



Hospital: \_\_\_\_\_
Reporter: \_\_\_\_\_
e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

OBS/UPN: \_\_\_\_\_ Center Code CIC: \_\_\_\_\_
ID: \_\_\_\_\_ IDAA: \_\_\_\_\_

Country: \_\_\_\_\_
Family Name: \_\_\_\_\_
First Name: \_\_\_\_\_
Date of Birth (dd/mm/yy): \_\_\_\_\_
Sex: 1)M 2)F \_\_\_\_\_
ABO Group: 1)A 2)B 3)AB 4)O \_\_\_\_\_
Rh: 1)negative 2)positive \_\_\_\_\_

Diagnosis
1) ALL 6) CLL 11) Aplastic anemia
2) AML 7) NHL 12) Hemoglobinopathy
3) Secondary AL 8) Hdgkin's disease 13) SCID
4) Myelodyspl Sd 9) Myeloma 14) Histiocytosis
5) CML 10) Solid tumor 15) Metabolic disease
16)Other \_\_\_\_\_

Date of diagnosis (dd/mm/yy): \_\_\_\_\_
Date of cord blood transplantation (dd/mm/yy): \_\_\_\_\_
Number of previous transplants:
auto: \_\_\_\_\_ Date of last auto (dd/mm/yy): \_\_\_\_\_
allo: \_\_\_\_\_ Date of last allo (dd/mm/yy): \_\_\_\_\_
Source of Stem Cells: 1)UCB 2)PBSC 4)BM
Reason for this new transplant: 1)Rejection 2)Relapse \_\_\_\_\_

LYMPHOMA

WHO classification: 0) Lymphoblastic 1) Diffuse Large B-Cell
2) Follicular 3) Peripheral T 4) Other (specify): \_\_\_\_\_
5) Hodgkin (specify histology): \_\_\_\_\_
Date of first complete remission (CR) (dd/mm/yy): \_\_\_\_\_
Date of first relapse (dd/mm/yy): \_\_\_\_\_
Date last complete remission (dd/mm/yy): \_\_\_\_\_
Status at transplant:
If patient has achieved CR 1) 1st CR 2) 2nd CR
3) 3rd or subsequent CR 4) resistant relapse 5) untreated relapse
If patient has never achieved CR
6) very good PR (>90%) 7) PR 8) refractory disease \_\_\_\_\_

ACUTE LEUKEMIA

Diagnosis type: 1) de novo 2) secondary to: \_\_\_\_\_
If sec AL, date of transformation (dd/mm/yy): \_\_\_\_\_

BIOLOGICAL FINDINGS AT DIAGNOSIS

WBC (10e9/L) \_\_\_\_\_
Hb (g/100ml) \_\_\_\_\_
Platelets (10e9/L) \_\_\_\_\_
Blats in blood (%) \_\_\_\_\_

ORGANS INVOLVED AT DIAGNOSIS

0) no 1) liver 2) spleen 4) lymph nodes 8) mediastinum
16) CNS 32) others: \_\_\_\_\_

IMMUNOPHENOTYPE

0) not done 1) B cell 2) pre B cell 3) T cell 4) null cell
5) biphenotypic 6) others: \_\_\_\_\_

FAB MORPHOLOGY If myeloblastic leukemia, from 0 to 7

KARYOTYPE

0) not done 1) not evaluable 2) normal 3) abnormal
If abnormal\*:
1) t(9,22) 2) t(4,11) 3) t(1,19)
4) 11q23 5) hyperploidy > 50
6) hypoploidy 7) t(8,14) 8) t(15,17)
9) inv 16 10) t(8,21) 11) others
13) Monosomy 7 14) Monosomy 5

Molecular biology identification:

REMISSION AND RELAPSE

Date of first complete remission (CR) (dd/mm/yy): \_\_\_\_\_
Date of first relapse (dd/mm/yy):
1) on therapy 2) off therapy
site\*: 1) blood 2) bone marrow 4) CNS 8) Gonades
16) other: \_\_\_\_\_
Date of second CR (dd/mm/yy): \_\_\_\_\_
Date of second relapse (dd/mm/yy): \_\_\_\_\_
Date of third CR (dd/mm/yy): \_\_\_\_\_
Date of last CR (dd/mm/yy): \_\_\_\_\_
Status at transplant (see codes): \_\_\_\_\_

CODES: 0) Stage Unknown 1) 1st acute phase of the disease 2) Refractory
3) 1st CR 4) 2nd CR 5) 3rd or subsequent CR 6) Partial remission
7) 1st relapse 8) 2nd or subsequent relapse

APLASTIC ANEMIA

Subclassification 1) aplastic anemia 2) PNH 3) Fanconi
4) other: \_\_\_\_\_
Previous treatment\* 1) Prednisone 2) ALG/ATG 4) Growth factors
8) CsA 16) Androgens 32) other: \_\_\_\_\_

Transfusions: Red blood cell transf. 0) no 1) < 20 2) >=20
Platelet transf. 0) no 1) < 20 2) >=20

Diagnosis Transplant
Hemoglobin (g/dl) \_\_\_\_\_
Neutrophils (10e9/L) \_\_\_\_\_
Platelets (10e9/L) \_\_\_\_\_

\*If many responses, make addition of codes: ex liver(1) + Spleen(2) write (3)

MYELODYSPLASIA

Type 1) myeloproliferative syndrome 2) myelodysplastic syndrome
If MDS, specify (WHO or FAB classification)
1) de novo 2) secondary

Cytogenetics (at diagnosis) 1) normal 2) abnormal
Classification at initial treatment 1) AL 2) MDS/MPS

Treatment\* 1) Chemotherapy 2) Growth factors 4) low dose AraC
8) Hormones 16) others: \_\_\_\_\_

Date of starting treatment \_\_\_\_\_

Status at transplant 1) AL 2) myeloproliferative syndrome
3) myelodysplastic syndrome, specify (WHO or FAB classification)

If AL, status of disease (see code n°1): \_\_\_\_\_

CML

Philadelphia chromosome 1) negative 2) positive

Status at diagnosis 1) chronic phase 2) accelerated phase 3) blast

Blasts in the bone marrow (%) \_\_\_\_\_

Level of BCR-ABL \_\_\_\_\_

Treatment\* \_\_\_\_\_

1) Hydroxyurea 2) Busulfan 4) Interferon alpha 8) Splenic irradiation
16) AraC 32) Splenectomy 64) Imatinib (Gleevec®)

If Splenectomy, date (dd/mm/yyyy) \_\_\_\_\_

At transplantation

Philadelphia chromosome 0) negative 1) positive
positivity %

Status at transplantation

.Hematologic remission 0) no 1) yes

.Cytogenetic remission
0) no (>=35%) 1) partial (1-35%) 2) complete (0)

.Molecular remission 0) no 1) yes 9) unknown

Level of BCR-ABL

Chronic phase 0) no 1) first 2) second 3) subsequent

Accelerated phase 0) no 1) first 2) second 3) subsequent

Blastic crisis 0) no 1) first 2) second 3) subsequent

HEMOGLOBINOPATHIES

Type 1) Thalassemia 2) sickle cell disease

If thalassemia: 1) B+ 2) B° 3) BE 4) other

Chelation pre-transplant\* 0) no 1) regular 2) irregular

Pesaro classification at transplant

1) no hepatomegaly (or < 3cm), no fibrosis in the liver, regular chelation
2) one or two of these conditions
3) hepatomegaly (>= 3cm) fibrosis in the liver and irregular chelation

If sickle cell disease,
presence of stroke or CNS haemorrhage 0) no 2) yes

**CHARACTERISTICS OF THE CORD BLOOD**

Type of Donor 1) related 2) unrelated  
 Type of graft: 1) single, unmanipulated unit  
 2) single expanded unit  
 3) CBU + bone marrow  
 4) multicord, if yes number of units infused

\*\* If MULTICORD, please complete characteristics of the 2nd unit

Cord blood bank (Name)  
 CBU unit identification  
 Date of cord blood collection

**AT COLLECTION**

Volume (including anticoagulant)  
 Total number of NC (10e8)  
 Total number of CFU-GM (10e5)  
 Total number of CD34 (10e6)

**Method of in vitro manipulation**

0) no 1) Ficoll-Hypaque 2) Mechanical cell separator  
 3) gelatine 4) Hydroxy ethyl starch 5) other

**Volume reduction** 1) yes 2) no

**Method used**

**BEFORE FREEZING**

Total number of NC (10e8)  
 Total number of CFU-GM (10e5)  
 Total number of CD34 (10e6)  
**Cryopreservant** 1) DMSO 2) glycerol 3) other

**DONOR INFORMATION**

**Viral status**  
 CMV 1) negative 2) positive 9) unknown  
 HBV 1) negative 2) positive 9) unknown  
 HCV 1) negative 2) positive 9) unknown  
 EBV 1) negative 2) positive 9) unknown  
 ABO group 1) A 2) B 3) AB 4) O  
 Rh 1) negative 2) positive  
 Sex 1) Male 2) Female

**PATIENTS VIRAL STATUS (before transplant)**

CMV 1) negative 2) positive 9) unknown  
 HBV 1) negative 2) positive 9) unknown  
 HCV 1) negative 2) positive 9) unknown  
 HIV 1) negative 2) positive 9) unknown  
 HTLV1 1) negative 2) positive 9) unknown  
 EBV 1) negative 2) positive 9) unknown

**HLA TYPING**

HLA match  
 1) genotyp. HLA identic. sibling 4) identical unrelated  
 2) monozygotic. Twin 5) non identical related  
 3) phenotypic identic. related 6) non identical unrelated

**HLA compatibility code:** 0) Match 1) one difference  
 2) two differences 9) not tested

Class I (serology) A B C  
 Class I (DNA) A B C  
 Class II (DNA generic) DR DQ DP  
 Class II (DNA specific) DR DQ DP

**DONOR**

**RECIPIENT**

**Class I (serology)**  
 A  
 B  
 C  
**Class I (DNA)**  
 A  
 B  
 C  
**Class II (low resolution)**  
 DRB1  
 DQB1  
**Class II (high resolution)**  
 DRB1  
 DQB1  
 DPB1

Please send copies of the original HLA typing results

**COMMENTS**

**\*\*IF MULTICORD, CHARACTERISTICS OF THE 2nd CORD BLOOD**

Cord blood bank (2nd unit)  
 CB unit identification (2nd unit)  
 date of cord blood collection

**AT COLLECTION**

Volume (including anticoagulant)  
 Total number of NC (10e8)  
 Total number of CFU-GM (10e5)  
 Total number of CD34 (10e6)

**AFTER VOLUME REDUCTION**

**Method**

0) no 1) Ficoll-Hypaque 2) Mechanical cell separator  
 3) gelatine 4) Hydroxy ethyl starch 5) other

**Volume reduction** 1) yes 2) no

**Method used**

Total number of NC (10e8)  
 Total number of CFU-GM (10e5)  
 Total number of CD34 (10e6)  
**Cryopreservant** 1) DMSO 2) glycerol 3) other

**DONOR INFORMATION**

**Viral status**  
 CMV 1) negative 2) positive 9) unknown  
 HBV 1) negative 2) positive 9) unknown  
 HCV 1) negative 2) positive 9) unknown  
 EBV 1) negative 2) positive 9) unknown  
 ABO group 1) A 2) B 3) AB 4) O  
 Rh 1) negative 2) positive  
 Sex 1) Male 2) Female

**HLA TYPING**

HLA match 4) identical unrelated 6) non identical unrelated  
**HLA compatibility code:** 0) Match 1) one difference  
 2) two differences 9) not tested

Class I (serology) A B C  
 Class I (DNA) A B C  
 Class II (DNA generic) DR DQ DP  
 Class II (DNA specific) DR DQ DP

**Class I (serology)**

**Class II (DNA generic)**

A  
 B  
 C  
**Class I (DNA)**  
 A  
 B  
 C  
**Class I (DNA specific)**  
 DRB1  
 DQB1  
 DPB1



Hospital: \_\_\_\_\_  
 Reporter: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**OBS/UPN:** \_\_\_\_\_ Center Code CIC: \_\_\_\_\_  
 Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CENTER CHARACTERISTICS**

Room \* 0) conventional 1) HEPA 2) laminar airflow \_\_\_\_\_

**TRANSPLANTATION**

**Date of this transplant (dd/mm/yy)** \_\_\_\_\_

Reduced Intensity Conditioning 0) no 1) yes \_\_\_\_\_

**Conditioning** (specify, total dose mg/kg or total dose mg/m2) \* \_\_\_\_\_

1) Cyclophosphamide \_\_\_\_\_ 2) Melphalan \_\_\_\_\_

4) Ara-C \_\_\_\_\_ 8) Thiotepa \_\_\_\_\_

16) Busulfan \_\_\_\_\_ 32) VP16 \_\_\_\_\_

64) Fludarabine \_\_\_\_\_ 128) Other \_\_\_\_\_

**TBI** 0) no 1) yes \_\_\_\_\_ Total dose (Gy) \_\_\_\_\_

**TLI** 0) no 1) yes \_\_\_\_\_

**Serotherapy** 0) no 1) ALG/ATG (before day 0) \_\_\_\_\_

2) monoclonal antibody \_\_\_\_\_

Weight at time of transplant (kg) \_\_\_\_\_

Body surface area (m2) \_\_\_\_\_

**INFUSION OF CORD BLOOD CELLS**

1) Infused with DMSO \_\_\_\_\_

2) Cells washed with Rubinstein's method \_\_\_\_\_

3) Other method: \_\_\_\_\_

Viability of cells (%), method \_\_\_\_\_

**If multicord**, Viability of cells (%) 2nd Unit \_\_\_\_\_

**If multicord, Chronological Order of Infusion** **Time** \_\_\_\_\_

First infused CBU Identification \_\_\_\_\_

Second infused CBU Identification \_\_\_\_\_

**Cells infused per Kg of recipient's body weight** **If Multicord,**

1st Unit 2nd Unit

- Total number of NC (10e7/kg) \_\_\_\_\_

- Total number of CFU-GM (10e4/kg) \_\_\_\_\_

- Total number of CD34 (10e5/kg) \_\_\_\_\_

- Total number of CD3 (10e6/kg) \_\_\_\_\_

**Serious adverse reactions during post-infusion \*** \_\_\_\_\_

0) no 1) bradycardia 2) hypotension 4) anaphylaxis 8) hypertension

16) dyspnea 32) acute renal failure 64) other \_\_\_\_\_

**Haematopoietic growth factors \*** \_\_\_\_\_

0) no 1) G-CSF 2) GM-CSF 4) EPO 8) other \_\_\_\_\_

Day of onset of growth factors **Day +** \_\_\_\_\_

**ACUTE GVH**

**Prophylaxis \*** \_\_\_\_\_

0) No 1) CsA 2) Steroids 4) Methotrexate 8) ALG/ATG (after day 0)

16) Monoclonal Antibody 32) FK 506 64)MMF 128) Other \_\_\_\_\_

Steroids dose 1) < 2mg/kg/d 2) >= 2mg/kg/d \_\_\_\_\_

Date of onset (dd/mm/yy) \_\_\_\_\_

Maximum grade 0) absent 1) mild 2) moderate \_\_\_\_\_

(Glucksberg) 3) moderate/severe 4) severe \_\_\_\_\_

Skin stage \_\_\_\_\_ Liver stage \_\_\_\_\_ Gastro-intestinal stage \_\_\_\_\_

**Diagnosis was based on:** \_\_\_\_\_

Histological evidence 0) no 1) yes \_\_\_\_\_

Clinical evidence 0) no 1) yes \_\_\_\_\_

**Treatment \*** 0) no 1) Steroids 2) ALG/ATG \_\_\_\_\_

4) Monoclonal Antibody 8) Tacrolimus 16) MMF 32) Sirolimus \_\_\_\_\_

64) other \_\_\_\_\_

**HEMATOPOIETIC RECONSTITUTION**

Neutrophils 1) engraftment 2) no engraftment 3) NE \_\_\_\_\_

Never dropped 0.5x10e9/L 0) no 1) yes \_\_\_\_\_

Date ANC > 0.5x10e9/L \_\_\_\_\_

Date ANC > 1x10e9/L \_\_\_\_\_

Platelets 1) engraftment 2) no engraftment 3) NE \_\_\_\_\_

Never dropped 20x10e9/L 0) no 1) yes \_\_\_\_\_

Date platelets > 20x10e9/L \_\_\_\_\_

Date platelets > 50x10e9/L \_\_\_\_\_

Chimerism \_\_\_\_\_ Date \_\_\_\_\_

0) Not done 1) Unknown 2) Full (donor 100%) 3) Mixed 4) Recipient 100%

Method \_\_\_\_\_

Donor \_\_\_\_\_ % **If multicord**, Donor 2 \_\_\_\_\_ %

CBU Identification \_\_\_\_\_ CBU2 Identification \_\_\_\_\_

**If graft failure,** \_\_\_\_\_ Date \_\_\_\_\_

Treatment \* 0) no 1) autograft 2) allograft \_\_\_\_\_

If allograft, type of donor \_\_\_\_\_

**If cord blood**, name of the CB bank \_\_\_\_\_

Cord blood Identification \_\_\_\_\_

**If multicord**, name of the CB bank (2nd unit) \_\_\_\_\_

Cord blood Identification (2nd unit) \_\_\_\_\_

\* Means: addition of codes is possible: ex if GVHD prophylaxis consists in (1) CsA + (2) Steroids then write (3)

**INFECTIONS COMPLICATIONS**

**VIRAL PROPHYLAXIS** Date of onset \_\_\_\_\_ Last day \_\_\_\_\_

**Drugs used** dose Number of days/week

Aciclovir (mg/kg/day) \_\_\_\_\_

Ganciclovir (mg/kg/day) \_\_\_\_\_

Foscavir (mg/kg/day) \_\_\_\_\_

Immunoglobulins (g/kg/day) \_\_\_\_\_

**CMV INFECTION**

**CMV MONITORING**

**Method of detection \*** 1) conventional cell culture 2) site Shell vial assay

4) CMV pp65 antigenemia 8) PCR, type \_\_\_\_\_ 16) Other \_\_\_\_\_

**Frequency of monitoring** 1) once a week 2) twice a week \_\_\_\_\_

3) only if presence of symptoms 4) other \_\_\_\_\_

**CMV INFECTION** 0) no 1) yes \_\_\_\_\_ First positive test \_\_\_\_\_

Site detection \* 1) blood 2) urine 4) throat 8) other \_\_\_\_\_

**Treatment pre-emptive** Date of onset \_\_\_\_\_ Date of last day \_\_\_\_\_

**Drugs used (IV)** dose Number of days/week

Ganciclovir (mg/kg/day) \_\_\_\_\_

Foscavir (mg/kg/day) \_\_\_\_\_

Cidofovir (mg/kg/day) \_\_\_\_\_

Immunoglobulins (g/kg/day) \_\_\_\_\_

Other, specify \_\_\_\_\_

Date of diagnosis of subsequent reactivations 2nd \_\_\_\_\_

3rd \_\_\_\_\_

4th \_\_\_\_\_

**CMV DISEASE** 0) no 1) yes \_\_\_\_\_

**Site of detection \*** 1) blood 2) urine 4) bronchoalveolar lavage \_\_\_\_\_

8) G-I tract (biopsy) 16) stool 32) other \_\_\_\_\_

Number of episodes date diagnosis (1st) date of diagnosis (last)

Pneumonitis \_\_\_\_\_

Gastro-intestinal \_\_\_\_\_

Hepatitis \_\_\_\_\_

Retinitis \_\_\_\_\_

Other \_\_\_\_\_

**Treatment** Date of onset \_\_\_\_\_ Date of end \_\_\_\_\_

**Drugs used (IV)** dose Number of days/week

Ganciclovir (mg/kg/day) \_\_\_\_\_

Foscavir (mg/kg/day) \_\_\_\_\_

Cidofovir (mg/kg/day) \_\_\_\_\_

Immunoglobulins (g/kg/day) \_\_\_\_\_

Other, specify \_\_\_\_\_

Response to treatment: 1) progression 2) resolution 3) not evaluable 4) still present \_\_\_\_\_

