



1. PATIENT IDENTIFICATION

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

PART A: DISEASE CLASSIFICATION FORM

Date of diagnosis: (of this histology)

Lymphoma histology at time of infusion:

If DLBCL - germinal center B-cell type or activated B-cell type, subtype based on

- Immunohistochemistry (e.g. Han's algorithm)
Gene expression profile
Unknown method

Transformation from CLL: Y | N

If yes: Was 17p abnormality detected: Y | N

Transformation from different lymphoma histology: Y | N

If yes, original histology:

Date of original diagnosis:

PET (or PET/CT) positive at latest assessment prior to infusion:

Y | N | Not done

If yes, Date of scan:

Deauville score:

DISEASE STATUS AT INFUSION

Disease status at time of infusion:

Date assessed:

Number of treatment lines between diagnosis and infusion:

PART B: LYMPHOMA 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 4

Lymphoma histology:

Diagnosis pathology report submitted to Registry: Y | N (prior to any transformation)

1. DIAGNOSIS (prior to any transformation)

Lymphoma histology at diagnosis:

Diagnosis pathology report submitted to Registry: Y | N

Immunohistochemical stains performed: Y | N | Unk

Table with 3 columns: Marker, Status (Pos | Neg | Unk), and % pos. Markers include BCL-2, BCL-6, CD5, CD10, CD30, C-MYC, Cyclin D1, EBER ISH, Ki-67, MUM1, and SOX11.

Were cytogenetics performed: Y | N | Unk

Tested via FISH: Y | N | Unk

- Abnormalities identified | no abnormalities
Specify abnormalities:

Report submitted: Y | N

Tested via karyotyping: Y | N | Unk

- Abnormalities identified | No evaluable metaphases | no abnormalities
Specify abnormalities:

Report submitted: Y | N

2. LABORATORY VALUES AT DIAGNOSIS

Table with 2 columns: Test Name and Value. Tests include WBC, Hb, Abs lymphocyte count, Lymphocyte %, Serum albumin, LDH, and LDH ULN.

3. NODAL AND ORGAN INVOLVEMENT AT DIAGNOSIS

PET (or PET/CT) positive: Y | N | Not done

Known nodal involvement: Y | N

If yes: Total number nodal regions involved:

excluding follicular: 1 ≥2 Unknown
 follicular only: ≥ 5 < 5 Unknown

Largest nodal mass (max dimensions) ____ x ____ cm

Extranodal or splenic involvement: Y | N | Unk

Site(s) of involvement: _____

Stage of organ involvement: I | II | III | IV | Unknown

B symptoms present: Y | N | Unk

ECOG score: ____ Unknown

4. DISEASE TRANSFORMATION

If transformed from CLL, then go directly to Section 7
 If not transformed from CLL, then continue with following questions

Pathology at transformation submitted to Registry: Y | N

Transformation date same as diagnosis date

- Yes (concurrent diagnosis) - go to Disease Treatment
- No - Date of transformation: __/__/__

If no, complete the rest of this section and sections 5 and 6

Immunohistochemical stains performed: Y | N | Unk

| | | |
|-----------|-----------------|------------|
| BCL-2 | Pos Neg Unk | % pos ____ |
| BCL-6 | Pos Neg Unk | % pos ____ |
| CD5 | Pos Neg Unk | |
| CD10 | Pos Neg Unk | |
| CD30 | Pos Neg Unk | |
| C-MYC | Pos Neg Unk | % pos ____ |
| Cyclin D1 | Pos Neg Unk | |
| EBER ISH | Pos Neg Unk | |
| Ki-67 | Pos Neg Unk | % pos ____ |
| MUM1 | Pos Neg Unk | |
| SOX11 | Pos Neg Unk | |

DISEASE TRANSFORMATION continued

Were cytogenetics performed: Y | N | Unk

Tested via FISH: Y | N | Unk

- Abnormalities identified | no abnormalities
- Specify abnormalities: _____

Tested via karyotyping: Y | N | Unk

- Abnormalities identified | No evaluable metaphases | no abnormalities
- Specify abnormalities: _____

Report(s) submitted: Y | N

5. LABORATORY VALUES AT TRANSFORMATION

| Lab parameters at transformation | Value |
|---|-------|
| WBC x10 ⁹ /L <i>Mantle cell, Hodgkins only</i> | |
| Hb g/L <i>Follicular, Hodgkins only</i> | |
| Abs lymphocyte count x10 ⁹ /L <i>Hodgkins only</i> | |
| Lymphocyte % <i>Hodgkins only</i> | |
| Serum Albumin g/L <i>Hodgkins only</i> | |
| LDH U/L | |
| LDH ULN U/L | |

6. NODAL, ORGAN INVOLVEMENT AT TRANSFORMATION

PET (or PET/CT) positive: Y | N | Not done

Known nodal involvement: Y | N

If yes: Total number nodal regions involved

excl follicular: 1 ≥2 Unknown
 follicular only: ≥ 5 < 5 Unknown

Largest nodal mass (max dimensions) ____ x ____ cm

Extranodal / splenic involvement? Y | N | Unk

Site(s) of involvement: _____

Stage of organ involvement: I | II | III | IV | Unknown

B symptoms present 6months prior transform: Y | N | Unk

ECOG score: ____ Unknown

7. DISEASE TREATMENT

Treatment was given after diagnosis: Y | N

Complete this section as many times as required for each line given

Systemic therapy: Y | N

Date started: __/__/__ Date stopped: __/__/__

Number of cycles: ____

Specify regimen/agents: _____

This therapy line given to mobilised cells: Y | N

Intrathecal therapy: Y | N

Prophylaxis Treatment CNS disease Unknown

Date started: __/__/__ Date stopped: __/__/__

Specify therapy: _____

Intraocular therapy: Y | N

Prophylaxis Treatment ocular disease Unknown

Date started: __/__/__ Date stopped: __/__/__

Specify therapy: _____

Radiation therapy: Y | N

Date started: __/__/__ Date stopped: __/__/__

Extent of radiation field:

Radiation site(s):

Dose per fraction ____ Number fractions: ____

Total dose: ____ Gy cGy

Technique:

Surgery Y | N

Date of surgery: __/__/__

Splenectomy: Y | N

Other site: _____

Photopheresis: Y | N

Cell therapy: Y | N → if yes, complete CT form

Best response to line of therapy: (Radiographic criteria)

CR | PR | NR/SD | PD | Not done Date assessed: __/__/__

Best response to line of therapy: (Metabolic criteria)

CR | PR | NR/SD | PD | Not done Date assessed: __/__/__

This therapy given as maintenance / consolidation: Y | N

Relapse/progression occurred after this therapy line: Y | N

If yes, date relapse/progression: __/__/__

8. DLBCL - complete if CR not achieved after 1st line therapy

LDH U/L: _____ LDH ULN, U/L: _____

Stage of organ involvement: I | II | III | IV | Unknown

ECOG score: _____ Unknown

Extranodal or splenic involvement: Y | N | Unk

If yes, site(s) of involvement: _____

9. DISEASE ASSESSMENT AT LAST EVALUATION PRIOR TO PREPARATIVE REGIMEN / INFUSION

Were cytogenetics performed: Y | N | Unk

Tested via FISH: Y | N | Unk

• Results: Abnormalities identified | no abnormalities

• Specify abnormalities: _____

•

Tested via karyotyping: Y | N | Unk

• Results: Abnormalities identified | No evaluable metaphases | no abnormalities

• Specify abnormalities: _____

•

Report(s) submitted: Y | N

| | Value |
|--|-------|
| Hb g/L Follicular, Hodgkins only | |
| Abs lymphocyte count x10 ⁹ /L Hodgkins only | |

Minimal residual disease:

| | BM Blood specify other | Pos Neg ND | Date sample |
|--------------------------|----------------------------|----------------|-------------|
| Flow cytometry | | | __/__/__ |
| PCR | | | __/__/__ |
| NGS, 3 rd gen | | | __/__/__ |

Pathology report(s) submitted to Registry: Y | N

Known nodal involvement: Y | N

(follicular only If yes: Total number of nodal regions involved:

≥ 5 < 5 Unknown

Largest nodal mass (max dimensions) ____ x ____ cm

Extranodal or splenic involvement: Y | N | Unk

Site(s) of involvement: _____