**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)