

Patient Identification Number / Name

\_\_\_\_\_

Date of Birth

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
( dd/mm/yy )

Center

\_\_\_\_\_

Date of SCT

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
( dd/mm/yy )

Number of SCT \_\_\_\_\_

**Hematological data  
(closest to conditioning)**

receives red cell transfusions regularly  no  yes

receives platelet transfusions regularly  no  yes

**Peripheral blood** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
( dd/mm/yy )

**Bone marrow aspirate** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
( dd/mm/yy )

Hb \_\_\_\_\_ unit \_\_\_\_\_

Microbiopsies  present  absent

MCV \_\_\_\_\_ unit \_\_\_\_\_

Cell content  decreased  normal  increased

Platelets \_\_\_\_\_ unit \_\_\_\_\_

Megakaryocytes  decreased  normal  increased

WBC \_\_\_\_\_ unit \_\_\_\_\_

absent

Absolute Reticulocyte count \_\_\_\_\_

Differential count (%)	Peripheral blood	Bone marrow
Blast		
Promyelocyte		
Myelocyte		
Metamyelocyte		
Band		
Segmented		
Eosinophil		
Basophil		
Lymphocyte		
Monocyte		
Erythroblast		
	<b>100</b>	<b>100</b>
Name of reviewing center		

**Bone marrow biopsy:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| ( dd/mm/yy )

% of blasts | \_\_\_\_\_ |

fibrosis  no  slight  moderate  severe  unknown

cellularity  aplastic  decreased  normal  increased

**CSF cytology:** blasts  no  yes

**Cytogenetic examination:**

- not done     done, date ( dd/mm/yy ) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|
- normal karyotype    number of metaphases analysed    |\_\_\_\_\_|
- abnormal karyotype, **please enclose copy of last report before SCT**  
if no copy available, please write karyotype |\_\_\_\_\_|

**Clinical features**

- Splenectomy before BMT                     no     yes date ( dd/mm/yy ) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|
- Splenic irradiation                             no     yes, total dose |\_\_\_\_\_| Gy
- If no splenectomy:  
Spleen size below costal margin by palpation    |\_\_\_\_\_| cm
- Liver size below costal margin by palpation    |\_\_\_\_\_| cm
- Lymphadenopathy                             no     yes
- Interstitial pneumonitis (JMML related)     no     yes
- Effusion                                         no     yes                     pleural  
     pericardial  
     ascitis  
     other, specify |\_\_\_\_\_|
- Joint pain/arthritis                             no     yes
- Skin lesion, (other than naevi, hematoma)     no     yes
- Xanthoma                                         no     yes
- Café au lait spots                             no     yes                     < 10 spots give exact number |\_\_\_\_\_|  
     ≥ 10  
    size of biggest spot / cm                    |\_\_\_\_\_|
- NF1     no     yes

Date: |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Stamp

Signature \_\_\_\_\_