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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS

DISEASE

Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)

Classification:

☐ B-cell lymphoma (including Hodgkin and Non-Hodgkin lymphoma)
☐ T-cell non-Hodgkin lymphoma (NHL)
☐ Immunodeficiency-associated lymphoproliferative disorder (incl. PTLD)
☐ Other; specify _____

EBMT Centre Identification Code (CIC): _ _ _ _
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Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS
B-cell lymphoma (including Hodkin and Non-Hodkin lymphoma)

DISEASE

Sub-Classification: Mature B-cell neoplasms

☐ Splenic B-cell lymphomas and leukaemias
    ☐ Splenic marginal zone lymphoma
    ☐ Splenic diffuse red pulp small B-cell lymphoma

☐ Lymphoplasmacytic lymphoma
    ☐ IgM-LPL/ Waldenström Macroglobulinaemia (WM) type
    ☐ Non-WM type LPL

☐ Marginal zone lymphoma

    ☐ Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue
    ☐ Primary cutaneous marginal zone lymphoma
    ☐ Nodal marginal zone lymphoma
    ☐ Paediatric marginal zone lymphoma

☐ Follicular lymphoma

    ☐ Classical follicular lymphoma (cFL)
    ☐ Follicular large B-cell lymphoma (FLBL)
    ☐ FL with uncommon features (uFL)

☐ Paediatric-type follicular lymphoma

☐ Duodenal-type follicular lymphoma

☐ Cutaneous follicle centre lymphoma

☐ Mantle cell lymphoma
    ☐ Mantle cell lymphoma
    ☐ Leukaemic non-nodal mantle cell lymphoma

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS
B-cell lymphoma (including Hodkin and Non-Hodkin lymphoma)

DISEASE continued

Sub-Classification: Mature B-cell neoplasms

☐ Large B-cell lymphomas

    ☐ Diffuse large B-cell lymphoma (DLBCL), NOS

        ☐ Germinal centre B- cell-like subtype (GCB)

        ☐ Activated B-cell-like subtype (ABC)

    ☐ T-cell/histiocyte-rich large B-cell lymphoma

    ☐ Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with MYC and BCL2 rearrangements

    ☐ ALK-positive large B-cell lymphoma

    ☐ Large B-cell lymphoma with IRF4 rearrangement

    ☐ High-grade B-cell lymphoma with 11q aberrations

    ☐ Lymphomatoid granulomatosis

    ☐ EBV-positive diffuse large B-cell lymphoma

    ☐ Diffuse large B-cell lymphoma associated with chronic inflammation

    ☐ Fibrin-associated large B-cell lymphoma

    ☐ Fluid overload-associated large B-cell lymphoma

    ☐ Plasmablastic lymphoma

    ☐ Primary large B-cell lymphoma of immune-privileged sites

        ☐ Primary large B-cell lymphoma of the CNS

        ☐ Primary large B-cell lymphoma of the vitreoretina

        ☐ Primary large B-cell lymphoma of the testis

    ☐ Primary cutaneous diffuse large B-cell lymphoma, leg type

    ☐ Intravascular large B-cell lymphoma

    ☐ Primary mediastinal large B-cell lymphoma

    ☐ Mediastinal grey zone lymphoma

    ☐ High-grade B-cell lymphoma, NOS

☐ Burkitt lymphoma

    ☐ EBV-positive BL

    ☐ EBV-negative BL

☐ KSHV/HHV8-associated B-cell lymphoid proliferations and lymphomas

    ☐ Primary effusion lymphoma

    ☐ KSHV/HHV8-positive diffuse large B-cell lymphoma

    ☐ KSHV/HHV8-positive germinotropic lymphoproliferative disorder

☐ Hodgkin lymphoma

    ☐ Classic Hodgkin lymphoma

    ☐ Nodular lymphocyte predominant Hodgkin lymphoma

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

DISEASE continued

Transformation of indolent B-cell lymphoma:

☐ No

☐ Yes (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)

☐ Unknown

Parameters for international prognostic indices:

Age at diagnosis:	_____ years (*this is calculated automatically in the database*)
LDH levels elevated:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
Ann Arbor staging:	☐ I ☐ II ☐ III ☐ IV ☐ Not evaluated ☐ Unknown
ECOG performance status:	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not evaluated ☐ Unknown
> 1 extranodal site involved:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
> 4 nodal sites involved:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
Haemoglobin < 120g/L:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
White Blood Cell count:	_____ x 10^9/L ☐ Not evaluated ☐ Unknown
CNS Involvement:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Final score:

(only for patients with LBCL (except Primary large B-cell lymphoma of immune-privileged sites), Mantle cell lymphoma, Follicular lymphoma, Waldenstrom macroglobulinaemia)

IPI: (*for LBCL (except Primary large B-cell lymphoma of immune-privileged sites) and FLBL*)	**MIPI:** (*for Mantle cell lymphoma*)	**FLIPI:** (*for Follicular lymphoma (except FLBL)*)	**ISSWM:** (*for Waldenstrom macroglobulinaemia*)
☐ Low risk (0-1 score points) ☐ Low-intermediate risk (2 score points) ☐ High-intermediate risk (3 score points) ☐ High risk (4-5 score points) ☐ Not evaluated	☐ Low risk ☐ Intermediate risk ☐ High risk ☐ Not evaluated	☐ Low risk ☐ Intermediate risk ☐ High risk ☐ Not evaluated	☐ Low risk (0-1 score points except age > 65) ☐ Intermediate risk (2 score points OR age > 65) ☐ High risk (3-5 score points) ☐ Not evaluated

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

CHROMOSOME ANALYSIS

Please complete chromosome analysis section only for patients with the following types of B-cell NHL:
- *Mantle cell lymphoma*
- *Waldenstrom macroglobulinaemia (LPL with monoclonal IgM)*
- *Burkitt lymphoma or Intermediate DLBCL/BL and all LBCL)*

Chromosome analysis done before HCT/CT treatment:
(Describe results of the most recent complete analysis)

☐ No

☐ Yes: **Output of analysis:** ☐ Separate abnormalities ☐ Full karyotype

☐ Unknown

> *Extended dataset*
>
> **Chromosome analysis method used:** ☐ Karyotyping
> *(select all that apply)* ☐ FISH

If chromosome analysis was done:
What were the results?

☐ Normal

☐ Abnormal: number of abnormalities present: _____

☐ Failed

Date of chromosome analysis:: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated *(according to the type of lymphoma diagnosed).*

Mantle cell lymphoma or Waldenstrom macro-globulinaemia	**del(17p)**	☐ Absent	☐ Present	☐ Not evaluated
	FISH used:	☐ No	☐ Yes	
Burkitt lymphoma or all LBCL	**t(2;8)**	☐ Absent	☐ Present	☐ Not evaluated
	t(8;14)	☐ Absent	☐ Present	☐ Not evaluated
	t(8;22)	☐ Absent	☐ Present	☐ Not evaluated
	t(14;18)	☐ Absent	☐ Present	☐ Not evaluated
All above mentioned B-cell lymphomas	**Other chromosome abnormalities; specify:** _____	☐ Absent	☐ Present	

OR

Transcribe the complete karyotype: _____

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

MOLECULAR MARKER ANALYSIS

Please complete molecular marker analysis section only for patients with the following types of B-cell NHL:
- *Mantle cell lymphoma*
- *Burkitt lymphoma (BL) or Intermediate DLBCL/BL and all LBCL*

Molecular marker analysis done before HCT/CT treatment:
(Describe results of the most recent complete analysis)
☐ No

☐ Yes

☐ Unknown

Date of molecular marker analysis *(if tested)*:: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Indicate below whether the markers were absent, present or not evaluated, according to the type of lymphoma diagnosed.

Mantle cell lymphoma	**TP53 mutation**	☐ Absent	☐ Present	☐ Not evaluated
Burkitt lymphoma or all LBCL	**MYC rearrangement**	☐ Absent	☐ Present	☐ Not evaluated
All LBCL	**BCL2 rearrangement**	☐ Absent	☐ Present	☐ Not evaluated
	BCL6 rearrangement	☐ Absent	☐ Present	☐ Not evaluated
All above mentioned B-cell lymphomas	**Other molecular markers; specify:** _____	☐ Absent	☐ Present	

IMMUNOPHENOTYPING

Please complete immunophenotyping section only for patients with the following types of B-cell NHL:
- *Mantle cell lymphoma*
- *Burkitt lymphoma (BL) or Intermediate DLBCL/BL and all LBCL*

Immunophenotyping done before HCT/CT treatment:
(Describe results of the most recent complete analysis)
☐ No

☐ Yes

☐ Unknown

Date of immunophenotyping (if tested): _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

Indicate below whether the immunophenotypes were absent, present or not evaluated, according to the type of lymphoma diagnosed.

Mantle cell lymphoma	**SOX 11**	☐ Absent	☐ Present	☐ Not evaluated
Burkitt lymphoma or all LBCL	**MYC**	☐ Absent	☐ Present	☐ Not evaluated
LBCL	**BCL2/IgH**	☐ Absent	☐ Present	☐ Not evaluated
	BCL6	☐ Absent	☐ Present	☐ Not evaluated
All above mentioned B-cell lymphomas	**Other immunophenotype; specify:** _____	☐ Absent	☐ Present	

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS
T-cell non-Hodgkin lymphoma (NHL)

DISEASE

Sub-Classification: Mature T-cell & NK-cell neoplasms

☐ **Mature T-cell and NK-cell leukaemias**

  ☐ T-large granular lymphocytic leukaemia

  ☐ NK-large granular lymphocytic leukaemia

  ☐ Adult T-cell leukaemia/lymphoma

  ☐ Sezary syndrome

  ☐ Aggressive NK-cell leukaemia

☐ **Primary cutaneous T-cell lymphomas**

  ☐ Primary cutaneous CD4-positive small or medium T-cell lymphoproliferative disorder

  ☐ Primary cutaneous acral CD8-positive lymphoproliferative disorder

  ☐ Mycosis fungoides

  ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: lymphomatoid papulosis

  ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: primary cutaneous anaplastic large cell lymphoma

  ☐ Subcutaneous panniculitis-like T-cell lymphoma

  ☐ Primary cutaneous gamma/delta T-cell lymphoma

  ☐ Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma

  ☐ Primary cutaneous peripheral T-cell lymphoma, not otherwise specified

☐ **Intestinal T-cell and NK-cell lymphoid proliferations and lymphomas**

  ☐ Indolent T-cell lymphoma of the gastrointestinal tract

  ☐ Indolent NK-cell lymphoproliferative disorder of the gastrointestinal tract

  ☐ Enteropathy-associated T-cell lymphoma

  ☐ Monomorphic epitheliotropic intestinal T-cell lymphoma

  ☐ Intestinal T-cell lymphoma not otherwise specified

☐ **Hepatosplenic T-cell lymphoma**

☐ **Anaplastic large cell lymphomas**

  ☐ ALK-positive anaplastic large cell lymphoma

  ☐ ALK-negative anaplastic large cell lymphoma

  ☐ Breast implant-associated anaplastic large cell lymphoma

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS
T-cell non-Hodgkin lymphoma (NHL)

DISEASE continued

Sub-Classification: Mature T-cell & NK-cell Neoplasms

☐ **Nodal T-follicular helper (TFH) lymphomas**

    ☐ Nodal TFH cell lymphoma, angioimmunoblastic-type

    ☐ Nodal TFH cell lymphoma, follicular type

    ☐ Nodal TFH cell lymphoma, not otherwise specified

☐ **Peripheral T-cell lymphoma, not otherwise specified**

☐ **EBV-positive NK/T-cell lymphomas**

    ☐ EBV-positive nodal T- and NK-cell lymphoma

    ☐ Extranodal NK/T-cell lymphoma

☐ **EBV-positive T- and NK-cell lymphoid proliferations and lymphomas of childhood**

    ☐ Severe mosquito bite allergy

    ☐ Hydroa vacciniforme lymphoproliferative disorder

    ☐ Systemic chronic active EBV disease

    ☐ Systemic EBV-positive T-cell lymphoma of childhood

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS
Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

DISEASE

Sub-Classification: Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

☐ Lymphoproliferative disease associated with primary immune disorder

☐ Lymphoma associated with HIV infection

☐ Post-transplant lymphoproliferative disorder (PTLD)

    ☐ Non-destructive PTLD

        ☐ Plasmacytic hyperplasia PTLD

        ☐ Infectious mononucleosis PTLD

        ☐ Florid follicular hyperplasia PTLD

    ☐ Polymorphic PTLD

    ☐ Monomorphic PTLD

        ☐ B-cell type

        ☐ T-/NK-cell type

    ☐ Classical Hodgkin lymphoma PTLD

☐ Other immunodeficiency-associated lymphoproliferative disorder

Did the disease result from a previous solid organ transplant?

☐ No

☐ Yes: **Date of transplant:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

       Type of transplant: ☐ Renal

                           ☐ Cardiac

                           ☐ Pulmonary

                           ☐ Other; specify: _____

☐ Unknown

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

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

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

LYMPHOMAS

PREVIOUS THERAPIES
(between diagnosis and HCT/CT)

Previous therapy lines before the HCT/CT:

☐ No

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

☐ Unknown