Blood and Marrow Transplant Clinical Trials Network

Re-Admission/Hospitalization Form (ADM)

Web Version: 1.0; 4.07; 10-16-15

Segment *(PROTSEG)*:
Date of Admission *(ADMITDT)*:

1. Date of discharge:*(DISCHDT)* _____ *(mm/dd/yyyy)*

2. Patient discharge status:*(DISCPTST)*
☐ 1 - Alive ☐ 2 - Dead
If Dead, a Death Form must be submitted.

3. Record PRIMARY discharge diagnosis:*(PHSPREAS)*
01 - GVHD
02 - Relapse/Progression
03 - Graft Failure
04 - Infection
05 - Fungal Infection
*Additional Options Listed Below
?

Specify organ:(ADM4SPEC)* _____

**Specify other:*(ADM1SPEC)* _____

4. Record secondary discharge diagnoses:

a. GVHD:*(REASGVHD)*	☐ 1 - Contributory	☐ 2 - Noncontributory ?
b. Relapse/progression:*(REASRLPS)*	☐ 1 - Contributory	☐ 2 - Noncontributory
c. Graft failure:*(REASGF)*	☐ 1 - Contributory	☐ 2 - Noncontributory
d. Infection:*(REASINF)*	☐ 1 - Contributory	☐ 2 - Noncontributory
e. Fever:*(REASFVR)*	☐ 1 - Contributory	☐ 2 - Noncontributory
f. Seizure:*(REASSZR)*	☐ 1 - Contributory	☐ 2 - Noncontributory
g. Bleeding/hemorrhage:*(REASGIBL)*	☐ 1 - Contributory	☐ 2 - Noncontributory
h. Diarrhea:*(REASDRH)*	☐ 1 - Contributory	☐ 2 - Noncontributory
i. Nausea/vomiting:*(REASNV)*	☐ 1 - Contributory	☐ 2 - Noncontributory
j. Organ failure:*(REASORGF)*	☐ 1 - Contributory	☐ 2 - Noncontributory
Specify organ:*(ADM3SPEC)*		
k. Trauma:*(REASTRAM)*	☐ 1 - Contributory	☐ 2 - Noncontributory
l. Psychiatric:*(REASPSYC)*	☐ 1 - Contributory	☐ 2 - Noncontributory
m. Secondary malignancy:*(REASMALG)*	☐ 1 - Contributory	☐ 2 - Noncontributory
n. Scheduled procedure/treatment:*(REASPROC)*	☐ 1 - Contributory	☐ 2 - Noncontributory
o. Thrombosis/thrombus/embolism:*(REASTRMB)*	☐ 1 - Contributory	☐ 2 - Noncontributory
p. Other:*(REASOTHR)*	☐ 1 - Contributory	☐ 2 - Noncontributory
Specify other:*(ADM2SPEC)*		

5. Record re-admission institution:*(ADMCENTR)*
1 - Original Transplant Center
2 - Other Transplant Center
3 - Other Hospital

Comments:*(ADMCOMM1)*

Additional Selection Options for ADM

Record PRIMARY discharge diagnosis:
06 - Non-Fungal Infection
07 - Fever
08 - Seizure
09 - Bleeding/Hemorrhage
10 - Diarrhea
11 - Nausea/Vomiting
12 - Organ Failure (specify organ)*
13 - Trauma
14 - Psychiatric
15 - Secondary Malignancy
16 - Transplant
17 - Scheduled Procedure/Treatment
18 - Thrombosis/Thrombus/Embolism
99 - Other (specify)**

Blood and Marrow Transplant Clinical Trials Network

Adverse Event Form (AE1)

Web Version: 1.0; 4.00; 10-16-15

Segment *(PROTSEG)*:
Date of Onset *(ADVDATE)*:
Event description *(ADVENT)*:

1. Report activation status:*(AVSTATUS)*
   - 1 - Keep report active
   - 2 - Deactivate - Report filed in error
   - 3 - Deactivate - Key field error
   - 9 - Deactivate - Other reason

   If Other, specify reason for deactivation:*(AESPEC1)*
2. Record date transplant center became aware of the event:*(AVAWARDT)* *(mm/dd/yyyy)*
3. Indicate weight at time of the event:*(AVWGHTKG)* *(xxx.x)* kg
4. Was this event expected or anticipated?*(AVEXPECT)* ☐ 1 - Yes ☐ 2 - No
5. Record the severity of event:*(AVEVENT)*
   - 1 - Mild
   - 2 - Moderate
   - 3 - Severe
   - 4 - Life Threatening
   - 5 - Fatal
6. What is the relationship to study therapy/intervention:*(AVRELAT)*
   - 1 - Unrelated
   - 2 - Unlikely
   - 3 - Possible
   - 4 - Probable
   - 5 - Definite
7. Is there an alternative etiology:*(AVETIOL)*
   - 0 - None Apparent
   - 1 - Study Disease
   - 2 - Other Pre-Existing Disease or Condition
   - 3 - Accident, Trauma, or External Factors
   - 4 - Concurrent Illness/Condition (Not Pre-Existing)
8. What is the effect on study therapy/intervention schedule:*(AVEFFECT)*
   - 1 - No Change - Completed
   - 2 - No Change - Ongoing
   - 3 - Dose Modified
   - 4 - Temporarily Stopped
   - 5 - Permanently Stopped
9. Record the most severe outcome of the event:*(AVOUTCOM)*
   - 1 - Resolved, No Residual Effects
   - 2 - Resolved with Sequelae
   - 3 - Persistent Condition
   - 4 - Resolved by Death
10. Record the date of resolution:*(AVRESDT)* *(mm/dd/yyyy)*
11. Was this event associated with:*(AVASSOCI)*
    - 0 - None of the Following
    - 1 - Death
    - 2 - Life-Threatening Event
    - 3 - Disability
    - 4 - Congenital Anomaly
    - *Additional Options Listed Below

Comments:*(AE1COMM)*

Additional Selection Options for AE1

Was this event associated with:
5 - Required Intervention to Prevent Permanent Impairment or Damage
6 - Hospitalization (Initial or Prolonged)
9 - Other SAE

Blood and Marrow Transplant Clinical Trials Network

AE Summary Form (AE2)

Web Version: 1.0; 3.12; 10-16-15

Segment *(PROTSEG)*:
Date of Onset *(ADVDATE)*:
Event description *(ADVENT)*:

1. Report activation status:*(AVSTAT_A)*

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

Relevant Past Medical History

2. Does the patient have any relevant history, including pre-existing medical conditions?*(SEMEDHXS)* ☐ 1 - Yes ☐ 2 - No

If Yes, include any relevant history, including preexisting medical conditions below.

(SEMEDHX)

3. **Event Summary**

Include clinical history of event, associated signs and symptoms, alternative etiologies being considered and medical management below.

(SESUMM)

4. Initial submitter:*(SEISUBBY)* Name: Date:*(SEISUBDT)* *(mm/dd/yyyy)*

5. Authorized submitter:*(SEASUBBY)* Name: Date:*(SEASUBDT)* *(mm/dd/yyyy)* ?

Blood and Marrow Transplant Clinical Trials Network

AE Therapy Form (AE3)

Web Version: 1.0; 4.05; 10-16-15

Segment *(PROTSEG)*:
Date of Onset *(ADVDATE)*:
Event description *(ADVENT)*:

1. Report activation status:*(AVSTAT_B)*

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

Study Product/Suspect Medication Data

2. Was the patient receiving any study products/suspect medications?*(RCVSP)* ☐ 1 - Yes ☐ 2 - No

If Yes, list the study product/suspect medications the subject was taking in the grid below.

Study Product Name (Note: If blinded, indicate as such)	Dose of Study Product(s) at SAE Onset	Route of Study Product(s) at SAE Onset	Schedule of Study Product(s) at SAE Onset	Date Study Product First Started *(mm/dd/yyyy)*	Date Study Product Last Taken *(mm/dd/yyyy)*	Reason for Use
(SPNAME1)	*(SP1DOSE)*	*(SP1ROUTE)*	*(SP1SCHED)*	*(SP1STDT)*	*(SP1SPDT)*	*(SP1REASO)*
(SPNAME2)	*(SP2DOSE)*	*(SP2ROUTE)*	*(SP2SCHED)*	*(SP2STDT)*	*(SP2SPDT)*	*(SP2REASO)*
(SPNAME3)	*(SP3DOSE)*	*(SP3ROUTE)*	*(SP3SCHED)*	*(SP3STDT)*	*(SP3SPDT)*	*(SP3REASO)*
(SPNAME4)	*(SP4DOSE)*	*(SP4ROUTE)*	*(SP4SCHED)*	*(SP4STDT)*	*(SP4SPDT)*	*(SP4REASO)*
(SPNAME5)	*(SP5DOSE)*	*(SP5ROUTE)*	*(SP5SCHED)*	*(SP5STDT)*	*(SP5SPDT)*	*(SP5REASO)*

Concomitant Medications

3. Was the patient taking any concomitant medications?*(RCVCONMD)* ☐ 1 - Yes ☐ 2 - No

If Yes, list the concomitant medications the patient was taking up to 1 month prior to SAE onset in the grid below.

Medication	Start Date *(mm/dd/yyyy)*	Stop Date *(mm/dd/yyyy)*	Dose, Route, Schedule	Indication
(CONMED1)	*(CM1STDT)*	*(CM1SPDT)*	*(CM1DOSE)*	*(CM1INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED2)	*(CM2STDT)*	*(CM2SPDT)*	*(CM2DOSE)*	*(CM2INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED3)	*(CM3STDT)*	*(CM3SPDT)*	*(CM3DOSE)*	*(CM3INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED4)	*(CM4STDT)*	*(CM4SPDT)*	*(CM4DOSE)*	*(CM4INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED5)	*(CM5STDT)*	*(CM5SPDT)*	*(CM5DOSE)*	*(CM5INDIC)*

				1 - Treatment of adverse event 9 - Other
(CONMED6)	*(CM6STDT)*	*(CM6SPDT)*	*(CM6DOSE)*	*(CM6INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED7)	*(CM7STDT)*	*(CM7SPDT)*	*(CM7DOSE)*	*(CM7INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED8)	*(CM8STDT)*	*(CM8SPDT)*	*(CM8DOSE)*	*(CM8INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED9)	*(CM9STDT)*	*(CM9SPDT)*	*(CM9DOSE)*	*(CM9INDIC)* 1 - Treatment of adverse event 9 - Other
(CONMED10)	*(CM10STDT)*	*(CM10SPDT)*	*(CM10DOSE)*	*(CM10INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED11)	*(CM11STDT)*	*(CM11SPDT)*	*(CM11DOSE)*	*(CM11INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED12)	*(CM12STDT)*	*(CM12SPDT)*	*(CM12DOSE)*	*(CM12INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED13)	*(CM13STDT)*	*(CM13SPDT)*	*(CM13DOSE)*	*(CM13INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED14)	*(CM14STDT)*	*(CM14SPDT)*	*(CM14DOSE)*	*(CM14INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED15)	*(CM15STDT)*	*(CM15SPDT)*	*(CM15DOSE)*	*(CM15INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED16)	*(CM16STDT)*	*(CM16SPDT)*	*(CM16DOSE)*	*(CM16INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED17)	*(CM17STDT)*	*(CM17SPDT)*	*(CM17DOSE)*	*(CM17INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED18)	*(CM18STDT)*	*(CM18SPDT)*	*(CM18DOSE)*	*(CM18INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED19)	*(CM19STDT)*	*(CM19SPDT)*	*(CM19DOSE)*	*(CM19INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED20)	*(CM20STDT)*	*(CM20SPDT)*	*(CM20DOSE)*	*(CM20INDI)* 1 - Treatment of adverse event 9 - Other

(CONMED21)	*(CM21STDT)*	*(CM21SPDT)*	*(CM21DOSE)*	*(CM21INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED22)	*(CM22STDT)*	*(CM22SPDT)*	*(CM22DOSE)*	*(CM22INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED23)	*(CM23STDT)*	*(CM23SPDT)*	*(CM23DOSE)*	*(CM23INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED24)	*(CM24STDT)*	*(CM24SPDT)*	*(CM24DOSE)*	*(CM24INDI)* 1 - Treatment of adverse event 9 - Other
(CONMED25)	*(CM25STDT)*	*(CM25SPDT)*	*(CM25DOSE)*	*(CM25INDI)* 1 - Treatment of adverse event 9 - Other

Comments:*(AE3COMM)*

Blood and Marrow Transplant Clinical Trials Network

AE Laboratory/Diagnostics Form (AE4)

Web Version: 1.0; 3.11; 10-16-15

Segment *(PROTSEG)*:
Date of Onset *(ADVDATE)*:
Event description *(ADVENT)*:

1. Report activation status:*(AVSTAT_C)*

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

Laboratory Test Results

2. Were relevant laboratory tests performed?*(LABTSTPF)* ☐ 1 - Yes ☐ 2 - No

If Yes, record the relevant laboratory test results in the gird below.

Test	Collection Date *(mm/dd/yyyy)*	Result (Include units)	Site Normal Range (Include units)	Lab Value Previous to this SAE (Include units)	Collection Date for Previous Lab *(mm/dd/yyyy)*
(ADLTST1)	*(ADL1CD)*	*(ADL1RES)*	*(ADL1NORG)*	*(ADL1PRVL)*	*(ADL1PCD)*
(ADLTST2)	*(ADL2CD)*	*(ADL2RES)*	*(ADL2NORG)*	*(ADL2PRVL)*	*(ADL2PCD)*
(ADLTST3)	*(ADL3CD)*	*(ADL3RES)*	*(ADL3NORG)*	*(ADL3PRVL)*	*(ADL3PCD)*
(ADLTST4)	*(ADL4CD)*	*(ADL4RES)*	*(ADL4NORG)*	*(ADL4PRVL)*	*(ADL4PCD)*
(ADLTST5)	*(ADL5CD)*	*(ADL5RES)*	*(ADL5NORG)*	*(ADL5PRVL)*	*(ADL5PCD)*
(ADLTST6)	*(ADL6CD)*	*(ADL6RES)*	*(ADL6NORG)*	*(ADL6PRVL)*	*(ADL6PCD)*
(ADLTST7)	*(ADL7CD)*	*(ADL7RES)*	*(ADL7NORG)*	*(ADL7PRVL)*	*(ADL7PCD)*
(ADLTST8)	*(ADL8CD)*	*(ADL8RES)*	*(ADL8NORG)*	*(ADL8PRVL)*	*(ADL8PCD)*
(ADLTST9)	*(ADL9CD)*	*(ADL9RES)*	*(ADL9NORG)*	*(ADL9PRVL)*	*(ADL9PCD)*
(ADLTST10)	*(ADL10CD)*	*(ADL10RES)*	*(ADL10NRG)*	*(ADL10PVL)*	*(ADL10PCD)*

Diagnostic Tests (EX: MR, CT Scan, Ultrasound)

3. Were relevant diagnostic tests performed?*(DXSTPF)* ☐ 1 - Yes ☐ 2 - No

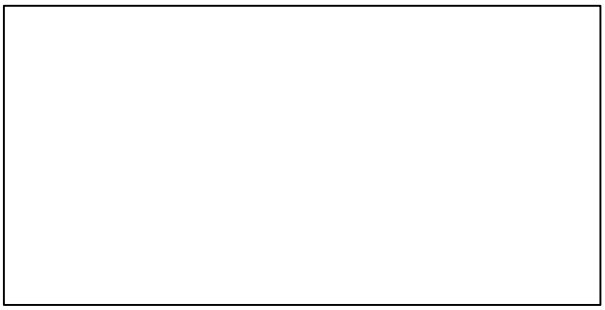
If Yes, record the relevant diagnostic test results in the grid below. Submit copies of the diagnostic test if available.

Test	Date Performed *(mm/dd/yyyy)*	Results/Comments

(ADDTS1)	*(AD1DTDAT)*	*(AD1DTRES)*
(ADDTS2)	*(AD2DTDAT)*	*(AD2DTRES)*
(ADDTS3)	*(AD3DTDAT)*	*(AD3DTRES)*
(ADDTS4)	*(AD4DTDAT)*	*(AD4DTRES)*
(ADDTS5)	*(AD5DTDAT)*	*(AD5DTRES)*

(ADDTS6)	*(AD6DTDAT)*	*(AD6DTRES)*
(ADDTS7)	*(AD7DTDAT)*	*(AD7DTRES)*
(ADDTS8)	*(AD8DTDAT)*	*(AD8DTRES)*
(ADDTS9)	*(AD9DTDAT)*	*(AD9DTRES)*
(ADDTS10)	*(AD10DTDT)*	*(AD10DTRS)*

Comments:*(AE4COMM)*



Blood and Marrow Transplant Clinical Trials Network

AE Review Form (AE5)

Web Version: 1.0; 3.12; 10-16-15

Segment *(PROTSEG)*:
Date of Onset *(ADVDATE)*:
Event description *(ADVENT)*:

1. Report activation status:*(AVSTAT_D)*

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

2. Reviewed:*(AEREVIEW)* ☐ 1 - Yes ☐ 2 - No
3. Reviewed by:*(ARFREVBY)*
4. Review date:*(ARFREVDT)* *(mm/dd/yyyy)*

5. Comment 1 - For Distribution:*(ARCM1DIS)*

6. Comment 2 - All Other Reviewers/Data Coordinating Center*(ARCM2ALL)*

Blood and Marrow Transplant Clinical Trials Network

AE Medical Monitor Reviewer Form (AE6)

Web Version: 1.0; 7.00; 10-16-15

Segment *(PROTSEG)*:
Date of Onset *(ADVDATE)*:
Event description *(ADVENT)*:

1. Adverse event status:*(AVSTAT_E)*

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

2. Has this event been determined to be an unexpected, grade 3-5 adverse event? *(AMDETER)* ☐ 1 - Yes ☐ 2 - No
3. Does this require expedited reporting to the DSMB?*(AMEXPDSM)* ☐ 1 - Yes ☐ 2 - No
4. Do you recommend the patient be withdrawn from further protocol therapy? *(AMWITHDR)* ☐ 1 - Yes ☐ 2 - No
5. Is the review complete?*(AMREVDNE)* ☐ 1 - Yes ☐ 2 - No
6. If **No**, what additional information is required:*(AMREVINF)*
7. Medical Monitor event description:*(AMMMEVDS)*
8. Medical Monitor CTCAE grade of event:*(CTCAEGRD)*

1 - Grade 1
2 - Grade 2
3 - Grade 3
4 - Grade 4
5 - Grade 5

Comments:*(AE6COMM)*

Blood and Marrow Transplant Clinical Trials Network

Cord Blood HLA (Pg1) (CB1)

Web Version: 1.0; 2.01; 03-09-10

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

HLA Typing

Type of HLA Match required by this protocol:*(HLA1MATC)*

- LociA,B:Low LevelDNA,Locus DRB1:High LevelDNA
- LociA,B:Serologic,Locus DRB1:High LevelDNA
- LociA,B:Serologic,Locus DRB1:Low LevelDNA
- LociA,B,C:Low LevelDNA,Locus DRB1:High LevelDNA
- LociA,B,C:Serologic,Locus DRB1:High LevelDNA
- *AdditionalOptionsListedBelow

1. Recipient HLA Typing

HLA-A

Typing method:*(HLAAMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLAANUM)*

- 1 - One
- 2 - Two

1st: *(HLAA11X)* / *(HLAA12X)* / *(HLAA13X)* / *(HLAA14X)* /
(HLAA15X) / *(HLAA16X)* / *(HLAA17X)* / *(HLAA18X)* /
2nd: *(HLAA21X)* / *(HLAA22X)* / *(HLAA23X)* / *(HLAA24X)* /
(HLAA25X) / *(HLAA26X)* / *(HLAA27X)* / *(HLAA28X)* /

HLA-B

Typing method:*(HLABMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLABNUM)*

- 1 - One
- 2 - Two

1st: *(HLAB11X)* / *(HLAB12X)* / *(HLAB13X)* / *(HLAB14X)* /
(HLAB15X) / *(HLAB16X)* / *(HLAB17X)* / *(HLAB18X)* /
2nd: *(HLAB21X)* / *(HLAB22X)* / *(HLAB23X)* / *(HLAB24X)* /
(HLAB25X) / *(HLAB26X)* / *(HLAB27X)* / *(HLAB28X)* /

HLA-C

Typing method:*(HLACMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLACNUM)*

- 1 - One
- 2 - Two

1st: *(HLAC11X)* / *(HLAC12X)* / *(HLAC13X)* / *(HLAC14X)* /
(HLAC15X) / *(HLAC16X)* / *(HLAC17X)* / *(HLAC18X)* /
2nd: *(HLAC21X)* / *(HLAC22X)* / *(HLAC23X)* / *(HLAC24X)* /
(HLAC25X) / *(HLAC26X)* / *(HLAC27X)* / *(HLAC28X)* /

HLA-DRB1

Typing method:*(HLADMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLADNUM)*

1 - One
2 - Two

1st:	*(HLAD11X)*		*(HLAD12X)* /		*(HLAD13X)* /		*(HLAD14X)* /
	(HLAD15X)		*(HLAD16X)* /		*(HLAD17X)* /		*(HLAD18X)* /
2nd:	*(HLAD21X)*		*(HLAD22X)* /		*(HLAD23X)* /		*(HLAD24X)* /
	(HLAD25X)		*(HLAD26X)* /		*(HLAD27X)* /		*(HLAD28X)* /

HLA-DQ

Typing method:*(HLAQMET)*

1 - DNA Technology
2 - Serology

Antigens/alleles provided:*(HLAQNUM)*

1 - One
2 - Two

1st:	*(HLAQ11X)*		*(HLAQ12X)* /		*(HLAQ13X)* /		*(HLAQ14X)* /
	(HLAQ15X)		*(HLAQ16X)* /		*(HLAQ17X)* /		*(HLAQ18X)* /
2nd:	*(HLAQ21X)*		*(HLAQ22X)* /		*(HLAQ23X)* /		*(HLAQ24X)* /
	(HLAQ25X)		*(HLAQ26X)* /		*(HLAQ27X)* /		*(HLAQ28X)* /

Comments:*(CB1COMM)*

Additional Selection Options for CB1

Type of HLA Match required by this protocol:
Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA
High Level DNA
Low Level DNA
Serologic

Blood and Marrow Transplant Clinical Trials Network

Cord Blood HLA (Pg2) (CB2)

Web Version: 1.0; 2.01; 03-09-10

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

HLA Typing

Type of HLA Match required by this protocol:*(HLA2MATC)*

- LociA,B:Low LevelDNA,Locus DRB1:High LevelDNA
- LociA,B:Serologic,Locus DRB1:High LevelDNA
- LociA,B:Serologic,Locus DRB1:Low LevelDNA
- LociA,B,C:Low LevelDNA,Locus DRB1:High LevelDNA
- LociA,B,C:Serologic,Locus DRB1:High LevelDNA
- *AdditionalOptions Listed Below

1. First Cord Blood Unit HLA Typing

Bank ID:*(CB1BKID)*

HLA-A

Typing method:*(HLAAMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLAANUM)*

- 1 - One
- 2 - Two

1st: *(HLAA11X)* / *(HLAA12X)* / *(HLAA13X)* / *(HLAA14X)* /
(HLAA15X) / *(HLAA16X)* / *(HLAA17X)* / *(HLAA18X)* /
2nd: *(HLAA21X)* / *(HLAA22X)* / *(HLAA23X)* / *(HLAA24X)* /
(HLAA25X) / *(HLAA26X)* / *(HLAA27X)* / *(HLAA28X)* /

HLA-B

Typing method:*(HLABMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLABNUM)*

- 1 - One
- 2 - Two

1st: *(HLAB11X)* / *(HLAB12X)* / *(HLAB13X)* / *(HLAB14X)* /
(HLAB15X) / *(HLAB16X)* / *(HLAB17X)* / *(HLAB18X)* /
2nd: *(HLAB21X)* / *(HLAB22X)* / *(HLAB23X)* / *(HLAB24X)* /
(HLAB25X) / *(HLAB26X)* / *(HLAB27X)* / *(HLAB28X)* /

HLA-C

Typing method:*(HLACMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLACNUM)*

- 1 - One
- 2 - Two

1st: *(HLAC11X)* / *(HLAC12X)* / *(HLAC13X)* / *(HLAC14X)* /
(HLAC15X) / *(HLAC16X)* / *(HLAC17X)* / *(HLAC18X)* /
2nd: *(HLAC21X)* / *(HLAC22X)* / *(HLAC23X)* / *(HLAC24X)* /
(HLAC25X) / *(HLAC26X)* / *(HLAC27X)* / *(HLAC28X)* /

HLA-DRB1

Typing method:*(HLADMET)*

1 - DNA Technology
2 - Serology

Antigens/alleles provided:*(HLADNUM)*

1 - One
2 - Two

1st: *(HLAD11X)* / *(HLAD12X)* / *(HLAD13X)* / *(HLAD14X)* /

(HLAD15X) / *(HLAD16X)* / *(HLAD17X)* / *(HLAD18X)* /

2nd: *(HLAD21X)* / *(HLAD22X)* / *(HLAD23X)* / *(HLAD24X)* /

(HLAD25X) / *(HLAD26X)* / *(HLAD27X)* / *(HLAD28X)* /

HLA-DQ

Typing method:*(HLAQMET)*

1 - DNA Technology
2 - Serology

Antigens/alleles provided:*(HLAQNUM)*

1 - One
2 - Two

1st: *(HLAQ11X)* / *(HLAQ12X)* / *(HLAQ13X)* / *(HLAQ14X)* /

(HLAQ15X) / *(HLAQ16X)* / *(HLAQ17X)* / *(HLAQ18X)* /

2nd: *(HLAQ21X)* / *(HLAQ22X)* / *(HLAQ23X)* / *(HLAQ24X)* /

(HLAQ25X) / *(HLAQ26X)* / *(HLAQ27X)* / *(HLAQ28X)* /

Comments:*(CB2COMM)*

Additional Selection Options for CB2

Type of HLA Match required by this protocol:
Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA
High Level DNA
Low Level DNA
Serologic

Blood and Marrow Transplant Clinical Trials Network

Cord Blood HLA (Pg3) (CB3)

Web Version: 1.0; 2.01; 03-09-10

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

HLA Typing

Type of HLA Match required by this protocol:*(HLA3MATC)*

- LociA,B:Low LevelDNA,Locus DRB1:High LevelDNA
- LociA,B:Serologic,Locus DRB1:High LevelDNA
- LociA,B:Serologic,Locus DRB1:Low LevelDNA
- LociA,B,C:Low LevelDNA,Locus DRB1:High LevelDNA
- LociA,B,C:Serologic,Locus DRB1:High LevelDNA
- *AdditionalOptions Listed Below

1. Second Cord Blood Unit HLA Typing

Bank ID:*(CB2BKID)*

2. Cord Blood Unit HLA Typing

HLA-A

Typing method:*(HLAAMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLAANUM)*

- 1 - One
- 2 - Two

1st:	*(HLAA11X)*		*(HLAA12X)* /		*(HLAA13X)* /		*(HLAA14X)* /	
	(HLAA15X)		*(HLAA16X)* /		*(HLAA17X)* /		*(HLAA18X)* /	
2nd:	*(HLAA21X)*		*(HLAA22X)* /		*(HLAA23X)* /		*(HLAA24X)* /	
	(HLAA25X)		*(HLAA26X)* /		*(HLAA27X)* /		*(HLAA28X)* /	

HLA-B

Typing method:*(HLABMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLABNUM)*

- 1 - One
- 2 - Two

1st:	*(HLAB11X)*		*(HLAB12X)* /		*(HLAB13X)* /		*(HLAB14X)* /	
	(HLAB15X)		*(HLAB16X)* /		*(HLAB17X)* /		*(HLAB18X)* /	
2nd:	*(HLAB21X)*		*(HLAB22X)* /		*(HLAB23X)* /		*(HLAB24X)* /	
	(HLAB25X)		*(HLAB26X)* /		*(HLAB27X)* /		*(HLAB28X)* /	

HLA-C

Typing method:*(HLACMET)*

- 1 - DNA Technology
- 2 - Serology

Antigens/alleles provided:*(HLACNUM)*

- 1 - One
- 2 - Two

1st:	*(HLAC11X)*		*(HLAC12X)* /		*(HLAC13X)* /		*(HLAC14X)* /	
	(HLAC15X)		*(HLAC16X)* /		*(HLAC17X)* /		*(HLAC18X)* /	
2nd:	*(HLAC21X)*		*(HLAC22X)* /		*(HLAC23X)* /		*(HLAC24X)* /	
	(HLAC25X)		*(HLAC26X)* /		*(HLAC27X)* /		*(HLAC28X)* /	

HLA-DRB1

Typing method:*(HLADMET)*

1 - DNA Technology
2 - Serology

Antigens/alleles provided:*(HLADNUM)*

1 - One
2 - Two

1st: *(HLAD11X)* / *(HLAD12X)* / *(HLAD13X)* / *(HLAD14X)* /

(HLAD15X) / *(HLAD16X)* / *(HLAD17X)* / *(HLAD18X)* /

2nd: *(HLAD21X)* / *(HLAD22X)* / *(HLAD23X)* / *(HLAD24X)* /

(HLAD25X) / *(HLAD26X)* / *(HLAD27X)* / *(HLAD28X)* /

HLA-DQ

Typing method:*(HLAQMET)*

1 - DNA Technology
2 - Serology

Antigens/alleles provided:*(HLAQNUM)*

1 - One
2 - Two

1st: *(HLAQ11X)* / *(HLAQ12X)* / *(HLAQ13X)* / *(HLAQ14X)* /

(HLAQ15X) / *(HLAQ16X)* / *(HLAQ17X)* / *(HLAQ18X)* /

2nd: *(HLAQ21X)* / *(HLAQ22X)* / *(HLAQ23X)* / *(HLAQ24X)* /

(HLAQ25X) / *(HLAQ26X)* / *(HLAQ27X)* / *(HLAQ28X)* /

Recipient-to-First Cord Blood Unit HLA Match Scores

Recipient-to-First Cord Blood Unit HLA Match Score required by this protocol: *(COR1HRQD)*

Recipient-to-First Cord Blood Unit *Locus-A* calculated HLA Match Score*(COR1SCRA)*

Recipient-to-First Cord Blood Unit *Locus-B* calculated HLA Match Score*(COR1SCRB)*

Recipient-to-First Cord Blood Unit *Locus-DRB1* calculated HLA Match Score*(COR1SCRD)*

Recipient-to-First Cord Blood Unit *Total* calculated HLA Match Score*(COR1HLA)*

Do you agree with the calculated HLA Match Score for Recipient-to-First Cord Blood Unit ?*(COR1AGRE)* 1 - Yes 2 - No

Indicate your institution's HLA Match Score for Recipient-to-First Cord Blood Unit :*(COR1SISC)*

0/6
1/6
2/6
3/6
4/6
*Additional Options Listed Below

Do you agree with the calculated HLA Match Score forRecipient-to-First Cord Blood Unit ?*(COR1AGRE)* 1 - Yes 2 - No

Indicate your institution's HLA Match Score for Recipient-to-First Cord Blood Unit :*(COR1SISC)*

0/6
1/6
2/6
3/6
4/6
*Additional Options Listed Below

Recipient-to-Second Cord Blood Unit HLA Match Scores

Recipient-to-Second Cord Blood Unit HLA Match Score required by this protocol:
(COR2HRQD)

Recipient-to-Second Cord Blood Unit *Locus-A* calculated HLA Match Score *(COR2SCRA)*

Recipient-to-Second Cord Blood Unit *Locus-B* calculated HLA Match Score *(COR2SCRB)*

Recipient-to-Second Cord Blood Unit *Locus-DRB1* calculated HLA Match Score *(COR2SCRD)*

Recipient-to-Second Cord Blood Unit *Total* calculated HLA Match Score *(COR2HLA)*

Do you agree with the calculated HLA Match Score for Recipient-to-Second Cord Blood Unit ?
(COR2AGRE) 1 - Yes 2 - No

Indicate your institution's HLA Match Score for Recipient-to-Second Cord Blood Unit :
(COR2SISC)

0/6
1/6
2/6
3/6
4/6
*Additional Options Listed Below

Do you agree with the calculated HLA Match Score for Recipient-to-Second Cord Blood Unit ?
(COR2AGRE)

☐ 1 - Yes ☐ 2 - No

Indicate your institution's HLA Match Score for Recipient-to-Second Cord Blood Unit :
(COR2SISC)

0/6
1/6
2/6
3/6
4/6
*Additional Options Listed Below

First Cord Blood Unit-to-Second Cord Blood Unit HLA Match Scores

First Cord Blood Unit-to-Second Cord Blood Unit HLA Match Score required by this protocol:*(COR3HRQD)*

First Cord Blood Unit-to-Second Cord Blood Unit *Locus-A* calculated HLA Match Score*(COR3SCRA)*

First Cord Blood Unit-to-Second Cord Blood Unit *Locus-B* calculated HLA Match Score*(COR3SCRB)*

First Cord Blood Unit-to-Second Cord Blood Unit *Locus-DRB1* calculated HLA Match Score*(COR3SCRD)*

First Cord Blood Unit-to-Second Cord Blood Unit *Total* calculated HLA Match Score*(COR3HLA)*

Do you agree with the calculated HLA Match Score for First Cord Blood Unit-to-Second Cord Blood Unit ?*(COR3AGRE)*

☐ 1 - Yes ☐ 2 - No

Indicate your institution's HLA Match Score for First Cord Blood Unit-to-Second Cord Blood Unit:*(COR3SISC)*

0/6
1/6
2/6
3/6
4/6
*Additional Options Listed Below

Do you agree with the calculated HLA Match Score for First Cord Blood Unit-to-Second Cord Blood Unit?*(COR3AGRE)*

☐ 1 - Yes ☐ 2 - No

Indicate your institution's HLA Match Score for First Cord Blood Unit-to-Second Cord Blood Unit:*(COR3SISC)*

0/6
1/6
2/6
3/6
4/6
*Additional Options Listed Below

Comments:*(CB3COMM)*

Additional Selection Options for CB3

Type of HLA Match required by this protocol:
Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA
High Level DNA
Low Level DNA
Serologic

Indicate your institution's HLA Match Score for Recipient-to-First Cord Blood Unit :
5/6
6/6
0/8
1/8
2/8
3/8
4/8
5/8
6/8
7/8
8/8

Blood and Marrow Transplant Clinical Trials Network

Follow Up GVHD Form (CGV)

Web Version: 1.0; 7.04; 10-16-15

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Start of assessment period:*(DTPRVAST)* *(mm/dd/yyyy)*
2. End of assessment period:*(DTASSESS)* *(mm/dd/yyyy)*

Answer questions 3-9 relating to acute GVHD.

3. Maximum overall grade of acute GVHD during this assessment period:*(GRDAGVHD)*
   - 0 - No Symptoms of Acute GVHD
   - 1 - I
   - 2 - II
   - 3 - III
   - 4 - IV
4. Did clinical signs and/or symptoms of acute GVHD develop during this assessment period?*(AGVDVLP)* 1 - Yes 2 - No ?
5. Record method used to diagnose acute GVHD:*(DGNSAGVH)*
   - 1 - Histologic Evidence
   - 2 - Clinical Evidence
   - 3 - Both
6. Date of diagnosis of acute GVHD:*(DTDGNAGV)* *(mm/dd/yyyy)* ?
7. Was prophylaxis for GVHD given during this assessment period?*(PROPHIMM)*
   - 1 - Yes
   - 2 - No
   - 3 - Discontinued During This Assessment Period
8. If yes, specify all immunosuppressants used for GVHD prophylaxis:
   a. Cyclosporine:*(PROPHCY)* 1 - Yes 2 - No
   b. Tacrolimus:*(PROPHTAC)* 1 - Yes 2 - No
   c. Sirolimus:*(PROPHSIR)* 1 - Yes 2 - No
   d. MMF:*(PROPHMMF)* 1 - Yes 2 - No
   e. Prednisone:*(PROPHPRD)* 1 - Yes 2 - No
   f. Other:*(PROPHOTH)* 1 - Yes 2 - No
   Specify other agent used:*(PRPHOTSP)*
9. If GVHD prophylaxis was discontinued during this assessment, record the date:*(PRPHDISC)* *(mm/dd/yyyy)*

Answer questions 10-20 relating to chronic GVHD.

10. Maximum overall severity of chronic GVHD during this assessment period:*(SEVCGVHD)*
    - 0 - No Symptoms of Chronic GVHD
    - 1 - Mild
    - 2 - Moderate
    - 3 - Severe
11. Maximum overall grade of chronic GVHD during this assessment period:*(GRDCGVHD)* 1 - Limited 2 - Extensive ?
12. Did clinical signs and/or symptoms of chronic GVHD develop during this assessment period?*(CGVDVLP)* 1 - Yes 2 - No ?
13. Record method used to diagnose chronic GVHD:*(DGNSCGVH)*
    - 1 - Histologic Evidence
    - 2 - Clinical Evidence
    - 3 - Both
14. Date of diagnosis of chronic GVHD:*(DTDGNCGV)* *(mm/dd/yyyy)* ?

15. Minimum Karnofsky/Lansky Score at time of diagnosis: *(CGVKRNLN)*

```
01 - 100 (Normal; No Complaints/Fully Active)
02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)
03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)
04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)
05 - 60 (Requires Occasional Assistance/Minimal Active Play)
*Additional Options Listed Below
```

16. Minimum platelet count at time of diagnosis: *(PLTLTCNT)* *(xxx.x)* x 10^9/L

17. Alkaline phosphatase at time of diagnosis: *(ALKPHOSP)* *(xxxx)* U/L

18. Weight at time of diagnosis: *(CGVWEIGH)* *(xxx.x)* kg

19. Total bilirubin at time of diagnosis: *(BILIRUBN)* *(xx.x)* mg/dL

20. Body surface area involved with rash at time of diagnosis: *(BSA)* *(xxx)* % ?

Indicate the maximum severity of involvement for the following organ systems during this assessment period.

Skin/Hair

21. Extent of skin involvement: *(CGVRASH)*

```
0 - No Rash
1 - <25% of BSA Involvement
2 - 25-50% of BSA Involvement
3 - >50% of BSA Involvement
4 - Generalized Involvement
```

?

If there is skin involvement, indicate the type of rash:

a. Lichenoid: *(RASHLICH)* ☐ 1 - Yes ☐ 2 - No

b. Maculopapular: *(RASHMACU)* ☐ 1 - Yes ☐ 2 - No

c. Sclerodermatous: *(RASHSCLR)* ☐ 1 - Yes ☐ 2 - No

Ocular

22. Xerophthalmia: *(DRYEYES)*

```
0 - No Symptoms
1 - Dry Eyes but Not Requiring Therapy
2 - Dryness of Eyes or Inflammation Requiring Therapy
```

Oral

23. Mucositis/ulcers (functional): *(MUCOFXN)*

```
0 - No Symptoms
1 - Minimal Symptoms, Normal Diet
2 - Symptomatic but Can Eat and Swallow Modified Diet
3 - Symptomatic and Unable to Adequately Alimentor Hydrate Orally
```

Pulmonary

24. Dyspnea: *(CGVDYSPN)*

```
0 - Asymptomatic
1 - Dyspnea with Exertion
2 - Dyspnea with Normal Activities
3 - Dyspnea at Rest
```

25. Pulmonary fibrosis: *(PULMFIBR)*

```
0 - None
1 - Minimal Radiographic Findings
2 - Patchy or Bi-basilar Radiographic Findings
3 - Extensive Radiographic Findings
9 - Not Done
```

26. Bronchiolitis obliterans: *(BRNCOBLT)*

```
1 - Yes, Histologic diagnosis
2 - Yes, Clinical diagnosis
3 - No
4 - Unknown
```

27. FEV1: *(CGVFEV1)*

```
0 - 100-90%
1 - <90-75%
2 - <75-50%
3 - <50-25%
4 - <25%
```

28. Oxygen saturation:*(O2SAT)*

0 - No Symptoms
1 - Desaturation with Exercise
2 - Requires Supplemental Oxygen

Gastrointestinal

29. Esophagus:*(ESOPHAGS)*

0 - No Changes
1 - Symptomatic but Can Eat Regular Diet
2 - Dysphagia or Odynophagia Requiring Dietary Changes
3 - Need for Parenteral Nutrition

30. Nausea and vomiting:*(NAUSVOMT)*

0 - No Protracted Nausea and Vomiting
1 - Persistent Nausea, Vomiting or Anorexia

31. Diarrhea:*(CGVDIARH)*

0 - None
1 - Persisting Less Than 2 Weeks
2 - Persisting More Than 2 Weeks

32. Was diarrhea measured as number of stools or volume of stools?*(DIARHMSR)*

1 - Number of Stools
2 - Volume of Stools
3 - Both Number and Volume

33. Diarrhea (number of stools):*(DIARHEA1)*

1 - Increase of <4 Stools/day Over Baseline; Mild Increase in Ostomy Output Compared to Baseline
2 - Increase of 4-6 stools/day; IV Fluids Indicated <24 Hrs; Moderate Increase in Ostomy Output
3 - Increase of 7 or More Stools/day, IV Fluids for 24 or More Hrs; Hospitalization
4 - Life-threatening Consequences (e.g. Hemodynamic Collapse)
5 - Death

Use mL/day for adult recipients and mL/m^2 for pediatric recipients.

34. Diarrhea (volume of stools):*(DIARHEA2)*

1 - Diarrhea Less Than or Equal to 500 mL/day or <280 mL/m^2
2 - Diarrhea >500 but Less Than or Equal to 1000 mL/day or 280-555 mL/m^2
3 - Diarrhea >1000 but Less Than or Equal to 1500 mL/day or 556-833 mL/m^2
4 - Diarrhea >1500 mL/day or >833 mL/m^2
5 - Severe Abdominal Pain with or without Ileus, or Stool with Frank Blood or Melena

35. Malabsorption:*(MALABSRP)*

0 - No Symptoms
2 - Altered Diet; Oral Therapies Indicated (e.g. Enzymes, Medications, Dietary Supplements)
3 - Inability to Ailment Adequately via GI Tract (e.g. TPN Indicated)
4 - Life-threatening Consequences
5 - Death

Hepatic

36. Bilirubin level:*(LIVERBIL)*

0 - Bilirubin <2.0 mg/dL
1 - Bilirubin 2.0-3.0 mg/dL
2 - Bilirubin 3.1-6.0 mg/dL
3 - Bilirubin 6.1-15.0 mg/dL
4 - Bilirubin >15.0 mg/dL

Genitourinary

37. Vaginitis:*(VAGNITIS)*

0 - No Symptoms or Not Applicable
1 - Mild, Intervention Not Indicated
2 - Moderate, Intervention Indicated
3 - Severe, Not Relieved with Treatment; Ulceration

Musculoskeletal

38. Contractures:*(CONTRCTR)*

0 - No Symptoms
2 - Mild Joint Contractures (Does not Affect ADL)
3 - Severe Joint Contractures (Interferes with ADL)

39. Myositis:*(MYOSITIS)*

☐ 1 - Yes ☐ 2 - No

Hematologic

40. Eosinophilia:*(EOSINPHL)*

☐ 1 - Yes ☐ 2 - No

Other

41. Serositis:*(SEROSITS)* ☐ 1 - Yes ☐ 2 - No

42. Fascitis:*(FASCITIS)* ☐ 1 - Yes ☐ 2 - No

43. Was there other organ involvement?*(ORGNOTHR)* ☐ 1 - Yes ☐ 2 - No

Specify other organ:*(ORGSPEC)* _____

Answer questions 44-50 relating to biopsies performed during this assessment period.

44. Were any biopsies performed during this assessment period for suspected GVHD?*(BIOPSY)* ☐ 1 - Yes ☐ 2 - No

If yes, record the type, date, and result of any biopsies performed for suspected GVHD below.

Type of Biopsy:	If Other, Specify:	Date of Biopsy:	Result of Biopsy:
45. *(BIOTYP1)* 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	*(TYP1OSPE)*	*(BIODT1)* _____ *(mm/dd/yyyy)*	*(BIORSLT1)* 1 - Positive 2 - Negative 3 - Equivoca
46. *(BIOTYP2)* 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	*(TYP2OSPE)*	*(BIODT2)* _____ *(mm/dd/yyyy)*	*(BIORSLT2)* 1 - Positive 2 - Negative 3 - Equivoca
47. *(BIOTYP3)* 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	*(TYP3OSPE)*	*(BIODT3)* _____ *(mm/dd/yyyy)*	*(BIORSLT3)* 1 - Positive 2 - Negative 3 - Equivoca
48. *(BIOTYP4)* 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	*(TYP4OSPE)*	*(BIODT4)* _____ *(mm/dd/yyyy)*	*(BIORSLT4)* 1 - Positive 2 - Negative 3 - Equivoca
49. *(BIOTYP5)* 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	*(TYP5OSPE)*	*(BIODT5)* _____ *(mm/dd/yyyy)*	*(BIORSLT5)* 1 - Positive 2 - Negative 3 - Equivoca
50. *(BIOTYP6)* 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	*(TYP6OSPE)*	*(BIODT6)* _____ *(mm/dd/yyyy)*	*(BIORSLT6)* 1 - Positive 2 - Negative 3 - Equivoca

Answer questions 51-54 relating to GVHD therapy.

51. Was a specific therapy used to **treat** GVHD during this assessment period?*(THRPYUSD)*

1 - Yes, Initiated this Assessment Period
2 - Yes, Continuing from Previous Assessment Period
3 - No

?

If yes, indicate whether or not the agents listed below were used to **treat** GVHD during this assessment period:

a. ALS, ALG, ATS, ATG:*(THRPYATG)*

b. Azathioprine:*(THRPYAZA)*

c. Cyclosporine:*(THRPYCYC)*

d. Systemic Corticosteroids:*(THRPYSCO)*

e. Topical Corticosteroids:*(THRPYTCO)*

f. Thalidomide:*(THRPYTHA)*

g. Tacrolimus (FK 506, Prograf):*(THRPYTAC)*

h. Mycophenolate Mofetil (MMF, Cellcept):*(THRPYMMF)*

i. PUVA (Psoralen and UVA):*(THRPYPUV)*

j. ECP (Extra-corporeal Photopheresis):*(THRPYECP)*

k. Sirolimus (Rapamycin):*(THRPYSIR)*

l. Etretinate:*(THRPYETR)*

m. Lamprene:*(THRPYLAM)*

n. Etanercept:*(THRPYETA)*

o. Zenapax (Daclizumab):*(THRPYZEN)*

p. Chloroquine Phosphate:*(THRPYCPH)*

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

q. In Vivo Anti T-lymphocyte Monoclonal Antibody: *(THRPYMAB)*

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

Specify in vivo anti T-lymphocyte monoclonal antibody used: *(MABAGNT)*

r. In Vivo Immunotoxin: *(THRPYIMM)*

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

Specify in vivo immunotoxin used: *(IMMAGNT)*

s. Other: *(THRPYOTH)*

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

Specify other agent used: *(OTHAGNT)*

52. Has treatment been discontinued? *(ONGTRT)* ☐ 1 - Yes ☐ 2 - No

53. If yes, enter date of discontinuation: *(TRTSTOP)* *(mm/dd/yyyy)*

54. Indicate the best response to GVHD therapy during this assessment period: *(THRPYRSP)*

1 - Complete Resolution of Symptoms
2 - Partial Resolution of Symptoms
3 - Stable Symptoms
4 - Progression of Symptoms

?

Answer questions 55-58 relating to current patient status.

55. Are symptoms of GVHD still present? *(GVHDSYMP)* ☐ 1 - Yes ☐ 2 - No

56. Current Karnofsky/Lansky Score: *(CURKRNLN)*

01 - 100 (Normal; No Complaints/Fully Active)
02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)
03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)
04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)
05 - 60 (Requires Occasional Assistance/Minimal Active Play)
*Additional Options Listed Below

57. Current platelet count: *(CURPLTCT)* *(xxx.x)* x 10^9/L

58. Current weight: *(CURWGHT)* *(xxx.x)* kg

Comments: *(CGVCOMM)*

Additional Selection Options for CGV

Minimum Karnofsky/Lansky Score at time of diagnosis:
06 - 50 (Requires Considerable Assistance/No Active Play)
07 - 40 (Disabled/Able to Initiate Quiet Activities)
08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
09 - 20 (Very Sick/Limited to Very Passive Activity)
10 - 10 (Moribund; Completely Disabled)

Biopsy Type 1
6 - Lung Biopsy
7 - Other, Specify

Current Karnofsky/Lansky Score:
06 - 50 (Requires Considerable Assistance/No Active Play)
07 - 40 (Disabled/Able to Initiate Quiet Activities)
08 - 30 (Severly Disabled/Needs Assistance for Quiet Play)
09 - 20 (Very Sick/Limited to Very Passive Activity)
10 - 10 (Moribund; Completely Disabled)
11 - 0 (Dead)

Blood and Marrow Transplant Clinical Trials Network

Conditioning Regimen Form - 0604 (CR2)

Web Version: 1.0; 1.01; 07-27-12

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Record the patient's weight:*(CR2WGT)* _____ *(xxx.x)* kg
2. Record the date the weight was obtained:*(CR2WGTDT)* _____ *(mm/dd/yyyy)*

Conditioning

Record the dose and date of Cyclophosphamide administration:

	Dose:	Date Given:
3. Cyclophosphamide:	*(CR2CY1DS)* _____ *(xxxxx)* mg	*(CR2CY1DT)* _____ *(mm/dd/yyyy)*

Record the dose and date of Fludarabine administration:

	Dose:	Date Given:
4. Fludarabine - Dose 1:	*(CR2FL1DS)* _____ *(xxx)* mg	*(CR2FL1DT)* _____ *(mm/dd/yyyy)*
5. Fludarabine - Dose 2:	*(CR2FL2DS)* _____ *(xxx)* mg	*(CR2FL2DT)* _____ *(mm/dd/yyyy)*
6. Fludarabine - Dose 3:	*(CR2FL3DS)* _____ *(xxx)* mg	*(CR2FL3DT)* _____ *(mm/dd/yyyy)*
7. Fludarabine - Dose 4:	*(CR2FL4DS)* _____ *(xxx)* mg	*(CR2FL4DT)* _____ *(mm/dd/yyyy)*
8. Fludarabine - Dose 5:	*(CR2FL5DS)* _____ *(xxx)* mg	*(CR2FL5DT)* _____ *(mm/dd/yyyy)*

Record the dose and date of TBI administration:

	Dose:	Date Given:
9. TBI:	*(CR2TB1DS)* _____ *(xxxxx)* cGy	*(CR2TB1DT)* _____ *(mm/dd/yyyy)*

10. Record the Initiation date of Cyclosporine:*(CR2TACDT)* _____ *(mm/dd/yyyy)*
11. Record the initiation date of MMF:*(CR2MMFDT)* _____ *(mm/dd/yyyy)*

Comments:*(CR2COMM)*

Blood and Marrow Transplant Clinical Trials Network

Demographics (DEM)

Web Version: 1.0; 6.02; 12-02-15

1. Name Code:*(NAMECODE)*
2. IUBMID # (if available):*(IUBMID)*
3. Gender:*(GENDER)* ☐ 1 - Male ☐ 2 - Female
4. Date of Birth:*(DOB)* *(mm/dd/yyyy)*
5. Ethnicity:*(ETHNIC)*

```
1-Hispanic or Latino
2-Not Hispanic or Latino
8-Unknown
9-Not Answered
```

6. Race:*(RACE)*

```
White
10-White (Not Otherwise Specified)
11-European (Not Otherwise Specified)
13-Mediterranean
14-White North American
*Additional Options Listed Below
```

Specify race:*(RACESP)*

7. Secondary Race:*(RACE2)*

```
White
10-White (Not Otherwise Specified)
11-European (Not Otherwise Specified)
13-Mediterranean
14-White North American
*Additional Options Listed Below
```

Specify secondary race:*(RACE2SP)*

Comments:*(DEMCOMM1)*

Additional Selection Options for DEM

Race:
15 - South or Central American
16 - Eastern European
17 - Northern European
18 - Western European
81 - White Caribbean
82 - North Coast of Africa
83 - Middle Eastern
Black
20 - Black (Not Otherwise Specified)
21 - African American
22 - African Black (Both Parents Born in Africa)
23 - Caribbean Black
24 - South or Central American Black
29 - Black, Other Specify
Asian
30 - Asian (Not Otherwise Specified)
31 - Indian/South Asian
32 - Filipino (Pilipino)
34 - Japanese
35 - Korean
36 - Chinese
37 - Other Southeast Asian
38 - Vietnamese
American Indian or Alaska Native
50 - Native American (Not Otherwise Specified)
51 - Native Alaskan/Eskimo/Aleut
52 - American Indian (Not Otherwise Specified)
53 - North American Indian
54 - South or Central American Indian
55 - Caribbean Indian
Native Hawaiian or Other Pacific Islander
60 - Native Pacific Islander (Not Otherwise Specified)
61 - Guamanian
62 - Hawaiian
63 - Samoan
Other
88 - Unknown
90 - Other, Specify
99 - Not Answered

Blood and Marrow Transplant Clinical Trials Network

Death Form (DTH)

Web Version: 1.0; 4.14; 11-05-15

1. Record date of death:*(DTHDT)* *(mm/dd/yyyy)*

2. Was an autopsy performed?*(AUTPERF)* ☐ 1 - Yes ☐ 2 - No

If yes, attach de-identified autopsy report or death summary to the form below.

Enter appropriate cause of death code below. List in order of decreasing severity.

3. Primary cause of death:*(CZDTHPRM)*

1.0 - Graft Rejection or Failure
Infection (Other than Interstitial Pneumonia)
1.1 - Autologous Recovery
1.2 - Rejection
2.1 - Bacterial
*Additional Options Listed Below

?

Specify other:*(DTHSPEC1)*

4. Secondary cause of death:*(SCNDCZ1)*

1.0 - Graft Rejection or Failure
Infection (Other than Interstitial Pneumonia)
1.1 - Autologous Recovery
1.2 - Rejection
2.1 - Bacterial
*Additional Options Listed Below

Specify other:*(DTHSPEC2)*

5. Secondary cause of death:*(SCNDCZ2)*

1.0 - Graft Rejection or Failure
Infection (Other than Interstitial Pneumonia)
1.1 - Autologous Recovery
1.2 - Rejection
2.1 - Bacterial
*Additional Options Listed Below

Specify other:*(DTHSPEC3)*

6. Secondary cause of death:*(SCNDCZ3)*

1.0 - Graft Rejection or Failure
Infection (Other than Interstitial Pneumonia)
1.1 - Autologous Recovery
1.2 - Rejection
2.1 - Bacterial
*Additional Options Listed Below

Specify other:*(DTHSPEC4)*

7. Secondary cause of death:*(SCNDCZ4)*

1.0 - Graft Rejection or Failure
Infection (Other than Interstitial Pneumonia)
1.1 - Autologous Recovery
1.2 - Rejection
2.1 - Bacterial
*Additional Options Listed Below

Specify other:*(DTHSPEC5)*

Comments:*(DTCMMNTS)*

Additional Selection Options for DTH

Primary cause of death:
2.2 - Fungal
2.3 - Viral
2.4 - Protozoal
2.5 - Other, Specify Below
2.9 - Organism Not Identified
Interstitial Pneumonia
3.1 - Viral, CMV
3.2 - Viral, Other
3.3 - Pneumocystis
3.4 - Other, Specify Below
3.9 - Idiopathic
4.0 - Adult Respiratory Distress Syndrome
5.0 - Acute GVHD
6.0 - Chronic GVHD
7.0 - Recurrence or Persistence of Leukemia/Malignancy/MDS
7.1 - Persistent Disease
Organ Failure (Not Due to GVHD or Infection)
8.1 - Liver
8.2 - Cardiac (Cardiomyopathy)
8.3 - Pulmonary
8.4 - CNS
8.5 - Renal
8.6 - Other, Specify Below
8.7 - Multiple Organ Failure, Specify Below
8.8 - Secondary Graft Failure
9.0 - Secondary Malignancy
9.1 - EBV
9.2 - Other, Specify Below
Hemorrhage
10.1 - Pulmonary
10.2 - Intracranial
10.3 - Gastrointestinal
10.4 - Hemorrhage Not Specified
10.5 - Other, Specify Below
Vascular
11.1 - Thromboembolic
11.2 - Disseminated Intravascular Coagulation (DIC)
11.3 - Gastrointestinal
11.4 - Thrombotic Thrombocytopenic Purpura
11.5 - Vascular Not Specified
11.9 - Other, Specify Below
12.0 - Accidental Death
13.0 - Other, Specify Below

Blood and Marrow Transplant Clinical Trials Network

0604A (ENR)

Web Version: 1.0; 3.01; 06-14-12

1. Was a matched unrelated donor search conducted?*(MATUDODC)* ☐ 1 - Yes ☐ 2 - No
2. If Yes, why was the search not completed?*(WHYMATDC)*
   1 - No donor identified
   2 - Urgent transplant needed
   3 - Other, specify
   If Other, specify:*(OTHWHYDC)*
3. If No, why was a search not conducted?*(NOTWNODC)*
   1 - Urgent transplant needed
   2 - Other, specify
   If Other, specify:*(NOSEOSDC)*
4. Record date patient informed consent form signed:*(CNSTDTDC)* *(mm/dd/yyyy)*
5. Record patient's date of birth:*(PATIAGDC)* *(mm/dd/yyyy)*
6. If patient is less than 21, is he/she eligible for BMT CTN #0501?*(PATNELDC)* ☐ 1 - Yes ☐ 2 - No
7. Record patient's body weight:*(PATBWGDC)* *(xxx.x)* kg
8. Record the date when patient's body weight was obtained:*(PATWDTDC)* *(mm/dd/yyyy)*

Inclusion Criteria

9. Does the patient have two partially HLA-matched cord blood units?*(HLACRDDC)* ☐ 1 - Yes ☐ 2 - No
10. Has the patient received cytotoxic chemotherapy within 3 months of consent?*(CHEMOTDC)* ☐ 1 - Yes ☐ 2 - No
    11. Record the start date of the cytotoxic chemotherapy:*(CHEMDTDC)* *(mm/dd/yyyy)*
12. Record the patient's primary disease:*(PRIMADDC)*
    1 - Acute Lymphoblastic Leukemia
    2 - Acute Myelogeneous Leukemia
    3 - Biphenotypic/Undifferentiated Leukemia
    4 - Burkitt's Lymphoma
    5 - Hodgkins Lymphoma
    *Additional Options Listed Below
    13. If ALL, record disease stage:*(ACLYLEDC)*
    1 - First Complete Remission
    2 - Second Complete Remission
    3 - Third or Subsequent Complete Remission
    14. If the patient is in CR1, do they have at least one of the following high risk features?
        15. Adverse cytogenetics such as t(9;22), t(1;19), t(4;11), MLL rearrangements?*(ALLADCDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        16. WBC count greater than 30,000 wbc/mcL?*(ALLWBCDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        17. Over 30 years of age?*(ALLTHIDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        18. Time to CR was greater than 4 weeks?*(ALLTIMDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
    19. If AML, record disease stage:*(AMLSTGDC)*
    1 - First Complete Remission
    2 - Second Complete Remission
    3 - Third or Subsequent Complete Remission
    20. If the patient is in CR1, do they have at least one of the following high risk features?
        21. Greater than 1 cycle of induction to achieve remission?*(HIGRISDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        22. Preceding myelodysplastic syndrome (MDS)?*(PRECMSDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        23. Flt3 abnormalities?*(FLTABNDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        24. FAB M6 or M7 leukemia*(ADVRCYDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        25. Complex karyotype such as Greater than or equal to 3 abnormalities, inv(3), or t(3;3), t(6;9), t(6;11), + 8 [alone or with other abnormalities except for t(8;21), t(9;11), inv(16), or t(16;16)], t(11;19)(q23;p13.1)?*(COMKARDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
        26. Adverse cytogenetics for overall survival such as those associated with MDS?*(ADCMDSDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Unknown
    27. If biphenotypic or undifferentiated leukemia, record disease stage:*(BIPHENDC)*
    1 - First Complete Remission
    2 - Second Complete Remission
    3 - Third or Subsequent Complete Remission

28. If T Lymphoblastic lymphoma, record disease stage:*(TLYDC)*

1 - First Complete Remission
2 - Second Complete Remission
3 - Third or Subsequent Complete Remission

29. If Burkitt's lymphoma, record disease stage:*(BURKLYDC)*

1 - Second Complete Remission
2 - Third or Subsequent Complete Remission

30. How many distinct prior regimens of chemotherapy (including induction and salvage chemotherapies, but not including single agent rituximab) has the patient received?*(PRIORRDC)*

1 - One prior regimen
2 - Two prior regimens
3 - Three prior regimens
4 - Greater than 3 prior regimens

31. Does the patient have chemo-sensitive disease?*(CHESENDC)* ☐ 1 - Yes ☐ 2 - No

32. If Yes, then select disease stage:*(HODRELDC)*

1 - Complete Remission
2 - Partial Response

33. Has the patient failed at least one prior regimen of multi-agent chemotherapy?*(LCHODCDC)* ☐ 1 - Yes ☐ 2 - No

34. Is this patient eligible for autologous transplant?*(AUTTRADC)* ☐ 1 - Yes ☐ 2 - No

35. Has the patient failed at least 2 prior regimens of chemotherapy (excluding single agent Rituxan)?*(MFOLCHDC)* ☐ 1 - Yes ☐ 2 - No

36. Record the type of fraction test performed:*(TYPFRCDC)*

1 - Left Ventricular Ejection Fraction (LVEF)
2 - Shortening Fraction

37. Record LVEF at rest:*(RESTLVDC)* _____ *(xxx)* % Date ejection fraction performed:*(DATLVDC)* _____ *(mm/dd/yyyy)*

38. Record shortening fraction at rest:*(SHFRTSDC)* _____ *(xxx)* % Date shortening fraction performed:*(SHFRDADC)* _____ *(mm/dd/yyyy)*

	Most Recent Value	LLN for Institution	ULN for Institution	Date Sample Obtained
39. Creatinine (mg/dL):	*(CRTSERDC)* _____ *(x.x)*	*(CRTLLNDC)* _____ *(x.x)*	*(CRTULNDC)* _____ *(x.x)*	*(CRTDATDC)* _____ *(mm/dd/yyyy)*
40. Creatinine Clearance (mL/min):	*(CCLRCDC)* _____ *(xxx)* (mL/min/1.73m^2)	*(CCLRLNDC)* _____ *(xxx)*	N/A	*(CCLRDTDC)* _____ *(mm/dd/yyyy)*
41. ALT (Units/L):	*(ALTRVDC)* _____ *(xxxx)*	N/A	*(ALTULNDC)* _____ *(xxx)*	*(ALTDTDC)* _____ *(mm/dd/yyyy)*
42. AST (Units/L):	*(ASTRVDC)* _____ *(xxxx)*	N/A	*(ASTULNDC)* _____ *(xxx)*	*(ASTDTDC)* _____ *(mm/dd/yyyy)*
43. Alkaline Phosphatase (Units/L):	*(ALPRVDC)* _____ *(xxxx)*	N/A	*(ALPULNDC)* _____ *(xxx)*	*(ALPDTDC)* _____ *(mm/dd/yyyy)*
44. Bilirubin (mg/dL):	*(BILIRVDC)* _____ *(x.x)*	N/A	N/A	*(BILIDTDC)* _____ *(mm/dd/yyyy)*

45. Were pulmonary function tests performed?*(PFT2TXDC)* ☐ 1 - Yes ☐ 2 - No

If PFTs were not performed, then an oxygen saturation must be obtained.

	Most Recent Value Corrected for Hemoglobin	Date Sample Obtained
46. DLCO:	*(DLCORVDC)* _____ *(xxx)* %	*(DLCODTDC)* _____ *(mm/dd/yyyy)*
47. FEV1:	*(FEVRVDC)* _____ *(xxx)* %	*(FEVDTDC)* _____ *(mm/dd/yyyy)*
48. FVC:	*(FVCRVDC)* _____ *(xxx)* %	*(FVCDTDC)* _____ *(mm/dd/yyyy)*

49. Oxygen saturation on room air:*(OXSATDC)* _____ *(xxx)* % Date oxygen saturation was obtained:*(OXSADTDC)* _____ *(mm/dd/yyyy)*

50. Performance status scale used to evaluate patient (Lansky for patients < 16 years old; Karnofsky for patients ≥ 16 years old):*(PERFSCDC)* ☐ 1 - Karnofsky ☐ 2 - Lansky

51. Performance status scale used to evaluate patient (Lansky for patients < 16 years old; Karnofsky for patients ≥ 16 years old):*(PERFSCDC)* ☐ 1 - Karnofsky ☐ 2 - Lansky

52. Record patient's Karnofsky/ Lansky performance status:*(PRFSCODC)*

- 01 - 100 (Normal; No Complaints/Fully Active)
- 02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)
- 03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)
- 04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)
- 05 - 60 (Requires Occasional Assistance/Minimal Active Play)
- *Additional Options Listed Below

Exclusion Criteria

53. Does the patient have an HLA-matched, related or 7 or 8/8 allele matched (HLA-A, -B, -Cw, -DRB1) related donor able to donate?*(HLAMATDC)* ☐ 1 - Yes ☐ 2 - No
54. Has the patient had a prior autologous transplant?*(PRIOAUDC)* ☐ 1 - Yes ☐ 2 - No
55. Date of transplant:*(AUTODTDC)* _____ *(mm/dd/yyyy)*
56. Is the patient pregnant (positive B-HCG) or breastfeeding?*(PRGNTDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Not Applicable
57. Is the patient pregnant (positive B-HCG) or breastfeeding?*(PRGNTDC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Not Applicable
58. Does the patient have evidence of HIV infection or have HIV positive serology? *(HIVPSTDC)* ☐ 1 - Yes ☐ 2 - No
59. Does the patient have a current uncontrolled bacterial, viral, or fungal infection (currently taking medication with evidence of progression of clinical symptoms or radiologic findings)?*(VIRBACDC)* ☐ 1 - Yes ☐ 2 - No
60. Has the patient had a prior allogeneic hematopoietic stem cell transplant? *(PRIORADC)* ☐ 1 - Yes ☐ 2 - No
61. Does the patient have a history of primary idiopathic myelofibrosis?*(IDMYELDC)* ☐ 1 - Yes ☐ 2 - No

Cord Blood Units

	First Cord Blood Unit	Second Cord Blood Unit
62. Bank Identification Number:	*(FCBLIDDC)*	*(SCBLIDDC)*
63. Indicate the type of depletion prior to cryopreservation:	*(CBU1DEP)* 1 - Red Cell Depletion 2 - Red Cell and Plasma Depletion 3 - Plasma Depletion 4 - No Depletion	*(CBU2DEP)* 1 - Red Cell Depletion 2 - Red Cell and Plasma Depletion 3 - Plasma Depletion 4 - No Depletion
64. Pre-cryopreservation total nucleated cell count:	*(FCBLCCDC)* *(xx.x)* x 10^8 NC	*(SCBLCCDC)* *(xx.x)* x 10^8 NC
65. Nucleated cell dose:	*(FIRSTNDC)* *(xx.x)* x 10^7 NC/kg	*(SCNDNDC)* *(xx.x)* x 10^7 NC/kg
66. HLA-match level between the patient and the cord blood unit:	*(FRSTCODC)* 0/6 1/6 2/6 3/6 4/6 *Additional Options Listed Below	*(SCNDCODC)* 0/6 1/6 2/6 3/6 4/6 *Additional Options Listed Below

67. Record HLA match of the two cord blood units to each other:*(TWOCODC)*

- 0/6
- 1/6
- 2/6
- 3/6
- 4/6
- *Additional Options Listed Below

Comments:*(CMMNTSDC)*

Additional Selection Options for ENR

Record the patient's primary disease:
6 - Large Cell Lymphoma
7 - Marginal Zone B-cell Lymphoma
8 - Follicular Non-Hodgkins Lymphoma
9 - T Lymphoblastic Lymphoma
10 - Mantle Cell Lymphoma

Record patient's Karnofsky/ Lansky performance status:
06 - 50 (Requires Considerable Assistance/No Active Play)
07 - 40 (Disabled/Able to Initiate Quiet Activities)
08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
09 - 20 (Very Sick/Limited to Very Passive Activity)
10 - 10 (Moribund; Completely Disabled)

First Cord HLA Match
5/6
6/6

Blood and Marrow Transplant Clinical Trials Network

Follow Up Status Form - 0604 (FU2)

Web Version: 1.0; 4.00; 12-03-09

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Date of last contact:*(FU2LCTDT)* _____ *(mm/dd/yyyy)*

Since the date of the last visit indicate if any of the following have occurred:

2. Has the patient died?*(FU2DIEED)* ☐ 1 - Yes ☐ 2 - No
If Yes, a Death Form must be submitted.

3. Date of patient death:*(FU2DTDAT)* _____ *(mm/dd/yyyy)*

4. Has the patient relapsed or experienced disease progression?*(FU2RELPS)* ☐ 1 - Yes ☐ 2 - No
If Yes, a Progression/Relapse Form must be submitted.

5. Date of relapse or progression:*(FU2RLPDT)* _____ *(mm/dd/yyyy)*

6. Has the patient experienced secondary graft failure?*(FU2SCGFA)* ☐ 1 - Yes ☐ 2 - No
If Yes, a Secondary Graft Failure Form must be submitted.

7. Date of secondary graft failure:*(FU2SGFDT)* _____ *(mm/dd/yyyy)*

8. Has the patient experienced any new clinically significant infections?*(FU2NNFN)* ☐ 1 - Yes ☐ 2 - No
If Yes, an Infection form must be submitted.

9. Date of infection:*(FU2INDAT)* _____ *(mm/dd/yyyy)*

Has the patient been hospitalized (other than for transplant)?*(FU2HOSPT)* ☐ 1 - Yes ☐ 2 - No

10. Has the patient been hospitalized ?*(FU2HOSPT)* ☐ 1 - Yes ☐ 2 - No
If Yes, a Re-Admission Form must be submitted.

11. Date of hospitalization:*(FU2HOSPD)* _____ *(mm/dd/yyyy)*

12. Has the patient experienced any Unexpected, Grade 3-5 Adverse Events? *(FU2UAE)* ☐ 1 - Yes ☐ 2 - No
If Yes, an Unexpected, Grade 3-5 Adverse Event Form must be submitted.

13. Date of onset of Unexpected, Grade 3-5 Adverse Event:*(FU2UAEDT)* _____ *(mm/dd/yyyy)*

14. Was Acute GVHD present during this assessment period?*(FU2AGVHD)* ☐ 1 - Yes ☐ 2 - No

15. Did Acute GVHD continue from a previous assessment period?*(FU2GVHLP)* ☐ 1 - Yes ☐ 2 - No

16. Did Acute GVHD develop during this assessment period?*(FU2GVHTP)* ☐ 1 - Yes ☐ 2 - No

17. Date of onsent of Acute GVHD:*(FU2GVHDT)* _____ *(mm/dd/yyyy)*

18. Did Acute GVHD resolve during this assessment period?*(FU2GVRES)* ☐ 1 - Yes ☐ 2 - No

19. Date of resolution:*(FU2GVRDT)* _____ *(mm/dd/yyyy)*

20. Has the patient received a non-protocol specified transplant?*(FU2TXTWO)* ☐ 1 - Yes ☐ 2 - No

21. Date of non-protocol specified transplant:*(FU2TX2DT)* _____ *(mm/dd/yyyy)*

Comments:*(FUS1COMM)*

Blood and Marrow Transplant Clinical Trials Network

Acute GVHD Form (GVH)

Web Version: 1.0; 10.11; 10-16-15

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Date of staging:*(STAGEDT)* *(mm/dd/yyyy)*

   Start of GVHD Assessment Period:*(GVASSTDT)* *(mm/dd/yyyy)*

   End of GVHD Assessment Period:*(GVASENDT)* *(mm/dd/yyyy)*

   The assessment for which you are entering data must have taken place within the above dates. If the patient was not seen during the assessment period specified above, please exit the form and request an exception for this form.

2. Immunosuppressant (prophylaxis) received:*(IMMUNORC)*

   0 - Prednisone
   1 - Cyclosporine
   2 - Tacrolimus
   3 - Not taken during assessment

3. Record most recent blood level of immunosuppressant (prophylaxis): *(TROUGHLV)* *(xxxx.x)* ng/mL

4. Record date blood sample obtained:*(TROUGHDT)* *(mm/dd/yyyy)*

Record the highest level of organ abnormalities, the etiologies contributing to the abnormalities and any biopsy results during the assessment period.

5. Skin abnormalities:*(GVHSKINA)*

   0 - No Rash
   1 - Maculopapular Rash, <25% of Body Surface
   2 - Maculopapular Rash, 25-50% of Body Surface
   3 - Generalized Erythroderma
   4 - Generalized Erythroderma with Bullus Formation and Desquamation

6. Skin etiologies:

GVHD	Drug Reaction	Conditioning Regimen Toxicity
(SETGVHD) ☐ 1 - Yes ☐ 2 - No	*(SETDRGRX)* ☐ 1 - Yes ☐ 2 - No	*(SETCRTOX)* ☐ 1 - Yes ☐ 2 - No
Infection	**Other**	
(SETINFCT) ☐ 1 - Yes ☐ 2 - No	*(SETOTHER)* ☐ 1 - Yes ☐ 2 - No	

Specify other skin etiologies:*(GVHSKNSP)*

7. Skin biopsy for GVHD:*(GVHSKINB)*

   1 - Positive
   2 - Negative
   3 - Equivocal
   4 - Not Done

8. Upper GI abnormalities:*(GVHUPGIA)*

   0 - No Protracted Nausea and Vomiting
   1 - Persistent Nausea, Vomiting or Anorexia

9. Upper intestinal tract etiologies:

GVHD	Drug Reaction	Conditioning Regimen Toxicity
(UGIETGVH) ☐ 1 - Yes ☐ 2 - No	*(UGIETDRG)* ☐ 1 - Yes ☐ 2 - No	*(UGIETCON)* ☐ 1 - Yes ☐ 2 - No
TPN	**Infection**	**Other**
(UGIETTPN) ☐ 1 - Yes ☐ 2 - No	*(UGIETINF)* ☐ 1 - Yes ☐ 2 - No	*(UGIETOTH)* ☐ 1 - Yes ☐ 2 - No

Specify other upper intestinal tract etiologies:*(UGIETSPC)*

10. Upper intestinal tract biopsy for GVHD:*(UGIBIORS)*

1 - Positive
2 - Negative
3 - Equivocal
4 - Not Done

11. Lower GI abnormalities:*(GVHINTA)*

0 - No Diarrhea
1 - Diarrhea Less Than or Equal to 500 mL/day or <280 mL/m^2
2 - Diarrhea >500 but Less Than or Equal to 1000 mL/day or 280-555 mL/m^2
3 - Diarrhea >1000 but Less Than or Equal to 1500 mL/day or 556-833 mL/m^2
4 - Diarrhea >1500 mL/day or >833 mL/m^2
*Additional Options Listed Below

Use mL/day for adult patients and mL/m^2 for pediatric patients

12. Lower intestinal tract etiologies:

GVHD	Drug Reaction	Conditioning Regimen Toxicity
(LGIETGVH) ☐ 1 - Yes ☐ 2 - No	*(LGIETDRG)* ☐ 1 - Yes ☐ 2 - No	*(LGIETCON)* ☐ 1 - Yes ☐ 2 - No
TPN	**Infection**	**Other**
(LGIETTPN) ☐ 1 - Yes ☐ 2 - No	*(LGIETINF)* ☐ 1 - Yes ☐ 2 - No	*(LGIETOTH)* ☐ 1 - Yes ☐ 2 - No

Specify other lower intestinal tract etiologies:*(LGIETSPC)*

13. Lower intestinal tract biopsy for GVHD:*(LGIBIORS)*

1 - Positive
2 - Negative
3 - Equivocal
4 - Not Done

14. Liver abnormalities:*(GVHLIVRA)*

0 - Bilirubin <2.0 mg/dL
1 - Bilirubin 2.0-3.0 mg/dL
2 - Bilirubin 3.1-6.0 mg/dL
3 - Bilirubin 6.1-15.0 mg/dL
4 - Bilirubin >15.0 mg/dL

15. Liver etiologies:

GVHD	Drug Reaction	Conditioning Regimen Toxicity	TPN
(LIVETGVH) ☐ 1 - Yes ☐ 2 - No	*(LIVETDRG)* ☐ 1 - Yes ☐ 2 - No	*(LIVETCND)* ☐ 1 - Yes ☐ 2 - No	*(LIVETTPN)* ☐ 1 - Yes ☐ 2 - No
Infection	**VOD**	**Other**	
(LIVETINF) ☐ 1 - Yes ☐ 2 - No	*(LIVETVOD)* ☐ 1 - Yes ☐ 2 - No	*(LIVETOTH)* ☐ 1 - Yes ☐ 2 - No	

Specify other liver etiologies:*(GVHLIVRS)*

16. Liver biopsy for GVHD:*(GVHLIVRB)*

1 - Positive
2 - Negative
3 - Equivocal
4 - Not Done

17. Was any treatment of GVHD modified during this assessment period? ☐ 1 - Yes ☐ 2 - No
(GVHTHERP)

This only applies to TREATMENT for GVHD. If GVHD prophylaxis was the only modification during this assessment period, this question should be answered "2 - No".

18. If yes, specify agent name:*(GVHAGENT)*

1 - CSA
2 - FK506
3 - Topical Steroids
4 - Prednisone
5 - ATG
*Additional Options Listed Below

Specify other agent:*(GVHAGNSP)*

19. Indicate treatment modification:*(GVHTRMOD)*

1 - Started
2 - Stopped
4 - Tapered
5 - Increased

Comments:*(GVHCOMM)*

Additional Selection Options for GVH

Lower GI abnormalities:
5 - Severe Abdominal Pain with or without Ileus, or Stool with Frank Blood or Melena

If yes, specify agent name:
6 - MMF
7 - Daclizumab
8 - Methylprednisolone
9 - Other

Blood and Marrow Transplant Clinical Trials Network

Infusion Form - 0604 (IF1)

Web Version: 1.0; 2.01; 08-10-09

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Date of CBU infusion:*(IFUINFDT)* *(mm/dd/yyyy)*
2. Patient's weight:*(IFUWEIGH)* *(xxx.x)* kg
3. Creatinine prior to infusion of first cord blood unit:*(CRPRINFU)* *(x.x)*

Cord Blood Unit Infusion #1

4. First CBU Bank ID:*(IF1IDBNK)*
5. Date of collection of CBU:*(IF1CLDT)* *(mm/dd/yyyy)*
6. Pre-cryopreservation total nucleated cell count: *(IF1PRENU)* *(xx.x)* x 10^8 NC
7. Post-thaw total nucleated cell count:*(IF1POSNU)* *(xx.x)* x 10^8 NC
8. Pre-cryopreservation CD34+ cell count:*(IF1PRECD)* *(xx.x)* x 10^6 CD34+ cells
9. Post-thaw CD34+ cell count:*(IF1POSCD)* *(xx.x)* x 10^6 CD34+ cells
10. Pre-cryopreservation CD3+ cell count:*(IF1CD3PR)* *(xxx.x)* x 10^6 CD3+ cells
11. Post-thaw CD3+ cell count:*(IF1CD3PO)* *(xxx.x)* x 10^6 CD3+ cells
12. Was the post-thaw sterility test of the CBU positive? *(IF1STRTS)* ☐ 1 - Yes ☐ 2 - No
13. Start time of first cord blood infusion:*(ST1CBINF)* *(hh:mm)*
14. End time of first cord blood infusion:*(END1CBIN)* *(hh:mm)*

Cord Blood Unit Infusion #2

15. Second CBU Bank ID:*(IF2IDBNK)*
16. Date of collection of CBU:*(IF2CLDT)* *(mm/dd/yyyy)*
17. Pre-cryopreservation total nucleated cell count: *(IF2PRENU)* *(xx.x)* x 10^8 NC
18. Post-thaw total nucleated cell count:*(IF2POSNU)* *(xx.x)* x 10^8 NC
19. Pre-cryopreservation CD34+ cell count:*(IF2PRECD)* *(xx.x)* x 10^6 CD34+ cells
20. Post-thaw CD34+ cell count:*(IF2POSCD)* *(xx.x)* x 10^6 CD34+ cells
21. Pre-cryopreservation CD3+ cell count:*(IF2CD3PR)* *(xxx.x)* x 10^6 CD3+ cells
22. Post-thaw CD3+ cell count:*(IF2CD3PO)* *(xxx.x)* x 10^6 CD3+ cells
23. Was the post-thaw sterility test of the CBU positive? *(IF2STRTS)* ☐ 1 - Yes ☐ 2 - No
24. Start time of second cord blood infusion:*(ST2CBINF)* *(hh:mm)*
25. End time of second cord blood infusion:*(END2CBIN)* *(hh:mm)*

Toxicities Associated with Infusion

Record the highest grade of complication/toxicity that occurred within 24 hours of infusion.

26. Allergic reaction/hypersensitivity:*(IFUALRGY)*

```
0 - Grades 0-2
3 - Symptomatic Bronchospasm, with or without Urticaria; Parenteral Med(s) Indicated
4 - Anaphylaxis
5 - Death
```

27. Sinus bradycardia:*(IFUBRADY)*

```
0 - Grade 0-2
3 - Symptomatic and Requiring Treatment
4 - Life-Threatening (e.g. Arrhythmia Associate with CHF, Hypotension Syncope, Shock)
5 - Death
```

28. Sinus tachycardia:*(IFUTACHY)*

0 - Grade 0-2
3 - Symptomatic and Requiring Treatment of Underlying Cause
4 - Life-Threatening (e.g. Arrhythmia Associate with CHF, Hypotension Syncope, Shock)
5 - Death

29. Hypertension:*(IFUHYPER)*

0 - Grades 0-2
3 - Requiring More than One Drug or More Intensive Therapy than Previously
4 - Life-Threatening Consequences (e.g., Hypertensive Crisis)
5 - Death

30. Hypotension:*(IFUHYPOT)*

0 - Grades 0-2
3 - Sustained (>/=24 hrs) Therapy, Resolves w/o Persisting Physiologic Consequences
4 - Shock (e.g., Acidemia; Impairment of Vital Organ Function)
5 - Death

31. Fever:*(IFUEVER)*

0 - Grade 0-2
3 - >40.0°C (>104.0°F) for <24 Hours
4 - >40.0°C (>104.0°F) for >24 Hours
5 - Death

32. Rigors, chills:*(IFUIGOR)*

0 - Grades 0-2
3 - Severe or Prolonged, not Responsive to Narcotics

33. Nausea:*(IFUNAUSE)*

0 - Grades 0-2
3 - No Significant Intake, Requiring IV Fluids
4 - Life-threatening Consequences
5 - Death

34. Vomiting:*(CBUVOMIT)*

0 - Grade 0-2
3 - >= 6 Episodes in 24 Hours Over Pre-Treatment; or Need for IV Fluids
4 - Req. Parenteral Nutrition; or Phys. Consequences Requiring Intensive Care; Hemodynamic Collapse
5 - Death

35. Infection, bacterium:*(IFUINFCT)*

0 - Grade 0-2
3 - Severe
4 - Life-Threatening
5 - Death

36. Dyspnea:*(IFUDYSPN)*

0 - Grades 0-2
3 - Dyspnea with Activities of Daily Living
4 - Dyspnea at Rest; Intubation or Ventilator Indicated
5 - Death

37. Hypoxia:*(IFUHYPOX)*

0 - Grades 0-2
3 - Decreased Oxygen Saturation at Rest; Continuous Oxygen Indicated
4 - Life-Threatening; Intubation or Ventilation Indicated
5 - Death

38. Hemoglobinuria:*(IFUHMOGL)*

0 - None
1 - Present

39. Creatinine 24 hours post second cord blood infusion: *(CRE24INF)*

(x.x)

Comments:*(IFUCOMNT)*

Blood and Marrow Transplant Clinical Trials Network

Infection Form (INF)

Web Version: 1.0; 4.01; 10-16-15

Segment *(PROTSEG)*:
Infection Site *(INFSITE)*:
Infection Start Date *(INFSTDT)*:

INFECTION I

1. Type of infection:*(INFTYP01)*
   - B - Bacteria
   - V - Viral
   - F - Fungal
   - P - Protozoal
   - O - Other

2. Organism I:*(ORGN01)*
   - B01 - Acinetobacter (baumanii, calcoaceticus, lwoffi, other species)
   - B02 - Agrobacterium radiobacter
   - B03 - Alcaligenes xylosoxidans
   - B04 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)
   - B05 - Bacillus (cereus, other species)
   - *Additional Options Listed Below

   If other specify:*(INFSPEC1)*

3. Record the level of certainty of the fungal infection diagnosis:*(CERTNTY1)*
   - 1 - Proven Fungal Infection
   - 2 - Probable Fungal Infection
   - 3 - Possible Fungal Infection

4. Severity of infection:*(SVRTY01)*
   - 1 - Moderate
   - 2 - Severe
   - 3 - Life-Threatening/Fatal

INFECTION II

5. Type of infection:*(INFTYP02)*
   - B - Bacteria
   - V - Viral
   - F - Fungal
   - P - Protozoal
   - O - Other

6. Organism II:*(ORGN02)*
   - B01 - Acinetobacter (baumanii, calcoaceticus, lwoffi, other species)
   - B02 - Agrobacterium radiobacter
   - B03 - Alcaligenes xylosoxidans
   - B04 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)
   - B05 - Bacillus (cereus, other species)
   - *Additional Options Listed Below

   If other specify:*(INFSPEC2)*

7. Record the level of certainty of the fungal infection diagnosis:*(CERTNTY2)*
   - 1 - Proven Fungal Infection
   - 2 - Probable Fungal Infection
   - 3 - Possible Fungal Infection

8. Severity of infection:*(SVRTY02)*
   - 1 - Moderate
   - 2 - Severe
   - 3 - Life-Threatening/Fatal

INFECTION III

9. Type of infection:*(INFTYP03)*
   - B - Bacteria
   - V - Viral
   - F - Fungal
   - P - Protozoal
   - O - Other

10. Organism III:*(ORGN03)*

B01 - Acinetobacter (baumanii, calcoaceticus, lwoffi, other species)
B02 - Agrobacterium radiobacter
B03 - Alcaligenes xylosoxidans
B04 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)
B05 - Bacillus (cereus, other species)
*Additional Options Listed Below

If other specify:*(INFSPEC3)*

11. Record the level of certainty of the fungal infection diagnosis:*(CERTNTY3)*

1 - Proven Fungal Infection
2 - Probable Fungal Infection
3 - Possible Fungal Infection

12. Severity of infection:*(SVRTY03)*

1 - Moderate
2 - Severe
3 - Life-Threatening/Fatal

13. Was an agent(s) administered to treat the infection(s)?*(TRTINF)* ☐ 1 - Yes ☐ 2 - No

Provide agent(s) administered for this infectious period:

14. 1st agent:*(AGENT1)*

abacavir (Ziagen)
acyclovir (Zovirax)
albendazole (Albenza)
amantadine (Symmetrel, Symadine)
amikacin (Amikin)
*Additional Options Listed Below

If other specify:*(AGTSPEC1)*

15. 2nd agent:*(AGENT2)*

abacavir (Ziagen)
acyclovir (Zovirax)
albendazole (Albenza)
amantadine (Symmetrel, Symadine)
amikacin (Amikin)
*Additional Options Listed Below

If other specify:*(AGTSPEC2)*

16. 3rd agent:*(AGENT3)*

abacavir (Ziagen)
acyclovir (Zovirax)
albendazole (Albenza)
amantadine (Symmetrel, Symadine)
amikacin (Amikin)
*Additional Options Listed Below

If other specify:*(AGTSPEC3)*

17. Were additional agents administered for this infectious period?*(ADDAGENT)* ☐ 1 - Yes ☐ 2 - No

If yes, specify additional agents administered:*(INFSPEC4)*

Comments:*(INFCOM)*

Additional Selection Options for INF

Infection Site *(INFSITE)* (key field):
01 - Blood/Buffy Coat
02 - Disseminated - Generalized, Isolated at 2 or More Distinct Sites
03 - Brain
04 - Spinal Cord
05 - Meninges and CSF
06 - Central Nervous System Unspecified
07 - Lips
08 - Tongue, Oral Cavity, and Oro-Pharynx
09 - Esophagus
10 - Stomach
11 - Gallbladder and Biliary Tree (Not Hepatitis), Pancreas
12 - Small Intestine
13 - Large Intestine
14 - Feces/Stool
15 - Peritoneum
16 - Liver
17 - Gastrointestinal Tract Unspecified
18 - Upper Airway and Nasopharynx
19 - Larynx
20 - Lower Respiratory Tract (Lung)
21 - Pleural Cavity, Pleural Fluid
22 - Sinuses
23 - Respiratory Tract Unspecified
24 - Kidneys, Renal Pelvis, Ureters and Bladder
25 - Prostate
26 - Testes
27 - Fallopian Tubes, Uterus, Cervix
28 - Vagina
29 - Genito-Urinary Tract Unspecified
30 - Genital Area
31 - Rash, Pustules, or Abscesses Not Typical of Any of the Above
32 - Skin Unspecified
33 - Woundsite
34 - Catheter Tip
35 - Eyes
36 - Ears
37 - Joints
38 - Bone Marrow
39 - Bone Cortex (Osteomyelitis)
40 - Muscle (Excluding Cardiac)
41 - Cardiac (Endocardium, Myocardium, Pericardium)
42 - Lymph Nodes
43 - Spleen
99 - Other Unspecified

Organism I:
B06 - Bacteroides (gracillis, uniformis, vulgaris, other species)
B07 - Borrelia (Lyme disease)
B08 - Branhamelia or Moraxella catarrhalis (other species)
B09 - Campylobacter (all species)
B11 - Chlamydia
B12 - Citrobacter (freundii, other species)
B13 - Clostridium (all species except difficile)
B14 - Clostridium difficile
B15 - Corynebacterium (all non-diptheria species)
B16 - Coxiella
B17 - Enterobacter
B18 - Enterococcus (all species)
B19 - Escherichia (also E. coli)
B20 - Flavimonas oryzihabitans
B21 - Flavobacterium
B22 - Fusobacterium nucleatum
B23 - Gram Negative Diplococci (NOS)
B24 - Gram Negative Rod (NOS)
B25 - Gram Positive Cocci (NOS)
B26 - Gram Positive Rod (NOS)
B27 - Haemophilus (all species including influenzae)
B28 - Helicobacter pylori
B29 - Klebsiella
B30 - Lactobacillus (bulgaricus, acidophilus, other species)
B31 - Legionella
B32 - Leptospira
B33 - Leptotrichia buccalis
B34 - Leuconostoc (all species)
B35 - Listeria
B36 - Methylobacterium
B37 - Micrococcus (NOS)
B38 - Mycobacteria (avium, bovium, haemophilum, intercellulare)
B39 - Mycoplasma
B40 - Neisseria (gonorrhoea, meningitidis, other species)
B41 - Nocardia
B42 - Pharyngeal/Respiratory Flora
B43 - Propionibacterium (acnes, avidum,

granulosum, other species)
B44 - Pseudomonas (all species except
cepacia and maltophilia)
B45 - Pseudomonas or Burkholderia cepacia
B46 - Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
B47 - Rhodococcus
B48 - Rickettsia
B49 - Salmonella (all species)
B50 - Serratia marcescens
B51 - Shigella
B52 - Staphylococcus (coag -)
B53 - Staphylococcus (coag +)
B54 - Staphylococcus (NOS)
B55 - Stomatococcus mucilaginosis
B56 - Streptococcus (all species except Enterococcus)
B57 - Treponema (syphilis)
B58 - Tuberculosis (NOS, AFB, acid fast bacillus, Koch bacillus)
B59 - Typical Tuberculosis (TB, Tuberculosis)
B60 - Vibrio (all species)
B99 - Other Bacteria
V01 - Herpes Simplex (HSV1, HSV2)
V02 - Herpes Zoster (Chicken pox, Varicella)
V03 - Cytomegalovirus (CMV)
V04 - Adenovirus
V05 - Enterovirus (Coxsackie, Echo, Polio)
V06 - Hepatitis A (HAV)
V07 - Hepatitis B (HBV, Australian antigen)
V08 - Hepatitis C (includes non-A and non-B, HCV)
V09 - HIV-1, HITLV-III
V10 - Influenza (Flu)
V11 - Measles (Rubeola)
V12 - Mumps
V13 - Papovavirus
V14 - Respiratory Syncytial virus (RSV)
V15 - Rubella (German Measles)
V16 - Parainfluenza
V17 - HHV-6 (Human Herpes Virus)
V18 - Epstein-Barr Virus (EBV)
V19 - Polyomavirus
V20 - Rotavirus
V21 - Rhinovirus (Common Cold)
V22 - Other Viral
P1 - Pneumoncystis (PCP)
P2 - Toxoplasma
P3 - Giardia
P4 - Cryptosporidium
P5 - Amebiasis
P6 - Echinococalcyst
P7 - Trichomonas (either vaginal or gingivitis)
P8 - Other Protozoal (Parasite)
O1 - Mycobacterium Tuberculosis
O2 - Other Mycobacterium
O3 - Mycoplasma
O4 - Other Organism
F01 - Candida Albicans
F02 - Candida Krusei
F03 - Candida Parasilosis
F04 - Candida Tropicalis
F05 - Torulopsis Galbrata (a subspecies of Candida)
F06 - Candida (NOS)
F07 - Asperguillus Flavus
F08 - Asperguillus Fumigatus
F09 - Asperguillus Niger
F10 - Asperguillus (NOS)
F11 - Cryptococcus Species
F12 - Fusarium Species
F13 - Mucormycosis (Zygomycetes, Rhizopus)
F14 - Yeast (NOS)
F15 - Other Fungus

1st agent:
amoxicillin / clavulanate (Augmentin)
amphotericin b (Abelcet, Amphotec, Fungizone)
ampicillin (Omnipen, Polycillin)
ampicillin / sulbactam (Unasyn)
amprenavir (Agenerase)
atovaquone (Meprone)
azithromycin (Zithromax, Z-Pack)
cefaclor (Ceclor)
cefadroxil (Duricef, Ultracef)
cefazolin (Ancef, Kefzol)
cefdinir (Omnicef)
cefepime (Maxipime)
cefixime (Suprax)
cefoperazone (Cefobid)
cefotaxime (Claforan)
cefotetan (Cefotan)

cefoxitin (Mefoxin)
cefpodoxime (Vantin)
cefprozil (Cefzil)
ceftazidime (Fortaz, Tazicef)
ceftriaxone (Rocephin)
cefuroxime (Ceftin, Kefurox, Zinacef)
cephalexin (Keflet, Keflex, Keftab)
chloramphenicol (Chloromycetin)
cidofovir (Vistide)
ciprofloxacin (Cipro)
clarithromycin (Biaxin)
clindamycin (Cleocin)
clotrimazole (Mycelex, Lotrimin)
clotrimoxazole / betamethasone (Lotrisone)
co-trimoxazole (Bactrim, Septra, Sulfamethoprim)
dapsone (DDS)
dicloxacillin (Dycill, Dynapen, Pathocil)
didanosine (Videx, ddI)
doxycycline (Vibramycin)
efavirenz (Sustiva)
erythromycin (Ery-Tab, Ilosone, Pediamycin)
erythromycin ethyl/sulfisoxazole (Pediazole)
erythromycin topical (Akne-mycin, Eryderm)
ethambutol (Myambutol)
famciclovir (Famvir)
fluconazole (Diflucan)
flucytosine (Ancobon)
foscarnet (Foscavir)
ganciclovir (Cytovene)
gatifloxacin (Tequin)
gentamicin (Garamycin, Gentacidin)
grepafloxacin (Raxar)
hepatitis a vaccine (Havrix, Vaqta)
hepatitis b vaccine (Recombivax HB, Engerix-B)
hepatitis c vaccine
imipenem / cilastatin (Primaxin)
imiquimod (Aldara)
indinavir (Crixivan)
interferon alfacon-1 (Infergen)
interferon beta-1a (Avonex)
interferon beta-1b (Betaseron)
isoniazid (INH, Lanizid, Nydrazid)
itraconazole (Sporonox)
ivermectin (Stromectol)
kanamycin (Kantrex)
ketoconazole (Nizoral)
lamivudine (Epivir, 3TC)
levofloxacin (Levaquin)
linezolid (Zyvox)
lopinavir/ritonavir (Kaletra)
mefloquine (Larium)
meropenem (Merrem I.V.)
metronidazole (Flagyl, Protostat)
minocycline (Arestin)
moxifloxacin hydrochloride (Avelox)
mupirocin (Bactroban)
nafcillin (Nallpen, Unipen)
nelfinavir (Viracept)
neomycin (Mycifradin, Myciguent)
neomycin / polymxin / hydrocortisone (Cortisporin)
nevirapine (Viramune)
nitrofurantoin (Macrobid)
nystatin (Mycostatin)
oseltamivir (Tamiflu)
oxacillin (Bactocill)
palivizumab (Synagis)
penicillin g (Bicillin)
penicillin vk (V-Cillin K, Veetids)
pentamidine (Pentam 300)
piperacillin (Pipracil)
piperacillin/tazobactam (Zosyn)
podofilox (Condylox)
polymyxin (Ak-Spore H.C., Cortisporin Ophthalmic Suspension)
PPD skin test (Mantoux Test, Tine Test)
pyrazinamide (Rifater)
pyrimethamine (Daraprim)
quinidine gluconate (Duraquin, Cardioqiuin)
quinupristin/dalfopristin (Synercid)
respiratory syncytial immune globulin (Respigam)
ribavirin (Virazole)
rifampin (Rifadin, Rimactane)
rifampin/isoniazid (Rifamate, Rimactane/INH)
rifampin/isoniazid/pyrazinamide (Rifater)
rimantadine (Flumadine)
ritonavir (Norvir)
saquinavir mesylate (Fortovase, Invirase)
stavudine (d4T, Zerit)

streptomycin (Streptomycin sulfate)
sulfamethoxazole / trimethoprim (Bactrim)
terbinafine (Lamisil)
terconazole (Terazol)
tetracycline (Achromycin)
ticarcillin / clavulanate (Ticar, Timentin)
tobramycin (Nebcin, Tobrex, TobraDex)
trimethoprim / sulfamethoxazole (Bactrim, Septra, Co-trimoxazole)
valacyclovir (Valtrex)
valganciclovir (Valcyte)
vancomycin (Vancocin)
zidovudine (AZT, Retrovir)
other

Blood and Marrow Transplant Clinical Trials Network

NST Hematopoiesis Form (NHM)

Web Version: 1.0; 7.00; 05-24-11

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Did the patient achieve ANC recovery 500/mm^3 on three consecutive days? *(ANC3REC)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Previously Reported
2. Record neutrophil count and dates obtained:

Day 1:	*(ANC1)*	*(xxxxx)* /mm^3	*(ANCDT1)*	*(mm/dd/yyyy)*
Day 2:	*(ANC2)*	*(xxxxx)* /mm^3	*(ANCDT2)*	*(mm/dd/yyyy)*
Day 3:	*(ANC3)*	*(xxxxx)* /mm^3	*(ANCDT3)*	*(mm/dd/yyyy)*

3. Did the patient achieve a sustained platelet count >20,000/mm^3 for three consecutive days? *(SUS20PLT)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Previously Reported
4. Record platelet count and dates obtained:

Day 1:	*(PLT20CT1)*	*(xxxxxx)* /mm^3	*(PLT201DT)*	*(mm/dd/yyyy)*
Day 2:	*(PLT20CT2)*	*(xxxxxx)* /mm^3	*(PLT202DT)*	*(mm/dd/yyyy)*
Day 3:	*(PLT20CT3)*	*(xxxxxx)* /mm^3	*(PLT203DT)*	*(mm/dd/yyyy)*

5. Did the patient achieve a sustained platelet count >50,000/mm^3 for three consecutive days? *(SUS50PLT)* ☐ 1 - Yes ☐ 2 - No ☐ 3 - Previously Reported
6. Did the patient receive a platelet transfusion within seven days prior to achieving the sustained platelet count? *(SUS50TRS)* ☐ 1 - Yes ☐ 2 - No
7. Record the date of the last platelet infusion: *(PLINFDT)* *(mm/dd/yyyy)*
8. Record platelet count and dates obtained:

Day 1:	*(PLT50CT1)*	*(xxxxxx)* /mm^3	*(PLT501DT)*	*(mm/dd/yyyy)*
Day 2:	*(PLT50CT2)*	*(xxxxxx)* /mm^3	*(PLT502DT)*	*(mm/dd/yyyy)*
Day 3:	*(PLT50CT3)*	*(xxxxxx)* /mm^3	*(PLT503DT)*	*(mm/dd/yyyy)*

Record Chimerism Assay Data for Marrow and/or Blood

Please upload source documents for all chimerism results during the assessment period.

Marrow:

9. Was a chimerism assay performed on a marrow sample during this assessment period? *(MRWCHMRS)* ☐ 1 - Yes ☐ 2 - No
10. Record date specimen collected: *(MRWCOLDT)* *(mm/dd/yyyy)*
11. Record method of evaluation: *(MRWEVALM)*

    1 - Standard Cytogenetics
    2 - Fluorescent In Situ Hybridization (FISH)
    3 - Restriction Fragment-Length Polymorphisms (RFLP)
    4 - Polymerase Chain Reaction (PCR) [VNTR, STR, microorminisatellite]
    5 - HLA Serotyping
    *Additional Options Listed Below

    Specify other method of evaluation: *(NHMSPEC1)*

12. Record marrow chimerism cell type: *(CELLTYPE)* ☐ 1 - Unmanipulated ☐ 2 - Granulocytes
13. Record marrow assay results: *(ASYRSTCB)*

    1 - All Host Cells
    2 - All CBU 1 Cells
    3 - All CBU 2 Cells
    4 - Host and CBU 1 Cells Only
    5 - Host and CBU 2 Cells Only
    *Additional Options Listed Below

14. % Host:*(MHOSTPCT)* *(xx)*

15. % CBU1:*(MCBU1PCT)* *(xx)*

16. % CBU2:*(MCBU2PCT)* *(xx)*

Blood:

17. Was a chimerism assay performed on a blood sample during this assessment period?*(BLDCHMRS)* ☐ 1 - Yes ☐ 2 - No

18. Record date specimen collected:*(BLDCHMDT)* *(mm/dd/yyyy)*

19. Record method of evaluation:*(BLDEVALM)*

1 - Standard Cytogenetics
2 - Fluorescent In Situ Hybridization (FISH)
3 - Restriction Fragment-Length Polymorphisms (RFLP)
4 - Polymerase Chain Reaction (PCR) [VNTR, STR, microsatellite]
5 - HLA Serotyping
*Additional Options Listed Below

Specify other method of evaluation:*(NHMSPEC2)*

20. Record blood chimerism cell type:*(BLDCLTYP)* ☐ 1 - Unmanipulated ☐ 2 - Granulocytes

21. Record blood assay results:*(BDASRTCB)*

1-All Host Cells
2-All CBU 1 Cells
3-All CBU 2 Cells
4-Host and CBU 1 Cells Only
5-Host and CBU 2 Cells Only
*Additional Options Listed Below

22. % Host:*(BHOSTPCT)* *(xx)*

23. % CBU1:*(BCBU1PCT)* *(xx)*

24. % CBU2:*(BCBU2PCT)* *(xx)*

T Cell:

25. Was a chimerism assay performed on a T cell sample during this assessment period?*(TCLCHRSM)* ☐ 1 - Yes ☐ 2 - No

26. Record the type of T cell sample:*(SMPLTYPE)* ☐ 1 - Blood ☐ 2 - Marrow

27. Record date specimen collected:*(TCLSPCDT)* *(mm/dd/yyyy)*

28. Record method of evaluation:*(TCLEVALM)*

1 - Standard Cytogenetics
2 - Fluorescent In Situ Hybridization (FISH)
3 - Restriction Fragment-Length Polymorphisms (RFLP)
4 - Polymerase Chain Reaction (PCR) [VNTR, STR, microsatellite]
5 - HLA Serotyping
*Additional Options Listed Below

Specify other method of evaluation:*(NHMSPEC3)*

29. Record T cell assay results:*(TASYRESU)*

1-All Host Cells
2-All CBU 1 Cells
3-All CBU 2 Cells
4-Host and CBU 1 Cells Only
5-Host and CBU 2 Cells Only
*Additional Options Listed Below

30. % Host:*(THOSTPCT)* *(xx)*

31. % CBU1:*(TCBU1PCT)* *(xx)*

32. % CBU2:*(TCBU2PCT)* *(xx)*

Comments:*(NHMCOMM1)*

Additional Selection Options for NHM

Record method of evaluation:
9 - Other, specify

Record marrow assay results:
6- CBU1 and CBU2 Cells Only
7- Host, CBU1, and CBU2 Cells

Blood and Marrow Transplant Clinical Trials Network

Progression and Relapse Form (PRP)

Web Version: 1.0; 4.00; 10-16-15

Segment *(PROTSEG)*:

1. Progression/Relapse date:*(PRPLDATE)* _____ *(mm/dd/yyyy)*
2. Disease:*(PRPDISES)*

1 - Acute Lymphoblastic Leukemia
2 - Acute Myelogenous Leukemia
3 - Biphenotypic/Undifferentiated Leukemia
4 - Burkitt's Lymphoma
5 - Large Cell Lymphoma
*Additional Options Listed Below

Please note that relapse of malignancy is defined by histological/morphological evidence rather than flow cytometry results.

Acute Leukemia

3. Have leukemia blast cells reappeared in the peripheral blood?*(PRPLABPB)* ☐ 1 - Yes ☐ 2 - No
4. If Yes, specify the date of reappearance:*(PRPBPBDT)* _____ *(mm/dd/yyyy)*
5. Have new dysplastic changes appeared within the bone marrow?*(PRPDYSBM)* ☐ 1 - Yes ☐ 2 - No
6. If Yes, specify the date changes appeared:*(PRPDYDDT)* _____ *(mm/dd/yyyy)*
7. Were leukemia blasts documented in the bone marrow after transplantation? *(PRPLABPF)* ☐ 1 - Yes ☐ 2 - No

If Yes, indicate the following:

8. Date blasts documented:*(PRPLAFDT)* _____ *(mm/dd/yyyy)*
9. % Leukemia blasts documented:*(PRPLAFPR)* _____ *(xxx)*
10. Were the blasts attributed to another cause (e.g. bone marrow regeneration):*(PRPLAATB)* ☐ 1 - Yes ☐ 2 - No
11. If Yes, specify the other cause:*(PRPLABOT)* _____
12. Were leukemia blasts documented in the bone marrow after transplantation by a second biopsy?*(PRPLABPS)* ☐ 1 - Yes ☐ 2 - No

If Yes, indicate the following:

13. Date blasts documented in second biopsy:*(PRPLASDT)* _____ *(mm/dd/yyyy)*
14. % Leukemia blasts documented in second biopsy:*(PRPLASPR)* _____ *(xxx)*

15. Was leukemia detected at an extramedullary site?*(PRPLAEXT)* ☐ 1 - Yes ☐ 2 - No
16. If Yes, indicate the date disease first detected:*(PRPDTEXT)* _____ *(mm/dd/yyyy)*
17. Were leukemia cells detected in the cerebrospinal fluid?*(PRPCSFDT)* ☐ 1 - Yes ☐ 2 - No
18. If Yes, indicate date cells first detected:*(PRPDTCSF)* _____ *(mm/dd/yyyy)*

Lymphoma

19. Indicate whether the patient has progressed or relapsed:*(PRPRSFRM)* ☐ 1 - Progression ☐ 2 - Relapse
20. Indicate how progression or relapse was determined:

CT: *(PRPCTDET)* ☐ 1 - Yes ☐ 2 - No

MRI: *(PRPMRIDT)* ☐ 1 - Yes ☐ 2 - No

PET Scan: *(PRPPETDT)* ☐ 1 - Yes ☐ 2 - No

Ultrasound: *(PRPULTSD)* ☐ 1 - Yes ☐ 2 - No

Physical Exam: *(PRPPHYDT)* ☐ 1 - Yes ☐ 2 - No

Biopsy: *(PRPBIOSP)* ☐ 1 - Yes ☐ 2 - No

21. If biopsy was used, indicate the site(s) of biopsy:

Bone Marrow *(PRPBNMRR)* ☐ 1 - Yes ☐ 2 - No

Lymphoma Node *(PRPLYMND)* ☐ 1 - Yes ☐ 2 - No

Extra Nodal *(PRPEXTND)* ☐ 1 - Yes ☐ 2 - No

22. Were there any new lesions or sites of disease?*(PRPAPPNL)* ☐ 1 - Yes ☐ 2 - No

23. If Yes, record the date of the appearance of new lesions or sites of disease: *(PRPDTAPP)* _____ *(mm/dd/yyyy)*

The questions below relate ONLY to patients who have progressed (that is patients who have, pre-transplant, been previously classified as Partial Remission or Stable Disease)

24. Was there a >50% increase from nadir in the SPD of any previously identified abnormal node?*(PRPINCSP)* ☐ 1 - Yes ☐ 2 - No

25. If Yes, record the date of the occurrence:*(PRPDTSPI)* _____ *(mm/dd/yyyy)*

The questions below relate ONLY to patients who have relapsed (that is patients who have, pre-transplant, been previously classified as Complete Remission)

26. Was there a ≥50% increase in the greatest diameter of any previously identified node >1 cm in its short axis or in SPD of more than 1 node?*(PRPINDIA)* ☐ 1 - Yes ☐ 2 - No

27. If Yes, record the date of occurrence:*(PRPDTDIA)* _____ *(mm/dd/yyyy)*

28. Was there a ≥50% increase in the size of any previously involved, extra-nodal lesions or sites?*(PRPINCIN)* ☐ 1 - Yes ☐ 2 - No

29. If Yes, record the date of occurrence:*(PRPDTINC)* _____ *(mm/dd/yyyy)*

Comments:*(PRPCOMM)*

Additional Selection Options for PRP

Disease:
6 - Marginal zone B cell Lymphoma
7 - Follicular Non-Hodgkins Lymphoma
8 - Hodgkins Lymphoma
9 -T Lymphoblastic Lymphoma
10 - Mantle Cell Lymphoma

Blood and Marrow Transplant Clinical Trials Network

Secondary Graft Failure (SGR)

Web Version: 1.0; 3.02; 10-16-15

Segment *(PROTSEG)*:
Secondary Graft Fail Date *(SGFDATE)*:

1. Was there a decline in neutrophil counts to <500/mm^3 for three consecutive measurements on different days after initial neutrophil engraftment?*(DECLANC)* ☐ 1 - Yes ☐ 2 - No

2. Record the first three consecutive neutrophil counts and specimen collection dates:

Day 1:	*(DAY1ANC)*	*(xxx)* /mm^3	*(SG1ANCDT)*		*(mm/dd/yyyy)*
Day 2:	*(DAY2ANC)*	*(xxx)* /mm^3	*(SG2ANCDT)*		*(mm/dd/yyyy)*
Day 3:	*(DAY3ANC)*	*(xxx)* /mm^3	*(SG3ANCDT)*		*(mm/dd/yyyy)*

3. Was growth factor administered following the decline in neutrophil counts? *(GIVEGF)* ☐ 1 - Yes ☐ 2 - No

4. Has the percent of donor chimerism decreased to <5% donor?*(DONDEC)* ☐ 1 - Yes ☐ 2 - No

5. Record percent donor cell:*(PERDONOR)* *(x)* %

Comments:*(SGRCOMM)*

Blood and Marrow Transplant Clinical Trials Network

Toxicity Form - 0604 (T13)

Web Version: 1.0; 2.00; 04-20-09

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

1. Record date of evaluation:*(T13EVLDT)* _____ *(mm/dd/yyyy)*

Record the highest grade of toxicity diagnosed since the previous evaluation. If this is the first evaluation, record the highest toxicity diagnosed since Day 0. The toxicity grades are based on the NCI CTCAE Version 3.0.

GI Toxicity

2. Mucositis/stomatitis (clinical exam):*(T13MCSTS)*

0 - Grades 0-2
3 - Confluent Ulcerations or Pseudomembranes; Bleeding with Minor Trauma
4 - Tissue Necrosis; Significant Spontaneous Bleeding; LT Consequences
5 - Death

Mouth pain or esophageal pain requiring IV hydration/narcotics.

Renal Toxicity

3. Did the patient experience renal failure severe enough to warrant dialysis?*(T13RENAL)* ☐ 1 - Yes ☐ 2 - No

4. Did the patient receive dialysis?*(T13DIALS)* ☐ 1 - Yes ☐ 2 - No

5. Hemorrhagic cystitis:*(T13CYSTI)*

0 - Grades 0-2
3 - Transfusion; IV Pain Medications; Bladder Irrigation Indicated
4 - Catastrophic Bleeding; Major Non-Elective Intervention Indicated
5 - Death

Hemorrhagic Toxicity

6. Hemorrhage:*(T13HEMRG)*

0 - Grades 0-3
4 - Catastrophic Bleeding; Requiring Major Non-Elective Intervention
5 - Death

Cardiovascular Toxicity

7. Hypotension:*(T13HYPOT)*

0 - Grades 0-2
3 - Sustained (> or = 24 Hours) Therapy, Resolves Without Persisting Physiologic Consequences
4 - Shock (e.g., Acidemia; Impairment of Vital Organ Function)
5 - Death

8. Hypertension:*(T13HYPER)*

0 - Grades 0-2
3 - Requiring More than One Drug or More Intensive Therapy than Previously
4 - Life-Threatening Consequences (e.g., Hypertensive Crisis)
5 - Death

9. Cardiac arrhythmia:*(T13CRDAR)*

0 - Grades 0-2
3 - Incompletely Controlled Medically, or Controlled with Device (e.g., Pacemaker)
4 - Life-Threatening; Disabling (e.g., Arrhythmia Associated with CHF, Syncope, Shock)
5 - Death

10. Left ventricular systolic dysfunction:*(T13LVENT)*

0 - Grades 0-2
3 - Symptomatic CHF Responsive to Intervention
4 - Refractory CHF or Poorly Controlled; Intervention with Ventricular Assist Device
5 - Death

Neurologic Toxicity

11. Somnolence:*(T13SMNLN)*

0 - Grades 0-2
3 - Obtundation or Stupor; Difficult to Arouse; Interfering with ADL
4 - Coma
5 - Death

12. Did the patient experience any seizures during this assessment period?*(T13SEIZR)* ☐ 1 - Yes ☐ 2 - No

13. Record seizure toxicity grade:*(T13SZGRD)*

2 - One Brief Generalized Seizure; Seizure(s) Well Controlled by Anticonvulsants
3 - Seizures in Which Consciousness is Altered; Poorly Controlled Seizure Disorder
4 - Seizures of Any Kind Which are Prolonged, Repetitive or Difficult to Control
5 - Death

Coagulation Toxicity

14. HUS/TTP/thrombotic microangiopathy:*(T13DIC)*

0 - Grades 0-3
4 - Laboratory Findings, Life-Threatening or Disabling Consequences
5 - Death

Vascular Toxicity

15. Vascular leak syndrome:*(T13VASLK)*

0 - Grades 0-3
4 - Life-Threatening; Pressor Support or Ventilatory Support Indicated
5 - Death

Pulmonary Toxicity

16. Hypoxia (for more than 24 hours):*(T13HYPXI)*

0 - Grades 0-2
3 - Decreased Oxygen Saturation at Rest; Continuous Oxygen Indicated
4 - Life-Threatening; Intubation or Ventilation Indicated
5 - Death

17. Dyspnea:*(T13DYSPN)*

0 - Grades 0-2
3 - Dyspnea with Activities of Daily Living
4 - Dyspnea at Rest; Intubation or Ventilator Indicated
5 - Death

18. During this assessment period, was an FEV1 performed? *(T13FEVDN)* ☐ 1 - Yes ☐ 2 - No

19. Record FEV1 value obtained:*(T13FEVVL)* _____ *(xxx)* % of predicted value

20. During this assessment period, was an FVC performed? *(T13FVCDN)* ☐ 1 - Yes ☐ 2 - No

21. Record FVC value obtained:*(T13FVCVL)* _____ *(xxx)* % of predicted value

Hepatic Toxicity

22. ALT:*(T13ALT)*

0 - Grades 0-2
3 - >5.0 - 20.0 x ULN
4 - >20.0 x ULN

23. Alkaline Phosphatase:*(T13ALKPH)*

0 - Grades 0-2
3 - >5.0-20.0 x ULN
4 - >20.0 ULN

24. Did the patient develop abnormal liver function during this assessment period?*(T13ABNLF)* ☐ 1 - Yes ☐ 2 - No

Did the patient develop any of the following clinical signs/symptoms of abnormal liver function during this assessment period?

25. Jaundice:*(T13JANDC)* ☐ 1 - Yes ☐ 2 - No

26. Hepatomegaly:*(T13HPTMG)* ☐ 1 - Yes ☐ 2 - No

27. Right upper quadrant pain:*(T13QUADP)* ☐ 1 - Yes ☐ 2 - No

28. Weight gain (>5%) from baseline:*(T13WGHTG)* ☐ 1 - Yes ☐ 2 - No

29. Other clinical signs/symptoms:*(T13OTHAB)* ☐ 1 - Yes ☐ 2 - No

Specify other clinical signs/symptoms:*(T13SPEC1)* _____

Indicate the etiology of the abnormal liver function:

	Etiology	Biopsy Results	Doppler Ultrasound Results
30. VOD:	*(T13VODET)* 1 - Yes 2 - No	*(T13VODBI)* 1 - Positive 2 - Negative 3 - Equivocal 4 - Not Done	*(T13VODDP)* 1 - Confirmed 2 - Not Confirmed 3 - Not Done

31. GVHD:	1 - Yes 2 - No *(T13GVHET)*	1 - Positive 2 - Negative 3 - Equivocal 4 - NotDone *(T13GVHBI)*	1 - Confirmed 2 - NotConfirmed 3 - NotDone *(T13GVHDP)*
32. Infection:	1 - Yes 2 - No *(T13INFET)*	1 - Positive 2 - Negative 3 - Equivocal 4 - NotDone *(T13INFBI)*	1 - Confirmed 2 - NotConfirmed 3 - NotDone *(T13INFDP)*
33. Other:	1 - Yes 2 - No *(T13OTHET)*	1 - Positive 2 - Negative 3 - Equivocal 4 - NotDone *(T13OTHBI)*	1 - Confirmed 2 - NotConfirmed 3 - NotDone *(T13OTHDP)*
34. Unknown:	1 - Yes 2 - No *(T13UNKET)*	1 - Positive 2 - Negative 3 - Equivocal 4 - NotDone *(T13UNKBI)*	1 - Confirmed 2 - NotConfirmed 3 - NotDone *(T13UNKDP)*

Specify other etiology:*(TX8SPEC2)*

Comments:*(T13COMM)*