## Leukemia/MDS Transformation

### Patient Information
- **Patient Name:**
- **Patient Initials / SCNIR #:**
- **Person Completing Form:**
- **Date:**

### Patient Status
- **Alive**
- **Expired**

### Diagnosis
#### Leukemia
- Date of Diagnosis: __/__/__
- AML (please attach report of immunophenotyping)
  - FAB Type: 
    - M0
    - M1
    - M2
    - M3
    - M4
    - M4OE
    - M5
    - M5A
    - M5B
    - M6
    - M7
- ALL (please attach report of immunophenotyping)
- Other (specify) ____________________________

#### MDS
- Date of Diagnosis: __/__/__
- Refractory Anemia (RA)
- RA in Leukemic Transformation
- RA w/ Ringed Sideroblasts (RARS)
- RA w/ Excess Myeloblasts (RAEB)
- Chronic Myelomonocytic Leukemia (CMML)
- Juvenile Myelomonocytic Leukemia (JMML)
- Other (specify) ____________________________

### Treatment (Planned and/or Received)
- **Chemotherapy**
  - No
  - Yes
- Start Date: __/__/__
- Type (protocol/medication):
  - ____________________________
  - ____________________________
- **Supportive Cytokine Therapy**
  - No
  - Yes
- Type __________

- **Red Cell Transfusions**
  - No
  - Yes

- **Steroids**
  - No
  - Yes

- **Platelets**
  - No
  - Yes

- **Other Treatment Planned**
  - ____________________________

### Additional Information
#### Diagnostic Bone Marrow
- Date: __/__/__ (please attach report)
- Symptoms Preceding the Diagnosis of Leukemia or MDS
  - (e.g. Splenomegaly) ____________________________

- **Cytogenetics**
  - At Time of Transformation (please attach report)
  - Normal
  - Abnormal
  - Date of Cytogenetic Evaluation: __/__/__

- **CBC/FBC and Differential**
  - Red Blood Cells ________
  - Neutrophils ________
  - Hemoglobin ________
  - Lymphocytes ________
  - MCV ________
  - Eosinophils ________
  - Platelets ________
  - Basophils ________
  - White Blood Cells ________
  - Other (type) ________

#### Current Cytokine Therapy for Neutropenia (G-CSF/Other)
- Type __________
- Continued
- Dose __________
- Same
- Reduced
- Interrupted, Resumed
- Dose __________
- Same
- Reduced
- Discontinued
- Date: __/__/__

#### Current Bone Marrow Status of Patient
- Remission
- Stable/No Response
- Progression
- Relapse

#### Bone Marrow Transplant
- No
- Planned for Date: __/__/__
- Yes, Date: __/__/__ (please complete BMT form)
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