

1. PATIENT IDENTIFICATION

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

PART A: DISEASE CLASSIFICATION

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

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

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	

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

	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	

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 <i>Follicular, Hodgkins only</i>	
Abs lymphocyte count x10 ⁹ /L <i>Hodgkins only</i>	

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: _____