

PATIENT IDENTIFICATION

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

PART A: DISEASE CLASSIFICATION

1. DIAGNOSIS

Date of diagnosis: __/__/__

ALL classification: _____

Predisposing condition: Y | N | Unk

If yes specify:

- Aplastic anemia
- Bloom syndrome
- Down syndrome
- Fanconi anemia
- Other condition

Tyrosine kinase inhibitors given prior conditioning/infusion:
 Y | N | Unk

2. ASSESSMENTS AT DIAGNOSIS

Cytogenetics performed: Y | N | Unk

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

Molecular markers 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

3. ASSESSMENTS BETWEEN DIAGNOSIS AND LATEST PRIOR TO INFUSION

Cytogenetics performed: Y | N | Unk

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

Molecular markers 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

4. LATEST ASSESSMENTS PRIOR TO INFUSION

Cytogenetics performed: Y | N | Unk

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

Molecular markers 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

5. CNS Disease

CNS disease at any time prior to conditioning/infusion:
 Y | N | Unk

6. Disease status at transplant

Disease status at transplant (based on haematological test results)

- Primary induction failure
- CR → 1 2 3 or more
 Number of induction cycles to achieve CR1: ____
 In remission by flow cytometry: Y | N | Unk | NA
- Relapse → 1 2 3 or more
 Date of most recent relapse: __/__/__

Date of assessment: __/__/__

PART B: ACUTE LYMPHOBLASTIC LEUKAEMIA PRE-INFUSION

If this form has been completed for a previous cell therapy infusion, then skip the diagnosis questions and go directly to Section 2

1. ASSESSMENTS AT DIAGNOSIS

	Value	Date sample
WBC x10 ⁹ /L		__/__/__
Blasts in blood %		__/__/__
Blasts in marrow %		__/__/__

Extramedullary disease present: Y | N | Unk

If yes, site(s)

- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Mediastinum
- Skin
- Soft tissue (soft tissue mass / granulocytic sarcoma)
- Testes/ovaries
- Other specify:

2. DISEASE PROPHYLAXIS PRIOR PREPARATIVE REGIMEN OR INFUSION

CNS prophylaxis was given: Y | N | Unk

- Cranial irradiation
- Craniospinal irradiation
- High-dose methotrexate
- Intrathecal therapy
- Other specify:

3. DISEASE TREATMENT PRIOR PREPARATIVE REGIMEN OR INFUSION

Treatment was given: Y | N

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

- Therapy type:
- Induction
 - Consolidation
 - Maintenance
 - Relapse treatment

Intrathecal therapy: Y | N

Systemic therapy: Y | N

Date started: __/__/__ Date ended: __/__/__

Number of cycles: ____

Specify systemic agents:

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

Radiation therapy: Y | N

Date started: __/__/__ Date ended: __/__/__

Radiation site(s)

- Cranial
- Craniospinal
- Other, specify:

Cell therapy: Y | N

Best response to line of therapy: CR | Cri | No CR

Date assessed: __/__/__

Recipient MRD negative following this line of therapy: Y | N

Recipient relapsed following this line of therapy: Y | N

If yes, date relapsed: __/__/__

Site(s) of relapse

- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Mediastinum
- Skin
- Soft tissue (soft tissue mass/ granulocytic sarcoma)
- Testes/ovaries
- Other specify:

Comments:

4. EVALUATIONS PRIOR TO START OF PREPARATIVE THERAPY OR INFUSION

	Value	Date sample
WBC x10 ⁹ /L		__/__/__
Blasts in blood %		__/__/__
Blasts in marrow %		__/__/__

Flow cytometry performed: Y | N

If yes, complete the table below

	Date sample	% disease detected	
Blood	__/__/__		<input type="checkbox"/> No disease detected <input type="checkbox"/> Not done
Bone marrow	__/__/__		<input type="checkbox"/> No disease detected <input type="checkbox"/> Not done

Extramedullary disease present: Y | N | Unk

If yes, specify sites

- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Mediastinum
- Skin
- Soft tissue (soft tissue mass / granulocytic sarcoma)
- Testes/ovaries
- Other specify: