

# Other diagnosis

**Guide to the completion of the EBMT data collection form:  
Other\_v2.0**

5 June 2024

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**EBMT Registry**

EBMT Clinical Research & Registry Department



**Co-funded by  
the European Union**

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## Introduction

Please make sure you have already checked the **Introduction to the EBMT Registry Completion Guidelines** document latest version available under *Manuals and Reference Documents* section on [EBMT website](#).

## Other indication diagnosis

The other diagnosis form is to be used to register a diagnosis if a patient received an HCT, CT or IST for that is not covered in any of the available EBMT diagnosis data collection forms. Do not use this form to report a diagnosis that is on one of the available forms.

## Disease

### Date of diagnosis

Report the date of the first diagnosis of the disease. Add the date when the sample was collected for examination or (in its absence) the date indicated by a physician within the patient's medical record, whatever is applicable for the disease.

### Classification

Select the classification that is appropriate to cover the diagnosis.

The following classes of other diagnoses are available:

- Neurological disorder
- Cardiovascular disorder
- Musculoskeletal disorder
- Other haematological disorders
- Infections

## Neurological disorders

### Disease

Select the relevant sub-classification. If it is not listed, select **Other** and specify the name of the neurological disorder in the text field in English.

## Cardiovascular disorders

### Disease

Select the relevant sub-classification. If it is not listed, select **Other** and specify the name of the cardiovascular disorder in the text field in English.

## Musculoskeletal disorders

### Disease

Select the relevant sub-classification. If it is not listed, select **Other** and specify the name of the musculoskeletal disorder in the text field in English.

## Other haematological disorders

### Disease

Select the relevant sub-classification. If it is not listed, select **Other** and specify the name of the haematological disorder in the text field in English.

## Infections

### Disease

Select the relevant pathogen or pathogen class. If it is not listed, select **Other** and specify the name of the pathogen in the text field in English.

### Intervention type

If the patient received an HCT or CT, select if the indication for the treatment is **Treatment** of the infection or **Prevention/Prophylaxis**.