**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)