

**AUSTRALASIAN BONE MARROW TRANSPLANT
RECIPIENT REGISTRY**

**DATA RECORDING
SHEET - FORM A**

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PLEASE FILL IN THIS FORM AND SEND AT TIME OF TRANSPLANT

Patient UPN: _____ HOSPITAL: _____

1. First 4 letters of family name: _____ First 2 letters of first given name: _____

2. Place of usual residence:

a. If Australasia: NSW VIC QLD SA WA TAS
NT ACT NZ Postcode: _____

b. If other, specify country: _____

3. Sex: Male Female 4. Age: _____ 5. DOB: _____ / _____ / _____
D M Yr

6. Transplant date: a. if first transplant / infusion: _____ / _____ / _____
D M Yr

b. if second or subsequent transplant/infusion,
specify which: _____ Date: _____ / _____ / _____
D M Yr

7. Type of transplant: (tick one)

Allogeneic: Myeloablative Syngeneic Autologous
Nonmyeloablative (mini-allo) Autologous staged

8. Mobilisation (more than one box may be ticked) None Chemotherapy Growth factor
Complete for autologous recipient or allogeneic donor

9. Transplant source: marrow cord blood Was the graft: CD34 selected?
peripheral blood double cord * If yes, see Q 22 T-cell depleted?

10. Allogeneic, donor is: (please answer both A and B)

A. HLA-identical (HLA -A, -B, -DR) B. Sibling
1. HLA antigen disparate Other family member specify _____
2. or more HLA antigen disparate Unrelated volunteer specify registry name and country _____
HLA - C Typed? YES / NO (please circle)
If Yes, HLA - C Identical? YES / NO (please circle)

11. For Acute Leukaemia at diagnosis: WHO Code: _____ OR
Acute myelogenous leukaemia Acute lymphoblastic leukaemia
- de novo Acute leukaemia, unclassified If Ph+ tick here
- 2nd to MDS Acute mixed lineage leukaemia FAB
- 2nd to previous chemo. or radiotherapy Other acute leukaemia: _____

12. Chronic Myeloproliferative Diseases at diagnosis: WHO Code: _____ OR
CML Chronic Myelofibrosis
Chronic MPD unclassified Other, specify: _____

13. Marrow status at transplant for Acute Leukaemia/CML:
AL - untreated CML - 1st chronic phase
- primary induction failure - 2nd or later specify _____
- 1st remission - accelerated phase
- 2nd rem. or later specify _____ - blast transformation specify _____
- Relapse specify _____

Patient UPN: _____ HOSPITAL: _____
 First 4 letters of family name: _____ First 2 letters of first given name: _____

DIAGNOSIS CLASSIFICATION / STATUS AT TRANSPLANT

14. Myelodysplastic Syndromes WHO Code OR RA RARS RAEB
 MDS Unclassified Other _____

15. Myelodysplastic / Myeloproliferative Diseases WHO Code OR CMML Atypical CML
 JMML MDS/MPF Unclassified

16. Hodgkins and Non Hodgkins Lymphoma WHO Code OR Hodgkins NHL
 Histological Classification (WHO) if NHL at Diagnosis:
 Diffuse Large B-Cell Lym.
 Follicular Lym.
 Mantle cell
 Burkitts Lym/cell Leuk
 Peripheral T-Cell Lym.
 Anaplastic Large Cell Lym
 SLL/B-Cell CLL
 Other, specify: _____
 For HD & NHL, status at transplant
 Primary induction failure (PIF) CR1
 >CR1 specify _____
 Relapse spec. _____
 other _____
 For PIF & relapsed disease, sensitivity to reinduction chemotherapy prior to transplant:
 Sensitive Unknown
 Resistant

17. Plasma Cell Disorders WHO Code OR
 Multiple myeloma IgG light chain Status at transplant (all plasma cell disorders)
 Stage at diagnosis IgA kappa CR
 I A IgD lambda PR
 II B light chain only Stable disease / plateau
 III non secretor Progression
 Other: _____ Other: _____
 Other plasma cell disorders:
 Solitary plasmacytoma Amyloid Waldenstrom's macroglobulinaemia
 Other, specify: _____

18. Congenital Diseases SCID Metachromatic Leukodystrophy Wiskott-Aldrich Syndrome
 Osteopetrosis Adrenoleukodystrophy Other _____

19 Other Solid Tumors
 Carcinoma Breast
 Carcinoma-ovary
 GCT-Testis
 GCT-primary non-testis, specify site: _____
 Seminoma-Testis
 Mixed Sem/GCT-Testis
 CNS tumour, specify type: _____
 Other, specify: _____
 Ewings Sarcoma
 Hepatoblastoma
 Medulloblastoma
 Neuroblastoma
 PNET
 Renal cell carcinoma
 Rhabdomyosarcoma
 Soft Tissue Sarcoma
 Wilm's Tumour
Specify status at transplant: _____

20. Anaemia & Haemoglobinopathy Fanconi's Anaemia Aplastic anaemia, specify severity: _____
 Congenital anaemia PNH
 Thalassaemia major Other, specify: _____

21. Other disease not listed above

22. For Double Cords Only: Please answer A and B for the Second Donor
 A. HLA-identical (HLA -A, -B, -DR) B. Sibling
 1. HLA antigen disparate Other family member specify _____
 2. or more HLA antigen disparate Unrelated volunteer specify registry name and country _____
 HLA - C Typed? **YES / NO** (please circle)
 If Yes, HLA - C Identical? **YES / NO** (please circle)

Person completing this Form: _____ Date Completed: / /