APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

AML **ALL** **Other Acute Leukemias**

ACUTE LEUKEMIAS

Unique Patient Number or Code:_____

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

Classification (Check ONLY ONE):

AML with recurrent genetic abnormalities

- ☐ AML with t(8;21)(q22;q22), (AML1/ETO)
- ☐ AML with abnormal bone marrow eosinophils and inv(16)(p13;q22) or t(16;16)(p13;q22) CBFβ/MYH11)
- ☐ AML with t(15;17)(q22;q12), (PML/RARα) and variants (FAB M3)
- ☐ AML with 11q23, (MLL) abnormalities
- ☐ AML with multilineage dysplasia (w/o MDS or MPS/MDS antecedents)

Acute Lymphoblastic Leukemia (ALL)

- ☐ Precursor B-cell ALL
- ☐ t(9;22)(q34;q11); BCR/ABL
- ☐ t(v;11q23); MLL rearranged
- ☐ t(1;19)(q23;p13) E2A/PBX1
- ☐ t(12;21)(p12;q22) ETV/CBF-alpha
- ☐ Precursor T-cell ALL
- ☐ ALL not otherwise specified

Other Acute Leukemias

- ☐ Acute undifferentiated leukaemia
- ☐ Biphenotypic, bilineage, hybrid
- ☐ Acute mast cell leukaemia
- ☐ Other,specify_____

AML **not otherwise** categorised

- ☐ AML, minimally differentiated (FAB M0)
- ☐ AML without maturation (FAB M1)
- ☐ AML with maturation (FAB M2)
- ☐ Acute myelomonocytic leukemia (FAB M4)
- ☐ Acute monoblastic/acute monocytic leukemia (FAB M5)
- ☐ Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (FAB M6)
- ☐ Acute megakaryoblastic leukemia (FAB M7)
- ☐ Acute basophilic leukemia
- ☐ Acute panmyelosis with myelofibrosis
- ☐ Myeloid sarcoma
- ☐ AML not otherwise specified

☐ Transformed from MDS → Complete MDS section on Disease Classification Sheet MDS. Do not complete the remainder of AML.

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

	No	Yes	Not evaluated	Unknown
Cytogenetic	☐	☐	☐	☐
Molecular	☐	☐	☐	☐

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

CML

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

Unique Patient Number or Code: _____

Date of this HSCT: _____ - _____ - _____ (yyyy - 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

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

MDS

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 anemia (RA)
- ☐ Refractory anemia 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: (other than transformed to AML)

- ☐ 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

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

CLL /PLL / O t h e r

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

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

MD/MPS **MPS**

Unique Patient Number or Code:_____

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

Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)

Classification at HSCT:

- ☐ Chronic myelomonocytic leukaemia (CMMoL, CMML)
- ☐ Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML)
- ☐ Atypical CML ((t(9;22) negative and bcr/abl negative)
- ☐ Transformed to AML: Date of transformation_____ - _____ - _____ (yyyy - mm - dd)

Secondary origin: (other than transformed to AML)
- ☐ 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

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

JMML
- ☐ Stable disease (SD)
- ☐ Complete response (CR)
- ☐ Minimal response (MR)
- ☐ Partial response (PR)
- ☐ Progression (PD)

MYELOPROLIFERATIVE SYNDROMES (MPS)

Classification at HSCT:

- ☐ Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia)
- ☐ Polycythemia vera
- ☐ Essential or primary thrombocythemia
- ☐ Hyper eosinophilic syndrome (HES)
- ☐ Chronic eosinophilic leukemia (CEL)
- ☐ Chronic neutrophilic leukemia
- ☐ 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: (other than transformed to AML)
- ☐ 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

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

☐ Untreated (Supportive care or treatment without chemotherapy)

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

NHL **Hodgkin** **ATL**

LYMPHOMAS

Unique Patient Number or Code: _____

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

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: _____

T-cell & NK-cell Neoplasms

- ☐ Angioimmunoblastic (AILD)
- ☐ Peripheral T-cell lymphoma (all variants)
- ☐ Anaplastic large-cell, T/null cell, primary cutaneous
- ☐ Anaplastic large-cell, T/null cell, primary systemic
- ☐ Extranodal NK/T-cell lymphoma, nasal type
- ☐ Enteropathy-type T-cell lymphoma
- ☐ Hepatosplenic gamma-delta T-cell lymphoma
- ☐ Subcutaneous panniculitis-like T-cell lymphoma
- ☐ Adult T-cell lymphoma/leukemia (HTLV1+)
- ☐ Aggressive NK-cell leukemia
- ☐ Large T-cell granular lymphocytic leukemia
- ☐ Mycosis fungoides
- ☐ Sezary syndrome
- ☐ Other T/NK-cell, specify: _____

Hodgkin:

☐Nodular lymphocyte predominant ☐Lymphocyte rich ☐Nodular sclerosis ☐Mixed cellularity

☐Lymphoma depleted ☐Other, specify: _____

Status at HSCT:

STATUS	NUMBER	SENSITIVITY TO CHEMOTHERAPY VSENSIT
☐ Never treated	(Complete only for CR, PR>1 or relapse)	(Complete only for relapse)
☐ Primary refractory	☐ 1st	☐ Sensitive
☐ Complete remission (CR)	☐ 2nd	☐ Resistant
☐ Confirmed ☐ Unconfirmed (CRU*)	☐ 3rd or higher	☐ Untreated
☐ 1st Partial response (PR1)		☐ Unknown
☐ Partial response>1 *(never in CR)* (PR>1)		
☐ Relapse		
☐ Progression		

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

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

P C D (MM)

PLASMA CELL DISORDERS including MULTIPLE MYELOMA

Unique Patient Number or Code: _____

Date of this HSCT: _____ - _____ - _____ (yyyy - 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

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

APBMT Registry "LMD"

Disease classification sheet

SAA **BM aplasia-other**

ANEMIA

Unique Patient Number or Code: _____

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

Classification:

- ☐ Acquired Severe Aplastic Anemia (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 anemia
- ☐ Diamond-Blackfan anemia (congenital PRCA)
- ☐ Schwachman-Diamond
- ☐ Other congenital anemia, specify: _____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

APBMT Registry "LMD"

Disease classification sheet

Hemoglobinopathy

HEMOGLOBINOPATHY

Unique Patient Number or Code: _____

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

Classification:

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

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

Solid tumor

Solid Tumor

Unique Patient Number or Code: _____

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

Classification:

- □ Bone sarcoma (excluding Ewing sarcoma/PNET)
- □ Central nervous system tumors (include CNS PNET)
- □ Colorectal
- □ Ewing sarcoma/PNET, extra-skeletal
- □ Ewing sarcoma/PNET, skeletal
- □ Germ cell tumor, extragonadal only
- □ Hepatobiliary
- □ Lung cancer, non-small cell
- □ Lung cancer, small cell
- □ Medulloblastoma
- □ Melanoma
- □ Breast
- □ Neuroblastoma
- □ Ovarian
- □ Pancreas
- □ Prostate
- □ Renal cell
- □ Retinoblastoma
- □ Rhabdomyosarcoma
- □ Soft tissue sarcoma
- □ Testicular
- □ Thymoma
- □ Wilms tumor
- □ Other, specify_____

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 Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

Other

Unique Patient Number or Code: _____

Date of this HSCT: _____ - _____ - _____ (yyyy - 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 ceriod – 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:_____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

AUTOIMMUNE DISORDERS

Classification | Involved Organs/Clinical Problem at HSCT | Reason for HSCT

CONNECTIVE TISSUE DISEASE

☐ Systemic sclerosis (SS)

	Presence	Indication for HSCT
☐ diffuse cutaneous	☐ No ☐ Yes	☐ No ☐ Yes
☐ limited cutaneous	☐ No ☐ Yes	☐ No ☐ Yes
☐ lung parenchyma	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary hypertension	☐ No ☐ Yes	☐ No ☐ Yes
☐ systemic hypertension	☐ No ☐ Yes	☐ No ☐ Yes
☐ renal (biopsy type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ oesophagus	☐ No ☐ Yes	☐ No ☐ Yes
☐ other GI tract	☐ No ☐ Yes	☐ No ☐ Yes
☐ Raynaud	☐ No ☐ Yes	☐ No ☐ Yes
☐ CREST	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: Scl 70 positive ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
ACA positive ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
☐ unknown

☐ Systemic lupus erythematosus (SLE)

	Presence	Indication for HSCT
☐ renal (biopsy type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ CNS (type :_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ PNS (type :_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ lung	☐ No ☐ Yes	☐ No ☐ Yes
☐ serositis	☐ No ☐ Yes	☐ No ☐ Yes
☐ arthritis	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ hematological (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ vasculitis (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify :_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: ds DNA ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Complement ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Other, specify _____
☐ unknown

☐ Polymyositis- dermatomyositis

	Presence	Indication for HSCT
☐ proximal weakness	☐ No ☐ Yes	☐ No ☐ Yes
☐ generalized weakness (including bulbar)	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary fibrosis	☐ No ☐ Yes	☐ No ☐ Yes
☐ vasculitis (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Manifestation with: ☐ typical biopsy
☐ typical EMG
☐ typical rash (DM)
☐ CPK elevated
☐ malignancy (type:_____)

☐ Sjögren syndrome

	Presence	Indication for HSCT
☐ SICCA	☐ No ☐ Yes	☐ No ☐ Yes
☐ exocrine gland swelling	☐ No ☐ Yes	☐ No ☐ Yes
☐ other organ lymphocytic infiltration	☐ No ☐ Yes	☐ No ☐ Yes
☐ lymphoma, paraproteinemia	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

Classification | Involved Organs/Clinical Problem at HSCT | Reason for HSCT

CONNECTIVE TISSUE DISEASE (CONT.)

☐ Antiphospholipid syndrome

	Presence	Indication for HSCT
☐ thrombosis (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ CNS (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ abortion	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin (livido, vasculitis)	☐ No ☐ Yes	☐ No ☐ Yes
☐ hematological (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify: _____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied
☐ No
☐ Yes: Anticardiolipin lgG ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Anticardiolipin lgM ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
0ther, specify _____
☐ unknown

☐ Other type of connective tissue disease, specify:_____

VASCULITIS

☐ Wegener granulomatosis

	Presence	Indication for HSCT
☐ upper respiratory tract	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary	☐ No ☐ Yes	☐ No ☐ Yes
☐ renal (biopsy type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

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

☐ Classical polyarteritis nodosa
☐ Classical
☐ Microscopic

	Presence	Indication for HSCT
☐ renal (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ mononeuritis multiplex	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary hemorrhage	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin	☐ No ☐ Yes	☐ No ☐ Yes
☐ GI tract	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

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:_____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

ARTHRITIS

☐ Rheumatoid arthritis

	Presence	Indication for HSCT
☐ destructive arthritis	☐ No ☐ Yes	☐ No ☐ Yes
☐ necrotising vasculitis	☐ No ☐ Yes	☐ No ☐ Yes
☐ eye (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary	☐ No ☐ Yes	☐ No ☐ Yes
☐ extra articular (specify:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

☐ Psoriatic arthritis/psoriasis

	Presence	Indication for HSCT
☐ destructive arthritis	☐ No ☐ Yes	☐ No ☐ Yes
☐ psoriasis	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

☐ 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:_____

HEMATOLOGICAL 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-HEMATOLOGICAL AUTOIMMUNE DISEASE

☐ Diabetes Mellitus (type I)
☐ Other non-hematological autoimmune disorder, specify:_____