

**AUTOLOGOUS TRANSPLANT REGISTRATION FORM**

Email: abmtrr@svha.org.au

 1. Patient UPN: \_\_\_\_\_ 2. Hospital: \_\_\_\_\_ 3. Name ID: \_\_\_\_\_ *Optional* *Optional*

 4. Usual residence: NSW | VIC | QLD | SA | WA | TAS | ACT | NT | NZ 4a. Postcode: \_\_\_\_\_  
 Other country: \_\_\_\_\_

5. Sex: Male | Female 6. DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6a. Age: \_\_\_\_\_

7. Indigenous status (Aust only): Aboriginal | Torres Strait Islander | Both | Neither | Declined | Unknown

7a. Patient consent: Consented | Declined | Not approached 7b. CIBMTR ID: \_\_\_\_\_

8a. Transplant date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 8b. Transplant number: \_\_\_\_\_

 8c. If >1 transplant Date of prior transplant (or approx.) \_\_\_\_/\_\_\_\_/\_\_\_\_ prior transplant type  Allogeneic  Autologous  
 Centre of most recent transplant performed \_\_\_\_\_ or  same as current centre

 9a. Transplant type: Autologous 9b. Transplant part of a planned multi-graft protocol? eg. tandem  Yes  No

 10. Mobilisation: tick all that apply  None  Chemotherapy  Growth factor  Plerixafor

 11. Transplant source: tick all that apply  marrow  peripheral blood  cord blood

 12. Were any of following components of this transplant performed substantially as outpatient procedures?  
 (i.e. more than half the time)  None  Conditioning  Infusion  Acute post transplant care  
 Comments: \_\_\_\_\_

 13. Conditioning agents:  No conditioning  
 ALG,ALS,ATG,ATS (before d0)  carboplatin  Iomustine  
 horse  rabbit  other \_\_\_\_\_  carmustine (BCNU)  melphalan  ≤140mg/m<sup>2</sup>  
 busulphan, oral  cyclophosphamide  >140mg/m<sup>2</sup>  
 busulphan, IV  cytarabine (AraC)  TBI  ≤ 500cGy single dose/≤800cGy fractionated  
 campath  etoposide  > 500cGy single dose/>800cGy fractionated  
 Other, specify: \_\_\_\_\_

 14. Recipient performance status prior to transplant  Karnofsky or Lansky Score

 15. Recipient CMV status  positive  negative  not done  unknown

 16. Were any of the following used to treat or manage disease between diagnosis and transplant? tick all that apply  
 Chemotherapy  Radiotherapy  Surgery Other \_\_\_\_\_

 17. Graft Information, infused dose Nucleated cells \_\_\_\_\_ x10<sup>8</sup>/kg  
 CD34+ cells \_\_\_\_\_ x10<sup>6</sup>/kg

18. Date patient last seen: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of person completing this form: \_\_\_\_\_

**DISEASE CLASSIFICATION AND STATUS AT TRANSPLANT**

\*\*Refer to ANZTCT Registry Guidelines

19. Date of diagnosis of primary disease for this transplant: \_\_\_\_/\_\_\_\_/\_\_\_\_

**20. PLASMA CELL DISORDERS**
**Myeloma**
 IgG  
 IgA  
 IgD  
 Light chain only  
 Non secretory  
 other, specify \_\_\_\_\_  
 Light chain type:  
 kappa  
 lambda

**Stage at diagnosis:**
 I  A  
 II  B  
 III  
 Not available  
 Salmon Durie  
 I.S.S.

**DISEASE STATUS AT TRANSPLANT**
 Never treated  
 CR, specify number \_\_\_\_\_  
 Stringent CR, specify number \_\_\_\_\_  
 VGPR, specify number \_\_\_\_\_  
 PR, specify number \_\_\_\_\_  
 Stable disease/plateau  
 Progression, specify number \_\_\_\_\_  
 Relapse from CR, specify number \_\_\_\_\_

**Other Plasma Cell Disorders**
 Plasma cell leukaemia  Solitary plasmacytoma  Primary Amyloidosis  Other \_\_\_\_\_

Patient UPN: \_\_\_\_\_ Name ID: \_\_\_\_\_

**21. LYMPHOMA**

**Hodgkin disease**  
 Nodular lymphocyte, predominantly HD  
 Lymphocyte rich  
 Nodular sclerosis  
 Mixed cellularity  
 Lymphoma depleted  
 HD, NOS

**Non Hodgkin Lymphoma**  
 Burkitts →  High grade  
 Diffuse large B cell, subtype \_\_\_\_\_  
 Follicular, grade \_\_\_\_\_  
 Mantle cell  
 Angioimmunoblastic T cell  
 Peripheral T cell, NOS  
 Anaplastic large cell, primary systemic type  
 Other, specify: \_\_\_\_\_

**DISEASE STATUS AT TRANSPLANT**  
 Never treated  
 Primary refractory/PIF res  
 PR →  no prior CR  prior CR  
 CR confirmed, specify number \_\_\_\_\_  
 CR unconfirmed, specify number \_\_\_\_\_  
 Relapse, specify number \_\_\_\_\_

**Prior histology if transformed:** \_\_\_\_\_

**If relapsed:**  
 chemosensitive  untreated  
 chemoresistant  unknown

**22. SOLID TUMOURS**

Ewings, extra-osseous (includes PNET)  
 Ewings, family tumours of bone (includes PNET)  
 Medulloblastoma  
 Neuroblastoma  
 Rhabdomyosarcoma  
 other, specify: \_\_\_\_\_

**DISEASE STATUS AT TRANSPLANT**  
 CR confirmed, specify no. \_\_\_\_\_  
 CR unconfirmed, specify no. \_\_\_\_\_  
 PR →  no prior CR  prior CR  
 Relapse, specify no. \_\_\_\_\_

Never treated  
 Stable disease  
 Progressive disease  
 Adjuvant

**If relapsed:**  
 chemosensitive  untreated  
 chemoresistant  unknown

**23. ACUTE LEUKAEMIA**

Acute Myeloid Leukaemia →  transformed MDS/MPS, complete Q26(MDS/MPD)  
 therapy related

Genetic abnormalities \_\_\_\_\_ or FAB \_\_\_\_\_  
 AML with multilineage dysplasia  
 Other, specify \_\_\_\_\_

Acute Lymphoblastic Leukaemia  
 Precursor B-cell,  t(9;22)(q34;q11);BCR/ABL+  
Other subtype: \_\_\_\_\_  
 Precursor T-cell

Acute undifferentiated leukaemia  
 Bi-phenotypic, bi-lineage, hybrid leukaemia  
 Other acute leukaemia, specify: \_\_\_\_\_

**DISEASE STATUS AT TRANSPLANT**  
 Never treated  
 Primary induction failure  
 CR, specify number \_\_\_\_\_  
 cytogenetic CR  Y  N  unk  
 molecular CR  Y  N  unk  
 Relapse, specify number \_\_\_\_\_

**24. CHRONIC MYELOGENOUS LEUKAEMIA**

Ph+/bcr+  Ph-/bcr+  
 Ph+/bcr-  Ph unk/bcr+  
 Ph+/bcr unk

**DISEASE STATUS AT TRANSPLANT**  
 Chronic phase, specify number \_\_\_\_\_  
 Haematological CR  cytogenetic CR  molecular CR  
 Accelerated phase, specify number \_\_\_\_\_  
 Blast crisis, specify number \_\_\_\_\_

**25. OTHER LEUKAEMIAS**

CLL/SLL  
 Polymphocytic leukaemia →  B-cell  T-cell  
 Hairy Cell Leukaemia  
 Other leukaemia, specify \_\_\_\_\_

**DISEASE STATUS AT TRANSPLANT**  
 never treated  no response/stable  
 CR  progression  
 nodular CR (nCR)  relapse (untreated)  
 Partial remission

**26. MYELOYDYSPLASTIC or MYELOPROLIFERATIVE DISEASES**

RA  Chronic Idiopathic myelofibrosis  
 RAEB-1  Essential thrombocythemia  
 RAEB-2  Chronic myeloproliferative disease, NOS  
 other, specify: \_\_\_\_\_

→  transformed to AML, date of transformation \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 therapy related

**DISEASE STATUS AT TRANSPLANT**  
 supportive care or treatment without chemotherapy  
 CR, specify number \_\_\_\_\_  
 Relapse after CR, specify number \_\_\_\_\_  
 Improvement, but no CR  
 No response  
 Progression

**COMBINED MYELOYDYSPLASTIC/MYELOPROLIFERATIVE DISEASE**  
 CMML  JMML-STATUS AT TRANSPLANT \_\_\_\_\_ (\*\*refer to Registry Guidelines)  
 Atypical CML (both Ph- and bcr-)

**27. Other indications:**

ANAEMIA  
 AUTOIMMUNE DISORDERS\*  
 Multiple sclerosis  
 Other autoimmune

HISTIOCYTIC DISORDERS  
 INHERITED DISORDERS OF METABOLISM/OSTEOPETROSIS  
 IMMUNE DEFICIENCIES  
 PLATELET DISORDERS

HAEMOGLOBINOPATHY  
 OTHER DISEASE

Please specify diagnosis: \_\_\_\_\_ \*\*additional data required, see Registry Guidelines