



ABMTRR

NEW MALIGNANCY, LYMPHOPROLIFERATIVE OR MYELOPROLIFERATIVE DISEASE / DISORDER

PATIENT IDENTIFICATION

Hospital: AID (ABMTRR id):
Name ID: UPN:
DOB: __/__/__ CT Infusion date: __/__/__
Follow up: 30day | 100day | 6mth | 1yr | 2 yr | >2yr, specify ____

Product name (most recent CT infusion): Tisagenlecleucel | Axicabtagene | Other, specify: _____

MALIGNANCY DIAGNOSIS

- Acute myeloid leukaemia
- Other leukaemia, specify: _____
- Myelodysplastic syndrome
- Myeloproliferative neoplasm
- MDS/MPN
- Hodgkin disease
- Non Hodgkin Lymphoma
- Post-transplant lymphoproliferative disorder
- Clonal cytogenetic abnormality without leukaemia or MDS
- Uncontrolled proliferation of donor cells without malignant transformation
- CNS malignancy (glioblastoma, astrocytoma)
- Squamous cell carcinoma (SCC)
- Basal cell carcinoma (BCC)
- Melanoma
- Other specify: _____

Date of diagnosis: __/__/__

New malignancy is donor/cell product derived: Yes | No | Not tested

⇒ If yes, documentation submitted? eg cell origin evaluation (VTNR, cytogenetics, FISH): Yes | No

Documentation submitted? eg pathology or autopsy report: Yes | No

EBV reactivation present in blood: Yes | No | Unknown

⇒ If yes, method diagnosed by:

- Qualitative PCR of blood
- Quantitative PCR of blood
 - Viral load (copies/ml)
 - Quantitative PCR of blood repeated after diagnosis: Yes | No
If yes, highest EBV viral load of blood (copies/ml)
- Other method, specify: _____

Was there lymphomatous involvement? eg. a mass: Yes | No

⇒ If yes, specify sites

PTLD confirmed by biopsy: Yes | No

⇒ Documentation submitted: Yes | No