

PATIENT IDENTIFICATION

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

1. BEST RESPONSE TO HCT OR CELL THERAPY

Best response to HCT / CT: Contd CR | CR | No CR

previously reported

- *If Continued CR or best response previously reported, go directly to Post Infusion Therapy section*
- *Do not include response to therapy for relapsed/persistent/progressive disease*

Date best response: __/__/__

Tests performed at time of best response

Molecular e.g. PCR, NGS: Y | N | Unk

BCR / ABL Positive Negative Not done
 TEL-AML / AML1 Positive Negative Not done
 Other: _____ Positive Negative Not done
 _____ Positive Negative Not done

Flow cytometry: Y | N

	Date sample	Disease detected	% disease detected
Blood	__/__/__	Y N	
BM	__/__/__	Y N	

Were cytogenetics performed: Y | N | Unk

If yes:

Tested via FISH: Y | N | Unk

- Results: Abnormalities identified | no abnormalities
- Number of distinct cytogenetic abnormalities: ____
- Specify abnormalities:

Tested via karyotyping: Y | N | Unk

- Results: Abnormalities identified | No evaluable metaphases | no abnormalities
- Number of distinct cytogenetic abnormalities: ____
- Specify abnormalities:

Report submitted: Y | N

Disease status by another method: Y | N

- Date assessed: __/__/__
- Assessment method:
- Disease detected: Y | N
- If yes, considered as disease relapse: Y | N

2. POST INFUSION THERAPY

Therapy was given since last report: Y | N

(include maintenance and consolidation)

Do not include therapy for relapsed/persistent/progressive disease

If yes complete following

CNS irradiation: Y | N

- Cranial
 Craniospinal

Intrathecal therapy: Y | N

Systemic therapy: Y | N

If yes, date maintenance therapy started: __/__/__

previously reported

Specify systemic agents:

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

Cell therapy: Y | N *if yes complete CT Form*

Other therapy, specify:

3. DISEASE DETECTION SINCE LAST REPORT

If disease has been detected by any assessment method, then complete this section

Molecular e.g. PCR, NGS: Y | N | Unk

Date sample: __/__/__

BCR / ABL Positive Negative Not done

TEL-AML / AML1 Positive Negative Not done

Other: _____ Positive Negative Not done

_____ Positive Negative Not done

Flow cytometry: Y | N

	Date sample	Disease detected	% disease detected
Blood	__/__/__	Y N	
BM	__/__/__	Y N	

Cytogenetics performed: Y | N | Unk

If yes:

Tested via FISH: Y | N | Unk

Date sample: __/__/__

- Abnormalities, specify: _____
 No abnormalities

Tested via karyotyping: Y | N | Unk

Date sample: __/__/__

- Abnormalities, specify: _____
 No abnormalities
 No evaluable metaphases

Report submitted: Y | N

DISEASE DETECTION SINCE LAST REPORT contd

Clinical/haematological assessment: Y | N

Date assessed: __/__/__

Sites involved

- CNS
 Skin
 Soft tissue
 Other specify:

Disease status by another method: Y | N

Specify method:

Date assessed: __/__/__

Disease detected: Y|N

4. THERAPY TO TREAT RELAPSED, PERSISTENT OR MINIMAL RESIDUAL DISEASE (since last report)

Therapy was given to treat disease: Y | N

If yes, complete following:

Reason therapy given:

- Minimal residual disease
 Persistent disease
 Relapsed disease

CNS irradiation: Y | N

Intrathecal therapy: Y | N

Systemic therapy: Y | N

Date first started post HCT/Infusion: __/__/__

 Previously reported

Systemic agents given:

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

Cell therapy: Y | N

Complete subsequent cell therapy form

Subsequent HCT: Y | N

Complete subsequent HCT registration form

 Accelerated immunosuppression withdrawal in response to disease:
 Y | N

Other therapy, specify:

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

5. DISEASE EVALUATION FOR THIS REPORTING PERIOD

Latest disease status is reflected by the assessments as reported in Section 3 "Disease Detection since last report"

- Yes - go directly to Section 6
- No - complete the following (enter results here if none entered in Section 3, or results have changed)
- n/a, disease not assessed - end of form

Molecular e.g. PCR, NGS: Y | N | Unk

BCR / ABL Positive Negative Not done
 TEL-AML / AML1 Positive Negative Not done
 Other: _____ Positive Negative Not done
 _____ Positive Negative Not done

Flow cytometry: Y | N

	Date sample	Disease detected	% disease detected
Blood	__/__/__	Y N	
BM	__/__/__	Y N	

Cytogenetics performed: Y | N | Unk

If yes:

Tested via FISH: Y | N | Unk

- Results: Abnormalities identified | no abnormalities
- Number of distinct cytogenetic abnormalities: ____
- Specify abnormalities:

Tested via karyotyping: Y | N | Unk

- Results: Abnormalities identified | No evaluable metaphases | no abnormalities
- Number of distinct cytogenetic abnormalities: ____
- Specify abnormalities:

Report submitted: Y | N

Clinical/haematological assessment: Y | N

Date assessed: __/__/__

Disease detected: Y|N

Disease status by another method: Y | N

Specify method:

Date assessed: __/__/__

Disease detected: Y|N

6. CURRENT DISEASE STATUS

Current disease status:

- Complete remission
 No complete remission

Date assessed: __/__/__