



PATIENT IDENTIFICATION

Hospital: AID (ABMTRR id):
UPN: DOB:
Name ID: Infusion date:

PART A: DISEASE CLASSIFICATION FORM

1. DIAGNOSIS

Date of diagnosis:
ALL classification:
Predisposing condition:

- If yes specify:
Aplastic anemia
Bloom syndrome
Down syndrome
Fanconi anemia
Other condition

Tyrosine kinase inhibitors given prior conditioning/infusion:

2. ASSESSMENTS AT DIAGNOSIS

Cytogenetics performed:
Tested via FISH:
Results: Abnormalities identified | no abnormalities
Number of distinct cytogenetic abnormalities:
Specify abnormalities:
Tested via karyotyping:
Results: Abnormalities identified | No evaluable metaphases | no abnormalities
Number of distinct cytogenetic abnormalities:
Specify abnormalities:
Report submitted:

Molecular markers e.g. PCR, NGS:
BCR / ABL
TEL-AML / AML1
Other:

3. ASSESSMENTS BETWEEN DIAGNOSIS AND LATEST PRIOR TO INFUSION

Cytogenetics performed:
Tested via FISH:
Results: Abnormalities identified | no abnormalities
Number of distinct cytogenetic abnormalities:
Specify abnormalities:

Tested via karyotyping:
Results: Abnormalities identified | No evaluable metaphases | no abnormalities
Number of distinct cytogenetic abnormalities:
Specify abnormalities:

Report submitted:

Molecular markers e.g. PCR, NGS:

BCR / ABL
TEL-AML / AML1
Other:

4. LATEST ASSESSMENTS PRIOR TO INFUSION

Cytogenetics performed:
Tested via FISH:
Results: Abnormalities identified | no abnormalities
Number of distinct cytogenetic abnormalities:
Specify abnormalities:
Tested via karyotyping:
Results: Abnormalities identified | No evaluable metaphases | no abnormalities
Number of distinct cytogenetic abnormalities:
Specify abnormalities:
Report submitted:

Molecular markers e.g. PCR, NGS:
BCR / ABL
TEL-AML / AML1
Other:

5. CNS Disease

CNS disease at any time prior to conditioning/infusion:

6. Disease status at transplant

Disease status at transplant (based on haematological test results)
Primary induction failure
CR -> 1 2 3 or more
Number of induction cycles to achieve CR1:
In remission by flow cytometry:
Relapse -> 1 2 3 or more
Date of most recent relapse:
Date of assessment:

**PART B: ACUTE LYMPHOBLASTIC LEUKAEMIA  
PRE-INFUSION FORM**

If this form has been completed for a previous cell therapy infusion, then skip the diagnosis questions and go directly to Section 2

**1. ASSESSMENTS AT DIAGNOSIS**

	Value	Date sample
WBC x10 <sup>9</sup> /L		__/__/__
Blasts in blood %		__/__/__
Blasts in marrow %		__/__/__

Extramedullary disease present: Y | N | Unk

If yes, site(s)

- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Mediastinum
- Skin
- Soft tissue (soft tissue mass / granulocytic sarcoma)
- Testes/ovaries
- Other specify:

**2. DISEASE PROPHYLAXIS PRIOR PREPARATIVE REGIMEN OR INFUSION**

CNS prophylaxis was given: Y | N | Unk

- Cranial irradiation
- Craniospinal irradiation
- High-dose methotrexate
- Intrathecal therapy
- Other specify:

**3. DISEASE TREATMENT PRIOR PREPARATIVE REGIMEN OR INFUSION**

Treatment was given: Y | N

*Complete this section as many times as required for multiple lines of therapy*

- Therapy type:
- Induction
  - Consolidation
  - Maintenance
  - Relapse treatment

Intrathecal therapy: Y | N

Systemic therapy: Y | N

Date started: \_\_/\_\_/\_\_ Date ended: \_\_/\_\_/\_\_

Number of cycles: \_\_\_\_

Specify systemic agents:

- Blinatumomab
- Chemotherapy
- Dasatinib
- Imatinib
- Inotuzumab
- Nilotinib
- Ponatinib
- Rituximab
- Other specify

Radiation therapy: Y | N

Date started: \_\_/\_\_/\_\_ Date ended: \_\_/\_\_/\_\_

Radiation site(s)

- Cranial
- Craniospinal
- Other, specify:

Cell therapy: Y | N

Best response to line of therapy: CR | Cri | No CR

Date assessed: \_\_/\_\_/\_\_

Recipient MRD negative following this line of therapy: Y | N

Recipient relapsed following this line of therapy: Y | N

If yes, date relapsed: \_\_/\_\_/\_\_

Site(s) of relapse

- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Mediastinum
- Skin
- Soft tissue (soft tissue mass/ granulocytic sarcoma)
- Testes/ovaries
- Other specify:

Comments:

**4. EVALUATIONS PRIOR TO START OF PREPARATIVE THERAPY OR INFUSION**

	Value	Date sample
WBC x10 <sup>9</sup> /L		__/__/__
Blasts in blood %		__/__/__
Blasts in marrow %		__/__/__

Flow cytometry performed: Y | N

If yes, complete the table below

	Date sample	% disease detected	
Blood	__/__/__		<input type="checkbox"/> No disease detected <input type="checkbox"/> Not done
Bone marrow	__/__/__		<input type="checkbox"/> No disease detected <input type="checkbox"/> Not done

Extramedullary disease present: Y | N | Unk

If yes, specify sites

- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Mediastinum
- Skin
- Soft tissue (soft tissue mass / granulocytic sarcoma)
- Testes/ovaries
- Other specify:

ABMTRR