

**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
- Other method, specify: \_\_\_\_\_

If yes, highest EBV viral load of blood (copies/ml)

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

⇒ If yes, specify sites

PTLD confirmed by biopsy: Yes | No

⇒ Documentation submitted: Yes | No