

ACUTE LEUKAEMIAS

DISEASE

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

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

Classification:

- | |
|--|
| <input type="checkbox"/> Acute myeloid leukaemia (AML) |
| <input type="checkbox"/> Precursor lymphoid neoplasm (ALL) |
| <input type="checkbox"/> Other acute leukaemia |

Haematological values

Peripheral blood

White Blood cell count (10 ⁹ /L): _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
% blasts : _____ <i>(Only if the exact value is recorded)</i> In the case an exact % is not available please provide the range: lower limit : _____ % upper limit : _____ %	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown

Bone marrow

% blasts : _____	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
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Acute Myeloid Leukaemias (AML)

DISEASE

Classification:
AML with myelodysplasia related changes?

- No
 Yes; **Was there a previous diagnosis of MDS, MPN or MDS/MPN?** No
 Yes (complete the respective diagnosis form in addition to the current form)
 Unknown

Therapy related myeloid neoplasia (old "secondary acute leukaemia")?

*Related to prior treatment but **not** after a previous diagnosis of MDS, MPN or MDS/MPN*

- No
 Yes (complete the respective diagnosis form in addition to the current form)
 Unknown

(If therapy related myeloid neoplasia, is Yes)

Is this a donor cell leukaemia?

- No
 Yes
 Not applicable (no previous allo HCT)
 Unknown

CHROMOSOME ANALYSIS

Chromosome analysis done at diagnosis:
(describe results of the analysis at time of diagnosis)

- No
 Yes: **Output of analysis:** Separate abnormalities Full karyotype
 Unknown

If chromosome analysis was done:
Date of chromosome analysis: ____/____/____ (YYYY/MM/DD) Unknown

What were the results?

- Normal
 Abnormal:

Number of abnormalities present: ____

Complex karyotype: No Yes Unknown

Monosomal karyotype: No Yes Unknown

*(≥2 autosomal monosomies
or 1 autosomal monosomy
+ at least 1 structural abnormality)*

Multiple trisomies: No Yes Unknown

- Failed

CHROMOSOME ANALYSIS continued

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.

t(15;17)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(8;21)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
inv(16)/ t(16;16)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
11q23 abnormality type, if a 11q23 abnormality is present:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(9;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(11;19)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(10;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(6;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(11q23); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
3q26 (EVI1) abnormality type, if a 3q26 abnormality is present:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
inv(3) / t(3;3)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(2;3)(p21;q26)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other (3q26)/EVI1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
t(6;9)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
abn 5 type, if an abn 5 is present:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del (5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
monosomy 5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
add(5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(5q); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
abn 7 type, if an abn 7 is present:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
monosomy 7	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
add(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(7q); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
Monosomy 17	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
abn(17p)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(1;22)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Trisomy 8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(9;22)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(8;16)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

Transcribe the complete karyotype: _____

MOLECULAR MARKER ANALYSIS

Molecular marker
analysis at diagnosis: No

 Yes: **Date of molecular marker analysis:** ____/____/____ (YYYY/MM/DD) Unknown

 Unknown

Indicate below whether the markers were absent, present or not evaluated.

AML1-ETO (RUNX1/RUNX1) <i>Molecular product of t(8;21)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
CBFB-MYH11 <i>Molecular product of inv(16)(p13.1;q22) or (16;16)(p13.1;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
PML-RARα <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLL (KMT2A)-rearrangement/mutation:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT3(AF9)-MLL <i>Molecular product of t(9;11)(p22;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLL-PTD <i>(partial tandem duplication)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT4(AF6)-MLL <i>Molecular product of t(6;11)(q27;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ELL-MLL <i>Molecular product of t(11;19)(q23;p13.1)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT1(ENL)-MLL <i>Molecular product of t(11;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT10(AF10)-MLL <i>Molecular product of t(10;11)(p12;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other MLL-rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
DEK-NUP214(CAN) <i>Molecular product of translocation t(6;9)(p23;q34)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
RPN1-EVI1 <i>Molecular product of inv(3)(q21q26.2) or t(3;3)(q21q26.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
RBM15-MKL1 <i>Molecular product of translocation t(1;22)(p13;q13)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
NPM1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
c-KIT	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
DNMT3A	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ASXL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
TP53	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
RUNX1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
IDH1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
IDH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
BRAF	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
SRSF2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
SF3B1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
CEBPA	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
if CEBPA present:			
	bZIP mutation:	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	biallelic:	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown
FLT3-ITD (internal tandem duplication)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
FLT3-TKD	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated



EBMT Centre Identification Code (CIC): _____

Hospital Unique Patient Number (UPN): _____

Patient Number in EBMT Registry: _____

Treatment Type HCT CT GT IST Other

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

MOLECULAR MARKER ANALYSIS continued

Indicate below whether the markers were absent, present or not evaluated.

BCR-ABL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
GATA2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MECOM(EVI1)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
KAT6A-CREBBP	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
BCOR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
EZH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
STAG2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
U2AF1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ZRSR2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

Next Generation Sequencing (NGS) performed at diagnosis: No
 Yes
 Unknown

DISEASE

Other AML classification: (If applicable)

<input type="checkbox"/> Acute panmyelosis with myelofibrosis
<input type="checkbox"/> Myeloid sarcoma (granulocytic sarcoma)
<input type="checkbox"/> Myeloid proliferations related to Down syndrome
<input type="checkbox"/> Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

FAB classification: (Optional)

<input type="checkbox"/> AML with minimal differentiation (FAB M0)
<input type="checkbox"/> AML without maturation (FAB M1)
<input type="checkbox"/> AML with maturation (FAB M2)
<input type="checkbox"/> Acute promyelocytic leukaemia (FAB M3)
<input type="checkbox"/> Acute myelomonocytic leukaemia (FAB M4)
<input type="checkbox"/> Acute monoblastic and monocytic leukaemia (FAB M5)
<input type="checkbox"/> Acute erythroid leukaemia (FAB M6)
<input type="checkbox"/> Acute megakaryoblastic leukaemia (FAB M7)
<input type="checkbox"/> Not evaluated

Involvement at time of diagnosis:

Medullary involvement: No Yes Unknown

Extramedullary involvement: No Yes Unknown

Organs involved at time of diagnosis:

Skin: No Yes Not evaluated

CNS: No Yes Not evaluated

Testes/Ovaries: No Yes Not evaluated

Other; specify: _____ No Yes

Precursor Lymphoid Neoplasms (previously ALL)

DISEASE

Classification:
 B lymphoblastic leukaemia/lymphoma

 T lymphoblastic leukaemia/lymphoma

 Other precursor lymphoid neoplasm; specify: _____

Secondary origin: is this PLN related to prior exposure to therapeutic drugs or radiation?
 No

 Yes: (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)
Due to exposure to:
 Chemotherapy / radiotherapy treated disease

 Immune suppression

 Other; specify _____

 Unknown

 Unknown

CHROMOSOME ANALYSIS

Chromosome analysis done at diagnosis:
(describe results of the analysis at time of diagnosis)
 No

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

 Unknown

If chromosome analysis was done:
Date of chromosome analysis: ____/____/____ (YYYY/MM/DD) Unknown

What were the results?
 Normal

 Abnormal: **Number of abnormalities present:** ____

Complex karyotype: No Yes Unknown

 Failed

CHROMOSOME ANALYSIS continued

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.

t(9;22)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
11q23 abnormalities (fill in only if 11q23 abnormality is present):	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(4;11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(11q23); specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
t(12;21)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Hyperdiploidy > 46 chromosomes (fill in only if hyperdiploidy is present):	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
51-67 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Trisomy; specify extra chromosome: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other hyperdiploid karyotype; number of chromosomes: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
Hypodiploidy < 46 chromosomes (fill in only if hypodiploidy is present):	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Low hypodiploid: 32 - 39 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Near haploid: 24-31 chromosomes	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Monosomy; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated
Other; number of chromosomes: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
iAMP21 (intrachromosomal amplification of chromosome 21)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(5;14)(q31;q32)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(1;19)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Trisomy 8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not Evaluated
Other ; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

Transcribe the complete karyotype: _____

MOLECULAR MARKER ANALYSIS

Molecular marker analysis at diagnosis:

- No
 Yes; **Date of molecular marker analysis:** ____/____/____ (YYYY/MM/DD) Unknown
 Unknown

Indicate below whether the abnormalities were absent, present or not evaluated.

BCR-ABL <i>Molecular product of t(9;22)(q34;q11.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
PML-RARα <i>Molecular product of t(15;17)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLL (KMT2A)-rearrangement/mutation:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
AFF1(AF4)-MLL <i>M</i> <i>Molecular product of t(4;11)(q21;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT1(ENL)-MLL <i>Molecular product of t(11;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
MLLT3(AF9)-MLL <i>Molecular product of t(9;11)(p22;q23)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other MLL-rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
TEL(ETV6)-AML1(RUNX1) <i>Molecular product of t(12;21)(p13;q22)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
IL3-IGH <i>Molecular product of translocation t(5;14)(q31;q32)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
TCF3-PBX1 <i>Molecular product of translocation (1;19)(q23;p13.3)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
IKZF1 (IKAROS)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
NOTCH1 / FBWX7	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
PAX5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
KRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
NRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
PTEN	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
FLT3	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
PTPN11	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
BCL/MYC-rearranged	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

MOLECULAR MARKER ANALYSIS continued

Ph-like ALL? *(Not applicable in Ph+ ALL (BCR/ABL present))*

- No (skip the table below)
 Yes (complete the table below)
 Not evaluated

CRFL2-P2RY8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other CRFL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
ABL1 rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ABL1-ETV6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ABL1-NUP214	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other ABL1 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
ABL2 rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
ABL2-RCSD1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other ABL2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
JAK2 rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
JAK2-PAX5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
JAK2-BCR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other JAK2 rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
EPOR rearrangement:	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
EPOR-IGH	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other EPOR rearrangement; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

Next Generation Sequencing (NGS) performed at diagnosis: No
 Yes
 Unknown

DISEASE

Involvement at time of diagnosis:

Medullary involvement: No Yes Unknown

Extramedullary involvement: No Yes Unknown

Organs involved at time of diagnosis:

Skin: No Yes Not evaluated

CNS: No Yes Not evaluated

Testes/Ovaries: No Yes Not evaluated

Other; specify: _____ No Yes

Other Acute Leukaemias

DISEASE

Classification:

Acute leukaemias of ambiguous lineage

<input type="checkbox"/> Acute undifferentiated leukaemia
<input type="checkbox"/> Mixed phenotype (B, T, NOS)
<input type="checkbox"/> Natural killer (NK) - cell lymphoblastic leukaemia/lymphoma
<input type="checkbox"/> Other; specify: _____

Secondary origin: is this other acute leukaemia related to prior exposure to therapeutic drugs or radiation?

- No
- Yes: (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)

- Due to exposure to:**
- Chemotherapy / radiotherapy
 - Immune suppression
 - Other; specify _____
 - Unknown

Unknown

CHROMOSOME ANALYSIS

Chromosome analysis done at diagnosis:

(describe results of the analysis at time of diagnosis)

- No
- Yes: **Output of analysis:** Separate abnormalities Full karyotype
- Unknown

If chromosome analysis was done:

Date of chromosome analysis: ____/____/____ (YYYY/MM/DD) Unknown

What were the results?

- Normal
- Abnormal:

Number of abnormalities present: ____

Complex karyotype: No Yes Unknown

Chromosomal abnormalities; specify: _____ Absent Present

OR

Transcribe the complete karyotype: _____

Failed



EBMT Centre Identification Code (CIC): _____

Hospital Unique Patient Number (UPN): _____

Patient Number in EBMT Registry: _____

Treatment Type HCT CT GT IST Other

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

DISEASE

Involvement at time of diagnosis:

Medullary involvement: No Yes Unknown

Extramedullary involvement: No Yes Unknown

Organs involved at time of diagnosis:

Skin: No Yes Not evaluated

CNS: No Yes Not evaluated

Testes/Ovaries No Yes Not evaluated

Other; specify: _____ No Yes