# Disease Classification Sheet

## Acute Leukemias

<table>
<thead>
<tr>
<th>Classification</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>AML</td>
<td>Other Acute Leukemias</td>
</tr>
<tr>
<td>ALL</td>
<td>AML with t(8;21)(q22;q22), (AML1/ETO)</td>
</tr>
<tr>
<td></td>
<td>Acute Lymphoblastic Leukemia (ALL)</td>
</tr>
<tr>
<td></td>
<td>Precursor B-cell ALL</td>
</tr>
<tr>
<td></td>
<td>t(9;22)(q34;q11); BCR/ABL</td>
</tr>
<tr>
<td></td>
<td>t(v;11q23); MLL rearranged</td>
</tr>
<tr>
<td></td>
<td>t(1;19)(q23;p13) E2A/PBX1</td>
</tr>
<tr>
<td></td>
<td>t(12;21)(p12;q22) ETV/CFB-alpha</td>
</tr>
<tr>
<td></td>
<td>Precursor T-cell ALL</td>
</tr>
<tr>
<td></td>
<td>ALL not otherwise specified</td>
</tr>
</tbody>
</table>

### Secondary origin
- Yes: Disease related to prior exposure to therapeutic drugs or radiation
- No
- Unknown

### Status at HSCT:

#### STATUS
- Primary induction failure
- Complete haematological remission (CR)
- Relapse
- Never treated

#### NUMBER (Complete only for CR or relapse)
- 1st
- 2nd
- 3rd or higher

### FOR COMPLETE REMISSION ONLY, TYPE OF REMISSION

<table>
<thead>
<tr>
<th>Cytogenetic</th>
<th>No</th>
<th>Yes</th>
<th>Not evaluated</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CML

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

Unique Patient Number or Code: ________________________

Date of this HSCT: _______ - _____ - ____ (yyy - mm - dd)

Classification:
At least one investigation must be positive

- Translocation (9;22) □ Absent □ Present □ Not evaluated
- bcr-abl □ Absent □ Present □ Not evaluated

Status at HSCT:

PHASE
□ Chronic phase (CP)
□ Accelerated phase
□ Blast crisis

NUMBER (CP only)
□ 1st
□ 2nd
□ 3rd or higher

FOR CHRONIC PHASE ONLY  Presence and type of CR (Check all that apply)

- Haematological □ Yes □ No □ Not evaluated □ Unknown
- Cytogenetic (t(9;22)) □ Yes □ No □ Not evaluated □ Unknown
- Molecular (bcr-abl) □ Yes □ No □ Not evaluated □ Unknown
MYELODYSPLASTIC SYNDROME (MDS) combined MD/MPS is on MPS/MPD

Unique Patient Number or Code: ______________________

Date of this HSCT: _______ - _____ - ______ (yyyy - mm - dd)

Please fill in both the WHO and FAB classifications if possible

**WHO Classification at HSCT:**
- Refractory anaemia (RA)
- Refractory anaemia with ring sideroblasts (RARS)
- RA with excess of blasts-1 (RAEB-1)
- RA with excess of blasts-2 (RAEB-2)
- Refractory cytopenia with multilineage dysplasia (RCMD)
- RCMD-RS
- MDS associated with isolated del (5q)
- Transformed to AML: Date of transformation_______ - _____ - ______ yyyy mm dd
- MDS Unclassifiable (MDS-U)

**FAB Classification at HSCT:**
- RA
- RARS
- RAEB
- RAEB in transformation (RAEB-t)
- Transformed to AML (*Fill date in opposite column*)
- MDS Unclassifiable

**Secondary origin:**
- Yes: Disease related to prior exposure to therapeutic drugs or radiation
- No
- Unknown

**Status at HSCT:**
- Treated with chemotherapy:
  - Primary refractory phase (no change)
  - Complete remission (CR)
  - Improvement but no CR
  - Relapse (after CR)
  - Progression/worse
- Untreated (Supportive care or treatment without chemotherapy)

**NUMBER** *(Complete for CR or relapse)*
- 1st
- 2nd
- 3rd or higher
### CLL / PLL / Other

**OTHER LEUKEMIAS**

Unique Patient Number or Code: ________________

Date of this HSCT: _______ - _____ - _____ (yyyy - mm - dd)

**Classification:**
- Chronic lymphocytic leukemia (CLL)
- Prolymphocytic Leukemia (PLL)
  - PLL, B-cell
  - PLL, T-cell
- Hairy Cell Leukemia
- Other leukemia, specify: ________________

**Status at HSCT**
- Stable disease/No response
- Complete remission (CR)
- Partial remission (PR)
- nodular Partial remission (nPR)
- Relapse
- Progression
- Never treated
**Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)**

**Classification at HSCT:**
- [ ] Chronic myelomonocytic leukaemia (CMMoL, CMLM)
- [ ] Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMMML)
- [ ] Atypical CML (t(9;22) negative and bcr/abl negative)
- [ ] Transformed to AML: Date of transformation: [________] - [_____] - [_____] (yyyy - mm - dd)

**Secondary origin:**
- [ ] Yes: Disease related to prior exposure to therapeutic drugs or radiation
- [ ] No
- [ ] Unknown

**Status at HSCT:**

**MDS or CMML (including Transformed to AML) / Atypical CML**

**JCMML**

Treated with chemotherapy:
- [ ] Primary refractory phase (no change)
- [ ] Complete remission (CR)
- [ ] Improvement but no CR
- [ ] Relapse (after CR)
- [ ] Progression/worse
- [ ] Untreated (Supportive care or treatment without chemotherapy)

**MYELOPROLIFERATIVE SYNDROMES (MPS)**

**Classification at HSCT:**
- [ ] Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia)
- [ ] Polycythemia vera
- [ ] Essential or primary thrombocytopenia
- [ ] Hyper eosinophilic syndrome (HES)
- [ ] Chronic eosinophilic leukaemia (CEL)
- [ ] Chronic neutrophilic leukaemia
- [ ] Stem cell leukemia-Lymphoma syndrome (8p11 syndrome)
- [ ] Secondary myelofibrosis:
  - [ ] Transformed to AML: Date of transformation: [________] - [_____] - [_____] (yyyy - mm - dd)
- [ ] MPS not otherwise specified
- [ ] Other, specify: _______________

**Secondary origin:**
- [ ] Yes: Disease related to prior exposure to therapeutic drugs or radiation
- [ ] No
- [ ] Unknown

**Status at HSCT:**

Treated with chemotherapy:
- [ ] Primary refractory phase (no change)
- [ ] Complete remission (CR)
- [ ] Improvement but no CR
- [ ] Relapse (after CR)
- [ ] Progression/worse
- [ ] Untreated (Supportive care or treatment without chemotherapy)

**NUMBER** (Complete for CR or relapse):
- [ ] 1st
- [ ] 2nd
- [ ] 3rd or higher
### Lymphomas

**Unique Patient Number or Code:** ____________

**Date of this HSCT:** ________-______-______ (yyyymmdd)

**Classification:**

**Non-Hodgkin's lymphoma (NHL):**

- **B-cell Neoplasms**
  - Follicular lymphoma
  - Grade I □ Grade II □ Grade III □ Unknown
  - Mantle cell lymphoma
  - Extranodal marginal zone of MALT type
  - Diffuse large B-cell lymphoma (*If known indicate subtype*)
    - Intravascular large cell lymphoma
    - Mediastinal large cell lymphoma
    - Primary effusion large cell lymphoma
  - Burkitt's lymphoma/Burkitt cell leukemia (ALL L3)
    - High grade B-cell lymphoma, Burkitt-like (provisional entity)
  - Lymphoplasmacytic lymphoma
  - Waldenstrom macroglobulinaemia
  - Splenic marginal zone B-cell lymphoma
  - Nodal marginal zone B-cell lymphoma
  - Primary CNS lymphoma
  - Other B-cell, specify: ____________

**Hodgkin:**

- Nodular lymphocyte predominant
- Lymphocyte rich
- Nodular sclerosis
- Mixed cellularity
- Lymphoma depleted
- Other, specify: ____________

**Status at HSCT:**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
<th>SENSITIVITY TO CHEMOTHERAPY VSENSIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never treated (Complete only for CR, PR&gt;1 or relapse)</td>
<td>□ 1st</td>
<td>□ Sensitive</td>
</tr>
<tr>
<td>□ Primary refractory</td>
<td>□ 2nd</td>
<td>□ Resistant</td>
</tr>
<tr>
<td>□ Complete remission (CR)</td>
<td>□ 3rd or higher</td>
<td>□ Untreated</td>
</tr>
<tr>
<td>□ Confirmed □ Unconfirmed (CRU*)</td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>□ 1st Partial response (PR1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Partial response&gt;1 (*never in CR) (PR&gt;1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Relapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Progression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*CRU – complete response with persistent scan abnormalities of unknown significance
PLASMA CELL DISORDERS including MULTIPLE MYELOMA

Unique Patient Number or Code: ________________

Date of this HSCT: _____ - _____ - ____ (yyy - mm - dd)

Classification:

IG CHAIN TYPE
- Multiple myeloma IgG
- Multiple myeloma IgA
- Multiple myeloma IgD
- Multiple myeloma IgE
- Multiple myeloma IgM (not Waldenstrom)
- Multiple myeloma- light chain only
- Multiple myeloma-non-secretory

LIGHT CHAIN TYPE
- Kappa
- Lambda

OTHER
- Plasma cell leukemia
- Solitary plasmacytoma
- Primary amyloidosis
- Other, specify: _____________________

Status at HSCT:
- Never treated
- Complete remission (CR)
- Partial remission (PR)
- Minimal response (MR)
- Relapse from CR (untreated)
- Progression
- No change / stable disease

NUMBER (Complete for CR, PR or relapse):
- 1st
- 2nd
- 3rd or higher
## SAA BM aplasia-other

### ANAEMIA

<table>
<thead>
<tr>
<th>Unique Patient Number or Code: _____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of this HSCT: _______ - _____ - _____ (yyyy - mm - dd)</td>
</tr>
</tbody>
</table>

#### 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: _________________________
Hemoglobinopathy

HAEMOGLOBINOPATHY

Unique Patient Number or Code: _________________
Date of this HSCT: _______ - _____ - _____ (yyy - mm - dd)

Classification:
☐ Thalassemia
☐ Sickle cell disease
☐ Other hemoglobinopathy, specify: _____________________________________________
### Solid Tumor

<table>
<thead>
<tr>
<th>Classification</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone sarcoma (excluding Ewing sarcoma/PNET)</td>
<td></td>
</tr>
<tr>
<td>Central nervous system tumors (include CNS PNET)</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td></td>
</tr>
<tr>
<td>Ewing sarcoma/PNET, extra-skeletal</td>
<td></td>
</tr>
<tr>
<td>Ewing sarcoma/PNET, skeletal</td>
<td></td>
</tr>
<tr>
<td>Germ cell tumor, extragonadal only</td>
<td></td>
</tr>
<tr>
<td>Hepatobiliary</td>
<td></td>
</tr>
<tr>
<td>Lung cancer, non-small cell</td>
<td></td>
</tr>
<tr>
<td>Lung cancer, small cell</td>
<td></td>
</tr>
<tr>
<td>Medulloblastoma</td>
<td></td>
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<tr>
<td>Melanoma</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
</tr>
<tr>
<td>Neuroblastoma</td>
<td></td>
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<tr>
<td>Ovarian</td>
<td></td>
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<tr>
<td>Pancreas</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td></td>
</tr>
<tr>
<td>Renal cell</td>
<td></td>
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<tr>
<td>Renal cell</td>
<td></td>
</tr>
<tr>
<td>Retinoblastoma</td>
<td></td>
</tr>
<tr>
<td>Rhabdomyosarcoma</td>
<td></td>
</tr>
<tr>
<td>Soft tissue sarcoma</td>
<td></td>
</tr>
<tr>
<td>Testicular</td>
<td></td>
</tr>
<tr>
<td>Thymoma</td>
<td></td>
</tr>
<tr>
<td>Wilms tumor</td>
<td></td>
</tr>
<tr>
<td>Other, specify______________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Status at HSCT:**

- Adjuvant
- Never treated (upfront)
- Stable disease/no response
- Complete remission (CR)
  - Confirmed
  - Unconfirmed (CRU*)
- 1st Partial response (PR1)
- Relapse
- Progressive disease (PD)

*CRU – complete response with persistent scan abnormalities of unknown significance

**NUMBER** (complete only for CR or relapse):

- 1st
- 2nd
- 3rd or higher

**SENSITIVITY TO CHEMOTHERAPY**

- Sensitive
- Resistant
- Untreated
APBMT Registry “LMD”
Disease classification sheet

Other

Unique Patient Number or Code: _____________________

Date of this HSCT: _______ - _____ - ____ (yyy - mm - dd)

PRIMARY IMMUNE DEFICIENCIES

Classification:
- Absence of T and B cells SCID
- Absence of T, normal B cell SCID
- ADA deficiency severe combined immune deficiency (SCID)
- Ataxia telangiectasia
- Bare lymphocyte syndrome
- Cartilage hair hypoplasia
- CD 40 Ligand deficiency
- Chediak-Higashi syndrome
- Chronic granulomatous disease
- Common variable immunodeficiency
- DiGeorge anomaly
- Kostmann syndrome-congenital neutropenia
- Leukocyte adhesion deficiencies
- Neutrophil actin deficiency
- Omenn syndrome
- Reticular dysgenesis
- SCID other, specify: _____________________________
- SCID, unspecified
- Wiskott Aldrich syndrome
- X-linked lymphoproliferative syndrome
- Other, specify: _______________________________
- Immune deficiencies, not otherwise specified

INHERITED DISORDERS OF METABOLISM

Classification:
- Adrenoleukodystrophy
- Aspartyl glucosaminuria
- B-glucuronidase deficiency (VII)
- Fucosidosis
- Gaucher disease
- Glucose storage disease
- Hunter syndrome (II)
- Hurler syndrome (IH)
- I-cell disease
- Krabbe disease (globoid leukodystrophy)
- Lesch-Nyhan (HGPRT deficiency)
- Mannosidosis
- Maroteaux-Lamy (VI)
- Metachromatic leukodystrophy
- Morquio (IV)
- Mucolipidoses, unspecified
- Mucopolysaccharidosis (V)
- Mucopolysaccharidosis, unspecified
- Niemann-Pick disease
- Neuronal ceroid – lipofuscinosis (Batten disease)
- Polysaccharide hydrolase abnormalities, unspecified
- Sanfilippo (III)
- Scheie syndrome (IS)
- Wolman disease
- Other, specify: _______________________________
- Inherited disorders of metabolism, not otherwise specified

PLATELET and OTHER INHERITED DISORDERS

Classification:
- Glanzmann thrombasthenia
- Congenital amegakaryocytosis / congenital thrombocytopenia
- Other inherited platelet abnormalities, specify: ___________________________
- Osteopetrosis (malignant infantile osteopetrosis)
- Other osteoclast defects, specify: ______________________________

HISTIOCYTIC DISORDERS

Classification:
- Histiocytic disorders, not otherwise specified
- Langerhans Cell Histiocytosis (Histiocytosis-X)
- Malignant histiocytosis
- Familial erythro/hemophagocytic lymphohistiocytosis (FELH)
- Hemophagocytosis (reactive or viral associated)
- Other, specify: _______________________________
## Autoimmune Disorders

### Connective Tissue Disease

**Classification**
- Systemic sclerosis (SS)
- Sjögren syndrome
- Systemic lupus erythematosus (SLE)
- Polymyositis - dermatomyositis
- Sjögren syndrome

**Involved Organs/Clinical Problem at HSCT**
- "dermatomyositis"
- CSPK elevation
- "Raynaud"
- "CREST"
- Other, specify:_________
- Other, specify:_________

**Reason for HSCT**
- "lymphoma, paraproteinemia"
- Other organ lymphocytic infiltration
- Exocrine gland swelling
- SICCA
- Other, specify:_________
- Hematological (type: ___)
- Skin (type: ___)
- Arthritis
- Serositis
- Lung
- Pulmonary fibrosis
- Generalized weakness (including bulbar)
- Pulmonary fibrosis
- Vasculitis (type: ___)
- Other, specify:_________

**Presence**
- Normal/Negative
- Elevated/Positive
- Not evaluated

**Indication for HSCT**
- Yes
- No

**Antibodies studied**
- ACA positive
- ds DNA
- Scl 70 positive
- Other, specify:_________
- Other, specify:_________

**Autimmune Disorders**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Involved Organs/Clinical Problem at HSCT</th>
<th>Reason for HSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic sclerosis (SS)</td>
<td>diffuse cutaneous</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>limited cutaneous</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>lung</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>pulmonary hypertension</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>systemic hypertension</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>renal (biopsy type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>oesophagus</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>other GI tract</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Raynaud</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>CREST</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Other, specify:___</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systemic lupus erythematosus (SLE)</th>
<th>renal (biopsy type:___)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CNS (type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>PNS (type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>lung</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>serositis</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>arthritis</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>skin (type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>haematological (type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>vasculitis (type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Other, specify:___</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Polymyositis - dermatomyositis</th>
<th>proximal weakness</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>generalized weakness (including bulbar)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>pulmonary fibrosis</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>vasculitis (type:___)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Other, specify:___</td>
<td>No</td>
</tr>
</tbody>
</table>

**Manifestation with:**
- typical biopsy
- typical EMG
- typical rash (DM)
- CPK elevated
- malignancy (type:___)

**Sjögren syndrome**
- SICCA
- exocrine gland swelling
- other organ lymphocytic infiltration
- lymphoma, paraproteinemia
- Other, specify:___

**Presence**
- Normal/Negative
- Elevated/Positive
- Not evaluated

**Indication for HSCT**
- Yes
- No
### CONNECTIVE TISSUE DISEASE (CONT.)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Involved Organs/Clinical Problem at HSCT</th>
<th>Reason for HSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiphospholipid syndrome</td>
<td>□ thrombosis (type:__________)</td>
<td>Presence</td>
</tr>
<tr>
<td>□ CNS (type:__________)</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ abortion</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ skin (livido, vasculitis)</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ hematological (type:__________)</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ other, specify:__________</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

Antibodies studied: □ No
□ Yes: Anticardiolipin IgG □ Normal/Negative □ Elevated/Positive □ Not evaluated
□ Anticardiolipin IgM □ Normal/Negative □ Elevated/Positive □ Not evaluated
Other, specify:__________ □ unknown

□ Other type of connective tissue disease, specify:__________

### VASCULITIS

<table>
<thead>
<tr>
<th>VASCULITIS</th>
<th>Presence</th>
<th>Indication for HSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Wegener granulomatosis</td>
<td>□ upper respiratory tract</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ pulmonary</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ renal (biopsy type:__________)</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ skin</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ other, specify:__________</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

Antibodies studied: □ No
□ Yes: c-ANCA □ Negative □ Positive □ Not evaluated
□ unknown

□ Classical polyarteritis nodosa
  □ Classical
  □ Microscopic

<table>
<thead>
<tr>
<th>Other vasculitis</th>
<th>Presence</th>
<th>Indication for HSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ renal (type:__________)</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ mononeuritis multiplex</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ pulmonary haemorrhage</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ skin</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ GI tract</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>□ other, specify:__________</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

Antibodies studied: □ No
□ Yes: p-ANCA □ Negative □ Positive □ Not evaluated
c-ANCA □ Negative □ Positive □ Not evaluated
Hepatitis serology □ Negative □ Positive □ Not evaluated
□ unknown

Other vasculitis: □ Churg-Strauss □ Giant cell arteritis □ Takayasu □ Behçet’s syndrome
□ Overlap necrotising arteritis □ Other, specify:__________
## ARTHRITIS
- Rheumatoid arthritis
  - destructive arthritis
  - necrotising vasculitis
  - eye (type: __________)  Presence: No □ Yes □ Indication for HSCT: No □ Yes □
  - pulmonary
  - extra articular (specify: __________)  Presence: No □ Yes □ Indication for HSCT: No □ Yes □
  - other, specify: __________
- Psoriatic arthritis/psoriasis
  - destructive arthritis
  - psoriasis
  - other, specify: __________
- Juvenile idiopathic arthritis (JIA), systemic (Stills disease)
  - Juvenile idiopathic arthritis (JIA), articular: Onset
  - Oligoarticular
  - Polyarticular
- Juvenile idiopathic arthritis: other, specify: __________
- Other arthritis: ______________________________

## MULTIPLE SCLEROSIS
- Multiple sclerosis
  - primary progressive
  - secondary progressive
  - relapsing/remitting
  - other: __________

## OTHER NEUROLOGICAL AUTOIMMUNE DISEASE
- Myasthenia gravis
- Other autoimmune neurological disorder, specify: __________

## HAEMATOLOGICAL AUTOIMMUNE DISEASES
- Idiopathic thrombocytopenic purpura (ITP)
- Hemolytic anemia
- Evan syndrome
- other autoimmune cytopenia, specify: __________

## BOWEL DISEASE
- Crohn's disease
- Ulcerative colitis
- Other autoimmune bowel disease, specify: __________

## OTHER NON-HAEMATOLOGICAL AUTOIMMUNE DISEASE
- Diabetes Mellitus (type I)
- Other non-haematological autoimmune disorder, specify: __________