

**Answer the following questions regarding changes in approach to HCT since M  
Submit spreadsheet via Service Now. Please use Category "COVID-19 (SARS-C**

**Always Answer**

Examples of applicable impacts include changes to original HCT date, donor, product type, preparative regimen, and GVHD prophylaxis) - **(Does not apply if infected by COVID-19 (SARS-CoV-2))**

*Options:  
Yes - continue with Q2.  
No - skip to Initials (Column Q).*

CCN	CRID	Infusion Date	Donor Type	1. Was the HCT impacted for a reason related to the COVID-19 (SARS-CoV-2) pandemic?
#####	#####	dd/mm/yyyy	ALLO_U	
#####	#####	dd/mm/yyyy	ALLO_R	
#####	#####	dd/mm/yyyy	ALLO_U	
#####	#####	dd/mm/yyyy	AUTO	
#####	#####	dd/mm/yyyy	ALLO_U	
#####	#####	dd/mm/yyyy	AUTO	
<b>end of list</b>				

**March 1, 2020. This is *required* for ALL allogeneic HCTs (CoV2) Impact on Hematopoietic Cell Transplantation (HCT)**

**Answer if Q1 = Yes**      Select Yes to indicate the date in Q2 is estimated.      *Options:*  
*Yes*

*(Date)*

*Options:*  
*Yes*

<b>2.Original date of HCT:</b>	<b>Date estimated</b>	<b>No change to planned HCT date due to COVID-19 pandemic</b>
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and requested for autologous HCT.

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Answer if Q1 = Yes and Donor was ALLO

Answer if Q3 = Yes and Donor was ALLO

Options:

Yes - continue with Q3.

No - skip to Q5.

Options:

Unrelated donor

Syngeneic (monozygotic twin)

HLA-identical sibling (may include non-monozygotic twin)

HLA-matched other relative (does NOT include a haplo-identical donor)

HLA-mismatched relative

**3. Is the donor different than the originally intended donor?**

**4. Specify the originally intended donor:**





**Answer if Q1 = Yes and Donor was ALLO**

*Options:*  
Yes  
No

**Answer if Q5 = Yes**

*Options:*  
Bone marrow -continue with Q8  
PBSC -continue with Q8  
Single CBU -continue with Q8  
Other product – Go to question 7

**Answer if Q6 = Other**

*(Free text)*

<p><b>5. Is the product type (bone marrow, PBSC, single cord blood unit) different than the originally intended product type?</b> <i>If Yes, complete Q6. If no, skip to Q8.</i></p>	<p><b>6. Specify the originally intended product type:</b></p>	<p><b>7. Specify other product type:</b></p>
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**Answer if Q5 = Yes**

*Options:*  
Yes  
No

**Answer if Q1 = Yes and Donor was ALLO**

*Options:*  
Yes  
No

**Answer if Q1 = Yes and Donor was ALLO**

*Options:*  
Yes  
No

<b>8. Was the current product thawed from a cryopreserved state prior to infusion?</b>	<b>9. Did the preparative regimen change from the original plan?</b>	<b>10. Did the GVHD prophylaxis change from the original plan?</b>
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**Always Answer**

*(Free text)*

**Initials of person  
completing record**



Yes	Unrelated Bone marrow
No	Syngeneic PBSC
	HLA-identical Single cord blood unit
	HLA-matched Other product
	HLA-mismatched relative