**Core:**

\*1. Acute splenomegaly

 Date and Time

 [ ]  Yes

 [ ]  No

Spleen size by PE (cm below left costal margin):

 [ ]  Yes

 [ ]  No

 Spleen size by imaging\_\_\_\_ cm

 Hypersplenism

 [ ]  Yes

 [ ]  No

2. Splenic sequestration episodes - 0,1,2, etc

 Abdominal pain

 [ ]  Yes

 [ ]  No

 For each episode:

 Date:

 Hemoglobin nadir

 [ ]  Yes

 [ ]  No

 Platelet count nadir

 [ ]  Yes

 [ ]  No

 PRBC transfusion

 [ ]  Yes

 [ ]  No

 Hemodynamic instability

 [ ]  Yes

 [ ]  No

 Imaging done

 [ ]  Yes

 [ ]  No

 If yes, spleen size \_\_\_\_cm

3. Surgical Splenectomy

[ ]  Yes

[ ]  No

Date: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)

**Supplemental:**

From CIBMTR form

1. Was splenic function assessed?

 [ ]  Yes

 [ ]  No

 [ ]  Not Applicable

 [ ]  Unknown

1. Select which splenic test was completed

[ ]  Complete red blood cell count

[ ]  Pitted RBC score

[ ]  Splenic scan

Complete RBC: \_\_\_ \_\_\_ \_\_\_ \_\_\_ □ \_\_\_ \_\_\_ x 10 \_\_\_ \_\_\_ cells/µL

Pitted RBC Score: \_\_\_ \_\_\_ □ \_\_\_ %

1. Splenic scan results

 [ ]  Normal (radionuclide uptake)

 [ ]  Abnormal (no radionuclide uptake)