EBMT Centre Identification Code (CIC): _ _ _ _
Hospital Unique Patient Number (UPN): _ _ _ _ _ _ _ _ _ _ _ _ _
Patient Number in EBMT Registry: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HCT

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

HAEMATOPOIETIC CELL TRANSPLANTATION (HCT)
--- Annual/Unscheduled Follow-Up ---

SURVIVAL STATUS

Date of follow-up: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*
(if died: date of death, if lost to follow up: date last seen)

Survival status:

☐ Alive
☐ Dead
☐ Lost to follow-up

Main cause of death:
(check only one main cause)

☐ Relapse or progression/persistent disease	
☐ Secondary malignancy	
☐ CT-related	**Select treatment related cause:** *(select all that apply)* ☐ Graft versus Host Disease ☐ Non-infectious complication ☐ Infectious complication: *(select all that apply)* ☐ Bacterial infection ☐ Viral infection ☐ Fungal infection ☐ Parasitic infection ☐ Infection with unknown pathogen
☐ HCT-related	
☐ GT-related	
☐ IST-related	
☐ Unknown	
☐ Other; specify: _____	

Was an autopsy performed?

☐ No
☐ Yes
☐ Unknown

BEST RESPONSE

Complete only for the first annual follow-up
Not applicable for Inborn Errors

Best clinical/biological response after HCT* *(observed before any subsequent treatment):* _____

Date best response first observed: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

* Indicate the best clinical/biological response after HCT corresponding to indication diagnosis by selecting from the list provided in Appendix 1

GRAFT FUNCTION

Poor graft function *(defined as: frequent dependence on blood and/or platelet transfusions and/or growth factor support in the absense of other explanations, such as disease relapse, drugs, or infection)*:

☐ No
☐ Yes: **Date of poor graft function**: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Unknown

Complete for every chimaerism test performed since last follow-up:
(complete only if patient received an allogeneic HCT)

Chimaerism test date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Source of cells tested: ☐ Peripheral blood
☐ Bone marrow

Select cell type and complete relevant test results:

☐ Global: _____ % donor ☐ Unknown
☐ Myeloid cells (i.e. CD33, CD15 or CD14):_____% donor ☐ Unknown
☐ T-cells (CD3): _____% donor ☐ Unknown
☐ B-cells (CD19 or CD20): _____% donor ☐ Unknown
☐ CD34+ cells: _____% donor ☐ Unknown
☐ Other cell type; specify cells; _____ _____% donor ☐ Unknown

copy and fill-in this table as many times as necessary.

PREVENTIVE THERAPIES
(Complete only if the patient received an allogeneic HCT)

Immunosuppression during this follow-up period:

☐ No
☐ Yes; **Immunosuppresion stopped:**
  ☐ No
  ☐ Yes; **End date:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
  ☐ Unknown
☐ Unknown

Letermovir used as CMV prophylaxis during this follow-up period:

☐ No
☐ Yes; ☐ Started in this follow-up period; **Start date:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
  ☐ Ongoing since previous follow-up

Letermovir treatment stop? ☐ No
☐ Yes; **End date:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Unknown

☐ Unknown

COMPLICATIONS SINCE THE LAST REPORT
-- GvHD --
(Complete only if the patient received an alloHCT)

Did graft versus host disease (GvHD) occur during this follow-up period?

☐ No *(proceed to 'Complications since the last report - Non-infectious complications')*

☐ Yes: **Did the patient receive a systemic/immunosuppressive treatment for GvHD during this follow-up period?**
- ☐ No
- ☐ Yes: ☐ Started in this follow-up period; **Date treatment started:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
  - ☐ Ongoing since previous follow-up
  - **Treatment stopped:** ☐ No
    - ☐ Yes; **Stop date of treatment:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
    - ☐ Unknown
- ☐ Unknown

☐ Unknown *(proceed to 'Complications since the last report - Non-infectious complications')*

Did acute GvHD occur during this follow-up period?

☐ No

☐ Yes: ☐ Started in this follow-up period; **Date of onset:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
- ☐ Ongoing since previous follow-up

Maximum observed organ severity score during <u>this period</u>:

Skin:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ 4	☐ Unknown	☐ Not evaluated
Liver:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ 4	☐ Unknown	☐ Not evaluated
Lower GI tract:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ 4	☐ Unknown	☐ Not evaluated
Upper GI tract:	☐ 0 *(none)*	☐ 1	☐ Unknown	☐ Not evaluated			
Other site affected:	☐ No	☐ Yes; specify: _____					

Overall maximum grade observed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown ☐ Not evaluated

Steroid-refractory acute GvHD: ☐ No
- ☐ Yes: ☐ Started in this follow-up period; **Date of onset:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
  - ☐ Ongoing since previous follow-up
- ☐ Unknown

aGvHD resolved: ☐ No
- ☐ Yes; **Date of aGvHD resolution:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
- ☐ Unknown

☐ Unknown

COMPLICATIONS SINCE THE LAST REPORT continued
-- GvHD --
Allogeneic HCT only

Did chronic GvHD occur during this follow-up period?

☐ No

☐ Yes: ☐ Started in this follow-up period; **Date of onset:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Ongoing since previous follow-up

Maximum NIH score during <u>this period</u>: ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown ☐ Not evaluated

Date of maximum NIH score: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Maximum observed organ severity score during <u>this period</u>:

Skin:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Oral:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Gastrointestinal:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Eyes:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Liver:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Joints and fascia:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Lungs:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Genitalia:	☐ 0 *(none)*	☐ 1	☐ 2	☐ 3	☐ Unknown	☐ Not evaluated
Other site affected:	☐ No	☐ Yes; specify: _____				

Steroid-refractory chronic GvHD: ☐ No
☐ Yes: ☐ Started in this follow-up period; **Date of onset:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Ongoing since previous follow-up
☐ Unknown

cGvHD resolved: ☐ No
☐ Yes; **Date of cGvHD resolution:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Unknown

Was overlap syndrome observed: ☐ No ☐ Yes ☐ Unknown
(features of both chronic and acute GvHD)

☐ Unknown

COMPLICATIONS SINCE THE LAST REPORT
-- Non-infectious complications --

Did non-infectious complications occur during the follow-up period?
(Please only report toxic events here that are above Grade 2 and not linked to GvHD and/or infections)

☐ No (*proceed to 'Complications since the last report - Infectious complications')*
☐ Yes (*report in the table below*)

Secondary graft failure

Complication observed during this follow-up period? ☐ No
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum grade observed during <u>this period</u>: ☐ Non-fatal ☐ Fatal

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Cardiac event

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Central nervous system (CNS) toxicity

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Gastrointestinal (GI) Toxicity (non-GvHD and non-infectious related)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

* Grade 0-2

COMPLICATIONS SINCE THE LAST REPORT
-- Non-infectious complications --

Liver disorder

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Renal failure (chronic kidney disease, acute kidney injury)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Respiratory disorders

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Skin Toxicity (non-GvHD and non-infectious related)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

* Grade 0-2

COMPLICATIONS SINCE THE LAST REPORT
-- Non-infectious complications --

Vascular event

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Avascular necrosis (AVN)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Cerebral haemorrhage

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Haemorrhage (other than cerebral haemorrhage)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

* Grade 0-2

COMPLICATIONS SINCE THE LAST REPORT
-- Non-infectious complications --

Cerebral thrombosis

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during this period: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date** (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Cytokine release syndrome (CRS)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during this period: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date** (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Haemophagocytic lymphohistiocytosis (HLH)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during this period: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date** (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Pure red cell aplasia (PRCA)

Complication observed during this follow-up period? ☐ No
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum grade observed during this period: ☐ Non-fatal ☐ Fatal

Onset date (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date** (*YYYY/MM/DD*): _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

* Grade 0-2

COMPLICATIONS SINCE THE LAST REPORT
-- Non-infectious complications --

Posterior reversible encephalopathy syndrome (PRES)

Complication observed during this follow-up period? ☐ No
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum grade observed during <u>this period</u>: ☐ Non-severe ☐ Severe ☐ Fatal ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Transplant-associated microangiopathy (TMA)

Complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum CTCAE grade observed during <u>this period</u>: ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Veno-occlusive disease (VOD)

Complication observed during this follow-up period? ☐ No
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Maximum grade observed during <u>this period</u>: ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe ☐ Fatal ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

Other complication observed during this follow-up period? ☐ No*
☐ Yes: ☐ Newly developed ☐ Ongoing since previous assessment
☐ Unknown

Specify: _____ *Consult appendix 4 for a list of complications that should not be reported*
(Indicate CTCAE term)

Maximum CTCAE grade observed ☐ 3 ☐ 4 ☐ 5 (fatal) ☐ Unknown

Onset date (*YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown *Only if newly developed*

Resolved: ☐ No
☐ Yes; **Stop date (***YYYY/MM/DD***):** _ _ _ _ / _ _ / _ _ ☐ Unknown
☐ Unknown

If more other complications occurred, copy and fill-in this table as many times as necessary.

* Grade 0-2

COMPLICATIONS SINCE THE LAST REPORT
-- Infectious complications --

Do not report infections that were already reported as resolved on the previous assessment and did not reoccur.

Did infectious complications occur during the follow-up period?

☐ No *Consult appendix 4 for a list of complications that should not be reported*

☐ Yes (*report all infection-related complications below*)

Bacterial infection: ☐ No ☐ Yes

1) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* *only if newly developed* ☐ Unknown

☐ Gram-positive ☐ Gram-negative ☐ Other

Pathogen*: _____

Infection with clinical implications: ☐ No ☐ Yes: *(select all that apply during this period)*
- ☐ Symptoms/signs of disease
- ☐ Administration of pathogen-directed therapy
- ☐ Isolation precautions or surveillance

☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Intravascular catheter-related infection: ☐ No ☐ Yes; specify***: _____ ☐ Unknown

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)

Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

2) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* *only if newly developed* ☐ Unknown

☐ Gram-positive ☐ Gram-negative ☐ Other

Pathogen*: _____

Infection with clinical implications: ☐ No ☐ Yes: *(select all that apply during this period)*
- ☐ Symptoms/signs of disease
- ☐ Administration of pathogen-directed therapy
- ☐ Isolation precautions or surveillance

☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Intravascular catheter-related infection: ☐ No ☐ Yes; specify***: _____ ☐ Unknown

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)

Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

If more than 2 bacterial infections, copy and fill-in this table as many times as necessary.

* Indicate the pathogen and sub-type (if applicable) by choosing from the list of pathogens provided in Appendix 2
** Indicate CTCAE term by choosing from the list provided in Appendix 3
*** If intravascular catheter-related infection, specify it by choosing from the list provided in Appendix 5

COMPLICATIONS SINCE THE LAST REPORT
-- Infectious complications -- continued

Viral infection: ☐ No ☐ Yes

1) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* *only if newly developed* ☐ Unknown

Pathogen*: _____

If the pathogen was CMV/EBV: **Was this infection a reactivation?** ☐ No ☐ Yes

Infection with clinical implications: ☐ No ☐ Yes: *(select all that apply during this period)*
- ☐ Symptoms/signs of disease
- ☐ Administration of pathogen-directed therapy
- ☐ Isolation precautions or surveillance

☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)
Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

2) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* *only if newly developed* ☐ Unknown

Pathogen*: _____

If the pathogen was CMV/EBV: **Was this infection a reactivation?** ☐ No ☐ Yes

Infection with clinical implications: ☐ No ☐ Yes: *(select all that apply during this period)*
- ☐ Symptoms/signs of disease
- ☐ Administration of pathogen-directed therapy
- ☐ Isolation precautions or surveillance

☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)
Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

If more than 2 viral infections, copy and fill-in this table as many times as necessary.

* Indicate the pathogen and sub-type (if applicable) by choosing from the list of pathogens provided in Appendix 2
** Indicate CTCAE term by choosing from the list provided in Appendix 3
*** If intravascular catheter-related infection, specify it by choosing from the list provided in Appendix 5

COMPLICATIONS SINCE THE LAST REPORT
-- Infectious complications -- continued

Fungal infection: ☐ No ☐ Yes

1) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD) only if newly developed* ☐ Unknown

☐ Yeasts ☐ Moulds

Pathogen*: _____

Infection with clinical implications: ☐ No ☐ Yes: *(select all that apply during this period)*
- ☐ Symptoms/signs of disease
- ☐ Administration of pathogen-directed therapy
- ☐ Isolation precautions or surveillance

☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Intravascular catheter-related infection: ☐ No ☐ Yes; specify***: _____ ☐ Unknown

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)
Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

2) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD) only if newly developed* ☐ Unknown

☐ Yeasts ☐ Moulds

Pathogen*: _____

Infection with clinical implications: ☐ No ☐ Yes: *(select all that apply during this period)*
- ☐ Symptoms/signs or disease
- ☐ Administration of pathogen-directed therapy
- ☐ Isolation precautions or surveillance

☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Intravascular catheter-related infection: ☐ No ☐ Yes; specify***: _____ ☐ Unknown

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)
Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

If more than 2 fungal infections, copy and fill-in this table as many times as necessary.

* Indicate the pathogen and sub-type (if applicable) by choosing from the list of pathogens provided in Appendix 2
** Indicate CTCAE term by choosing from the list provided in Appendix 3
*** If intravascular catheter-related infection, specify it by choosing from the list provided in Appendix 5

COMPLICATIONS SINCE THE LAST REPORT
-- Infectious complications -- continued

Parasitic infection: ☐ No ☐ Yes

1) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD) only if newly developed* ☐ Unknown

☐ Protozoa ☐ Helminths

Pathogen*: _____

Infection with clinical implications: ☐ No
☐ Yes: *(select all that apply during this period)*
☐ Symptoms/signs or disease
☐ Administration of pathogen-directed therapy
☐ Isolation precautions or surveillance
☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)

Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

2) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD) only if newly developed* ☐ Unknown

☐ Protozoa ☐ Helminths

Pathogen*: _____

Infection with clinical implications: ☐ No
☐ Yes: *(select all that apply during this period)*
☐ Symptoms/signs or disease
☐ Administration of pathogen-directed therapy
☐ Isolation precautions or surveillance
☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)**: _____

Localisation 2 (CTCAE term)**: _____

Localisation 3 (CTCAE term)**: _____

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)

Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

If more than 2 parasitic infections, copy and fill-in this table as many times as necessary.

* Indicate the pathogen and sub-type (if applicable) by choosing from the list of pathogens provided in Appendix 2
** Indicate CTCAE term by choosing from the list provided in Appendix 3
*** If intravascular catheter-related infection, specify it by choosing from the list provided in Appendix 5

COMPLICATIONS SINCE THE LAST REPORT
-- Infectious complications -- continued

Infection with unknown pathogen: ☐ No ☐ Yes:
(for clinical infections without microbiological documentation, like pneumonia, cellulitis, etc.)

1) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* *only if newly developed* ☐ Unknown

Infection with clinical implications: ☐ No
☐ Yes: *(select all that apply during this period)*
☐ Symptoms/signs or disease
☐ Administration of pathogen-directed therapy
☐ Isolation precautions or surveillance
☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)*: _____

Localisation 2 (CTCAE term)*: _____

Localisation 3 (CTCAE term)*: _____

Intravascular catheter-related infection: ☐ No
☐ Yes; specify**: _____
☐ Unknown

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)
Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

2) **New or ongoing:** ☐ Newly developed ☐ Ongoing since previous assessment

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* *only if newly developed* ☐ Unknown

Infection with clinical implications: ☐ No
☐ Yes: *(select all that apply during this period)*
☐ Symptoms/signs or disease
☐ Administration of pathogen-directed therapy
☐ Isolation precautions or surveillance
☐ Unknown

Indicate at least 1 location involved during this period:

Localisation 1 (CTCAE term)*: _____

Localisation 2 (CTCAE term)*: _____

Localisation 3 (CTCAE term)*: _____

Intravascular catheter-related infection: ☐ No
☐ Yes; specify**: _____
☐ Unknown

Resolved: ☐ No ☐ Yes ☐ Unknown

(if patient died)
Contributory cause of death: ☐ No ☐ Yes ☐ Unknown

If more than 2 infections with unknown pathogen, copy and fill-in this table as many times as necessary.

* Indicate CTCAE term by choosing from the list provided in Appendix 3
** If intravascular catheter-related infection, specify it by choosing from the list provided in Appendix 5

SECONDARY MALIGNANCIES AND AUTOIMMUNE DISORDERS

Did secondary malignancy or autoimmune disorder occur since the last follow-up?

☐ No

☐ Yes; **Was this disease an indication for a subsequent HCT/CT/IST/GT?**

- ☐ No (*complete the non-indication diagnosis form*)
- ☐ Yes (*complete the relevant indication diagnosis form*)

☐ Unknown

ADDITIONAL TREATMENTS

Did the patient receive any additional disease treatment since the last follow-up?

☐ No

☐ Yes: **complete the "Treatment — non-HCT/CT/GT/IST" form**

☐ Unknown

ADDITIONAL CELL INFUSIONS

Did the patient receive additional cell infusions *(excluding a new HCT and CT)* **since the last follow-up?**

☐ No

☐ Yes: **Is this cell infusion an allogeneic boost* ?** ☐ No ☐ Yes

** An allogeneic boost is an infusion of cells from the same donor without conditioning, with no evidence of graft rejection.*

Date of the allogeneic boost: _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

Is this cell infusion an autologous boost? ☐ No ☐ Yes

Date of the autologous boost: _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

If this cell infusion is not a boost, attach the Cell Infusion (CI) sheet available in Appendix 6, completing as many sheets as episodes of cell infusion that took place during this interval; then continue below.

Did the patient receive subsequent HCT/CT *(either at your or another centre)***?**

☐ No

☐ Yes

If the patient had a subsequent HCT/CT, please, make sure that this subsequent treatment is registered using the appropriate treatment form before proceeding.

RELAPSE, PROGRESSION, RECURRENCE OF DISEASE OR SIGNIFICANT WORSENING

(not relevant for Inborn errors)

Was there a relapse, progression, recurrence of disease or significant worsening of organ function related to the primary disease since last follow-up? *(detected by any method)*

☐ No

☐ Yes; *for every relapse, progression, recurrence, significant worsening complete the questions below*

Type: ☐ Relapse / Recurrence of disease

☐ (Continuous) progression / Significant worsening

Date of relapse/progression/recurrence/worsening: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Malignant disorders only:

Type of relapse/progression:

Medullary:	☐ No	☐ Yes	☐ Unknown
Extramedullary:	☐ No	☐ Yes	☐ Unknown

If the relapse/progression was extramedullary or both medullary and extramedullary:

Involvement at time of relapse/progression:

Skin:	☐ No	☐ Yes	☐ Not evaluated
CNS:	☐ No	☐ Yes	☐ Not evaluated
Testes/Ovaries:	☐ No	☐ Yes	☐ Not evaluated
Other:	☐ No	☐ Yes; specify: _____	

copy and fill-in this table as many times as necessary.

DISEASE STATUS
Only for malignancies

Disease detected during this follow-up period?

☐ No

☐ Yes; **Date last assessed**: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Method; specify:
(select all that apply)

- ☐ Haematological
- ☐ Radiological
- ☐ Molecular
- ☐ Cytogenetic
- ☐ Other; specify _____

☐ Unknown

DISEASE STATUS
Disease specific
Not applicable for Inborn Errors

Disease status at this follow-up or at time of death*: _____

* Indicate the disease status at this follow-up or at time of death corresponding to indication diagnosis by selecting from the list provided in Appendix 1

PREGNANCY AFTER HCT

Has patient become pregnant or impregnated another person since last follow-up?

☐ No

☐ Yes: **Did the pregnancy result in a live birth?**

- ☐ No; **Date of spontaneous or induced termination**: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD) ☐ Unknown
- ☐ Yes; **Year of birth:** _ _ _ _ (YYYY) **Month of birth:** _ _ (MM) ☐ Unknown
- ☐ Still pregnant at time of follow-up
- ☐ Unknown

☐ Unknown

Appendix 1
Best Response and Disease Status (Disease Specific)

Complete only one section with the main indication diagnosis for which HCT was given.

Appendix 1
Best Response and Disease Status (Disease Specific)

Acute leukaemias (AML, PLN, Other)

☐ Complete remission (CR)
☐ Not in complete remission
☐ Unknown
☐ Not evaluated

Proceed to next page for Diseases Status section

Chronic leukaemias (CML, CLL, PLL, Other)

Chronic Myeloid Leukaemia (CML):

☐ Chronic phase (CP); **Number**: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown **Haematological remission:** ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown **Cytogenetic remission:** ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown **Molecular remission:** ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
☐ Accelerated phase; **Number**: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Blast crisis; **Number**: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Unknown
☐ Not evaluated

Proceed to next page for Diseases Status section

Chronic Lymphocytic Leukaemia (CLL), Prolymphocytic Leukaemia (PLL) and other chronic leukaemias:

☐ Complete remission (CR)
☐ Partial remission (PR)
☐ Progression: ☐ Resistant to last regimen ☐ Sensitive to last regimen ☐ Unknown
☐ Stable disease (no change, no response/loss of response)
☐ Unknown
☐ Not evaluated

Proceed to next page for Diseases Status section

Plasma cell neoplasms (PCN)

☐ Complete remission (CR)	**Number:** ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Stringent complete remission (sCR)	
☐ Very good partial remission (VGPR)	
☐ Partial remission (PR)	
☐ Relapse	
☐ Progression	
☐ Stable disease (no change, no response/loss of response)	
☐ Unknown	
☐ Not evaluated	

Proceed to next page for Diseases Status section

Appendix 1
Best Response and Disease Status (Disease Specific)
continued

Complete only for PCN Disease Status

Was the patient on dialysis during this follow-up period?

☐ Yes; ☐ Started in this follow-up period: **Start date:** _ _ _ _ / _ _ / _ _ (YYYY/MM/DD) ☐ Unknown

☐ Ongoing since previous follow-up

Did dialysis stop? ☐ No
☐ Yes; **End date:** _ _ _ _ / _ _ / _ _ (YYYY/MM/DD) ☐ Unknown
☐ Unknown

☐ No

☐ Unknown

Complete only for AL, CLL and PCN Disease Status

Leukaemias (AL, CLL) and PCN (complete only for patient in CR or sCR)

Minimal residual disease (MRD):

☐ Positive
☐ Increasing (>1log10 change) ☐ Stable (<1log10 change) ☐ Decreasing (>1log10 change) ☐ Unknown

☐ Negative

☐ Not evaluated

☐ Unknown

Date MRD status evaluated: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Sensitivity of MRD assay:

☐ $\leq 10^{-6}$
☐ $\leq 10^{-5}$
☐ $\leq 10^{-4}$
☐ $\leq 10^{-3}$
☐ Other; specify: _____
☐ Unknown

Method used:
(select the most sensitive method used)

☐ PCR
☐ Flow cytometry
☐ NGS
☐ Other; specify: _____
☐ Unknown

Myeloproliferative neoplasms (MPN), Myelodysplastic neoplasms (MDS), MDS/MPN overlap syndromes

☐ Complete remission (CR)	Number:	☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Improvement but no CR		
☐ Primary refractory phase (no change)		
☐ Relapse	Number:	☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Progression/Worsening		
☐ Unknown		
☐ Not evaluated		

Appendix 1
Best Response and Disease Status (Disease Specific)
continued

Lymphomas

- ☐ Chemorefractory relapse or progression, including primary refractory disease
- ☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed (CRU*) ☐ Unknown
- ☐ Partial remission (PR)
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Untreated relapse (from a previous CR) or progression (from a previous PR)
- ☐ Unknown
- ☐ Not evaluated

** CRU: Complete response with persistent scan abnormalities of unknown significance*

Solid tumours

- ☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed ☐ Unknown
- ☐ First partial remission
- ☐ Partial remission (PR)
- ☐ Progressive disease
- ☐ Relapse: ☐ Resistant ☐ Sensitive ☐ Unknown
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Unknown
- ☐ Not evaluated

Bone marrow failures (incl. AA)

- ☐ Complete remission (CR)
- ☐ Partial remission (PR)
- ☐ Haematological improvement (HI); *NIH partial response*
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Relapse / Progression
- ☐ Unknown
- ☐ Not evaluated

Complete only for Bone marrow failures (incl. AA) Disease Status

Did transfusions stop during the follow-up period?

- ☐ Patient was never transfusion dependent
- ☐ No
- ☐ Yes; **Did the patient return to transfusion dependency afterwards?**
  - ☐ No
  - ☐ Yes; **First transfusion date**: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* (after transfusion free period) ☐ Unknown
  - ☐ Unknown
- ☐ Ongoing transfusion independence since last follow-up
- ☐ Unknown

Appendix 1
Best Response and Disease Status (Disease Specific)
continued

Autoimmune disorders

- ☐ No evidence of disease
- ☐ Improved
- ☐ Unchanged
- ☐ Worse
- ☐ Unknown
- ☐ Not evaluated

Haemoglobinopathies

Thalassaemia:

Complete only for Thalassemia Best Response

- ☐ Transfusion independent — **Date of last transfusion:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown *(after HCT)*
- ☐ Transfusions required; — **Date of first transfusion:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown *(after HCT)*
- ☐ Unknown
- ☐ Not evaluated

Complete only for Thalassemia Disease Status

Patient requires transfusions during follow-up period:

☐ No

☐ Yes; ☐ Return to transfusion dependence after HCT or transfusion free period; **Date of first transfusion:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown (after HCT or transfusion free period)

☐ Ongoing transfusion dependence since previous assessment

Number of units: ____ ☐ Unknown (during follow-up period)

Did transfusions stop? ☐ No ☐ Yes; **Date of last transfusion:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown ☐ Unknown

☐ Unknown

Appendix 1
Best Response and Disease Status (Disease Specific)
continued

Haemoglobinopathies

Sickle cell disease:

Complete only for Sickle cell disease Best Response

☐ No return of sickling episodes
☐ Return of sickling episodes; **Date of first episode:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown *(after HCT)*
☐ Unknown
☐ Not evaluated

Complete only for Sickle cell disease Disease Status

Sickling episodes occur during follow-up period:

☐ No
☐ Yes; ☐ First return of sickling episodes after HCT **Date of first episode :** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown (after HCT) ☐ Ongoing presence of sickling episodes **Number of SCD episodes**: ____ ☐ Unknown (during follow-up)
☐ Unknown

Other diagnosis

☐ No evidence of disease
☐ Improved
☐ No response
☐ Worse
☐ Unknown
☐ Not evaluated

Appendix 2
-- Pathogens as per EBMT Registry database --

**As defined by the IDSA (Mermel LA, Allon M, Bouza E, Craven DE, Flynn P, O'Grady NP, et al. Clinical practice guidelines for the diagnosis and management of intravascular catheter-related infection: 2009 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2009;49(1):1-45)*

Bacterial infections

Gram-positive:
- · Clostridioides difficile
- · Enterococcus faecalis (vancomycin-susceptible)
- · Enterococcus faecalis (vancomycin-resistant)
- · Enterococcus faecium (vancomycin-susceptible)
- · Enterococcus faecium (vancomycin-resistant)
- · Listeria monocytogenes
- · Nocardia spp (specify)
- · Staphylococcus aureus MSSA (methicillin-susceptible)
- · Staphylococcus aureus MRSA (methicillin-resistant) vancomycin-susceptible
- · Staphylococcus aureus MRSA (methicillin-resistant) vancomycin not tested
- · Staphylococcus aureus MRSA and VISA (vancomycin-intermediate, MIC 4-8 µg/ml)
- · Staphylococcus aureus MRSA and VRSA (vancomycin-resistant, MIC ≥ 16 µg/ml)
- · Staphylococcus coagulase-negative spp (at least two positive blood cultures)
- · Streptococcus pneumoniae
- · Streptococcus viridans
- · Streptococcus other spp (specify)
- · Gram-positive bacteria other spp (specify)

Gram-negative:
- · Acinetobacter baumannii
- · Campylobacter jejuni
- · Citrobacter freundii
- · Enterobacter cloacae
- · Enterobacter other spp (specify)
- · Escherichia coli
- · Haemophilus influenzae
- · Helicobacter pylori
- · Klebsiella aerogenes (carbapenem-susceptible)
- · Klebsiella pneumoniae (carbapenem-susceptible)
- · Klebsiella other spp (carbapenem-resistant) (specify)
- · Legionella pneumophila
- · Morganella morganii
- · Neisseria gonorrhoeae
- · Neisseria meningitidis
- · Proteus vulgaris
- · Providencia spp
- · Pseudomonas aeruginosa (carbapenem-susceptible)
- · Pseudomonas aeruginosa (carbapenem-resistant)
- · Salmonella spp (specify)
- · Serratia marcescens
- · Shigella spp
- · Stenotrophomonas maltophilia
- · Treponema pallidum
- · Gram-negative bacteria other spp (specify)

Other bacteria:
- · Chlamydia spp
- · Chlamydophila
- · Mycobacterium other spp (specify)
- · Mycobacterium tuberculosis
- · Mycoplasma pneumoniae
- · Rickettsia spp
- · Bacteria other (specify)

Viral infections:

- · Adenovirus
- · Gastrointestinal viruses:
  - o Norovirus
  - o Rotavirus
- · Hepatotropic viruses:
  - o HAV
  - o HBV
  - o HCV
  - o HEV
- · Herpes group:
  - o CMV
  - o EBV
  - o HHV6
  - o HHV7
  - o HHV8
  - o HS
  - o VZ
- · HIV
- · Human papilloma viruses (HPV)
- · Parvovirus
- · Polyomaviruses:
  - o BK
  - o JC
  - o Merkel cell
  - o Other polyomavirus (specify)
- · Respiratory viruses:
  - o Enterovirus
  - o Human coronavirus
  - o Influenza A
  - o Influenza B
  - o Metapneumovirus
  - o Parainfluenza
  - o Rhinovirus
  - o RSV
  - o SARS-CoV-2
  - o Respiratory virus other (specify)
- · Viruses other (specify)

Appendix 2
-- Pathogens as per EBMT Registry database -- continued

**As defined by the IDSA (Mermel LA, Allon M, Bouza E, Craven DE, Flynn P, O'Grady NP, et al. Clinical practice guidelines for the diagnosis and management of intravascular catheter-related infection: 2009 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2009;49(1):1-45)*

Fungal infections:

Yeasts:
· Candida albicans
· Candida auris
· Candida other (specify)
· Cryptococcus neoformans
· Trichosporon (specify)
· Pneumocytis jiroveci
· Yeasts other (specify)

Moulds:
· Aspergillus flavus
· Aspergillus fumigatus
· Aspergillus other spp (specify)
· Aspergillus terreus
· Fusarium other spp (specify)
· Fusarium solani
· Lomentospora prolificans (formerly Scedosporium prolificans)
· Order Mucorales (specify)
· Dematiaceous fungi (Phaeohyphomycosis) (specify)
· Scedosporium spp (specify)
· Moulds other spp (specify)
· Mould infection diagnosed based on positive galactomannan only, without microbiological confirmation
· Blastomyces spp
· Histoplasma spp (specify)
· Coccidioides spp
· Paracoccidioides spp

Parasitic infections:

Protozoa:
· Babesia spp (specify)
· Cryptosporidium
· Giardia spp
· Leishmania spp (specify)
· Plasmodium spp (specify)
· Toxoplasma gondii
· Trypanosoma cruzi
· Protozoa other spp (specify)

Helminths:
· Strongyloides stercoralis
· Other helminths

Appendix 3
-- CTCAE term --

CTCAE terms related to infections and infestations (version 5.0.)
https://ctep.cancer.gov/protocoldevelopment/electronic_applications/ctc.htm#ctc_50

Respiratory tract
- Bronchial infection
- Lung infection
- Laryngitis infective
- Pleural infection
- Tracheitis infective
- Upper respiratory infection

Intra-abdominal infections
- Anorectal infection
- Appendicitis infective
- Appendicitis with perforation infective
- Biliary tract infection
- Cecal infection
- Duodenal infection
- Enterocolitis infective
- Esophageal infection
- Gallbladder infection
- Gastritis infective
- Hepatic infection
- Pancreas infection
- Pelvic infection
- Peritoneal infection
- Splenic infection
- Stoma site infection
- Small intestine infection
- Typhlitis infective

Blood
- Bacteremia
- Fungemia
- Viremia

Uro-genital tract infections
- Cystitis infective
- Cervicitis infective
- Kidney infection
- Ovarian infection
- Scrotal infection
- Penile infection
- Prostate infection
- Urethral infection
- Urinary tract infection
- Uterine infection
- Vaginal infection
- Vulval infection

Muscles and bones
- Bone infection
- Myositis infective
- Joint infection

Nervous system infection
- Cranial nerve infection
- Encephalitis infective
- Encephalomyelitis infective
- Meningitis infective
- Myelitis infective
- Peripheral nerve infection

Cardiovascular infections
- Arteritis infective
- Endocarditis infective
- Mediastinal infection
- Phlebitis infective

Skin, soft tissue and mucosal surfaces
- Breast infection
- Folliculitis infective
- Lymph gland infection
- Nail infection
- Mucosal infection
- Papulo/pustular rash
- Paronychia
- Skin infection
- Soft tissue infection
- Wound infection

Head and neck
- Conjunctivitis infective
- Corneal infection
- Endophthalmitis infective
- Retinitis
- Gum infection
- Lip infection
- Oral cavity infection
- Otitis externa infective
- Otitis media infective
- Periorbital infection
- Salivary gland infection
- Sinusitis infective
- Tooth infection

Others
- Device related infection (other than Intravascular catheter)
- Febrile Neutropenia
- Fever of unknown origin (FUO)
- Sepsis

Appendix 4
-- Non-infectious Complications CTCAE term -- No Reporting Required

Non-infectious complications
- Allergic reaction
- All laboratory abnormalities
- All types of pain
- Alopecia
- Blurred vision
- Diarrhoea (enteropathy)
- Dry mouth
- Dyspepsia
- Dysphagia
- Edema
- Esophageal stenosis
- Fatigue
- Flashes
- Gastritis
- Hematologic toxicities
- Hematoma
- Hypertension
- Injection site reaction
- Malaise
- Mucositis
- Sore throat
- Tinnitus
- Vertigo
- Weight loss

Infectious complications
- Minor ophthalmologic bacterial infections
- External otitis treated topically
- Otitis media treated with oral antibiotics
- Isolated lip herpes simplex
- Bacterial tonsillitis or pharyngitis treated orally
- Laryngitis without viral identification managed at home by inhalations or without any intervention
- URTI without viral/bacterial identification managed at home
- Bilateral cervical lymph node enlargement concurrent with URTI that resolved without specific treatment, together with the resolution of URTI
- Local superficial wound infection resolved under topical antibiotics (incl. impetigo)
- Minor skin bacterial infections
- Minor fungal skin infection
- Diaper rash treated with local antifungals
- Candidal balanitis treated topically
- Vaginal candidiasis treated topically or with a single oral dose
- Asymptomatic bacteriuria due to a pathogen not multi-resistant
- Single low urinary tract infection treated orally without need for hospitalisation
- Phlebitis following peripheral intravascular infusion that resolved after intravascular removal without treatment with antibiotics
- Any isolate that is considered part of the normal flora of the place (oral cavity, vagina, skin, stools) except if it carries an antimicrobial resistance that has clinical implications (induce isolation precautions or a pathogen-directed therapy)
- Positive culture without clinical implications

Appendix 5
-- Intravascular catheter-related infections --

CVC infections:
- Catheter colonization
- Phlebitis
- Exit site infection
- Tunnel infection
- Pocket infection
- Bloodstream infection

Appendix 6
Cell Infusion Sheet

Chronological number of CI episode for this patient: _____

Date of the first infusion *(within this episode)*: _____/____/____ *(YYYY/MM/DD)*
Not applicable for Inborn Errors

Number of infusions within this episode (10 weeks): _____
(Count only infusions that are part of the same regimen and given for the same indication.)

Source of cells:

- ☐ Allogeneic
- ☐ Autologous

Type of cells:

- ☐ Lymphocytes (DLI)
- ☐ Mesenchymal
- ☐ Fibroblasts
- ☐ Dendritic cells
- ☐ NK cells
- ☐ Regulatory T-cells
- ☐ Gamma/delta cells
- ☐ Virus-specifc T-cells; specify virus: _____
- ☐ Other; specify: _____

Not applicable for Inborn Errors

Disease status at time of this cell infusion*: _____

* Indicate the disease status corresponding to indication diagnosis by selecting from the list provided in Appendix 1

Indication:
(check all that apply)

- ☐ Planned/protocol
- ☐ Prophylactic
- ☐ Treatment of acute GvHD
- ☐ Treatment of chronic GvHD
- ☐ Treatment PTLD, EBV lymphoma
- ☐ Treatment for primary disease
- ☐ Mixed chimaerism
- ☐ Loss/decreased donor chimaerism
- ☐ Treatment of viral infection other than EBV
- ☐ Poor graft function
- ☐ Infection prophylaxis
- ☐ Other; specify: _____

Acute GvHD -- maximum grade *(after this infusion episode but before any subsequent cell infusion/HCT/CT)*:

- ☐ 0 (none)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Present but grade unknown

Date Acute GvHD onset after cell infusion: _ _ _ _ / _ _ / _ _ (*YYYY/MM/DD*)

- ☐ Unknown