**Elements that are identified with asterisks (\*) are Core.**

1. Was bone marrow aspirate/biopsy done prior to initiation of conditioning regimen for curative therapy?  Yes  No

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

If yes, then answer questions below

Is there a stored sample available for further analysis?  Yes  No

Is there evidence of Premalignant/Malignant Hematopoiesis on that sample?  Yes  No

Dysplastic Cells:  Yes  No

If Yes, Lineages affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blasts:  Yes  No

If Yes, Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage (%):\_\_\_\_\_\_\_\_\_\_

Additional questions to this section on bone marrow aspirate/biopsy

1) Was cytogenetics tested? (FISH or karyotype)

Abnormalities:  Yes  No

If yes, mark all that apply monosomy -5, -7, -13, -20 -Y, trisomy +8, +19, translocation t(1;3), t(2;11) t(3;3), t(3;21), t(6;9), t(11;16), deletion: del(3q)/3q-, del(5q)/5q-, del(7q) / 7q-, del (9q)/9q-, del 911q)/11q-, del (12p)/12p-, del 913q) / 13q-, del (20q)/20q-, inversion (3), other i17q and other abnormality (specify)

2) Was a genetic mutational panel performed?  Yes  No

If yes, attach copy of genetic mutational panel

Is there a history of abnormal hematopoiesis:  Yes  No

If Yes, what best describes the abnormal hematopoiesis

MDS

Leukemia/lymphoma

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

Was the event treated?  Yes  No

Treatment:  Transfusions Blood Product: \_\_\_\_\_\_\_\_\_\_\_\_ Frequency:\_\_\_\_\_\_\_

Chemotherapy

HSC Transplant

Has the abnormal hematopoiesis resolved?  Yes  No

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