germ cell tumour, extragonadal only <input type="radio"/> Hepatobiliary <input type="radio"/> Lung cancer, non-small cell <input type="radio"/> Lung cancer, small cell <input type="radio"/> Medulloblastoma <input type="radio"/> Melanoma <input type="radio"/> Neuroblastoma </td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Ovarian <input type="radio"/> Pancreas <input type="radio"/> Prostate <input type="radio"/> Renal cell <input type="radio"/> Retinoblastoma <input type="radio"/> Rhabdomyosarcoma <input type="radio"/> Soft tissue sarcoma <input type="radio"/> Testicular <input type="radio"/> Thymoma <input type="radio"/> Wilm tumour <input type="radio"/> Others, specify: _____ </td> </tr> </table>	<input type="radio"/> Bone sarcoma (excluding Ewing sarcoma/PNET) <input type="radio"/> Central nervous system tumors (include CNS PNET) <input type="radio"/> Colorectal <input type="radio"/> Ewing sarcoma/PNET, extra-skeletal <input type="radio"/> Ewing sarcoma/PNET, skeletal <input type="radio"/> Germ cell tumour, extragonadal only <input type="radio"/> Hepatobiliary <input type="radio"/> Lung cancer, non-small cell <input type="radio"/> Lung cancer, small cell <input type="radio"/> Medulloblastoma <input type="radio"/> Melanoma <input type="radio"/> Neuroblastoma	<input type="radio"/> Ovarian <input type="radio"/> Pancreas <input type="radio"/> Prostate <input type="radio"/> Renal cell <input type="radio"/> Retinoblastoma <input type="radio"/> Rhabdomyosarcoma <input type="radio"/> Soft tissue sarcoma <input type="radio"/> Testicular <input type="radio"/> Thymoma <input type="radio"/> Wilm tumour <input type="radio"/> Others, specify: _____								
<input type="radio"/> Bone sarcoma (excluding Ewing sarcoma/PNET) <input type="radio"/> Central nervous system tumors (include CNS PNET) <input type="radio"/> Colorectal <input type="radio"/> Ewing sarcoma/PNET, extra-skeletal <input type="radio"/> Ewing sarcoma/PNET, skeletal <input type="radio"/> Germ cell tumour, extragonadal only <input type="radio"/> Hepatobiliary <input type="radio"/> Lung cancer, non-small cell <input type="radio"/> Lung cancer, small cell <input type="radio"/> Medulloblastoma <input type="radio"/> Melanoma <input type="radio"/> Neuroblastoma	<input type="radio"/> Ovarian <input type="radio"/> Pancreas <input type="radio"/> Prostate <input type="radio"/> Renal cell <input type="radio"/> Retinoblastoma <input type="radio"/> Rhabdomyosarcoma <input type="radio"/> Soft tissue sarcoma <input type="radio"/> Testicular <input type="radio"/> Thymoma <input type="radio"/> Wilm tumour <input type="radio"/> Others, specify: _____										
2. Status at HSCT:	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> <input type="radio"/> Adjuvant <input type="radio"/> Never treated (upfront) <input type="radio"/> Stable disease/no response </td> <td style="width: 70%; border: 1px dashed black; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">i. NUMBER (complete only for CR or relapse)</td> <td> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="width: 50%;">ii. Sensitivity to chemotherapy (complete only for relapse)</td> <td> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown </td> </tr> </table> </td> </tr> <tr> <td> <div style="border: 1px dashed black; padding: 2px;">Complete remission (CR) :</div> <input type="radio"/> Confirmed <input type="radio"/> Unconfirmed (CRU*) </td> <td style="text-align: center;">→</td> </tr> <tr> <td> <input type="radio"/> 1st Partial response (PR1) <input type="radio"/> Relapse <input type="radio"/> Progressive disease (PD) </td> <td style="text-align: center;">→</td> </tr> </table>	<input type="radio"/> Adjuvant <input type="radio"/> Never treated (upfront) <input type="radio"/> Stable disease/no response	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">i. NUMBER (complete only for CR or relapse)</td> <td> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="width: 50%;">ii. Sensitivity to chemotherapy (complete only for relapse)</td> <td> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown </td> </tr> </table>	i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Sensitivity to chemotherapy (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown	<div style="border: 1px dashed black; padding: 2px;">Complete remission (CR) :</div> <input type="radio"/> Confirmed <input type="radio"/> Unconfirmed (CRU*)	→	<input type="radio"/> 1st Partial response (PR1) <input type="radio"/> Relapse <input type="radio"/> Progressive disease (PD)	→
<input type="radio"/> Adjuvant <input type="radio"/> Never treated (upfront) <input type="radio"/> Stable disease/no response	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">i. NUMBER (complete only for CR or relapse)</td> <td> <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher </td> </tr> <tr> <td style="width: 50%;">ii. Sensitivity to chemotherapy (complete only for relapse)</td> <td> <input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown </td> </tr> </table>	i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher	ii. Sensitivity to chemotherapy (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown						
i. NUMBER (complete only for CR or relapse)	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd or higher										
ii. Sensitivity to chemotherapy (complete only for relapse)	<input type="radio"/> Sensitive <input type="radio"/> Untreated <input type="radio"/> Resistant <input type="radio"/> Unknown										
<div style="border: 1px dashed black; padding: 2px;">Complete remission (CR) :</div> <input type="radio"/> Confirmed <input type="radio"/> Unconfirmed (CRU*)	→										
<input type="radio"/> 1st Partial response (PR1) <input type="radio"/> Relapse <input type="radio"/> Progressive disease (PD)	→										

SECTION 21: PRIMARY IMMUNE DEFICIENCIES

1. Classification:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Absence of T and B cells SCID <input type="radio"/> Absence of T, normal B cell SCID <input type="radio"/> ADA deficiency severe combined immune deficiency (SCID) <input type="radio"/> Ataxia telangiectasia <input type="radio"/> Bare lymphocyte syndrome <input type="radio"/> Cartilage hair hypoplasia <input type="radio"/> CD 40 Ligand deficiency <input type="radio"/> Chediak-Higashi syndrome <input type="radio"/> Chronic granulomatous disease <input type="radio"/> Common variable immunodeficiency <input type="radio"/> DiGeorge anomaly </td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Kostmann syndrome-congenital neutropenia <input type="radio"/> Leukocyte adhesion deficiencies <input type="radio"/> Neutrophil actin deficiency <input type="radio"/> Omenn syndrome <input type="radio"/> Reticular dysgenesis <input type="radio"/> SCID other, specify: _____ <input type="radio"/> SCID, unspecified <input type="radio"/> Wiskott Aldrich syndrome <input type="radio"/> X-linked lymphoproliferative syndrome <input type="radio"/> Others, specify: _____ <input type="radio"/> Immune deficiencies, not otherwise specified </td> </tr> </table>	<input type="radio"/> Absence of T and B cells SCID <input type="radio"/> Absence of T, normal B cell SCID <input type="radio"/> ADA deficiency severe combined immune deficiency (SCID) <input type="radio"/> Ataxia telangiectasia <input type="radio"/> Bare lymphocyte syndrome <input type="radio"/> Cartilage hair hypoplasia <input type="radio"/> CD 40 Ligand deficiency <input type="radio"/> Chediak-Higashi syndrome <input type="radio"/> Chronic granulomatous disease <input type="radio"/> Common variable immunodeficiency <input type="radio"/> DiGeorge anomaly	<input type="radio"/> Kostmann syndrome-congenital neutropenia <input type="radio"/> Leukocyte adhesion deficiencies <input type="radio"/> Neutrophil actin deficiency <input type="radio"/> Omenn syndrome <input type="radio"/> Reticular dysgenesis <input type="radio"/> SCID other, specify: _____ <input type="radio"/> SCID, unspecified <input type="radio"/> Wiskott Aldrich syndrome <input type="radio"/> X-linked lymphoproliferative syndrome <input type="radio"/> Others, specify: _____ <input type="radio"/> Immune deficiencies, not otherwise specified
<input type="radio"/> Absence of T and B cells SCID <input type="radio"/> Absence of T, normal B cell SCID <input type="radio"/> ADA deficiency severe combined immune deficiency (SCID) <input type="radio"/> Ataxia telangiectasia <input type="radio"/> Bare lymphocyte syndrome <input type="radio"/> Cartilage hair hypoplasia <input type="radio"/> CD 40 Ligand deficiency <input type="radio"/> Chediak-Higashi syndrome <input type="radio"/> Chronic granulomatous disease <input type="radio"/> Common variable immunodeficiency <input type="radio"/> DiGeorge anomaly	<input type="radio"/> Kostmann syndrome-congenital neutropenia <input type="radio"/> Leukocyte adhesion deficiencies <input type="radio"/> Neutrophil actin deficiency <input type="radio"/> Omenn syndrome <input type="radio"/> Reticular dysgenesis <input type="radio"/> SCID other, specify: _____ <input type="radio"/> SCID, unspecified <input type="radio"/> Wiskott Aldrich syndrome <input type="radio"/> X-linked lymphoproliferative syndrome <input type="radio"/> Others, specify: _____ <input type="radio"/> Immune deficiencies, not otherwise specified		

Note: CRU* - complete response with persistent scan abnormalities of unknown significance

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 22: INHERITED DISORDERS OF METABOLISM

1. Classification:	<input type="radio"/> Adrenoleukodystrophy <input type="radio"/> Aspartyl glucosaminuria <input type="radio"/> B-glucuronidase deficiency (VII) <input type="radio"/> Fucosidosis <input type="radio"/> Gaucher disease <input type="radio"/> Glucose storage disease <input type="radio"/> Hunter syndrome (II) <input type="radio"/> Hurler syndrome (IH) <input type="radio"/> I-cell disease <input type="radio"/> Krabbe disease (globoid leukodystrophy) <input type="radio"/> Lesch-Nyhan (HGPRT deficiency) <input type="radio"/> Mannosidosis <input type="radio"/> Maroteaux-Lamy (VI)	<input type="radio"/> Metachromatic leukodystrophy <input type="radio"/> Morquio (IV) <input type="radio"/> Mucopolidoses, unspecified <input type="radio"/> Mucopolysaccharidosis (V) <input type="radio"/> Mucopolysaccharidosis, unspecified <input type="radio"/> Niemann-Pick disease <input type="radio"/> Neuronal ceroid – lipofuscinosis (Batten disease) <input type="radio"/> Polysaccharide hydrolase abnormalities, unspecified <input type="radio"/> Sanfilippo (III) <input type="radio"/> Scheie syndrome (IS) <input type="radio"/> Wolman disease <input type="radio"/> Other, specify: _____ <input type="radio"/> Inherited disorders of metabolism, not otherwise specified
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SECTION 23 : PLATELET and OTHER INHERITED DISORDERS

1. Classification:	<input type="radio"/> Glanzmann thrombasthenia <input type="radio"/> Congenital amegakaryocytosis / congenital thrombocytopenia <input type="radio"/> Other inherited platelet abnormalities, specify: _____	<input type="radio"/> Osteopetrosis (malignant infantile osteopetrosis) <input type="radio"/> Other osteoclast defects, specify: _____
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SECTION 24: HISTIOCYTIC DISORDERS

1. Classification:	<input type="radio"/> Histiocytic disorders, not otherwise specified <input type="radio"/> Langerhans Cell Histiocytosis (Histiocytosis-X) <input type="radio"/> Malignant histiocytosis	<input type="radio"/> Familial erythro/hemophagocytic lymphohistiocytosis (FELH) <input type="radio"/> Hemophagocytosis (reactive or viral associated) <input type="radio"/> Others, specify: _____
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SECTION 25: AUTOIMMUNE DISORDERS

Autoimmune disorders																																																		
Connective tissue disease :																																																		
<input type="radio"/> Systemic sclerosis (SS)	→	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">1. Involved Organs/Clinical Problem at HSCT</th> <th style="width: 20%;">Presence</th> <th style="width: 30%;">Indication for HSCT</th> </tr> </thead> <tbody> <tr> <td>a. Diffuse cutaneous</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>b. Limited cutaneous</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>c. Lung parenchyma</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>d. Pulmonary hypertension</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>e. Systemic hypertension</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>f. Renal</td> <td>Biopsy type: <input type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>g. Oesophagus</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>h. Other GI tract</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>i. Raynaud</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>j. CREST</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>k. Other, specify: <input type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="2">2. Antibodies studied:</td> <td> <input type="radio"/> Yes → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Scl 70 positive:</td> <td> <input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated </td> </tr> <tr> <td>b. ACA positive</td> <td> <input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated </td> </tr> </table> </td> </tr> <tr> <td colspan="2"></td> <td> <input type="radio"/> No <input type="radio"/> unknown </td> </tr> </tbody> </table>			1. Involved Organs/Clinical Problem at HSCT	Presence	Indication for HSCT	a. Diffuse cutaneous	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	b. Limited cutaneous	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	c. Lung parenchyma	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	d. Pulmonary hypertension	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	e. Systemic hypertension	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	f. Renal	Biopsy type: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	g. Oesophagus	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	h. Other GI tract	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	i. Raynaud	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	j. CREST	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	k. Other, specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	2. Antibodies studied:		<input type="radio"/> Yes → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Scl 70 positive:</td> <td> <input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated </td> </tr> <tr> <td>b. ACA positive</td> <td> <input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated </td> </tr> </table>	a. Scl 70 positive:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated	b. ACA positive	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated			<input type="radio"/> No <input type="radio"/> unknown
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		<input type="radio"/> No <input type="radio"/> unknown																																																

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:
 ID: /
 Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 25 : AUTOIMMUNE DISORDERS (cont.)

Autoimmune disorders (cont.)

Connective tissue disease (cont.) :

Systemic lupus erythematosus (SLE)

1. Involved Organs/Clinical Problem at HSCT		Presence	Indication for HSCT						
a. Renal	Biopsy type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
b. CNS	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
c. PNS	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
d. Lung		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
e. Serositis		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
f. Arthritis		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
g. Skin	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
h. Haematological	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
i. Vasculitis	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
j. Other, specify:	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
2. Antibodies studied:		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">a. ds DNA:</td> <td style="text-align: center;"><input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. Complement:</td> <td style="text-align: center;"><input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated</td> </tr> <tr> <td colspan="2">c. Others, specify: _____</td> </tr> </table>	a. ds DNA:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated	b. Complement:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated	c. Others, specify: _____	
a. ds DNA:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated								
b. Complement:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated								
c. Others, specify: _____									

Polymyositis-dermatomyositis

1. Involved Organs/Clinical Problem at HSCT		Presence	Indication for HSCT
a. Proximal weakness		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Generalized weakness (including bulbar)		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Pulmonary fibrosis		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Vasculitis	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Other, specify:	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Manifestation with:			
	i. Typical biopsy:	<input type="radio"/> Yes <input type="radio"/> No	iv. CPK elevated: <input type="radio"/> Yes <input type="radio"/> No
	ii. Typical EMG:	<input type="radio"/> Yes <input type="radio"/> No	v. Malignancy type: <input type="radio"/> Yes <input type="radio"/> No
	iii. Typical rash (DM):	<input type="radio"/> Yes <input type="radio"/> No	

Sjogren syndrome

1. Involved Organs/Clinical Problem at HSCT		Presence	Indication for HSCT
a. SICCA		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Exocrine gland swelling		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Other organ lymphocytic infiltration		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Lymphoma, paraproteinemia		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Other, specify:	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Antiphospholipid syndrome

1. Involved Organs/Clinical Problem at HSCT		Presence	Indication for HSCT						
a. Thrombosis	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
b. CNS	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
c. Abortion		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
d. Skin (livido, vasculitis)		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
e. Haematological	Type: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
f. Other, specify:	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No						
2. Antibodies studied:		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">a. Anticardiolipin IgG:</td> <td style="text-align: center;"><input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. Anticardiolipin IgM:</td> <td style="text-align: center;"><input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated</td> </tr> <tr> <td colspan="2">c. Others, specify: _____</td> </tr> </table>	a. Anticardiolipin IgG:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated	b. Anticardiolipin IgM:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated	c. Others, specify: _____	
a. Anticardiolipin IgG:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated								
b. Anticardiolipin IgM:	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated								
c. Others, specify: _____									

Other type of connective tissue disease, specify: _____

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 25: AUTOIMMUNE DISORDERS (cont.)

Autoimmune disorders (cont.)

Vasculitis :

Wegener granulomatosis →

1. Involved Organs/Clinical Problem at HSCT	Presence	Indication for HSCT
a. Upper respiratory tract	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Pulmonary	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Renal Biopsy type: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Skin	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Other, specify: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Antibodies studied:	<input type="radio"/> Yes → a. c-ANCA <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated

Classical polyarteritis nodosa, classical →

Classical polyarteritis nodosa, microscopic →

1. Involved Organs/Clinical Problem at HSCT	Presence	Indication for HSCT
a. Renal Biopsy type: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Mononeuritis multiplex	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Pulmonary haemorrhage	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Skin	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. GI tract	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Other, specify: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Antibodies studied:	<input type="radio"/> Yes → a. p-ANCA: <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated
		<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated
		<input type="radio"/> Normal/Negative <input type="radio"/> Elevated/Positive <input type="radio"/> Not evaluated

Other vasculitis:

- Churg-Strauss
- Overlap necrotising arteritis
- Giant cell arteritis
- Takayasu
- Behçet's syndrome
- Other, specify: _____

Arthritis :

Rheumatoid arthritis →

1. Involved Organs/Clinical Problem at HSCT	Presence	Indication for HSCT
a. Destructive arthritis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Necrotising vasculitis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Eye Type: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Pulmonary	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Extra articular specify: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Other, specify: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Psoriatic arthritis/psoriasis →

1. Involved Organs/Clinical Problem at HSCT	Presence	Indication for HSCT
a. Destructive arthritis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Psoriasis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Other, specify: <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Juvenile idiopathic arthritis (JIA), systemic (Stills disease)

Juvenile idiopathic arthritis (JIA), articular: Onset : Oligoarticular Polyarticular

Juvenile idiopathic arthritis: Other, specify: _____

Other arthritis: _____

BLOOD AND MARROW TRANSPLANT Notification Form (Disease Classification)

For Office Use only:
 ID: /
 Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 26 : MULTIPLE SCLEROSIS

1. Multiple sclerosis:	<input type="radio"/> Multiple sclerosis → <div style="border: 1px dashed black; padding: 5px; display: inline-block; margin-left: 20px;"> <input type="radio"/> Primary progressive <input type="radio"/> Secondary progressive <input type="radio"/> Relapsing/remitting <input type="radio"/> Others, specify: _____ </div>
-------------------------------	---

SECTION 27: OTHER NEUROLOGICAL AUTOIMMUNE DISEASE

1. Other neurological autoimmune disease:	<input type="radio"/> Myasthenia gravis <input type="radio"/> Other autoimmune neurological disorder, specify: _____
--	---

SECTION 28 : HAEMATOLOGICAL AUTOIMMUNE DISEASES

1. Haematological autoimmune diseases:	<input type="radio"/> Idiopathic thrombocytopenic purpura (ITP) <input type="radio"/> Hemolytic anemia <input type="radio"/> Evan syndrome <input type="radio"/> Other autoimmune cytopenia, specify: _____
---	--

SECTION 29: BOWEL DISEASE

1. Bowel disease:	<input type="radio"/> Crohn's disease <input type="radio"/> Ulcerative colitis <input type="radio"/> Other autoimmune bowel disease, specify: _____
--------------------------	---

BLOOD AND MARROW TRANSPLANT

Follow up sheet 1: 1st year post transplant and yearly follow-up

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient name and NRIC number : _____

(Patient identifier for paper CRF)

ii. Centre Code:

iii. Date of assessment / visit / Follow up : / / (dd/mm/yy)

iv. Date of this HSCT : / / (autofill) (dd/mm/yy)

1. Hospital: (autofill)		2. Unit: (autofill)	
3. Contact person: (autofill)	a. Name:	b. Phone:	
	c. Fax:	d. Email:	
4. Report information:	a. Date of this Report: (autofill)	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (dd/mm/yyyy)	

SECTION 1 : PATIENT DETAILS

1. Unique Patient Number or Code:	
2. Name: * (autofill)	

SECTION 2 : DISEASE STATUS

1. Best disease status (response) after transplant: <small>(prior to treatment modification in response to a post transplant disease assessment)</small>	<input type="radio"/> Continued complete remission (CR) <input type="radio"/> CR achieved → i. Date CR achieved/assessed: <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (dd/mm/yyyy) <input type="radio"/> Never in CR <input type="radio"/> Not evaluated <input type="radio"/> Previously reported		
2. Primary Disease Diagnosis: * (autofill)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="radio"/> Acute Leukemias <input type="radio"/> Chronic Myelogenous Leukemia (CML) <input type="radio"/> Other Leukemias : _____ <input type="radio"/> Lymphomas <input type="radio"/> Myelodysplastic Syndrome (MDS) <input type="radio"/> Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS) <input type="radio"/> Myeloproliferative Syndrome <input type="radio"/> Plasma Cell Disorder including Multiple Myeloma <input type="radio"/> Anaemia <input type="radio"/> Hemoglobinopathy <input type="radio"/> Breast Cancer - Staging at Diagnosis </td> <td style="width: 50%; border: none;"> <input type="radio"/> Other Malignancies <input type="radio"/> Primary Immune Deficiencies <input type="radio"/> Inherited Disorders of Metabolism <input type="radio"/> Platelet and Other Inherited Disorders <input type="radio"/> Histiocytic Disorders <input type="radio"/> Autoimmune Disorders <input type="radio"/> Multiple Sclerosis <input type="radio"/> Other Neurological Autoimmune Disease <input type="radio"/> Haematological Autoimmune Diseases <input type="radio"/> Bowel Disease </td> </tr> </table>	<input type="radio"/> Acute Leukemias <input type="radio"/> Chronic Myelogenous Leukemia (CML) <input type="radio"/> Other Leukemias : _____ <input type="radio"/> Lymphomas <input type="radio"/> Myelodysplastic Syndrome (MDS) <input type="radio"/> Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS) <input type="radio"/> Myeloproliferative Syndrome <input type="radio"/> Plasma Cell Disorder including Multiple Myeloma <input type="radio"/> Anaemia <input type="radio"/> Hemoglobinopathy <input type="radio"/> Breast Cancer - Staging at Diagnosis	<input type="radio"/> Other Malignancies <input type="radio"/> Primary Immune Deficiencies <input type="radio"/> Inherited Disorders of Metabolism <input type="radio"/> Platelet and Other Inherited Disorders <input type="radio"/> Histiocytic Disorders <input type="radio"/> Autoimmune Disorders <input type="radio"/> Multiple Sclerosis <input type="radio"/> Other Neurological Autoimmune Disease <input type="radio"/> Haematological Autoimmune Diseases <input type="radio"/> Bowel Disease
<input type="radio"/> Acute Leukemias <input type="radio"/> Chronic Myelogenous Leukemia (CML) <input type="radio"/> Other Leukemias : _____ <input type="radio"/> Lymphomas <input type="radio"/> Myelodysplastic Syndrome (MDS) <input type="radio"/> Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS) <input type="radio"/> Myeloproliferative Syndrome <input type="radio"/> Plasma Cell Disorder including Multiple Myeloma <input type="radio"/> Anaemia <input type="radio"/> Hemoglobinopathy <input type="radio"/> Breast Cancer - Staging at Diagnosis	<input type="radio"/> Other Malignancies <input type="radio"/> Primary Immune Deficiencies <input type="radio"/> Inherited Disorders of Metabolism <input type="radio"/> Platelet and Other Inherited Disorders <input type="radio"/> Histiocytic Disorders <input type="radio"/> Autoimmune Disorders <input type="radio"/> Multiple Sclerosis <input type="radio"/> Other Neurological Autoimmune Disease <input type="radio"/> Haematological Autoimmune Diseases <input type="radio"/> Bowel Disease		

SECTION 3 : DATE OF LAST CONTACT

1. Date of last follow up or death:	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (dd/mm/yyyy)
--	--

SECTION 4 : COMPLICATIONS OF TRANSPLANT

1. Late graft failure:	<input type="radio"/> Yes <input type="radio"/> No
2. Chronic Graft Versus Host Disease present during this period: <small>(allografts only)</small>	<input type="radio"/> No <input type="radio"/> First episode since last HSCT → i. Date of diagnosis of cGvHD: <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (dd/mm/yyyy) <input type="radio"/> Recurrence → i. Date first evidence of cGVHD during this period: <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (dd/mm/yyyy) <input type="radio"/> Continuous since last reported episode <input type="radio"/> Resolved since last report <small>(currently absent)</small>
	Maximum extent during this period: → <input type="radio"/> Limited <input type="radio"/> Extensive <input type="radio"/> Unknown
	3. Did a secondary malignancy, lymphoproliferative or myeloproliferative <input type="radio"/> Yes <input type="radio"/> No → i. Date of diagnosis: (dd/mm/yyyy) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> ii. Diagnosis: _____

BLOOD AND MARROW TRANSPLANT

Follow up sheet 1: 1st year post transplant and yearly follow-up

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 5 : ADDITIONAL TREATMENT

1. Additional treatment:	<input type="radio"/> No	i. Date of treatment: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	
	<input type="radio"/> Yes →	<input type="radio"/> Yes (Attach the CI sheet completing as many sections as necessary)	<input type="radio"/> No
		<input type="radio"/> Yes, planned (planned before transplant)	<input type="radio"/> Yes, not planned (for relapse/progression or persistent disease)

SECTION 6 : FIRST RELAPSE OR PROGRESSION

1. First Relapse or Progression after HSCT: (Any type)	<input type="radio"/> No	(For acute and chronic LEUKAEMIAS only, tick all methods used for assessment with the dates on which they were used and the results)	
	<input type="radio"/> Yes	i. Relapse/progression detected by clinical/haematological method:	
	<input type="radio"/> Continuous progression since HSCT →	<input type="radio"/> No →	i. Date assessed: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
		<input type="radio"/> Yes →	i. Date first seen: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
		<input type="radio"/> Not evaluated	<input type="radio"/> Previously reported
		<input type="radio"/> No →	ii. Relapse/progression detected by cytogenetic method: i. Date assessed: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
		<input type="radio"/> Yes →	i. Date first seen: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
		<input type="radio"/> Not evaluated	<input type="radio"/> Previously reported
		<input type="radio"/> No →	iii. Relapse/progression detected by molecular method: i. Date assessed: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
	<input type="radio"/> Yes →	i. Date first seen: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	
	<input type="radio"/> Not evaluated	<input type="radio"/> Previously reported	

SECTION 7 : DISEASE PRESENCE/DETECTION AT LAST CONTACT

Last disease status (record the most recent status and date for each method, depending on the disease)

1. Was disease detected by clinical/haematological method?:	<input type="radio"/> No →	i. Last date assessed: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
	<input type="radio"/> Yes →	<input type="radio"/> Previously reported
	<input type="radio"/> Not evaluated	
2. Was disease detected by cytogenetic/FISH method? (Fill in only for acute and chronic LEUKAEMIAS)	<input type="radio"/> No →	i. Last date assessed: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
	<input type="radio"/> Yes →	ii. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes
	<input type="radio"/> Not evaluated	<input type="radio"/> Previously reported
3. Was disease detected by molecular method? (Fill in only for acute and chronic LEUKAEMIAS)	<input type="radio"/> No →	i. Last date assessed: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
	<input type="radio"/> Yes →	ii. Considered disease relapse/progression: <input type="radio"/> No <input type="radio"/> Yes
	<input type="radio"/> Not evaluated	<input type="radio"/> Previously reported

SECTION 8 : CONCEPTION

1. Has patient or partner become pregnant after this transplant? No Yes Unknown Not relevant

SECTION 9 : PATIENT STATUS

1. Status : *	<input type="radio"/> Alive	a. Date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	<input type="checkbox"/> Unknown	
	<input type="radio"/> Death →	b. Main cause of death :		
		<input type="radio"/> Relapse or Progression/Persistent disease	<input type="checkbox"/> GVHD	<input type="checkbox"/> Venous occlusive disorder
		<input type="radio"/> Secondary malignancy	<input type="checkbox"/> Rejection/Poor graft function	<input type="checkbox"/> Post transplant lymphoproliferative disorder
		<input type="radio"/> HSCT Related Cause →	<input type="checkbox"/> Pulmonary toxicity	<input type="checkbox"/> Cardiac Toxicity
	<input type="radio"/> Others, specify: _____	<input type="checkbox"/> Infection	<input type="checkbox"/> Others, specify: _____	
	<input type="radio"/> Unknown			
<input type="radio"/> Transfer to a new centre →	a. Date of transfer: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	<input type="checkbox"/> Unknown		
<input type="radio"/> Others, specify: →	b. Centre name: _____			
<input type="checkbox"/> Lost to follow-up →	a. Date of last visit: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	<input type="checkbox"/> Unknown		
2. Retransplant :	<input type="radio"/> No	a. Date of transplantation: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	<input type="checkbox"/> Unknown	
	<input type="radio"/> Yes →			

BLOOD AND MARROW TRANSPLANT

Follow up sheet 2: 1st year post transplant and yearly follow-up

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____

ii. Centre Code:

iii. Name of reporting centre: _____

SECTION 10 : CELL INFUSION

No.	Date of infusion (dd/mm/yyyy)	Disease status before this CI	Cell infusion (CI) regimen <i>(not HSCT or autologous stem cell re-infusion)</i>				Acute Graft Versus Host Disease <i>(after this infusion but before any further infusion / transplant)</i>																	
<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> CR <input type="radio"/> Not in CR <input type="radio"/> Not evaluated	i. Type of cell(s): a. Lmphocytes: <input type="radio"/> Yes <input type="radio"/> No b. Mesenchymal: <input type="radio"/> Yes <input type="radio"/> No c. Dendritic cells: <input type="radio"/> Yes <input type="radio"/> No	d. Fibroblasts: <input type="radio"/> Yes <input type="radio"/> No e. Others, specify: <input type="radio"/> Yes <input type="radio"/> No _____	ii. TChronological no. of CI for this patient: <input style="width: 20px; height: 20px;" type="text"/>		i. Maximum Grade: <input type="radio"/> 0 (none) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Present but grade unknown																		
							iii. Indication: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Planned:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td style="width: 50%;">f. Treatment viral infection:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>b. Loss/decreased chimaerism:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>g. Mixed chimaerism:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>c. Treatment PTLD, EBV lymphoma:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>h. Treatment for disease:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>d. Prophylactic:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i. Others, specify:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>		a. Planned:	<input type="radio"/> Yes <input type="radio"/> No	f. Treatment viral infection:	<input type="radio"/> Yes <input type="radio"/> No	b. Loss/decreased chimaerism:	<input type="radio"/> Yes <input type="radio"/> No	g. Mixed chimaerism:	<input type="radio"/> Yes <input type="radio"/> No	c. Treatment PTLD, EBV lymphoma:	<input type="radio"/> Yes <input type="radio"/> No	h. Treatment for disease:	<input type="radio"/> Yes <input type="radio"/> No	d. Prophylactic:	<input type="radio"/> Yes <input type="radio"/> No	i. Others, specify:	<input type="radio"/> Yes <input type="radio"/> No
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		iv. Number of infusions within 10 weeks: <input style="width: 20px; height: 20px;" type="text"/>																						
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				<i>(count only infusions that are part of same regimen and given for the same indication)</i>																				

BLOOD AND MARROW TRANSPLANT

Appendix: Optional items for CIBMTR Research Centers

For Office Use only:

ID: /
 Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Patient Name and NRIC Number: _____
 iii. Name of reporting centre: _____

ii. Centre Code:

SECTION 1 : PRE-HSCT DISEASE THERAPY

1. Was imatinib mesylate given for pretransplant therapy * anytime prior to start of prep regimen? <small>(FOR ACUTE LEUKAEMIA)</small>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
2. Did recipient receive treatment prior to this HSCT? * <small>(FOR CHRONIC LEUKAEMIA)</small>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
3. Treated : *	<input type="checkbox"/> Combination chemotherapy <input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec) <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Dasatinib (Sprycel) <input type="checkbox"/> Interferon <input type="checkbox"/> Hydroxyurea (HU) <input type="checkbox"/> Nilotinib (Tasigna)

SECTION 2 : EX VIVO GRAFT MANIPULATION REGIMEN

Instruction :Fill in only if the question Graft manipulation ex-vivo in the Day100 report sheet 1 is Yes.

1. Ex vivo graft manipulation regimen:	<input type="checkbox"/> T-cell depletion <input type="checkbox"/> Other negative selection, specify: _____ <input type="checkbox"/> Tumor purging	<input type="checkbox"/> CD34 selection <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Expansion
--	---	---

SECTION 3 : POST-HSCT DISEASE THERAPY

Instruction :Fill in only if the question Disease treatment (apart from cell infusion) in the Day 100 report sheet 2 is Yes: Planned.

1. Post-HSCT disease therapy:	<input type="checkbox"/> Bortezomib (Velcade) <input type="checkbox"/> Intrathecal Chemotherapy <input type="checkbox"/> Rituximab (Rituxan, Mabthera) <input type="checkbox"/> Cellular therapy (e.g. DCI, DLI) <input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec) <input type="checkbox"/> Thalidomide (Thalomid) <input type="checkbox"/> FGF (velafermin) <input type="checkbox"/> Lenalidomide (Revlimid) <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> KGF (palifermin, Kepivance) <input type="checkbox"/> Local radiotherapy
-------------------------------	--

SECTION 4 : COMORBID CONDITIONS

1. Is there a history of mechanical ventilation?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown			
2. Is there a history of proven invasive fungal infection?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown			
3. Were there clinically significant co-existing disease or organ impairment at time of patient assessment prior to preparative regimen?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown			
Disease	Absent	Present	Not evaluated	Comorbidity Definitions
Arrhythmia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Atrial fibrillation or fl utter, sick sinus syndrome, or ventricular arrhythmias
Cardiac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coronary artery disease *, congestive heart failure, myocardial infarction, or EF ≤ 50%
Cerebrovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Transient ischemic attack or cerebrovascular accident
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Requiring treatment with insulin or oral hypoglycemics but not diet alone
Heart valve disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Except mitral valve prolapse
Hepatic, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic hepatitis, bilirubin > ULN to 1.5 × ULN, or AST/ALT > ULN to 2.5 × ULN
Hepatic, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Liver cirrhosis, bilirubin > 1.5 × ULN, or AST/ALT > 2.5 × ULN
Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Requiring continuation of antimicrobial treatment after day 0
Inflammatory bowel disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Crohn's disease or ulcerative colitis
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patients with a body mass index > 35 kg/m2
Peptic ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Requiring treatment
Psychiatric disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression or anxiety requiring psychiatric consult or treatment
Pulmonary, moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DLco and/or FEV1 66-80% or dyspnea on slight activity
Pulmonary, severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DLco and/or FEV1 ≤ 65% or dyspnea at rest or requiring oxygen
Renal, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Serum creatinine > 2 mg/dL or >177 µmol/L, on dialysis, or prior renal transplantation
Rheumatologic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SLE, RA, polymyositis, mixed CTD, or polymyalgia rheumatica
Solid tumor, prior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Treated at any time point in the patient's past history, excluding nonmelanoma skin cancer
Others, specify: <input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 100%;" type="text"/>

* One or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft.
 EF indicates ejection fraction; ULN, upper limit of normal; SLE, systemic lupus erythmatosis; RA, rheumatoid arthritis; CTD, connective tissue disease; DLco, diffusion capacity of carbon monoxide.