

COBLT Recipient ID:

COBLT Name Code:

Center Code:

MCC Use Only
Date Rec'd.:

1. What is the patient's primary diagnosis?

3 CML →

2. Have immature hematopoietic cells been documented in the peripheral blood?

1 Yes →

2 No

3. Date first documented:

M D Y

4. Has myeloid hyperplasia in the bone marrow been documented (in the absence of infection or growth factor therapy)?

1 Yes →

2 No

5. Date first documented:

M D Y

6. Have host cells reappeared?

1 Yes →

2 No

3 No test performed
↓

7. Record method(s) used:

- | | | |
|-----------------------------|--------------------------------|-------------------------------|
| Standard cytogenetics | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| FISH | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| RFLP | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| PCR | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| HLA serotyping | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| Other, specify _____ | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |

8. Has the 9;22 translocation reappeared?

1 Yes → *Continue with Question 9*

2 No → *Sign and submit form*

3 N/A → *Sign and submit form*

9. Record date of cytogenetic analysis:

M D Y

10. Record number of metaphases analyzed:

11. Record number of metaphases exhibiting 9;22 translocation:

12. List all molecular (BCR/ABL) examinations of blood or bone marrow post-transplant:

a.

M D Y

Source of Cells

BCR/ABL+

1 Blood

1 Yes

2 Marrow

2 No

b.

M D Y

1 Blood

1 Yes

2 Marrow

2 No

c.

M D Y

1 Blood

1 Yes

2 Marrow

2 No

Go to Question 52 if the number of metaphases analyzed is ≥ 10 and ≥ 50% exhibit the 9;22 translocation; otherwise continue with Question 13

13. Record date of second cytogenetic analysis:

14. Record number of metaphases exhibiting 9;22 translocation: M D

Continue with Question 52

1 AML →

2 ALL

4 Undifferentiated Leukemia

5 Bi-phenotypic Leukemia

8 Hodgkins Disease

9 Non-Lymphoblastic Non-Hodgkins Lymphoma

10 Lymphoblastic Non-Hodgkins Lymphoma

15. Were leukemic blasts documented in the marrow or peripheral blood?

		% Leukemic Blasts	Date Blasts First Observed		
Marrow	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	<input type="text"/> <input type="text"/> ! <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			M	D	Y
Blood	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	<input type="text"/> <input type="text"/> ! <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			M	D	Y

If leukemia blasts ≤ 25%, repeat test and document results below. Otherwise, continue with Question 16

Marrow	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	<input type="text"/> <input type="text"/> ! <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			M	D	Y
Blood	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	<input type="text"/> <input type="text"/> ! <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			M	D	Y

16. Have host cells reappeared? 1 Yes 2 No 8 No test performed

17. Have cytogenetic abnormalities reappeared?
 1 Yes →
 2 No
 3 N/A
 4 No test performed

18. Record method(s) used:

Standard cytogenetics	.....	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
FISH	.....	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
RFLP	.....	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
PCR	.....	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
HLA serotyping	.....	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
Other, specify _____	.....	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

19. Date disease first detected:

M D Y

20. Was disease detected at an extramedullary site?
 1 Yes →
 2 No
 ↓

21. Date disease first detected:

M D Y

22. Was disease confirmed by pathology? 1 Yes 2 No

23. Has a new extramedullary mass been documented? 1 Physical exam 2 Radiographic 3 Both

24. Have previous masses demonstrated an increase in size? 1 Physical exam 2 Radiographic 3 Both

25. Were blasts present in the cerebrospinal fluid?
 1 Yes →
 2 No

26. Record the white blood cell count in the cerebrospinal fluid: %

27. Date WBC recorded:

M D Y

If primary disease is Non-Lymphoblastic Non-Hodgkin's Lymphoma, Hodgkin's Disease, or Lymphoblastic Non-Hodgkins Lymphoma, continue with Question 28; otherwise go to Question 52

52. Have the following therapies been initiated for relapse reversal?

Infusion of donor lymphocytes 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	Date first performed	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>M</td> <td></td> <td>D</td> <td></td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		M		D		Y
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	M		D		Y									
Interferon use 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	Date first performed	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>M</td> <td></td> <td>D</td> <td></td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		M		D		Y
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	M		D		Y									
Second transplant 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	Date first performed	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>M</td> <td></td> <td>D</td> <td></td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		M		D		Y
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Other, specify: _____ _____	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No Date first performed	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>M</td> <td></td> <td>D</td> <td></td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		M		D		Y
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	M		D		Y									

Comments: _____

Signature

Date

Study ID