

Version 14.00 pushed to PRODUCTION 04.06.2023 - All Forms

Generated By: Michael Roth

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Subject Enrollment

Generated On: 07 Apr 2023 19:36:54

FORM_OID

PID3284264_V1_0

Patient ID

Enrolling Site CTEP ID

Lead Organization

Current Site CTEP ID

Enrollment Date

Enrollment Time

EST ☐

CST ☐

MST ☐

PST ☐

EDT ☐

CDT ☐

MDT ☐

PDT ☐

Group Data

Source Application

NHLBI-MDS
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Form: Step Information

Generated On: 07 Apr 2023 19:36:54

FORM_OID

PID3285392_V1_0

Registration Step

Event Description

Tracking Number

Treating Investigator

Site Registrar

Crediting Group

Crediting Investigator

Arm Name

Event Date

Event Time

EST ☐

CST ☐

MST ☐

PST ☐

EDT ☐

CDT ☐

MDT ☐

PDT ☐

Treatment Assignment Code (TAC):

Treatment Assignment Description (TAD):

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Form: Treatment Assignment

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FORM_OID

PID3285336_V1_0

Arm Name

Step No

Event description

Date of Intervention/Treatment Assignment

Event Time

EST ☐

CST ☐

MST ☐

PST ☐

EDT ☐

CDT ☐

MDT ☐

PDT ☐

Treatment Assignment Code (TAC):

Treatment Assignment Description (TAD):

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Form: Demography

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FORM_OID

PID3302204_V1_0

Patient Initials (LFM)

Patient's Date of Birth

Ethnicity

Hispanic or Latino ☐

Not Hispanic or Latino ☐

Not Reported ☐

Unknown ☐

Gender of a Person

Female Gender ☐

Male Gender ☐

Unknown ☐

Country of Residence

Ascension Island ☐

Andorra ☐

United Arab Emirates ☐

Afghanistan ☐

Antigua and Barbuda ☐

Anguilla ☐

Albania ☐

Armenia ☐

Netherland Antilles ☐

Angola ☐

Antarctica ☐

Argentina ☐

American Samoa ☐

Austria ☐

Australia ☐

Aruba ☐

Azerbaijan ☐

Bosnia-Herzegovina ☐

Barbados ☐

Bangladesh ☐

Belgium ☐

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Burkina Faso	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Bahrain	<input type="checkbox"/>
Burundi	<input type="checkbox"/>
Benin	<input type="checkbox"/>
Bermuda	<input type="checkbox"/>
Brunei Darussalam	<input type="checkbox"/>
Bolivia	<input type="checkbox"/>
Brazil	<input type="checkbox"/>
Bahamas	<input type="checkbox"/>
Bhutan	<input type="checkbox"/>
Bouvet Island	<input type="checkbox"/>
Botswana	<input type="checkbox"/>
Belarus	<input type="checkbox"/>
Belize	<input type="checkbox"/>
Canada	<input type="checkbox"/>
Cocos Isl.	<input type="checkbox"/>
Rep. Dem. Congo	<input type="checkbox"/>
Central African Rep.	<input type="checkbox"/>
Congo	<input type="checkbox"/>
Switzerland	<input type="checkbox"/>
Ivory Coast	<input type="checkbox"/>
Cook Islands	<input type="checkbox"/>
Chile	<input type="checkbox"/>
Cameroon	<input type="checkbox"/>
China	<input type="checkbox"/>
Colombia	<input type="checkbox"/>
Costa Rica	<input type="checkbox"/>
Cuba	<input type="checkbox"/>
Cape Verde	<input type="checkbox"/>
Christmas Island	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Germany	<input type="checkbox"/>

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- Djibouti ☐
- Denmark ☐
- Dominica ☐
- Dominican Republic ☐
- Algeria ☐
- Ecuador ☐
- Estonia ☐
- Egypt ☐
- Western Sahara ☐
- Eritrea ☐
- Spain ☐
- Ethiopia ☐
- Finland ☐
- Fiji ☐
- Falkland Isl. ☐
- Micronesia ☐
- Faroe Islands ☐
- France ☐
- France (European Ter.) ☐
- Gabon ☐
- Great Britain ☐
- Grenada ☐
- Georgia ☐
- Guiana (Fr.) ☐
- Guernsey ☐
- Ghana ☐
- Gibraltar ☐
- Greenland ☐
- Gambia ☐
- Guinea ☐
- Guadeloupe (Fr.) ☐
- Equatorial Guinea ☐
- Greece ☐
- South Georgia and South Sandwich Islands ☐

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- Guatemala ☐
- Guam (US) ☐
- Guinea Bissau ☐
- Guyana ☐
- Hong Kong ☐
- Heard & McDonald Isl. ☐
- Honduras ☐
- Croatia ☐
- Haiti ☐
- Hungary ☐
- Indonesia ☐
- Ireland ☐
- Israel ☐
- Isle of Man ☐
- India ☐
- British Indian O. Ter. ☐
- Iraq ☐
- Iran ☐
- Iceland ☐
- Italy ☐
- Jersey ☐
- Jamaica ☐
- Jordan ☐
- Japan ☐
- Kenya ☐
- Kyrgyz Republic ☐
- Cambodia ☐
- Kiribati ☐
- Comoros ☐
- St. Kitts Nevis Anguilla ☐
- Korea (north) ☐
- Korea (South) ☐
- Kuwait ☐
- Cayman Islands ☐

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Kazakstan	<input type="checkbox"/>
Laos	<input type="checkbox"/>
Lebanon	<input type="checkbox"/>
Saint Lucia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Sri Lanka	<input type="checkbox"/>
Liberia	<input type="checkbox"/>
Lesotho	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Libya	<input type="checkbox"/>
Morocco	<input type="checkbox"/>
Monaco	<input type="checkbox"/>
Moldova	<input type="checkbox"/>
Madagascar	<input type="checkbox"/>
Marshall Islands	<input type="checkbox"/>
Macedonia	<input type="checkbox"/>
Mali	<input type="checkbox"/>
Myanmar	<input type="checkbox"/>
Mongolia	<input type="checkbox"/>
Macau	<input type="checkbox"/>
Northern Mariana Isl.	<input type="checkbox"/>
Martinique (Fr.)	<input type="checkbox"/>
Mauritania	<input type="checkbox"/>
Montserrat	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Mauritius	<input type="checkbox"/>
Maldives	<input type="checkbox"/>
Malawi	<input type="checkbox"/>
Mexico	<input type="checkbox"/>
Malaysia	<input type="checkbox"/>
Mozambique	<input type="checkbox"/>
Namibia	<input type="checkbox"/>

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New Caledonia (Fr.)	<input type="checkbox"/>
Niger	<input type="checkbox"/>
Norfolk Island	<input type="checkbox"/>
Nigeria	<input type="checkbox"/>
Nicaragua	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Nepal	<input type="checkbox"/>
Nauru	<input type="checkbox"/>
Niue	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>
Oman	<input type="checkbox"/>
Other	<input type="checkbox"/>
Panama	<input type="checkbox"/>
Peru	<input type="checkbox"/>
Polynesia (Fr.)	<input type="checkbox"/>
Papua New Guinea	<input type="checkbox"/>
Philippines	<input type="checkbox"/>
Pakistan	<input type="checkbox"/>
Poland	<input type="checkbox"/>
St. Pierre & Miquelon	<input type="checkbox"/>
Pitcairn	<input type="checkbox"/>
Puerto Rico	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Palau	<input type="checkbox"/>
Paraguay	<input type="checkbox"/>
Qatar	<input type="checkbox"/>
Reunion (Fr.)	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Russian Federation	<input type="checkbox"/>
Rwanda	<input type="checkbox"/>
Saudi Arabia	<input type="checkbox"/>
Solomon Islands	<input type="checkbox"/>
Seychelles	<input type="checkbox"/>

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Sudan	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
Singapore	<input type="checkbox"/>
St. Helena	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Svalbard & Jan Mayen Isl.	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>
Sierra Leone	<input type="checkbox"/>
San Marino	<input type="checkbox"/>
Senegal	<input type="checkbox"/>
Somalia	<input type="checkbox"/>
Suriname	<input type="checkbox"/>
St. Tome and Principe	<input type="checkbox"/>
Soviet Union	<input type="checkbox"/>
El Salvador	<input type="checkbox"/>
Syria	<input type="checkbox"/>
Swaziland	<input type="checkbox"/>
Turks & Caicos Islands	<input type="checkbox"/>
Chad	<input type="checkbox"/>
French Southern Terr.	<input type="checkbox"/>
Togo	<input type="checkbox"/>
Thailand	<input type="checkbox"/>
Tadjikistan	<input type="checkbox"/>
Tokelau	<input type="checkbox"/>
Turkmenistan	<input type="checkbox"/>
Tunisia	<input type="checkbox"/>
Tonga	<input type="checkbox"/>
East Timor	<input type="checkbox"/>
Turkey	<input type="checkbox"/>
Trinidad & Tobago	<input type="checkbox"/>
Tuvalu	<input type="checkbox"/>
Taiwan	<input type="checkbox"/>
Tanzania	<input type="checkbox"/>
Ukraine	<input type="checkbox"/>

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	Uganda	<input type="checkbox"/>
	United Kingdom	<input type="checkbox"/>
	US Minor Outlying Isl.	<input type="checkbox"/>
	USA	<input type="checkbox"/>
	Uruguay	<input type="checkbox"/>
	Uzbekistan	<input type="checkbox"/>
	Vatican City State	<input type="checkbox"/>
	St. Vincent & Grenadines	<input type="checkbox"/>
	Venezuela	<input type="checkbox"/>
	Virgin Islands (Brit)	<input type="checkbox"/>
	Virgin Islands (US)	<input type="checkbox"/>
	Vietnam	<input type="checkbox"/>
	Vanuatu	<input type="checkbox"/>
	Wallis & Futuna Islands	<input type="checkbox"/>
	Western Samoa	<input type="checkbox"/>
	Yemen	<input type="checkbox"/>
	Mayotte	<input type="checkbox"/>
	Yugoslavia	<input type="checkbox"/>
	South Africa	<input type="checkbox"/>
	Zambia	<input type="checkbox"/>
	Dem. Rep. of Congo	<input type="checkbox"/>
	Zimbabwe	<input type="checkbox"/>

ZIP Code

Method of Payment

PRIVATE INSURANCE	<input type="checkbox"/>
MEDICARE	<input type="checkbox"/>
MEDICARE AND PRIVATE INSURANCE	<input type="checkbox"/>
MEDICAID	<input type="checkbox"/>
MEDICAID AND MEDICARE	<input type="checkbox"/>
MILITARY OR VETERANS SPONSORED NOS	<input type="checkbox"/>
MILITARY SPONSORED (INCLUDING CHAMPUS & TRICARE)	<input type="checkbox"/>
VETERANS SPONSORED	<input type="checkbox"/>
SELF PAY (NO INSURANCE)	<input type="checkbox"/>

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Form: Demography

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	NO MEANS OF PAYMENT (NO INSURANCE)	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
Race	American Indian or Alaska Native	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Black or African American	<input type="checkbox"/>
	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
	White	<input type="checkbox"/>
	Not Reported	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
Date of planned bone marrow assessments		

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Form: Patient Characteristics

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FORM_OID	PID3330130_V1_0
Height (current)	cm <input type="text"/> in <input type="text"/>
Maximum adult height	cm <input type="text"/> in <input type="text"/>
Weight (current)	kg <input type="text"/> lb <input type="text"/>
Maximum adult non-pregnant weight	kg <input type="text"/> lb <input type="text"/>
Does the patient have Type I Diabetes?	No <input type="text"/> Yes <input type="text"/>
History of > 90 days steroid use	No <input type="text"/> Yes, oral only <input type="text"/> Yes, topical only <input type="text"/> Yes, oral and topical <input type="text"/>
Duration at current zipcode	Fixed Unit: Years
Duration residing in rural/farm community	Fixed Unit: Years
Military Service?	No <input type="text"/> Yes <input type="text"/>
Duration of military service	Fixed Unit: Years
Occupation	Clerical or related occupation <input type="text"/> Equipment / vehicle operator or related occupation <input type="text"/> Farmer <input type="text"/> Homemaker <input type="text"/> Laborer <input type="text"/> Manager, administrator, or proprietor <input type="text"/> Member of the military <input type="text"/> Professional, technical, or related occupation <input type="text"/>

	Sales occupation	<input type="checkbox"/>
	Service occupation	<input type="checkbox"/>
	Skilled craft or related occupation	<input type="checkbox"/>
	Not previously employed	<input type="checkbox"/>
	Student	<input type="checkbox"/>
	Under school age	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
Length of time		Fixed Unit: Years

NHLBI-MDS
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Form: Prior Malignancy

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FORM_OID

Has the patient been diagnosed with any malignancies prior to enrollment?

No ☐

Yes ☐

Prior malignancy

Breast cancer ☐

Colon cancer ☐

Leukemia, specify ☐

Lung ☐

Lymphoma, specify ☐

Multiple myeloma ☐

Prostate cancer ☐

Skin cancers (basal, squamous, melanoma) ☐

Other, specify ☐

Date of diagnosis

Treatment

Chemotherapy/Radiation combination, specify ☐

Hematopoietic Cell ☐

Transplantation ☐

Hormonal ☐

Immunotherapy ☐

Radiation ☐

Systemic therapy (chemotherapy), specify ☐

Other, specify ☐

Unknown ☐

None ☐

Date of last treatment or transplant

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Form: MDS Background Form

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FORM_OID

*Did the patient have a recent (within past 6 months) biopsy
confirming the initial diagnosis of MDS?*

No ☐

Yes ☐

*Note: Patients with a prior diagnosis of MDS/MPN Overlap Disorder
are not eligible for the study.*

Has the patient ever had a confirmed diagnosis of MDS

No ☐

Yes ☐

Date of biopsy

Is the patient's blood disorder therapy-related?

No ☐

Yes ☐

Unknown ☐

Therapy received

Chemotherapy, specify ☐

Radiation ☐

Other, specify ☐

Duration of exposure

Fixed Unit: Months

FORM_OID

Has the patient been diagnosed with any hematologic disorders prior to enrollment?

No ☐Yes ☐

Prior hematologic disorder

ALL ☐AML ☐Anemia ☐Aplastic Anemia ☐CLL ☐CML ☐Hodgkins Lymphoma ☐MDS ☐MPN-Essential ☐Thrombocytopenia ☐MPN/MDS Overlap ☐MPN-Myelofibrosis ☐MPN-Polycythemia Vera ☐MPN-Other ☐Myeloma ☐Neutropenia ☐Non-Hodgkins Lymphoma ☐PNH ☐Thrombocytopenia ☐Other, specify ☐

Date of diagnosis

Treatment

Duration of treatment

Fixed Unit: months

FORM_OID

Has the patient been diagnosed with any autoimmune diseases prior to enrollment?

No ☐Yes ☐

Prior autoimmune disease

Autoimmune neutropenia ☐Glomerulonephritis ☐Hemolytic anemia ☐Hyperthyroidism ☐Hypothyroidism ☐Idiopathic thrombocytopenic
purpura (ITP) ☐Immune mediated neuropathy ☐Inflammatory bowel disease ☐Multiple sclerosis ☐Pyoderma gangrenosum ☐Rheumatoid arthritis ☐Scleroderma ☐Sjogren's syndrome ☐Sweet's syndrome ☐Systemic lupus erythematosus
(SLE) ☐Vasculitis ☐Other, specify ☐

Date of diagnosis

Treatment

Anti-thymocyte globulin (ATG) ☐Anti-TNF monoclonal ☐Cyclosporins ☐Danazol ☐Intravenous immunoglobulin
(IVIG) ☐Methotrexate ☐Sirolimus/mTOR inhibitor ☐Steroids ☐T-Cell costimulator modulators ☐Tacrolimus ☐Other, specify ☐

	None <input type="checkbox"/>
Duration of treatment	Fixed Unit: months

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FORM_OID	
Device Type	<div>Cardiovascular<input type="checkbox"/></div> <div>Cosmetic<input type="checkbox"/></div> <div>Dental<input type="checkbox"/></div> <div>Gastrointestinal<input type="checkbox"/></div> <div>Genitourinary<input type="checkbox"/></div> <div>Neurologic<input type="checkbox"/></div> <div>Orthopedic<input type="checkbox"/></div> <div>No device placed<input type="checkbox"/></div>
Initial Device Placement Date	

NHLBI-MDS
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FORM_OID

Form instructions:

Please enter all family members and spouse, if applicable. Select 'None' if the family member or spouse did not have cancer or a blood disorder.

Relationship	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Brother 1	<input type="checkbox"/>
	Sister 1	<input type="checkbox"/>
	Spouse 1	<input type="checkbox"/>
	Brother 2	<input type="checkbox"/>
	Sister 2	<input type="checkbox"/>
	Spouse 2	<input type="checkbox"/>
	Brother 3	<input type="checkbox"/>
	Sister 3	<input type="checkbox"/>
	Spouse 3	<input type="checkbox"/>
	Brother 4	<input type="checkbox"/>
	Sister 4	<input type="checkbox"/>
	Spouse 4	<input type="checkbox"/>
	Brother 5	<input type="checkbox"/>
	Sister 5	<input type="checkbox"/>
	Spouse 5	<input type="checkbox"/>
	Brother 6	<input type="checkbox"/>
	Sister 6	<input type="checkbox"/>
	Brother 7	<input type="checkbox"/>
	Sister 7	<input type="checkbox"/>
	Brother 8	<input type="checkbox"/>
	Sister 8	<input type="checkbox"/>
	Brother 9	<input type="checkbox"/>
	Sister 9	<input type="checkbox"/>
	Brother 10	<input type="checkbox"/>
	Sister 10	<input type="checkbox"/>
	Other blood relative, specify	<input type="checkbox"/>
Relation type	Blood	<input type="checkbox"/>
	Non-blood	<input type="checkbox"/>

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Form: Family History

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	Unknown	<input type="checkbox"/>
Cancer	Breast cancer	<input type="checkbox"/>
	Colon cancer	<input type="checkbox"/>
	Leukemia, specify	<input type="checkbox"/>
	Lung cancer	<input type="checkbox"/>
	Lymphoma, specify	<input type="checkbox"/>
	Multiple myeloma	<input type="checkbox"/>
	Prostate cancer	<input type="checkbox"/>
	Skin cancers (basal, squamous, melanoma)	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
	None	<input type="checkbox"/>
Age at diagnosis		
Blood disorder	ALL	<input type="checkbox"/>
	AML	<input type="checkbox"/>
	Anemia	<input type="checkbox"/>
	Aplastic Anemia	<input type="checkbox"/>
	CLL	<input type="checkbox"/>
	CML	<input type="checkbox"/>
	Hodgkins Lymphoma	<input type="checkbox"/>
	MDS	<input type="checkbox"/>
	MPN-Essential	<input type="checkbox"/>
	Thrombocytopenia	<input type="checkbox"/>
	MPN/MDS Overlap	<input type="checkbox"/>
	MPN-Myelofibrosis	<input type="checkbox"/>
	MPN-Polycythemia Vera	<input type="checkbox"/>
	MPN-Other	<input type="checkbox"/>
	Myeloma	<input type="checkbox"/>
	Neutropenia	<input type="checkbox"/>
	Non-Hodgkins Lymphoma	<input type="checkbox"/>
	PNH	<input type="checkbox"/>
	Thrombocytopenia	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
	None	<input type="checkbox"/>
Age at diagnosis		

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Form: Family History

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Survival Status	Alive	<input type="checkbox"/>
	Dead	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
<hr/>		
Age at death		
Cause of death	Accident	<input type="checkbox"/>
	Acute leukemia	<input type="checkbox"/>
	Other cancer	<input type="checkbox"/>
	Bacterial infection	<input type="checkbox"/>
	Chronic Lower Respiratory Disease	<input type="checkbox"/>
	Fungal infection	<input type="checkbox"/>
	Heart Disease	<input type="checkbox"/>
	Hemorrhage	<input type="checkbox"/>
	Stroke	<input type="checkbox"/>
	Viral infection	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

FORM_OID

Has the patient ever smoked cigarettes regularly for six months or longer? No ☐
Yes ☐

At what age did the patient start smoking cigarettes regularly?

Does the patient smoke regularly now? No ☐
Yes ☐

At what age did the patient last stop smoking cigarettes regularly?

During the periods when the patient smoked, how many cigarettes did they or do they usually smoke per day? 1-10 ☐
11-20 ☐
21-30 ☐
31-40 ☐
41-60 ☐
61-80 ☐
81 or more ☐

Does the patient now or did they ever smoke a pipe regularly for a year or longer? Never smoked a pipe ☐
Did smoke a pipe but currently do not smoke ☐
Currently do smoke a pipe ☐

Does the patient now or did they ever smoke cigars regularly for a year or longer? Never smoked cigars ☐
Did smoke cigars but currently do not smoke ☐
Currently smoke cigars ☐

Not including the past two years, has the patient ever lived with someone who regularly smoked cigarettes around them? No ☐
Yes ☐

How many years did they smoke cigarettes around the patient regularly?

Not including the past two years, has the patient ever worked with someone who regularly smoked cigarettes around them? No ☐
Yes ☐

How many years did they smoke cigarettes around the patient regularly?

Has the patient ever used smokeless tobacco for 6 months or more? No ☐
Yes ☐

FORM_OID

Age	18-24 years	<input checked="" type="radio"/>
	25-39 years	<input type="radio"/>
	40-54 years	<input type="radio"/>
	55 years or older	<input type="radio"/>

12 oz bottle or can of beer	Never	<input type="radio"/>
	1 per month or fewer	<input type="radio"/>
	2-3 per month	<input type="radio"/>
	1-2 per week	<input type="radio"/>
	3-4 per week	<input type="radio"/>
	5-6 per week	<input type="radio"/>
	1 per day	<input type="radio"/>
	2-3 per day	<input type="radio"/>
	4-5 per day	<input type="radio"/>
	6 or more per day	<input type="radio"/>

5 oz glass of wine	Never	<input type="radio"/>
	1 per month or fewer	<input type="radio"/>
	2-3 per month	<input type="radio"/>
	1-2 per week	<input type="radio"/>
	3-4 per week	<input type="radio"/>
	5-6 per week	<input type="radio"/>
	1 per day	<input type="radio"/>
	2-3 per day	<input type="radio"/>
	4-5 per day	<input type="radio"/>
	6 or more per day	<input type="radio"/>

1.5 oz shot of liquor (including mixed drinks)	Never	<input type="radio"/>
	1 per month or fewer	<input type="radio"/>
	2-3 per month	<input type="radio"/>
	1-2 per week	<input type="radio"/>
	3-4 per week	<input type="radio"/>
	5-6 per week	<input type="radio"/>
	1 per day	<input type="radio"/>
	2-3 per day	<input type="radio"/>

	4-5 per day	<input type="checkbox"/>
	6 or more per day	<input type="checkbox"/>
Age	18-24 years	<input type="checkbox"/>
	25-39 years	<input checked="" type="checkbox"/>
	40-54 years	<input type="checkbox"/>
	55 years or older	<input type="checkbox"/>
12 oz bottle or can of beer	Never	<input type="checkbox"/>
	1 per month or fewer	<input type="checkbox"/>
	2-3 per month	<input type="checkbox"/>
	1-2 per week	<input type="checkbox"/>
	3-4 per week	<input type="checkbox"/>
	5-6 per week	<input type="checkbox"/>
	1 per day	<input type="checkbox"/>
	2-3 per day	<input type="checkbox"/>
	4-5 per day	<input type="checkbox"/>
	6 or more per day	<input type="checkbox"/>
5 oz glass of wine	Never	<input type="checkbox"/>
	1 per month or fewer	<input type="checkbox"/>
	2-3 per month	<input type="checkbox"/>
	1-2 per week	<input type="checkbox"/>
	3-4 per week	<input type="checkbox"/>
	5-6 per week	<input type="checkbox"/>
	1 per day	<input type="checkbox"/>
	2-3 per day	<input type="checkbox"/>
	4-5 per day	<input type="checkbox"/>
	6 or more per day	<input type="checkbox"/>
1.5 oz shot of liquor (including mixed drinks)	Never	<input type="checkbox"/>
	1 per month or fewer	<input type="checkbox"/>
	2-3 per month	<input type="checkbox"/>
	1-2 per week	<input type="checkbox"/>
	3-4 per week	<input type="checkbox"/>
	5-6 per week	<input type="checkbox"/>
	1 per day	<input type="checkbox"/>

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	2-3 per day	<input type="checkbox"/>
	4-5 per day	<input type="checkbox"/>
	6 or more per day	<input type="checkbox"/>
<hr/>		
Age	18-24 years	<input type="checkbox"/>
	25-39 years	<input type="checkbox"/>
	40-54 years	<input checked="" type="checkbox"/>
	55 years or older	<input type="checkbox"/>
<hr/>		
12 oz bottle or can of beer	Never	<input type="checkbox"/>
	1 per month or fewer	<input type="checkbox"/>
	2-3 per month	<input type="checkbox"/>
	1-2 per week	<input type="checkbox"/>
	3-4 per week	<input type="checkbox"/>
	5-6 per week	<input type="checkbox"/>
	1 per day	<input type="checkbox"/>
	2-3 per day	<input type="checkbox"/>
	4-5 per day	<input type="checkbox"/>
	6 or more per day	<input type="checkbox"/>
<hr/>		
5 oz glass of wine	Never	<input type="checkbox"/>
	1 per month or fewer	<input type="checkbox"/>
	2-3 per month	<input type="checkbox"/>
	1-2 per week	<input type="checkbox"/>
	3-4 per week	<input type="checkbox"/>
	5-6 per week	<input type="checkbox"/>
	1 per day	<input type="checkbox"/>
	2-3 per day	<input type="checkbox"/>
	4-5 per day	<input type="checkbox"/>
	6 or more per day	<input type="checkbox"/>
<hr/>		
1.5 oz shot of liquor (including mixed drinks)	Never	<input type="checkbox"/>
	1 per month or fewer	<input type="checkbox"/>
	2-3 per month	<input type="checkbox"/>
	1-2 per week	<input type="checkbox"/>
	3-4 per week	<input type="checkbox"/>
	5-6 per week	<input type="checkbox"/>

	1 per day	<input type="radio"/>
	2-3 per day	<input type="radio"/>
	4-5 per day	<input type="radio"/>
	6 or more per day	<input type="radio"/>
<hr/>		
Age	18-24 years	<input type="radio"/>
	25-39 years	<input type="radio"/>
	40-54 years	<input type="radio"/>
	55 years or older	<input checked="" type="radio"/>
<hr/>		
12 oz bottle or can of beer	Never	<input type="radio"/>
	1 per month or fewer	<input type="radio"/>
	2-3 per month	<input type="radio"/>
	1-2 per week	<input type="radio"/>
	3-4 per week	<input type="radio"/>
	5-6 per week	<input type="radio"/>
	1 per day	<input type="radio"/>
	2-3 per day	<input type="radio"/>
	4-5 per day	<input type="radio"/>
	6 or more per day	<input type="radio"/>
<hr/>		
5 oz glass of wine	Never	<input type="radio"/>
	1 per month or fewer	<input type="radio"/>
	2-3 per month	<input type="radio"/>
	1-2 per week	<input type="radio"/>
	3-4 per week	<input type="radio"/>
	5-6 per week	<input type="radio"/>
	1 per day	<input type="radio"/>
	2-3 per day	<input type="radio"/>
	4-5 per day	<input type="radio"/>
	6 or more per day	<input type="radio"/>
<hr/>		
1.5 oz shot of liquor (including mixed drinks)	Never	<input type="radio"/>
	1 per month or fewer	<input type="radio"/>
	2-3 per month	<input type="radio"/>
	1-2 per week	<input type="radio"/>
	3-4 per week	<input type="radio"/>

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5-6 per week ☐

1 per day ☐

2-3 per day ☐

4-5 per day ☐

6 or more per day ☐

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

FORM_OID

Has the patient ever been exposed to any of the following substances listed below, for at least 8 hours per week for 1 year or more, either on a job or working on a hobby?

Has the patient ever been exposed to agent orange? No ☐

Yes ☐

Unknown ☐

Has the patient ever been exposed to other chemicals or solvents? No ☐

Yes (specify) ☐

Unknown ☐

Has the patient ever been exposed to radiation? No ☐

Yes (specify) ☐

Unknown ☐

Environmental Exposure Type

Cutting oils, motor vehicle oils ☒

Asphalt, tar or pitch ☐

Benzene ☐

Pesticides ☐

Herbicides ☐

Gasoline ☐

Fertilizers ☐

Arsenic ☐

Mineral Oils ☐

Soot ☐

Creosote ☐

Inks, dyes, tanning solutions ☐

Dry cleaning agents ☐

Rubber and rubber products ☐

Vinyl chloride, plastics ☐

Acrylic and oil based paints ☐

Varnish, lacquers, or glues ☐

Paraffin waxes ☐

Coal dust ☐

Metals (lead, nickel, zinc) ☐

Radioactive materials ☐

	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input checked="" type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>

Other chemical exposure, specify <input type="checkbox"/>	
Environmental Exposure?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
	Unknown <input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years

Environmental Exposure Type	Cutting oils, motor vehicle oils <input type="checkbox"/>
	Asphalt, tar or pitch <input type="checkbox"/>
	Benzene <input checked="" type="checkbox"/>
	Pesticides <input type="checkbox"/>
	Herbicides <input type="checkbox"/>
	Gasoline <input type="checkbox"/>
	Fertilizers <input type="checkbox"/>
	Arsenic <input type="checkbox"/>
	Mineral Oils <input type="checkbox"/>
	Soot <input type="checkbox"/>
	Creosote <input type="checkbox"/>
	Inks, dyes, tanning solutions <input type="checkbox"/>
	Dry cleaning agents <input type="checkbox"/>
	Rubber and rubber products <input type="checkbox"/>
	Vinyl chloride, plastics <input type="checkbox"/>
	Acrylic and oil based paints <input type="checkbox"/>
	Varnish, lacquers, or glues <input type="checkbox"/>
	Paraffin waxes <input type="checkbox"/>
	Coal dust <input type="checkbox"/>
	Metals (lead, nickel, zinc) <input type="checkbox"/>
	Radioactive materials <input type="checkbox"/>
	X-ray machines <input type="checkbox"/>
	Agent orange <input type="checkbox"/>
	Other radiation exposure, specify <input type="checkbox"/>
	Other chemical exposure, specify <input type="checkbox"/>
Environmental Exposure?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>

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Unknown ☐

(If yes) Years of exposure

Fixed Unit: Years

Environmental Exposure Type

Cutting oils, motor vehicle oils ☐

Asphalt, tar or pitch ☐

Benzene ☐

Pesticides ☒

Herbicides ☐

Gasoline ☐

Fertilizers ☐

Arsenic ☐

Mineral Oils ☐

Soot ☐

Creosote ☐

Inks, dyes, tanning solutions ☐

Dry cleaning agents ☐

Rubber and rubber products ☐

Vinyl chloride, plastics ☐

Acrylic and oil based paints ☐

Varnish, lacquers, or glues ☐

Paraffin waxes ☐

Coal dust ☐

Metals (lead, nickel, zinc) ☐

Radioactive materials ☐

X-ray machines ☐

Agent orange ☐

Other radiation exposure, specify ☐

Other chemical exposure, specify ☐

Environmental Exposure?

No ☐

Yes ☐

Unknown ☐

(If yes) Years of exposure

Fixed Unit: Years

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input checked="" type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>

Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

(If yes) Years of exposure	Fixed Unit: Years
----------------------------	-------------------

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>

	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input checked="" type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

(If yes) Years of exposure Fixed Unit: Years

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>

	Fertilizers	<input checked="" type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input checked="" type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>

	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input checked="" type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>

	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input checked="" type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>

	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input checked="" type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>

	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input checked="" type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>

	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input checked="" type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>

Other chemical exposure, specify <input type="checkbox"/>	
Environmental Exposure?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
	Unknown <input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years

Environmental Exposure Type	<input type="checkbox"/> Cutting oils, motor vehicle oils <input type="checkbox"/> Asphalt, tar or pitch <input type="checkbox"/> Benzene <input type="checkbox"/> Pesticides <input type="checkbox"/> Herbicides <input type="checkbox"/> Gasoline <input type="checkbox"/> Fertilizers <input type="checkbox"/> Arsenic <input type="checkbox"/> Mineral Oils <input type="checkbox"/> Soot <input type="checkbox"/> Creosote <input type="checkbox"/> Inks, dyes, tanning solutions <input type="checkbox"/> Dry cleaning agents <input checked="" type="checkbox"/> Rubber and rubber products <input type="checkbox"/> Vinyl chloride, plastics <input type="checkbox"/> Acrylic and oil based paints <input type="checkbox"/> Varnish, lacquers, or glues <input type="checkbox"/> Paraffin waxes <input type="checkbox"/> Coal dust <input type="checkbox"/> Metals (lead, nickel, zinc) <input type="checkbox"/> Radioactive materials <input type="checkbox"/> X-ray machines <input type="checkbox"/> Agent orange <input type="checkbox"/> Other radiation exposure, specify <input type="checkbox"/> Other chemical exposure, specify
Environmental Exposure?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>

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Unknown ☐

(If yes) Years of exposure

Fixed Unit: Years

Environmental Exposure Type

Cutting oils, motor vehicle oils ☐

Asphalt, tar or pitch ☐

Benzene ☐

Pesticides ☐

Herbicides ☐

Gasoline ☐

Fertilizers ☐

Arsenic ☐

Mineral Oils ☐

Soot ☐

Creosote ☐

Inks, dyes, tanning solutions ☐

Dry cleaning agents ☐

Rubber and rubber products ☐

Vinyl chloride, plastics ☒

Acrylic and oil based paints ☐

Varnish, lacquers, or glues ☐

Paraffin waxes ☐

Coal dust ☐

Metals (lead, nickel, zinc) ☐

Radioactive materials ☐

X-ray machines ☐

Agent orange ☐

Other radiation exposure, specify ☐

Other chemical exposure, specify ☐

Environmental Exposure?

No ☐

Yes ☐

Unknown ☐

(If yes) Years of exposure

Fixed Unit: Years

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input checked="" type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>

Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

(If yes) Years of exposure	Fixed Unit: Years
----------------------------	-------------------

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>

	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input checked="" type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

(If yes) Years of exposure Fixed Unit: Years

Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>

	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input checked="" type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>

	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input checked="" type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>

	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input checked="" type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>

	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>
	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input checked="" type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	
Environmental Exposure Type	Cutting oils, motor vehicle oils	<input type="checkbox"/>
	Asphalt, tar or pitch	<input type="checkbox"/>
	Benzene	<input type="checkbox"/>
	Pesticides	<input type="checkbox"/>
	Herbicides	<input type="checkbox"/>
	Gasoline	<input type="checkbox"/>
	Fertilizers	<input type="checkbox"/>
	Arsenic	<input type="checkbox"/>
	Mineral Oils	<input type="checkbox"/>
	Soot	<input type="checkbox"/>
	Creosote	<input type="checkbox"/>
	Inks, dyes, tanning solutions	<input type="checkbox"/>
	Dry cleaning agents	<input type="checkbox"/>
	Rubber and rubber products	<input type="checkbox"/>
	Vinyl chloride, plastics	<input type="checkbox"/>
	Acrylic and oil based paints	<input type="checkbox"/>
	Varnish, lacquers, or glues	<input type="checkbox"/>
	Paraffin waxes	<input type="checkbox"/>

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Form: Environmental Exposure

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	Coal dust	<input type="checkbox"/>
	Metals (lead, nickel, zinc)	<input type="checkbox"/>
	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input checked="" type="checkbox"/>
	Agent orange	<input type="checkbox"/>
	Other radiation exposure, specify	<input type="checkbox"/>
	Other chemical exposure, specify	<input type="checkbox"/>
Environmental Exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
(If yes) Years of exposure	Fixed Unit: Years	

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Form: Military Service Form

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US Military Service Start Year

US Military Service End Year

What branch of the US military did you serve in (select one)?

Army ☐

Marine Corps ☐

Navy ☐

Air Force ☐

Coast Guard ☐

National Guard ☐

Other ☐

If "Other", explain:

Did you serve overseas?

No ☐

Yes ☐

If 'Yes', indicate the number of countries

Countries

Ascension Island ☐

Andorra ☐

United Arab Emirates ☐

Afghanistan ☐

Antigua and Barbuda ☐

Anguilla ☐

Albania ☐

Armenia ☐

Netherlands Antilles ☐

Angola ☐

Antarctica ☐

Argentina ☐

American Samoa ☐

Austria ☐

Australia ☐

Aruba ☐

Azerbaijan ☐

Bosnia-Herzegovina ☐

Barbados ☐

Bangladesh ☐

Belgium ☐

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- Burkina Faso ☐
- Bulgaria ☐
- Bahrain ☐
- Burundi ☐
- Benin ☐
- Bermuda ☐
- Brunei Darussalam ☐
- Bolivia ☐
- Brazil ☐
- Bahamas ☐
- Bhutan ☐
- Bouvet Island ☐
- Botswana ☐
- Belarus ☐
- Belize ☐
- Canada ☐
- Cocos Isl. ☐
- Rep. Dem. Congo ☐
- Central African Rep. ☐
- Congo ☐
- Switzerland ☐
- Ivory Coast ☐
- Cook Islands ☐
- Chile ☐
- Cameroon ☐
- China ☐
- Colombia ☐
- Costa Rica ☐
- Cuba ☐
- Cape Verde ☐
- Christmas Island ☐
- Cyprus ☐
- Czech Republic ☐
- Germany ☐

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- Djibouti ☐
- Denmark ☐
- Dominica ☐
- Dominican Republic ☐
- Algeria ☐
- Ecuador ☐
- Estonia ☐
- Egypt ☐
- Western Sahara ☐
- Eritrea ☐
- Spain ☐
- Ethiopia ☐
- Finland ☐
- Fiji ☐
- Falkland Isl. ☐
- Micronesia ☐
- Faroe Islands ☐
- France ☐
- France (European Ter.) ☐
- Gabon ☐
- Great Britain ☐
- Grenada ☐
- Georgia ☐
- Guiana (Fr.) ☐
- Guernsey ☐
- Ghana ☐
- Gibraltar ☐
- Greenland ☐
- Gambia ☐
- Guinea ☐
- Guadeloupe (Fr.) ☐
- Equatorial Guinea ☐
- Greece ☐
- South Georgia and South Sandwich Islands ☐

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

- Guatemala ☐
- Guam (US) ☐
- Guinea Bissau ☐
- Guyana ☐
- Hong Kong ☐
- Heard & McDonald Isl. ☐
- Honduras ☐
- Croatia ☐
- Haiti ☐
- Hungary ☐
- Indonesia ☐
- Ireland ☐
- Israel ☐
- Isle of Man ☐
- India ☐
- British Indian O. Ter. ☐
- Iraq ☐
- Iran ☐
- Iceland ☐
- Italy ☐
- Jersey ☐
- Jamaica ☐
- Jordan ☐
- Japan ☐
- Kenya ☐
- Kyrgyz Republic ☐
- Cambodia ☐
- Kiribati ☐
- Comoros ☐
- St. Kitts Nevis Anguilla ☐
- Korea (north) ☐
- Korea (South) ☐
- Kuwait ☐
- Cayman Islands ☐

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NHLBI-MDS
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- Kazakstan ☐
- Laos ☐
- Lebanon ☐
- Saint Lucia ☐
- Liechtenstein ☐
- Sri Lanka ☐
- Liberia ☐
- Lesotho ☐
- Lithuania ☐
- Luxembourg ☐
- Latvia ☐
- Libya ☐
- Morocco ☐
- Monaco ☐
- Moldova ☐
- Madagascar ☐
- Marshall Islands ☐
- Macedonia ☐
- Mali ☐
- Myanmar ☐
- Mongolia ☐
- Macau ☐
- Northern Mariana Isl. ☐
- Martinique (Fr.) ☐
- Mauritania ☐
- Montserrat ☐
- Malta ☐
- Mauritius ☐
- Maldives ☐
- Malawi ☐
- Mexico ☐
- Malaysia ☐
- Mozambique ☐
- Namibia ☐

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New Caledonia (Fr.)	<input type="checkbox"/>
Niger	<input type="checkbox"/>
Norfolk Island	<input type="checkbox"/>
Nigeria	<input type="checkbox"/>
Nicaragua	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Nepal	<input type="checkbox"/>
Nauru	<input type="checkbox"/>
Niue	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>
Oman	<input type="checkbox"/>
Other	<input type="checkbox"/>
Panama	<input type="checkbox"/>
Peru	<input type="checkbox"/>
Polynesia (Fr.)	<input type="checkbox"/>
Papua New Guinea	<input type="checkbox"/>
Philippines	<input type="checkbox"/>
Pakistan	<input type="checkbox"/>
Poland	<input type="checkbox"/>
St. Pierre & Miquelon	<input type="checkbox"/>
Pitcairn	<input type="checkbox"/>
Puerto Rico	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Palau	<input type="checkbox"/>
Paraguay	<input type="checkbox"/>
Qatar	<input type="checkbox"/>
Reunion (Fr.)	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Russian Federation	<input type="checkbox"/>
Rwanda	<input type="checkbox"/>
Saudi Arabia	<input type="checkbox"/>
Solomon Islands	<input type="checkbox"/>
Seychelles	<input type="checkbox"/>

NHLBI-MDS
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-
- Sudan ☐
- Sweden ☐
- Singapore ☐
- St. Helena ☐
- Slovenia ☐
- Svalbard & Jan Mayen Isl. ☐
- Slovakia ☐
- Sierra Leone ☐
- San Marino ☐
- Senegal ☐
- Somalia ☐
- Suriname ☐
- St. Tome and Principe ☐
- Soviet Union ☐
- El Salvador ☐
- Syria ☐
- Swaziland ☐
- Turks & Caicos Islands ☐
- Chad ☐
- French Southern Terr. ☐
- Togo ☐
- Thailand ☐
- Tadjikistan ☐
- Tokelau ☐
- Turkmenistan ☐
- Tunisia ☐
- Tonga ☐
- East Timor ☐
- Turkey ☐
- Trinidad & Tobago ☐
- Tuvalu ☐
- Taiwan ☐
- Tanzania ☐
- Ukraine ☐

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	Uganda	<input type="checkbox"/>
	United Kingdom	<input type="checkbox"/>
	US Minor Outlying Isl.	<input type="checkbox"/>
	USA	<input type="checkbox"/>
	Uruguay	<input type="checkbox"/>
	Uzbekistan	<input type="checkbox"/>
	Vatican City State	<input type="checkbox"/>
	St. Vincent & Grenadines	<input type="checkbox"/>
	Venezuela	<input type="checkbox"/>
	Virgin Islands (Brit)	<input type="checkbox"/>
	Virgin Islands (US)	<input type="checkbox"/>
	Vietnam	<input type="checkbox"/>
	Vanuatu	<input type="checkbox"/>
	Wallis & Futuna Islands	<input type="checkbox"/>
	Western Samoa	<input type="checkbox"/>
	Yemen	<input type="checkbox"/>
	Mayotte	<input type="checkbox"/>
	Yugoslavia	<input type="checkbox"/>
	South Africa	<input type="checkbox"/>
	Zambia	<input type="checkbox"/>
	Dem. Rep. of Congo	<input type="checkbox"/>
	Zimbabwe	<input type="checkbox"/>
During your service, did you serve in Vietnam?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, did you serve aboard a U.S. military vessel that operated in the inland waterways of Vietnam?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, did you serve on a vessel operating near the demarcation line of the waters of Vietnam and Cambodia?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, did you serve on any U.S. or Royal Thai military base in Thailand?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

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	Unknown	<input type="checkbox"/>
During your service, did you serve in Laos?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, did you serve in Cambodia at Mimot or Krek, Kampong Cham Province?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, did you serve in Guam or American Samoa or in the territorial waters off Guam or American Samoa?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, did you serve at Johnston Atoll or on a ship that called at Johnston Atoll?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
Did you serve in or near the Korean DMZ?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
While serving or on active duty were you in a regular Air Force unit location where a C-123 aircraft with traces of Agent Orange was assigned, and had repeated contact with this aircraft due to your duties?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, were you involved in transporting, testing, storing, or other uses of Agent Orange?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service, were you assigned as a Reservist to certain flight, ground, or medical crew duties at Lockbourne/Rickenbacker Air Force Base in Ohio, Westover Air Force Base in Massachusetts, and/or Pittsburgh International Airport in Pennsylvania?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
Have you ever applied for or received disability benefits related to Agent Orange exposure?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
<i>Did you serve in the Gulf during Operation Desert Shield, Operation Desert Storm, Operation Iraqi Freedom, or Operation New Dawn?</i>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
During your service in the Gulf War were you exposed to Oil Well Fires?	No	<input type="checkbox"/>

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	Yes <input type="checkbox"/>
	Unknown <input type="checkbox"/>
During your service in the Gulf War were you exposed to Chemical or Biological weapons?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
	Unknown <input type="checkbox"/>
During your service in the Gulf War were you exposed to Depleted Uranium?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
	Unknown <input type="checkbox"/>

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Were you exposed to Agent Orange during Military Service?

No ☐
Yes ☐
Unknown ☐

If 'No', how were you exposed?

Work ☐
Residential Proximity ☐
Other ☐

If "Other", explain:

Type/location of exposure:

Water ☐
Land ☐
Air ☐
Combination of the above ☐
Other ☐

If "Other", explain:

Indicate the approximate cumulative duration of exposure to agent orange, choosing the closest unit of the duration.

Unit

Days ☐
Weeks ☐
Months ☐
Years ☐

Form instructions:**NOTES:** Please note that there are 29 lab tests included within the log line section of this form. If you see less than 29 lab tests, be sure to look at the pagination at the bottom right hand corner of the log line section to access all lab tests.

#	Lab Test	Test not done	Lab Value	Lab Unit	Value Abnormal?	Date Hematology (Blood) Sample Obtained
1	Creatinine, Serum	<input type="checkbox"/>		mg/dL	<input type="radio"/> No <input type="radio"/> Yes	
2	Alkaline Phosphatase, Serum	<input type="checkbox"/>		U/L	<input type="radio"/> No <input type="radio"/> Yes	
3	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>		U/L	<input type="radio"/> No <input type="radio"/> Yes	
4	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>		U/L	<input type="radio"/> No <input type="radio"/> Yes	
5	Lactate Dehydrogenase (LDH), Serum	<input type="checkbox"/>		U/L	<input type="radio"/> No <input type="radio"/> Yes	
6	Vitamin B12, Serum	<input type="checkbox"/>		pg/mL	<input type="radio"/> No <input type="radio"/> Yes	
7	Copper, Serum	<input type="checkbox"/>		µg/dL	<input type="radio"/> No <input type="radio"/> Yes	
8	Iron, Serum	<input type="checkbox"/>		µg/dL	<input type="radio"/> No <input type="radio"/> Yes	
9	Total Iron Binding Capacity, Serum	<input type="checkbox"/>		µg/dL	<input type="radio"/> No <input type="radio"/> Yes	
10	Iron Saturation, Ratio, Serum	<input type="checkbox"/>		%	<input type="radio"/> No <input type="radio"/> Yes	
11	Ferritin, Serum	<input type="checkbox"/>		ng/mL	<input type="radio"/> No <input type="radio"/> Yes	
12	Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>		mIU/L	<input type="radio"/> No <input type="radio"/> Yes	
13	Total Protein, Serum	<input type="checkbox"/>		g/dL	<input type="radio"/> No <input type="radio"/> Yes	
14	Rheumatoid Factor, Serum	<input type="checkbox"/>		U/mL	<input type="radio"/> No <input type="radio"/> Yes	
15	Hemoglobin, Blood	<input type="checkbox"/>		g/dL	<input type="radio"/> No <input type="radio"/> Yes	
16	Platelets, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
17	White Blood Cells (WBC), #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
18	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
19	Monocytes, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
20	Lymphocytes, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
21	Eosinophils, #, blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
22	Basophils, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
23	Reticulocytes, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	
24	Blasts, %, Blood	<input type="checkbox"/>		%	<input type="radio"/> No <input type="radio"/> Yes	
25	Folate, Serum	<input type="checkbox"/>		ng/mL	<input type="radio"/> No <input type="radio"/> Yes	
26	Folate, Red Blood Cell	<input type="checkbox"/>		ng/mL	<input type="radio"/> No <input type="radio"/> Yes	
27	Albumin, Serum	<input type="checkbox"/>		g/dL	<input type="radio"/> No <input type="radio"/> Yes	
28	Bilirubin, Total, Serum	<input type="checkbox"/>		mg/dL	<input type="radio"/> No <input type="radio"/> Yes	
29	Direct Antinuclear Test (Coombs), Red Blood Cells	<input type="checkbox"/>			<input type="radio"/> No <input type="radio"/> Yes	

Antinuclear Antibody (ANA), Serum

Date obtained

... ▾

T-Cell Receptor Rearrangement

Date obtained

... ▾

Paroxysmal nocturnal hemoglobinuria flow

... ▾

PNH flow method:

Granulocytes: CD59 and/or CD55

Assay type

☐ No
☐ Yes

Lower limit of detection

☐ Screening
☐ High sensitivity

Date obtained

%

... ▾

Granulocytes: FLAER

Assay type

☐ No
☐ Yes

Lower limit of detection

☐ Screening
☐ High sensitivity

Date obtained

%

... ▾

Monocytes: CD14

Assay type

☐ No
☐ Yes

Lower limit of detection

☐ Screening
☐ High sensitivity

Date obtained

%

... ▾

Monocytes: FLAER

Assay type

☐ No
☐ Yes

Lower limit of detection

☐ Screening
☐ High sensitivity

Date obtained

%

... ▾

Erythrocytes: CD59 and/or CD55

Assay type

☐ No
☐ Yes

Lower limit of detection

☐ Screening
☐ High sensitivity

Date obtained

%

... ▾

Mean corpuscular volume

MVC Unit

... ▾

Date of mean corpuscular volume

... ▾

Red cell distribution width

RCDW Unit

... ▾

Date of red cell distribution width

... ▾

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Concomitant Medication Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

At Baseline, please report medications from the previous 12 months. Update this form whenever a medication is started or stopped. Disease-modifying therapy given as part of a treatment cycle for MDS should be reported only on the MDS Disease Modifying Therapy Form **and treatment provided for any COVID-19 care should captured on the COVID-19 Medication Form**. Report all other medications, growth factors, and iron chelation on this form.

Medication Name

Medication Start Date

Medication Stop Date

Reason for Medication

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FORM_OID	
Was Charlson Comorbidity Index completed?	No <input type="radio"/>
	Yes <input type="radio"/>

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Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Charlson Comorbidity Index

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

This form is for data capture and entry purposes. Rave CRA's must rely on info in patient chart to answer the questions on this form.

Has the patient had a myocardial infarction?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Has the patient been hospitalized or treated for heart failure?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have peripheral vascular disease?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Has the patient had a CVA or transient ischemic disease?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have hemiplegia?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have asthma, chronic lung disease, chronic bronchitis or emphysema?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have diabetes that requires treatment?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have end organ damage from diabetes?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have moderate or severe renal disease?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have a chronic liver disease?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Does the patient have moderate to severe liver disease?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Has the patient had gastric or peptic ulcers?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
<i>Has the patient had cancer (other than basal cell skin cancer)?</i>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Type of Cancer	Lymphoma <input type="checkbox"/>
	Leukemia <input type="checkbox"/>

	Solid tumor (specify)	<input type="checkbox"/>
<i>Has the patient had a metastatic solid tumor?</i>		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Type of metastatic solid tumor	Breast	<input type="checkbox"/>
	Colon	<input type="checkbox"/>
	Prostate	<input type="checkbox"/>
	Lung	<input type="checkbox"/>
	Melanoma	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
Does the patient have Alzheimer's, dementia from any etiology or any serious cognitive impairment?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Does the patient have any rheumatic or connective tissue disease?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Does the patient have HIV or AIDS?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Does the patient have hypertension?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Has the patient had decubitus ulcers, peripheral skin ulcers or repeated episodes of cellulitis?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Does the patient have depression?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Is the patient on warfarin or coumadin?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>

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Form: Report Period and Vital Status Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

Reporting Period Start Date must be the day after Reporting Period End Date of the previous folder. For the first Visit folder, the Reporting Period Start Date should be the day after all Baseline interviews and assessments are completed.

Reporting Period Start Date (mmm/dd/yyyy)

Reporting Period End Date (mmm/dd/yyyy)

Patient's Vital Status

Alive ☐

Dead ☐

Date of last contact (mmm/dd/yyyy)

Date of death

Primary Cause of Death

Accident ☐

Acute leukemia ☐

Other cancer ☐

Bacterial infection ☐

Chronic Lower Respiratory
Disease ☐

Fungal infection ☐

Heart Disease ☐

Hemorrhage ☐

Stroke ☐

Viral infection ☐

Other, specify ☐

Unknown ☐

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Form: Study Visit Information

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Did the required study visit occur during the reporting period?

No ☐

Yes ☐

Study visit date

Was participant data still collected?

No ☐

Yes ☐

Please specify the method of data collection

Remote patient contact ☐

External clinic collaboration ☐

EMR ☐

Phone and EMR ☐

Other, specify ☐

NHLBI-MDS
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Form: Status Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

At baseline: Report events from the last 6 months unless otherwise specified

At study visits: Report events since the last study visit

ECOG Performance Status	0	<input type="radio"/>
	1	<input type="radio"/>
	2	<input type="radio"/>
	3	<input type="radio"/>
	4	<input type="radio"/>

<i>Has the patient progressed to AML?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

Date of diagnosis		
<i>Has the patient been hospitalized or been to the emergency room?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

<i>Has the patient been in intensive care unit?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

<i>Has the patient had clinic visit(s)?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

<i>Has the patient had a packed RBC transfusion?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

<i>Has the patient had a platelet transfusion?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

<i>Has the patient had any infections requiring therapy?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

Therapy type	Antibiotic	<input type="radio"/>
	Antiviral	<input type="radio"/>
	Antifungal	<input type="radio"/>

Was IV administration route used?	No	<input type="radio"/>
	Yes	<input type="radio"/>

<i>Has the patient had any thromboembolic events (at baseline – within the last 3 years)?</i>	No	<input type="radio"/>
	Yes	<input type="radio"/>

Has the patient had any clots (NOS)? (at baseline – within the last 3 years)	No	<input type="radio"/>
	Yes	<input type="radio"/>

Has the patient had any pulmonary embolisms? (<i>at baseline – within the last 3 years</i>)	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Has the patient had any deep vein thrombosis (DVT)? (<i>at baseline – within the last 3 years</i>)	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Has the patient had any coronary thrombosis? (<i>at baseline – within the last 3 years</i>)	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
<i>Has the patient had a central venous access procedure?</i>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Peripheral Inserted central catheter (PICC) or Midline catheter?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Silicone central venous (e.g., Hickman, Broviac)	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Implantable vascular access device (port)	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
<i>Has the patient experienced bleeding or hemorrhage of CTCAE grade 2 or higher?</i>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Event type	Purpura <input type="checkbox"/> Hematoma <input type="checkbox"/> Hemorrhage, gastrointestinal <input type="checkbox"/> Hemorrhage, genitourinary <input type="checkbox"/> Hemorrhage, pulmonary <input type="checkbox"/> Hemorrhage, central nervous system <input type="checkbox"/> Hemorrhage, vitreous <input type="checkbox"/> Hemorrhage, other, specify <input type="checkbox"/>
Maximum CTCAE grade	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
<i>Has the patient entered hospice care?</i>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Date entered	

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Form: Hospitalization/ER Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Hospitalization or ER admission date	
Hospitalization or ER discharge date	
Reason for hospitalization or ER	<div>Bleeding <input type="checkbox"/></div> <div>Cardiovascular <input type="checkbox"/></div> <div>Infection <input type="checkbox"/></div> <div>Neurologic <input type="checkbox"/></div> <div>Pulmonary <input type="checkbox"/></div> <div>Therapy <input type="checkbox"/></div> <div>Transfusion <input type="checkbox"/></div> <div>Trauma <input type="checkbox"/></div> <div>Confirmed COVID-19 or SARS-CoV-2 infection <input type="checkbox"/></div> <div>Other, specify <input type="checkbox"/></div>

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Form: ICU Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
ICU admission date	
ICU discharge date	
Was patient intubated?	No <input type="radio"/>
	Yes <input type="radio"/>
	Unknown <input type="radio"/>
Did patient receive vasopressor agents?	No <input type="radio"/>
	Yes <input type="radio"/>
	Unknown <input type="radio"/>
Was the patient treated in ICU for the novel coronavirus (SARS-CoV-2)?	No <input type="radio"/>
	Yes <input type="radio"/>
	Unknown <input type="radio"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

FORM_OID	
Clinic visit date	
Reason for clinic visit	MDS care <input type="checkbox"/>
	COVID-19 infection <input type="checkbox"/>
	Other, specify <input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
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FORM_OID	
Transfusion date	
Blood unit type	Packed <input type="checkbox"/>
	Whole <input type="checkbox"/>
Number of units	

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

FORM_OID	
Transfusion date	
Number of bags	
Donor type	Pooled <input type="checkbox"/>
	Single <input type="checkbox"/>

NHLBI-MDS
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Data entry via Medidata Rave

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Form: Second Primary

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

This form is to be completed and submitted within 14 days of diagnosis of a new primary cancer.

If a digital copy of the requested source documentation is not available for direct upload, this form is set up to utilize the CTSU Document Image Portal integration. To utilize this integration, click "Save" at the bottom of the page after completing all the relevant fields on the form. A link to "Print Cover Sheet" will appear under the upload field. Click on the link, print and follow the directions stated on the coversheet. Any questions regarding this functionality, please contact the CTSU Help Desk at 1-888-823-5923.

Date of Diagnosis of Second Primary Cancer

Site of Second Primary Cancer

- Breast ☐
- In situ, usually opposite breast ☐
- Gastrointestinal ☐
- Colon ☐
- Rectum ☐
- Gastric ☐
- Pancreas adenocarcinoma/other ☐
- Neuroendocrine ☐
- Esophagus ☐
- Liver, gall bladder, bile duct ☐
- Small Intestine ☐
- Carcinoid ☐
- Anal canal ☐
- Colorectal ☐
- Head and neck ☐
- Thyroid ☐
- Brain tumor ☐
- Spinal cord ☐
- Hodgkin's disease ☐
- Non-Hodgkin's Lymphoma ☐
- Lymphosarcoma ☐
- Myeloma ☐
- Acute Lymphocytic Leukemia - ☐
- ALL ☐
- Chronic Lymphocytic Leukemia ☐
- CLL ☐

- Chronic Myelogenous Leukemia ☐
- CML ☐
- Hairy cell leukemia ☐
- Promyelocytic leukemia - APL ☐
- Aids related lymphoma ☐
- Waldenstrom's ☐
- macroglobulinemia ☐
- Lymphoma, type not specified ☐
- Leukemia, type not specified ☐
- Lung cancer ☐
- Small Cell Lung Cancer ☐
- Non-Small Cell Lung Cancer ☐
- Thymoma ☐
- Pleural Effusion ☐
- Melanoma ☐
- Basal cell carcinoma ☐
- Skin cancer not melanoma ☐
- Sarcoma ☐
- Mesothelioma ☐
- Osteosarcoma ☐
- Kaposi's Sarcoma ☐
- Genitourinary ☐
- Ovarian ☐
- Endometrium, uterine corpus ☐
- Renal cell ☐
- Bladder, urinary tract ☐
- Testis, germ cell, seminoma ☐
- Prostate ☐
- Adrenal ☐
- Cervix ☐
- Penile ☐
- Other gyn ☐
- Other ☐

Specify other second primary cancer

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Form: Second Primary

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Is it likely that the second primary cancer is related to any anti-cancer treatment the patient has received?

No ☐

Yes ☐

Include information on histologic subtype

Please upload copies of any corroborating pathology reports (required). NOTE: If the patient has been diagnosed with AML/MDS, submit a copy of the pathology report and the cytogenetic report on the Marrow Assessment Form.

Briefly describe treatment planned or given for the diagnosis of this second primary

NHLBI-MDS
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Data entry via Medidata Rave

Page: Hematology/Chemistry - 6 Months Post Registration (1)

#	Lab Test	Test not done	Lab Value	Lab Unit	Value Abnormal?	Date Hematology (Blood) Sample Obtained
1	Hemoglobin, Blood	<input type="checkbox"/>		g/dL	<input type="radio"/> No <input type="radio"/> Yes	...
2	Platelets, Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
3	White Blood Cells (WBC), #, Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
4	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
5	Monocytes, #, Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
6	Lymphocytes, #, Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
7	Eosinophils, #, blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
8	Basophils, #, Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
9	Reticulocytes, #, Blood	<input type="checkbox"/>		/uL	<input type="radio"/> No <input type="radio"/> Yes	...
10	Blasts, %, Blood	<input type="checkbox"/>		%	<input type="radio"/> No <input type="radio"/> Yes	...

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Form: Marrow Assessment

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

NOTES: When uploading any type of source documentation, please double check to ensure the patient's name and any identifiers, except initials and the patient's ECOG-ACRIN number, have been redacted. The following PHI should be redacted from the uploaded documentation:

- Subject Name
- Birth Date
- Medical record number or other unique ID assigned by the site
- Personal address and/or zip code
- Personal phone number
- Social security number
- Accession number

NOTE: Please be sure to include the EA patient ID number when uploading any type of source documentation.

Was a bone marrow procedure done? No ☐
Yes ☐

Were bone marrow samples submitted to MDS Central Laboratory and Biorepository? No ☐
Yes ☐

Please indicate reason why samples were not submitted Procedure performed at another location ☐
Dry tap ☐
Patient refusal ☐
Site error ☐
COVID-19 Related ☐
Other (specify) ☐

Did the participant have their blood drawn? No ☐
Yes ☐

Please indicate reason why blood was not drawn Patient refusal ☐
Site error ☐

COVID-19 Related		<input type="checkbox"/>
Clinic visit did not occur		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Were peripheral blood samples submitted to MDS Central Laboratory and Biorespository?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Please indicate reason why samples were not collected	Procedure performed at another location	<input type="checkbox"/>
	Patient refusal	<input type="checkbox"/>
	Site error	<input type="checkbox"/>
	COVID-19 Related	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
Procedure	Bone marrow biopsy	<input type="checkbox"/>
	Bone marrow aspirate	<input type="checkbox"/>
	Both biopsy and aspirate	<input type="checkbox"/>
Date of procedure		
Upload report		
2008 WHO Category	AML	<input type="checkbox"/>
	ICUS	<input type="checkbox"/>
	MDS/MPN overlap	<input type="checkbox"/>
	MDS Refractory cytopenia with unilineage dysplasia - refractory anemia (RCUD-RA)	<input type="checkbox"/>
	MDS Refractory cytopenia with unilineage dysplasia - refractory Neutropenia (RCUD-RN)	<input type="checkbox"/>
	MDS Refractory cytopenia with unilineage dysplasia - refractory Thrombocytopenia (RCUD-RT)	<input type="checkbox"/>
	MDS Refractory anemia with ring sideroblasts (RARS)	<input type="checkbox"/>
	MDS Refractory cytopenia with multilineage dysplasia (RCMD)	<input type="checkbox"/>
	MDS Refractory anemia with excess blasts-1 (RAEB-1)	<input type="checkbox"/>
	MDS Refractory anemia with excess blasts-2 (RAEB-2)	<input type="checkbox"/>
	MDS associated with isolated del(5q)	<input type="checkbox"/>

	Myelodysplastic syndrome unclassified (MDS-U)	<input type="checkbox"/>
	Other Malignancy, specify	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
<hr/>		
2016 WHO Category	AML	<input type="checkbox"/>
	ICUS	<input type="checkbox"/>
	MDS/MPN overlap	<input type="checkbox"/>
	MDS with single lineage dysplasia (MDS-SLD)	<input type="checkbox"/>
	MDS with single lineage dysplasia and ring sideroblasts (MDS-RSSLD)	<input type="checkbox"/>
	MDS with multilineage dysplasia (MDS-MLD)	<input type="checkbox"/>
	MDS with multilineage dysplasia and ring sideroblasts (MDS-RSMLD)	<input type="checkbox"/>
	MDS with excess blasts-1 (MDS-EB1, 5-9% blasts)	<input type="checkbox"/>
	MDS with excess blasts-2 (MDS-EB2, 10-19% blasts)	<input type="checkbox"/>
	MDS with isolated del(5q)	<input type="checkbox"/>
	MDS, unclassifiable (MDS-U)	<input type="checkbox"/>
	Other Malignancy, specify	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
<hr/>		
Blast, %, Bone Marrow	Fixed Unit: %	
<hr/>		
Blast, Bone Marrow, reported within normal limits		<input type="checkbox"/>
<hr/>		
Cellularity, %, Bone Marrow	Fixed Unit: %	
<hr/>		
Cellularity, Bone Marrow, % unknown	Hypocellular	<input type="checkbox"/>
	Normocellular	<input type="checkbox"/>
	Hypercellular	<input type="checkbox"/>
<hr/>		
Molecular diagnostics performed?	No	<input type="checkbox"/>
	Yes, report uploaded	<input type="checkbox"/>
	Yes, report not uploaded	<input type="checkbox"/>
<hr/>		
FISH performed?	No	<input type="checkbox"/>

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	Yes, report uploaded	<input type="checkbox"/>
	Yes, report not uploaded	<input type="checkbox"/>
Cytogenetic karyotyping performed?	No	<input type="checkbox"/>
	Yes, report uploaded	<input type="checkbox"/>
	Yes, report not uploaded	<input type="checkbox"/>
Upload molecular diagnostics, FISH, and/or cytogenetic reports _____		

NHLBI-MDS
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Data entry via Medidata Rave

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Form: Baseline Marrow Assessment

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

NOTE: The flow cytometry report submitted under Molecular Diagnostics IS NOT a substitute for the cytogenetic and karyotype report. The cytogenetic report can take 7-10 days post collection before it is complete and ready to be uploaded. Please remember to upload the cytogenetic and karyotype reports when they are complete for central pathology review and study assignment to occur in a timely manner.

NOTE: When uploading any type of source documentation, please double check to ensure the patient's name and any identifiers, except initials and the patient's ECOG-ACRIN number, have been redacted. The following PHI should be redacted from the uploaded documentation:

- Subject Name
- Birth Date
- Medical record number or other unique ID assigned by the site
- Personal address and/or zip code
- Personal phone number
- Social security number
- Accession number

NOTE: Please be sure to include the EA patient ID number when uploading any type of source documentation.

Was a bone marrow procedure done? No ☐
Yes ☐

Were bone marrow samples submitted to MDS Central Laboratory and Biorepository? No ☐
Yes ☐

Please indicate reason why samples were not submitted Procedure performed at another location ☐
Dry tap ☐
Patient refusal ☐
Site error ☐
COVID-19 Related ☐
Other (specify) ☐

Did the participant have their blood drawn?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Please indicate reason why blood was not drawn	Patient refusal	<input type="checkbox"/>
	Site error	<input type="checkbox"/>
	COVID-19 Related	<input type="checkbox"/>
	Clinic visit did not occur	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
Were peripheral blood samples submitted to MDS Central Laboratory and Biorespository?		No <input type="checkbox"/>
		Yes <input type="checkbox"/>
Please indicate reason why samples were not collected	Procedure performed at another location	<input type="checkbox"/>
	Patient refusal	<input type="checkbox"/>
	Site error	<input type="checkbox"/>
	COVID-19 Related	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
Procedure	Bone marrow biopsy	<input type="checkbox"/>
	Bone marrow aspirate	<input type="checkbox"/>
	Both biopsy and aspirate	<input type="checkbox"/>
Date of procedure		<input type="text"/>
Upload report		<input type="text"/>
2008 WHO Category	AML	<input type="checkbox"/>
	ICUS	<input type="checkbox"/>
	MDS/MPN overlap	<input type="checkbox"/>
	MDS Refractory cytopenia with unilineage dysplasia - refractory anemia (RCUD-RA)	<input type="checkbox"/>
	MDS Refractory cytopenia with unilineage dysplasia - refractory Neutropenia (RCUD-RN)	<input type="checkbox"/>
	MDS Refractory cytopenia with unilineage dysplasia - refractory Thrombocytopenia (RCUD-RT)	<input type="checkbox"/>
	MDS Refractory anemia with ring sideroblasts (RARS)	<input type="checkbox"/>
	MDS Refractory cytopenia with multilineage dysplasia (RCMD)	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

	MDS Refractory anemia with excess blasts-1 (RAEB-1)	<input type="checkbox"/>
	MDS Refractory anemia with excess blasts-2 (RAEB-2)	<input type="checkbox"/>
	MDS associated with isolated del(5q)	<input type="checkbox"/>
	Myelodysplastic syndrome unclassified (MDS-U)	<input type="checkbox"/>
	Other Malignancy, specify	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
<hr/>		
2016 WHO Category	AML	<input type="checkbox"/>
	ICUS	<input type="checkbox"/>
	MDS/MPN overlap	<input type="checkbox"/>
	MDS with single lineage dysplasia (MDS-SLD)	<input type="checkbox"/>
	MDS with single lineage dysplasia and ring sideroblasts (MDS-RSSLD)	<input type="checkbox"/>
	MDS with multilineage dysplasia (MDS-MLD)	<input type="checkbox"/>
	MDS with multilineage dysplasia and ring sideroblasts (MDS-RSMLD)	<input type="checkbox"/>
	MDS with excess blasts-1 (MDS-EB1, 5-9% blasts)	<input type="checkbox"/>
	MDS with excess blasts-2 (MDS-EB2, 10-19% blasts)	<input type="checkbox"/>
	MDS with isolated del(5q)	<input type="checkbox"/>
	MDS, unclassifiable (MDS-U)	<input type="checkbox"/>
	Other Malignancy, specify	<input type="checkbox"/>
	Other, specify	<input type="checkbox"/>
<hr/>		
Blast, %, Bone Marrow	Fixed Unit: %	
<hr/>		
Blast, Bone Marrow, reported within normal limits		<input type="checkbox"/>
<hr/>		
Cellularity, %, Bone Marrow	Fixed Unit: %	
<hr/>		
Cellularity, Bone Marrow, % unknown	Hypocellular	<input type="checkbox"/>
	Normocellular	<input type="checkbox"/>
	Hypercellular	<input type="checkbox"/>
<hr/>		
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Form: Baseline Marrow Assessment

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Molecular diagnostics performed?	No <input type="checkbox"/>
	Yes, report uploaded <input type="checkbox"/>
	Yes, report not uploaded <input type="checkbox"/>
FISH performed?	No <input type="checkbox"/>
	Yes, report uploaded <input type="checkbox"/>
	Yes, report not uploaded <input type="checkbox"/>
Cytogenetic karyotyping performed?	No <input type="checkbox"/>
	Yes, report uploaded <input type="checkbox"/>
	Yes, report not uploaded <input type="checkbox"/>
Upload molecular diagnostics, FISH, and/or cytogenetic reports	

NHLBI-MDS
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Form: Marrow Assessment Hematology/Chemistry 1

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FORM_OID

Lab Test

- Absolute Neutrophil Count (ANC), Blood ☐
- Activated Partial Thromboplastin Time (APTT) ☐
- Alanine Aminotransferase (ALT or SGPT), Serum ☐
- Albumin, Serum ☐
- Alkaline Phosphatase, Serum ☐
- Amylase, Serum ☐
- Aspartate Aminotransferase (AST or SGOT), Serum ☐
- Beta-2 Microglobulin, Serum ☐
- Bicarbonate, Serum ☐
- Bilirubin, Direct, Serum ☐
- Bilirubin, Total, Serum ☐
- Blasts, %, Blood ☐
- Blood Urea Nitrogen (BUN), Serum ☐
- C Reactive Protein, Serum ☐
- Calcium, Serum ☐
- Carcinoembryonic Antigen (CEA), Serum ☐
- Carcinogenic Antigen 19-9 (CA19-9), Serum ☐
- CD20, #, Blood ☐
- CD4 Cells, #, Blood ☐
- CD8 Cells, #, Blood ☐
- Chloride, Serum ☐
- Cholesterol, Serum ☐
- Creatine Kinase (CK), Serum ☐
- Creatinine Clearance, 24 hour, Urine ☐
- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐

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Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☒

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☐

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

Prothrombin Time (PT), Blood ☐

Reticulocytes, %, Red Blood Cells ☐

Sodium, Serum ☐

Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐

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	Thyroxine (T4), Serum	<input type="checkbox"/>
	Total Iron Binding Capacity, Serum	<input type="checkbox"/>
	Total Protein, Serum	<input type="checkbox"/>
	Transferrin, Serum	<input type="checkbox"/>
	Triglycerides, Serum	<input type="checkbox"/>
	White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
	Eosinophils, #, blood	<input type="checkbox"/>
	Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
	Vitamin B12, Serum	<input type="checkbox"/>
	Folate, Serum	<input type="checkbox"/>
	Copper, Serum	<input type="checkbox"/>
	Iron Saturation, Ratio, Serum	<input type="checkbox"/>
	Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
	Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
	Total Protein Electrophoresis, Serum	<input type="checkbox"/>
	Rheumatoid Factor, Serum	<input type="checkbox"/>
	Folate, Red Blood Cell	<input type="checkbox"/>
	Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done		<input type="checkbox"/>
Lab Value		
Lab Unit		<input type="checkbox"/>
		/μL <input type="checkbox"/>
		sec <input type="checkbox"/>
		U/L <input type="checkbox"/>
		g/dL <input type="checkbox"/>
		U/L <input type="checkbox"/>
		U/L <input type="checkbox"/>
		U/L <input type="checkbox"/>
		ug/mL <input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input checked="" type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/μL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/μL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
μg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/μL	<input type="text"/>
/μL	<input type="text"/>
/μL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
μg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>
/μL	<input type="text"/>
/μL	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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Value Abnormal? No ☐
Yes ☐

Date Hematology (Blood) Sample Obtained

Lab Test

Absolute Neutrophil Count (ANC), Blood ☐
Activated Partial Thromboplastin Time (APTT) ☐
Alanine Aminotransferase (ALT or SGPT), Serum ☐
Albumin, Serum ☐
Alkaline Phosphatase, Serum ☐
Amylase, Serum ☐
Aspartate Aminotransferase (AST or SGOT), Serum ☐
Beta-2 Microglobulin, Serum ☐
Bicarbonate, Serum ☐
Bilirubin, Direct, Serum ☐
Bilirubin, Total, Serum ☐
Blasts, %, Blood ☐
Blood Urea Nitrogen (BUN), Serum ☐
C Reactive Protein, Serum ☐
Calcium, Serum ☐
Carcinoembryonic Antigen (CEA), Serum ☐
Carcinogenic Antigen 19-9 (CA19-9), Serum ☐
CD20, #, Blood ☐
CD4 Cells, #, Blood ☐
CD8 Cells, #, Blood ☐
Chloride, Serum ☐
Cholesterol, Serum ☐
Creatine Kinase (CK), Serum ☐
Creatinine Clearance, 24 hour, Urine ☐
Creatinine, Serum ☐
Erythrocyte Sedimentation Rate (ESR), Blood ☐

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- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐
- Low Density Lipoproteins, Cholesterol, Serum ☐
- Lymphocytes, #, Blood ☐
- Magnesium, Serum ☐
- Monocytes, #, Blood ☐
- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☒
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐
- Reticulocytes, %, Red Blood Cells ☐
- Sodium, Serum ☐

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Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>

Test not done ☐

Lab Value

Lab Unit	/μL <input type="checkbox"/>
	sec <input type="checkbox"/>
	U/L <input type="checkbox"/>
	g/dL <input type="checkbox"/>
	U/L <input type="checkbox"/>
	U/L <input type="checkbox"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="checkbox"/>
U/L	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
/μL	<input type="checkbox"/>
sec	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
/μL	<input checked="" type="checkbox"/>
mmol/L	<input type="checkbox"/>
ng/ml	<input type="checkbox"/>
sec	<input type="checkbox"/>
%	<input type="checkbox"/>
mmol/L	<input type="checkbox"/>
mIU/L	<input type="checkbox"/>
ug/dl	<input type="checkbox"/>
μg/dL	<input type="checkbox"/>
g/dl	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
/μL	<input type="checkbox"/>
/μL	<input type="checkbox"/>
/μL	<input type="checkbox"/>
mL/min	<input type="checkbox"/>
pg/mL	<input type="checkbox"/>
ng/mL	<input type="checkbox"/>
μg/dL	<input type="checkbox"/>
%	<input type="checkbox"/>
g/dL	<input type="checkbox"/>
U/mL	<input type="checkbox"/>
ng/mL	<input type="checkbox"/>
U	<input type="checkbox"/>
/μL	<input type="checkbox"/>
/μL	<input type="checkbox"/>
	<input type="checkbox"/>

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	<input type="checkbox"/>
	<input type="checkbox"/>
Value Abnormal?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Date Hematology (Blood) Sample Obtained	
Lab Test	
	Absolute Neutrophil Count (ANC), Blood <input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT) <input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum <input type="checkbox"/>
	Albumin, Serum <input type="checkbox"/>
	Alkaline Phosphatase, Serum <input type="checkbox"/>
	Amylase, Serum <input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum <input type="checkbox"/>
	Beta-2 Microglobulin, Serum <input type="checkbox"/>
	Bicarbonate, Serum <input type="checkbox"/>
	Bilirubin, Direct, Serum <input type="checkbox"/>
	Bilirubin, Total, Serum <input type="checkbox"/>
	Blasts, %, Blood <input type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum <input type="checkbox"/>
	C Reactive Protein, Serum <input type="checkbox"/>
	Calcium, Serum <input type="checkbox"/>
	Carcinoembryonic Antigen (CEA), Serum <input type="checkbox"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum <input type="checkbox"/>
	CD20, #, Blood <input type="checkbox"/>
	CD4 Cells, #, Blood <input type="checkbox"/>
	CD8 Cells, #, Blood <input type="checkbox"/>
	Chloride, Serum <input type="checkbox"/>
	Cholesterol, Serum <input type="checkbox"/>
	Creatine Kinase (CK), Serum <input type="checkbox"/>
	Creatinine Clearance, 24 hour, Urine <input type="checkbox"/>
	Creatinine, Serum <input type="checkbox"/>

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Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☐

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

Prothrombin Time (PT), Blood ☐

Reticulocytes, %, Red Blood Cells ☐

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	Sodium, Serum	<input type="checkbox"/>
	Thyrotropin (Thyroid	<input type="checkbox"/>
	Stimulating Hormone or TSH),	<input type="checkbox"/>
	Serum	
	Thyroxine (T4), Serum	<input type="checkbox"/>
	Total Iron Binding Capacity,	<input type="checkbox"/>
	Serum	
	Total Protein, Serum	<input type="checkbox"/>
	Transferrin, Serum	<input type="checkbox"/>
	Triglycerides, Serum	<input type="checkbox"/>
	White Blood Cells (WBC), #,	<input checked="" type="checkbox"/>
	Blood	
	Eosinophils, #, blood	<input type="checkbox"/>
	Creatinine Clearance (CrCl),	<input type="checkbox"/>
	Cockcroft-Gault, Serum	<input type="checkbox"/>
	Vitamin B12, Serum	<input type="checkbox"/>
	Folate, Serum	<input type="checkbox"/>
	Copper, Serum	<input type="checkbox"/>
	Iron Saturation, Ratio, Serum	<input type="checkbox"/>
	Paroxysmal Nocturnal	<input type="checkbox"/>
	Hemoglobinuria Flow	
	Direct Antiglobulin Test	<input type="checkbox"/>
	(Coombs), Red Blood Cells	
	Total Protein Electrophoresis,	<input type="checkbox"/>
	Serum	
	Rheumatoid Factor, Serum	<input type="checkbox"/>
	Folate, Red Blood Cell	<input type="checkbox"/>
	Antinuclear Antibody (ANA),	<input type="checkbox"/>
	Serum	
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done		<input type="checkbox"/>
Lab Value		
Lab Unit		
	/μL	<input type="checkbox"/>
	sec	<input type="checkbox"/>
	U/L	<input type="checkbox"/>
	g/dL	<input type="checkbox"/>
	U/L	<input type="checkbox"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L

U/L

ug/mL

mEq/L

mg/dL

mg/dL

%

mg/dL

mg/dL

mg/dL

ng/mL

U/mL

count/uL

count/uL

count/uL

mEq/L

mg/dL

U/L

mL/min

mg/dL

mm/hr

ng/mL

mg/dL

U/L

mg/dL

mg/dL

mg/dL

%

g/dL

mg/dL

copies/mL

mg/dL

mg/dL

mg/dL

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input checked="" type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>

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	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Value Abnormal?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>

Date Hematology (Blood) Sample Obtained

Lab Test

Absolute Neutrophil Count (ANC), Blood	<input checked="" type="checkbox"/>
Activated Partial Thromboplastin Time (APTT)	<input type="checkbox"/>
Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>
Albumin, Serum	<input type="checkbox"/>
Alkaline Phosphatase, Serum	<input type="checkbox"/>
Amylase, Serum	<input type="checkbox"/>
Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>
Beta-2 Microglobulin, Serum	<input type="checkbox"/>
Bicarbonate, Serum	<input type="checkbox"/>
Bilirubin, Direct, Serum	<input type="checkbox"/>
Bilirubin, Total, Serum	<input type="checkbox"/>
Blasts, %, Blood	<input type="checkbox"/>
Blood Urea Nitrogen (BUN), Serum	<input type="checkbox"/>
C Reactive Protein, Serum	<input type="checkbox"/>
Calcium, Serum	<input type="checkbox"/>
Carcinoembryonic Antigen (CEA), Serum	<input type="checkbox"/>
Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="checkbox"/>
CD20, #, Blood	<input type="checkbox"/>
CD4 Cells, #, Blood	<input type="checkbox"/>
CD8 Cells, #, Blood	<input type="checkbox"/>
Chloride, Serum	<input type="checkbox"/>
Cholesterol, Serum	<input type="checkbox"/>
Creatine Kinase (CK), Serum	<input type="checkbox"/>
Creatinine Clearance, 24 hour, Urine	<input type="checkbox"/>

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- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐
- Low Density Lipoproteins, Cholesterol, Serum ☐
- Lymphocytes, #, Blood ☐
- Magnesium, Serum ☐
- Monocytes, #, Blood ☐
- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐

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	Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
	Sodium, Serum	<input type="checkbox"/>
	Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
	Thyroxine (T4), Serum	<input type="checkbox"/>
	Total Iron Binding Capacity, Serum	<input type="checkbox"/>
	Total Protein, Serum	<input type="checkbox"/>
	Transferrin, Serum	<input type="checkbox"/>
	Triglycerides, Serum	<input type="checkbox"/>
	White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
	Eosinophils, #, blood	<input type="checkbox"/>
	Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
	Vitamin B12, Serum	<input type="checkbox"/>
	Folate, Serum	<input type="checkbox"/>
	Copper, Serum	<input type="checkbox"/>
	Iron Saturation, Ratio, Serum	<input type="checkbox"/>
	Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
	Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
	Total Protein Electrophoresis, Serum	<input type="checkbox"/>
	Rheumatoid Factor, Serum	<input type="checkbox"/>
	Folate, Red Blood Cell	<input type="checkbox"/>
	Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>

Test not done ☐

Lab Value

Lab Unit ☐ /μL ☒ sec ☐ U/L ☐ g/dL ☐

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>
/µL	<input type="text"/>

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	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>

Date Hematology (Blood) Sample Obtained

Lab Test

Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
Albumin, Serum	<input type="text"/>
Alkaline Phosphatase, Serum	<input type="text"/>
Amylase, Serum	<input type="text"/>
Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
Beta-2 Microglobulin, Serum	<input type="text"/>
Bicarbonate, Serum	<input type="text"/>
Bilirubin, Direct, Serum	<input type="text"/>
Bilirubin, Total, Serum	<input type="text"/>
Blasts, %, Blood	<input type="text"/>
Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
C Reactive Protein, Serum	<input type="text"/>
Calcium, Serum	<input type="text"/>
Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
CD20, #, Blood	<input type="text"/>
CD4 Cells, #, Blood	<input type="text"/>
CD8 Cells, #, Blood	<input type="text"/>
Chloride, Serum	<input type="text"/>
Cholesterol, Serum	<input type="text"/>
Creatine Kinase (CK), Serum	<input type="text"/>

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Creatinine Clearance, 24 hour, Urine ☐

Creatinine, Serum ☐

Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☒

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☐

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

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Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>
Lab Value	
Lab Unit	/μL <input type="checkbox"/>
	sec <input type="checkbox"/>
	U/L <input type="checkbox"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

g/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input checked="" type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>

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	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
	CD20, #, Blood	<input type="text"/>
	CD4 Cells, #, Blood	<input type="text"/>
	CD8 Cells, #, Blood	<input type="text"/>
	Chloride, Serum	<input type="text"/>
	Cholesterol, Serum	<input type="text"/>

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Creatine Kinase (CK), Serum	<input type="checkbox"/>
Creatinine Clearance, 24 hour, Urine	<input type="checkbox"/>
Creatinine, Serum	<input type="checkbox"/>
Erythrocyte Sedimentation Rate (ESR), Blood	<input type="checkbox"/>
Ferritin, Serum	<input type="checkbox"/>
Fibrinogen, Blood	<input type="checkbox"/>
Gamma Glutamyl Transferase (GGT), Serum	<input type="checkbox"/>
Glucose, Fasting, Serum	<input type="checkbox"/>
Glucose, Non-fasting, Serum	<input type="checkbox"/>
Haptoglobin, Serum	<input type="checkbox"/>
Hematocrit, %, Blood	<input type="checkbox"/>
Hemoglobin, Blood	<input type="checkbox"/>
High Density Lipoprotein, Cholesterol, Serum	<input type="checkbox"/>
HIV Viral Load, Serum	<input type="checkbox"/>
Immunoglobulin A (IgA), Serum	<input type="checkbox"/>
Immunoglobulin G (IgG), Serum	<input type="checkbox"/>
Immunoglobulin M (IgM), Serum	<input type="checkbox"/>
International Normalized Ratio (INR), Prothrombin Time, Blood	<input type="checkbox"/>
Iron, Serum	<input type="checkbox"/>
Lactate Dehydrogenase (LDH), Serum	<input type="checkbox"/>
Lipase, Serum	<input type="checkbox"/>
Low Density Lipoproteins, Cholesterol, Serum	<input type="checkbox"/>
Lymphocytes, #, Blood	<input checked="" type="checkbox"/>
Magnesium, Serum	<input type="checkbox"/>
Monocytes, #, Blood	<input type="checkbox"/>
Partial Prothromboplastin Time (PTT), Blood	<input type="checkbox"/>
Phosphate (inorganic Phosphorus), Serum	<input type="checkbox"/>
Platelets, Blood	<input type="checkbox"/>
Potassium, Serum	<input type="checkbox"/>

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Prostate Specific Antigen (PSA), Serum	<input type="checkbox"/>
Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>
Lab Value	
Lab Unit	/μL <input type="checkbox"/>

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

sec	<input type="text"/>
U/L	<input type="text"/>
g/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input checked="" type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>

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	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
	CD20, #, Blood	<input type="text"/>
	CD4 Cells, #, Blood	<input type="text"/>
	CD8 Cells, #, Blood	<input type="text"/>

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Chloride, Serum ☐

Cholesterol, Serum ☐

Creatine Kinase (CK), Serum ☐

Creatinine Clearance, 24 hour, Urine ☐

Creatinine, Serum ☐

Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

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Platelets, Blood	<input type="checkbox"/>
Potassium, Serum	<input type="checkbox"/>
Prostate Specific Antigen (PSA), Serum	<input type="checkbox"/>
Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input checked="" type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>

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Lab Value

Lab Unit

/μL

sec

U/L

g/dL

U/L

U/L

U/L

ug/mL

mEq/L

mg/dL

mg/dL

%

mg/dL

mg/dL

mg/dL

ng/mL

U/mL

count/uL

count/uL

count/uL

mEq/L

mg/dL

U/L

mL/min

mg/dL

mm/hr

ng/mL

mg/dL

U/L

mg/dL

mg/dL

mg/dL

%

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input checked="" type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>

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	g/dL	<input type="text"/>
	U/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
	CD20, #, Blood	<input type="text"/>

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

CD4 Cells, #, Blood ☐

CD8 Cells, #, Blood ☐

Chloride, Serum ☐

Cholesterol, Serum ☐

Creatine Kinase (CK), Serum ☐

Creatinine Clearance, 24 hour, Urine ☐

Creatinine, Serum ☐

Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

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- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐
- Reticulocytes, %, Red Blood Cells ☐
- Sodium, Serum ☐
- Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐
- Thyroxine (T4), Serum ☐
- Total Iron Binding Capacity, Serum ☐
- Total Protein, Serum ☐
- Transferrin, Serum ☐
- Triglycerides, Serum ☐
- White Blood Cells (WBC), #, Blood ☐
- Eosinophils, #, blood ☐
- Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐
- Vitamin B12, Serum ☐
- Folate, Serum ☐
- Copper, Serum ☐
- Iron Saturation, Ratio, Serum ☐
- Paroxysmal Nocturnal Hemoglobinuria Flow ☐
- Direct Antiglobulin Test (Coombs), Red Blood Cells ☐
- Total Protein Electrophoresis, Serum ☐
- Rheumatoid Factor, Serum ☐
- Folate, Red Blood Cell ☐
- Antinuclear Antibody (ANA), Serum ☐
- Basophils, #, Blood ☒
- Reticulocytes, #, Blood ☐

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Form: Marrow Assessment Hematology/Chemistry 1

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Test not done ☐

Lab Value

Lab Unit	
	/μL <input type="checkbox"/>
	sec <input type="checkbox"/>
	U/L <input type="checkbox"/>
	g/dL <input type="checkbox"/>
	U/L <input type="checkbox"/>
	U/L <input type="checkbox"/>
	U/L <input type="checkbox"/>
	ug/mL <input type="checkbox"/>
	mEq/L <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	% <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	ng/mL <input type="checkbox"/>
	U/mL <input type="checkbox"/>
	count/uL <input type="checkbox"/>
	count/uL <input type="checkbox"/>
	count/uL <input type="checkbox"/>
	mEq/L <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	U/L <input type="checkbox"/>
	mL/min <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	mm/hr <input type="checkbox"/>
	ng/mL <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	U/L <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	mg/dL <input type="checkbox"/>
	mg/dL <input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

	%	<input type="checkbox"/>
	g/dL	<input type="checkbox"/>
	U/mL	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	U	<input type="checkbox"/>
	/μL	<input checked="" type="checkbox"/>
	/μL	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Value Abnormal?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>
	Albumin, Serum	<input type="checkbox"/>
	Alkaline Phosphatase, Serum	<input type="checkbox"/>
	Amylase, Serum	<input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>
	Beta-2 Microglobulin, Serum	<input type="checkbox"/>
	Bicarbonate, Serum	<input type="checkbox"/>
	Bilirubin, Direct, Serum	<input type="checkbox"/>
	Bilirubin, Total, Serum	<input type="checkbox"/>
	Blasts, %, Blood	<input type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="checkbox"/>
	C Reactive Protein, Serum	<input type="checkbox"/>
	Calcium, Serum	<input type="checkbox"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="checkbox"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="checkbox"/>

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

CD20, #, Blood	<input type="checkbox"/>
CD4 Cells, #, Blood	<input type="checkbox"/>
CD8 Cells, #, Blood	<input type="checkbox"/>
Chloride, Serum	<input type="checkbox"/>
Cholesterol, Serum	<input type="checkbox"/>
Creatine Kinase (CK), Serum	<input type="checkbox"/>
Creatinine Clearance, 24 hour, Urine	<input type="checkbox"/>
Creatinine, Serum	<input type="checkbox"/>
Erythrocyte Sedimentation Rate (ESR), Blood	<input type="checkbox"/>
Ferritin, Serum	<input type="checkbox"/>
Fibrinogen, Blood	<input type="checkbox"/>
Gamma Glutamyl Transferase (GGT), Serum	<input type="checkbox"/>
Glucose, Fasting, Serum	<input type="checkbox"/>
Glucose, Non-fasting, Serum	<input type="checkbox"/>
Haptoglobin, Serum	<input type="checkbox"/>
Hematocrit, %, Blood	<input type="checkbox"/>
Hemoglobin, Blood	<input type="checkbox"/>
High Density Lipoprotein, Cholesterol, Serum	<input type="checkbox"/>
HIV Viral Load, Serum	<input type="checkbox"/>
Immunoglobulin A (IgA), Serum	<input type="checkbox"/>
Immunoglobulin G (IgG), Serum	<input type="checkbox"/>
Immunoglobulin M (IgM), Serum	<input type="checkbox"/>
International Normalized Ratio (INR), Prothrombin Time, Blood	<input type="checkbox"/>
Iron, Serum	<input type="checkbox"/>
Lactate Dehydrogenase (LDH), Serum	<input type="checkbox"/>
Lipase, Serum	<input type="checkbox"/>
Low Density Lipoproteins, Cholesterol, Serum	<input type="checkbox"/>
Lymphocytes, #, Blood	<input type="checkbox"/>
Magnesium, Serum	<input type="checkbox"/>
Monocytes, #, Blood	<input type="checkbox"/>

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐
- Reticulocytes, %, Red Blood Cells ☐
- Sodium, Serum ☐
- Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐
- Thyroxine (T4), Serum ☐
- Total Iron Binding Capacity, Serum ☐
- Total Protein, Serum ☐
- Transferrin, Serum ☐
- Triglycerides, Serum ☐
- White Blood Cells (WBC), #, Blood ☐
- Eosinophils, #, blood ☐
- Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐
- Vitamin B12, Serum ☐
- Folate, Serum ☐
- Copper, Serum ☐
- Iron Saturation, Ratio, Serum ☐
- Paroxysmal Nocturnal Hemoglobinuria Flow ☐
- Direct Antiglobulin Test (Coombs), Red Blood Cells ☐
- Total Protein Electrophoresis, Serum ☐
- Rheumatoid Factor, Serum ☐
- Folate, Red Blood Cell ☐
- Antinuclear Antibody (ANA), Serum ☐

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

		Basophils, #, Blood	<input type="checkbox"/>
		Reticulocytes, #, Blood	<input checked="" type="checkbox"/>
Test not done			<input type="checkbox"/>
Lab Value			
Lab Unit			
		/µL	<input type="checkbox"/>
		sec	<input type="checkbox"/>
		U/L	<input type="checkbox"/>
		g/dL	<input type="checkbox"/>
		U/L	<input type="checkbox"/>
		U/L	<input type="checkbox"/>
		U/L	<input type="checkbox"/>
		ug/mL	<input type="checkbox"/>
		mEq/L	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		%	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		ng/mL	<input type="checkbox"/>
		U/mL	<input type="checkbox"/>
		count/uL	<input type="checkbox"/>
		count/uL	<input type="checkbox"/>
		count/uL	<input type="checkbox"/>
		mEq/L	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		U/L	<input type="checkbox"/>
		mL/min	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		mm/hr	<input type="checkbox"/>
		ng/mL	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>
		U/L	<input type="checkbox"/>
		mg/dL	<input type="checkbox"/>

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>

	ng/mL	<input type="checkbox"/>
	µg/dL	<input type="checkbox"/>
	%	<input type="checkbox"/>
	g/dL	<input type="checkbox"/>
	U/mL	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	U	<input type="checkbox"/>
	/µL	<input type="checkbox"/>
	/µL	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Value Abnormal?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Date Hematology (Blood) Sample Obtained		
Lab Test		
	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>
	Albumin, Serum	<input type="checkbox"/>
	Alkaline Phosphatase, Serum	<input type="checkbox"/>
	Amylase, Serum	<input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>
	Beta-2 Microglobulin, Serum	<input type="checkbox"/>
	Bicarbonate, Serum	<input type="checkbox"/>
	Bilirubin, Direct, Serum	<input type="checkbox"/>
	Bilirubin, Total, Serum	<input type="checkbox"/>
	Blasts, %, Blood	<input checked="" type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="checkbox"/>
	C Reactive Protein, Serum	<input type="checkbox"/>
	Calcium, Serum	<input type="checkbox"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="checkbox"/>

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

- Carcinogenic Antigen 19-9 (CA19-9), Serum ☐
- CD20, #, Blood ☐
- CD4 Cells, #, Blood ☐
- CD8 Cells, #, Blood ☐
- Chloride, Serum ☐
- Cholesterol, Serum ☐
- Creatine Kinase (CK), Serum ☐
- Creatinine Clearance, 24 hour, Urine ☐
- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐
- Low Density Lipoproteins, Cholesterol, Serum ☐
- Lymphocytes, #, Blood ☐
- Magnesium, Serum ☐

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Form: Marrow Assessment Hematology/Chemistry 1

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- Monocytes, #, Blood ☐
- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐
- Reticulocytes, %, Red Blood Cells ☐
- Sodium, Serum ☐
- Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐
- Thyroxine (T4), Serum ☐
- Total Iron Binding Capacity, Serum ☐
- Total Protein, Serum ☐
- Transferrin, Serum ☐
- Triglycerides, Serum ☐
- White Blood Cells (WBC), #, Blood ☐
- Eosinophils, #, blood ☐
- Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐
- Vitamin B12, Serum ☐
- Folate, Serum ☐
- Copper, Serum ☐
- Iron Saturation, Ratio, Serum ☐
- Paroxysmal Nocturnal Hemoglobinuria Flow ☐
- Direct Antiglobulin Test (Coombs), Red Blood Cells ☐
- Total Protein Electrophoresis, Serum ☐
- Rheumatoid Factor, Serum ☐
- Folate, Red Blood Cell ☐

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Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

	Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done		<input type="checkbox"/>

Lab Value

Lab Unit

/μL

sec

U/L

g/dL

U/L

U/L

U/L

ug/mL

mEq/L

mg/dL

mg/dL

%

mg/dL

mg/dL

mg/dL

ng/mL

U/mL

count/uL

count/uL

count/uL

mEq/L

mg/dL

U/L

mL/min

mg/dL

mm/hr

ng/mL

mg/dL

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Marrow Assessment Hematology/Chemistry 1

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>

	mL/min	<input type="text"/>
	pg/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	µg/dL	<input type="text"/>
	%	<input type="text"/>
	g/dL	<input type="text"/>
	U/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/µL	<input type="text"/>
	/µL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		<input type="text"/>

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Adverse Event Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

Report only severe adverse events (CTCAE Grade 3-5) that are related to the biologic sampling procedures for the study.

During this reporting period, did the patient have any severe adverse events (CTCAE Grade 3-5) that were related to the biologic sampling procedures for this study?

No ☐

Yes ☐

Adverse Event Text Name (CTCAE v4.0)

MedDRA Adverse Event Code (v12.0)

Adverse Event Grade

Adverse Event Grade Description

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Page: **Pre-Treatment Hematology/Chemistry**

#	Lab Test	Test not done	Lab Value	Lab Unit	Value Abnormal?	Date Hematology (Blood) Sample Obtained
1	Hemoglobin, Blood	<input checked="" type="checkbox"/>		g/dL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
2	Platelets, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
3	White Blood Cells (WBC), #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
4	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
5	Monocytes, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
6	Lymphocytes, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
7	Eosinophils, #, blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
8	Basophils, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
9	Reticulocytes, #, Blood	<input type="checkbox"/>		/µL	<input type="radio"/> No <input type="radio"/> Yes	... ▼
10	Blasts, %, Blood	<input type="checkbox"/>		%	<input type="radio"/> No <input type="radio"/> Yes	... ▼

FORM_OID	
Have new therapeutic regimen(s) started or stopped since the patient's last visit?	Started <input type="checkbox"/>
	Stopped <input type="checkbox"/>
	Both stopped and started <input type="checkbox"/>
	Neither <input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: MDS Disease Modifying Therapy/Hematologic Therapy

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

Report disease-modifying therapy for MDS or hematologic therapy. Growth factors (including erythropoiesis-stimulating agents) and iron chelation should be reported on the Concomitant Medication Form.

Is the patient on an active MDS therapeutic trial or a hematologic therapy which restricts ongoing reporting?

No ☐

Yes ☐

Regimen start date

Agent

Alemtuzumab ☐

All trans retinoic acid ☐

Anti-thymocyte globulin ☐

Arsenic trioxide ☐

Azacitidine ☐

Cladribine ☐

Clofarabine ☐

Cyclosporine ☐

Cytarabine ☐

Daunorubicin ☐

Decitabine ☐

Etoposide ☐

Fludarabine ☐

Hydroxyurea ☐

Idarubicin ☐

Lenalidomide ☐

Mitoxantrone ☐

Tacrolimus ☐

Thalidomide ☐

Topotecan ☐

Valproic acid ☐

Other, specify ☐

Agent dose (initial)

Agent unit (initial)

mg ☐

mg/m² ☐

mg/kg ☐

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Form: MDS Disease Modifying Therapy/Hematologic Therapy

Generated On: 07 Apr 2023 19:36:54

Cycle length (initial) Fixed Unit: days

Dosing days/cycle Fixed Unit: days

Agent dose (at 6 months)

Agent unit (at 6 months) mg
mg/m²
mg/kg

Cycle length (at 6 months) Fixed Unit: days

Dosing days/cycle Fixed Unit: days

Agent dose (at 12 months)

Agent unit (at 12 months) mg
mg/m²
mg/kg

Cycle length (at 12 months) Fixed Unit: days

Dosing days/cycle Fixed Unit: days

Regimen end date

Reason regimen ended Death
Progression
Toxicity
Bone Marrow Transplant
Lack of response
Completed planned course
Other, specify

Total number of cycles delivered

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Form: Concomitant Medication Yes/No

Generated On: 07 Apr 2023 19:36:54

FORM_OID

*In the 12 months prior to registration, has the patient taken any
non-disease modifying concomitant medications?*

No ☐

Yes ☐

*Have the patient's non-disease modifying concomitant medications
changed since previous visit?*

No ☐

Yes ☐

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Did the patient have a hematologic response to this treatment regimen?

No ☐Yes ☐

Lab Test

Absolute Neutrophil Count (ANC), Blood ☐
 Activated Partial Thromboplastin Time (APTT) ☐
 Alanine Aminotransferase (ALT or SGPT), Serum ☐
 Albumin, Serum ☐
 Alkaline Phosphatase, Serum ☐
 Amylase, Serum ☐
 Aspartate Aminotransferase (AST or SGOT), Serum ☐
 Beta-2 Microglobulin, Serum ☐
 Bicarbonate, Serum ☐
 Bilirubin, Direct, Serum ☐
 Bilirubin, Total, Serum ☐
 Blasts, %, Blood ☐
 Blood Urea Nitrogen (BUN), Serum ☐
 C Reactive Protein, Serum ☐
 Calcium, Serum ☐
 Carcinoembryonic Antigen (CEA), Serum ☐
 Carcinogenic Antigen 19-9 (CA19-9), Serum ☐
 CD20, #, Blood ☐
 CD4 Cells, #, Blood ☐
 CD8 Cells, #, Blood ☐
 Chloride, Serum ☐
 Cholesterol, Serum ☐
 Creatine Kinase (CK), Serum ☐
 Creatinine Clearance, 24 hour, Urine ☐
 Creatinine, Serum ☐
 Erythrocyte Sedimentation Rate (ESR), Blood ☐

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Form: Hematologic Response

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Ferritin, Serum	<input type="checkbox"/>
Fibrinogen, Blood	<input type="checkbox"/>
Gamma Glutamyl Transferase (GGT), Serum	<input type="checkbox"/>
Glucose, Fasting, Serum	<input type="checkbox"/>
Glucose, Non-fasting, Serum	<input type="checkbox"/>
Haptoglobin, Serum	<input type="checkbox"/>
Hematocrit, %, Blood	<input type="checkbox"/>
Hemoglobin, Blood	<input checked="" type="checkbox"/>
High Density Lipoprotein, Cholesterol, Serum	<input type="checkbox"/>
HIV Viral Load, Serum	<input type="checkbox"/>
Immunoglobulin A (IgA), Serum	<input type="checkbox"/>
Immunoglobulin G (IgG), Serum	<input type="checkbox"/>
Immunoglobulin M (IgM), Serum	<input type="checkbox"/>
International Normalized Ratio (INR), Prothrombin Time, Blood	<input type="checkbox"/>
Iron, Serum	<input type="checkbox"/>
Lactate Dehydrogenase (LDH), Serum	<input type="checkbox"/>
Lipase, Serum	<input type="checkbox"/>
Low Density Lipoproteins, Cholesterol, Serum	<input type="checkbox"/>
Lymphocytes, #, Blood	<input type="checkbox"/>
Magnesium, Serum	<input type="checkbox"/>
Monocytes, #, Blood	<input type="checkbox"/>
Partial Prothromboplastin Time (PTT), Blood	<input type="checkbox"/>
Phosphate (inorganic Phosphorus), Serum	<input type="checkbox"/>
Platelets, Blood	<input type="checkbox"/>
Potassium, Serum	<input type="checkbox"/>
Prostate Specific Antigen (PSA), Serum	<input type="checkbox"/>
Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>

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Form: Hematologic Response

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Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>
Lab Value	
Lab Unit	<input type="checkbox"/> /μL
	<input type="checkbox"/> sec
	<input type="checkbox"/> U/L
	<input type="checkbox"/> g/dL
	<input type="checkbox"/> U/L
	<input type="checkbox"/> U/L

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input checked="" type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/μL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/μL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
μg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/μL	<input type="text"/>
/μL	<input type="text"/>
/μL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
μg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>
/μL	<input type="text"/>
/μL	<input type="text"/>
	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	<input type="checkbox"/>
	<input type="checkbox"/>
Value Abnormal?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Date Hematology (Blood) Sample Obtained	
Lab Test	
	Absolute Neutrophil Count (ANC), Blood <input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT) <input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum <input type="checkbox"/>
	Albumin, Serum <input type="checkbox"/>
	Alkaline Phosphatase, Serum <input type="checkbox"/>
	Amylase, Serum <input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum <input type="checkbox"/>
	Beta-2 Microglobulin, Serum <input type="checkbox"/>
	Bicarbonate, Serum <input type="checkbox"/>
	Bilirubin, Direct, Serum <input type="checkbox"/>
	Bilirubin, Total, Serum <input type="checkbox"/>
	Blasts, %, Blood <input type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum <input type="checkbox"/>
	C Reactive Protein, Serum <input type="checkbox"/>
	Calcium, Serum <input type="checkbox"/>
	Carcinoembryonic Antigen (CEA), Serum <input type="checkbox"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum <input type="checkbox"/>
	CD20, #, Blood <input type="checkbox"/>
	CD4 Cells, #, Blood <input type="checkbox"/>
	CD8 Cells, #, Blood <input type="checkbox"/>
	Chloride, Serum <input type="checkbox"/>
	Cholesterol, Serum <input type="checkbox"/>
	Creatine Kinase (CK), Serum <input type="checkbox"/>
	Creatinine Clearance, 24 hour, Urine <input type="checkbox"/>
	Creatinine, Serum <input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☒

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

Prothrombin Time (PT), Blood ☐

Reticulocytes, %, Red Blood Cells ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	Sodium, Serum	<input type="checkbox"/>
	Thyrotropin (Thyroid	<input type="checkbox"/>
	Stimulating Hormone or TSH),	<input type="checkbox"/>
	Serum	
	Thyroxine (T4), Serum	<input type="checkbox"/>
	Total Iron Binding Capacity,	<input type="checkbox"/>
	Serum	
	Total Protein, Serum	<input type="checkbox"/>
	Transferrin, Serum	<input type="checkbox"/>
	Triglycerides, Serum	<input type="checkbox"/>
	White Blood Cells (WBC), #,	<input type="checkbox"/>
	Blood	
	Eosinophils, #, blood	<input type="checkbox"/>
	Creatinine Clearance (CrCl),	<input type="checkbox"/>
	Cockcroft-Gault, Serum	<input type="checkbox"/>
	Vitamin B12, Serum	<input type="checkbox"/>
	Folate, Serum	<input type="checkbox"/>
	Copper, Serum	<input type="checkbox"/>
	Iron Saturation, Ratio, Serum	<input type="checkbox"/>
	Paroxysmal Nocturnal	<input type="checkbox"/>
	Hemoglobinuria Flow	
	Direct Antiglobulin Test	<input type="checkbox"/>
	(Coombs), Red Blood Cells	
	Total Protein Electrophoresis,	<input type="checkbox"/>
	Serum	
	Rheumatoid Factor, Serum	<input type="checkbox"/>
	Folate, Red Blood Cell	<input type="checkbox"/>
	Antinuclear Antibody (ANA),	<input type="checkbox"/>
	Serum	
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done		<input type="checkbox"/>
Lab Value		
Lab Unit		/μL <input type="checkbox"/>
		sec <input type="checkbox"/>
		U/L <input type="checkbox"/>
		g/dL <input type="checkbox"/>
		U/L <input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input checked="" type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Value Abnormal?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Date Hematology (Blood) Sample Obtained	
Lab Test	
	Absolute Neutrophil Count (ANC), Blood <input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT) <input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum <input type="checkbox"/>
	Albumin, Serum <input type="checkbox"/>
	Alkaline Phosphatase, Serum <input type="checkbox"/>
	Amylase, Serum <input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum <input type="checkbox"/>
	Beta-2 Microglobulin, Serum <input type="checkbox"/>
	Bicarbonate, Serum <input type="checkbox"/>
	Bilirubin, Direct, Serum <input type="checkbox"/>
	Bilirubin, Total, Serum <input type="checkbox"/>
	Blasts, %, Blood <input type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum <input type="checkbox"/>
	C Reactive Protein, Serum <input type="checkbox"/>
	Calcium, Serum <input type="checkbox"/>
	Carcinoembryonic Antigen (CEA), Serum <input type="checkbox"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum <input type="checkbox"/>
	CD20, #, Blood <input type="checkbox"/>
	CD4 Cells, #, Blood <input type="checkbox"/>
	CD8 Cells, #, Blood <input type="checkbox"/>
	Chloride, Serum <input type="checkbox"/>
	Cholesterol, Serum <input type="checkbox"/>
	Creatine Kinase (CK), Serum <input type="checkbox"/>
	Creatinine Clearance, 24 hour, Urine <input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

- Do not submit to ECOG-ACRIM
Data entry via Medidata Rave
- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐
- Low Density Lipoproteins, Cholesterol, Serum ☐
- Lymphocytes, #, Blood ☐
- Magnesium, Serum ☐
- Monocytes, #, Blood ☐
- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
	Sodium, Serum	<input type="checkbox"/>
	Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
	Thyroxine (T4), Serum	<input type="checkbox"/>
	Total Iron Binding Capacity, Serum	<input type="checkbox"/>
	Total Protein, Serum	<input type="checkbox"/>
	Transferrin, Serum	<input type="checkbox"/>
	Triglycerides, Serum	<input type="checkbox"/>
	White Blood Cells (WBC), #, Blood	<input checked="" type="checkbox"/>
	Eosinophils, #, blood	<input type="checkbox"/>
	Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
	Vitamin B12, Serum	<input type="checkbox"/>
	Folate, Serum	<input type="checkbox"/>
	Copper, Serum	<input type="checkbox"/>
	Iron Saturation, Ratio, Serum	<input type="checkbox"/>
	Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
	Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
	Total Protein Electrophoresis, Serum	<input type="checkbox"/>
	Rheumatoid Factor, Serum	<input type="checkbox"/>
	Folate, Red Blood Cell	<input type="checkbox"/>
	Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>

Test not done ☐

Lab Value

Lab Unit ☐ /μL
☐ sec
☐ U/L
☐ g/dL

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input checked="" type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>
/µL	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>

Date Hematology (Blood) Sample Obtained

Lab Test

Absolute Neutrophil Count (ANC), Blood	<input checked="" type="checkbox"/>
Activated Partial Thromboplastin Time (APTT)	<input type="checkbox"/>
Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>
Albumin, Serum	<input type="checkbox"/>
Alkaline Phosphatase, Serum	<input type="checkbox"/>
Amylase, Serum	<input type="checkbox"/>
Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>
Beta-2 Microglobulin, Serum	<input type="checkbox"/>
Bicarbonate, Serum	<input type="checkbox"/>
Bilirubin, Direct, Serum	<input type="checkbox"/>
Bilirubin, Total, Serum	<input type="checkbox"/>
Blasts, %, Blood	<input type="checkbox"/>
Blood Urea Nitrogen (BUN), Serum	<input type="checkbox"/>
C Reactive Protein, Serum	<input type="checkbox"/>
Calcium, Serum	<input type="checkbox"/>
Carcinoembryonic Antigen (CEA), Serum	<input type="checkbox"/>
Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="checkbox"/>
CD20, #, Blood	<input type="checkbox"/>
CD4 Cells, #, Blood	<input type="checkbox"/>
CD8 Cells, #, Blood	<input type="checkbox"/>
Chloride, Serum	<input type="checkbox"/>
Cholesterol, Serum	<input type="checkbox"/>
Creatine Kinase (CK), Serum	<input type="checkbox"/>

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

- Creatinine Clearance, 24 hour, Urine ☐
- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐
- Low Density Lipoproteins, Cholesterol, Serum ☐
- Lymphocytes, #, Blood ☐
- Magnesium, Serum ☐
- Monocytes, #, Blood ☐
- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐

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Form: Hematologic Response

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Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>
Lab Value	
Lab Unit	<input checked="" type="radio"/> /μL <input type="radio"/> sec <input type="radio"/> U/L

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

g/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>
ng/mL	<input type="text"/>
U	<input type="text"/>

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	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
	CD20, #, Blood	<input type="text"/>
	CD4 Cells, #, Blood	<input type="text"/>
	CD8 Cells, #, Blood	<input type="text"/>
	Chloride, Serum	<input type="text"/>
	Cholesterol, Serum	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Creatine Kinase (CK), Serum	<input type="checkbox"/>
Creatinine Clearance, 24 hour, Urine	<input type="checkbox"/>
Creatinine, Serum	<input type="checkbox"/>
Erythrocyte Sedimentation Rate (ESR), Blood	<input type="checkbox"/>
Ferritin, Serum	<input type="checkbox"/>
Fibrinogen, Blood	<input type="checkbox"/>
Gamma Glutamyl Transferase (GGT), Serum	<input type="checkbox"/>
Glucose, Fasting, Serum	<input type="checkbox"/>
Glucose, Non-fasting, Serum	<input type="checkbox"/>
Haptoglobin, Serum	<input type="checkbox"/>
Hematocrit, %, Blood	<input type="checkbox"/>
Hemoglobin, Blood	<input type="checkbox"/>
High Density Lipoprotein, Cholesterol, Serum	<input type="checkbox"/>
HIV Viral Load, Serum	<input type="checkbox"/>
Immunoglobulin A (IgA), Serum	<input type="checkbox"/>
Immunoglobulin G (IgG), Serum	<input type="checkbox"/>
Immunoglobulin M (IgM), Serum	<input type="checkbox"/>
International Normalized Ratio (INR), Prothrombin Time, Blood	<input type="checkbox"/>
Iron, Serum	<input type="checkbox"/>
Lactate Dehydrogenase (LDH), Serum	<input type="checkbox"/>
Lipase, Serum	<input type="checkbox"/>
Low Density Lipoproteins, Cholesterol, Serum	<input type="checkbox"/>
Lymphocytes, #, Blood	<input type="checkbox"/>
Magnesium, Serum	<input type="checkbox"/>
Monocytes, #, Blood	<input checked="" type="checkbox"/>
Partial Prothromboplastin Time (PTT), Blood	<input type="checkbox"/>
Phosphate (inorganic Phosphorus), Serum	<input type="checkbox"/>
Platelets, Blood	<input type="checkbox"/>
Potassium, Serum	<input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Prostate Specific Antigen (PSA), Serum	<input type="checkbox"/>
Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>
Lab Value	
Lab Unit	/μL <input type="checkbox"/>

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Form: Hematologic Response

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NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

sec	<input type="text"/>
U/L	<input type="text"/>
g/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
ug/mL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
ng/mL	<input type="text"/>
U/mL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
count/uL	<input type="text"/>
mEq/L	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mL/min	<input type="text"/>
mg/dL	<input type="text"/>
mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input checked="" type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
U/mL	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
	CD20, #, Blood	<input type="text"/>
	CD4 Cells, #, Blood	<input type="text"/>
	CD8 Cells, #, Blood	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Chloride, Serum ☐

Cholesterol, Serum ☐

Creatine Kinase (CK), Serum ☐

Creatinine Clearance, 24 hour, Urine ☐

Creatinine, Serum ☐

Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☒

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Platelets, Blood	<input type="checkbox"/>
Potassium, Serum	<input type="checkbox"/>
Prostate Specific Antigen (PSA), Serum	<input type="checkbox"/>
Prothrombin Time (PT), Blood	<input type="checkbox"/>
Reticulocytes, %, Red Blood Cells	<input type="checkbox"/>
Sodium, Serum	<input type="checkbox"/>
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum	<input type="checkbox"/>
Thyroxine (T4), Serum	<input type="checkbox"/>
Total Iron Binding Capacity, Serum	<input type="checkbox"/>
Total Protein, Serum	<input type="checkbox"/>
Transferrin, Serum	<input type="checkbox"/>
Triglycerides, Serum	<input type="checkbox"/>
White Blood Cells (WBC), #, Blood	<input type="checkbox"/>
Eosinophils, #, blood	<input type="checkbox"/>
Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	<input type="checkbox"/>
Vitamin B12, Serum	<input type="checkbox"/>
Folate, Serum	<input type="checkbox"/>
Copper, Serum	<input type="checkbox"/>
Iron Saturation, Ratio, Serum	<input type="checkbox"/>
Paroxysmal Nocturnal Hemoglobinuria Flow	<input type="checkbox"/>
Direct Antiglobulin Test (Coombs), Red Blood Cells	<input type="checkbox"/>
Total Protein Electrophoresis, Serum	<input type="checkbox"/>
Rheumatoid Factor, Serum	<input type="checkbox"/>
Folate, Red Blood Cell	<input type="checkbox"/>
Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
Basophils, #, Blood	<input type="checkbox"/>
Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done	<input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Lab Value

Lab Unit

/μL

sec

U/L

g/dL

U/L

U/L

U/L

ug/mL

mEq/L

mg/dL

mg/dL

%

mg/dL

mg/dL

mg/dL

ng/mL

U/mL

count/uL

count/uL

count/uL

mEq/L

mg/dL

U/L

mL/min

mg/dL

mm/hr

ng/mL

mg/dL

U/L

mg/dL

mg/dL

mg/dL

%

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input checked="" type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>
ng/mL	<input type="text"/>
µg/dL	<input type="text"/>
%	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	g/dL	<input type="text"/>
	U/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>
	CD20, #, Blood	<input type="text"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

CD4 Cells, #, Blood ☐

CD8 Cells, #, Blood ☐

Chloride, Serum ☐

Cholesterol, Serum ☐

Creatine Kinase (CK), Serum ☐

Creatinine Clearance, 24 hour, Urine ☐

Creatinine, Serum ☐

Erythrocyte Sedimentation Rate (ESR), Blood ☐

Ferritin, Serum ☐

Fibrinogen, Blood ☐

Gamma Glutamyl Transferase (GGT), Serum ☐

Glucose, Fasting, Serum ☐

Glucose, Non-fasting, Serum ☐

Haptoglobin, Serum ☐

Hematocrit, %, Blood ☐

Hemoglobin, Blood ☐

High Density Lipoprotein, Cholesterol, Serum ☐

HIV Viral Load, Serum ☐

Immunoglobulin A (IgA), Serum ☐

Immunoglobulin G (IgG), Serum ☐

Immunoglobulin M (IgM), Serum ☐

International Normalized Ratio (INR), Prothrombin Time, Blood ☐

Iron, Serum ☐

Lactate Dehydrogenase (LDH), Serum ☐

Lipase, Serum ☐

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☐

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

Prothrombin Time (PT), Blood ☐

Reticulocytes, %, Red Blood Cells ☐

Sodium, Serum ☐

Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐

Thyroxine (T4), Serum ☐

Total Iron Binding Capacity, Serum ☐

Total Protein, Serum ☐

Transferrin, Serum ☐

Triglycerides, Serum ☐

White Blood Cells (WBC), #, Blood ☐

Eosinophils, #, blood ☒

Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐

Vitamin B12, Serum ☐

Folate, Serum ☐

Copper, Serum ☐

Iron Saturation, Ratio, Serum ☐

Paroxysmal Nocturnal Hemoglobinuria Flow ☐

Direct Antiglobulin Test (Coombs), Red Blood Cells ☐

Total Protein Electrophoresis, Serum ☐

Rheumatoid Factor, Serum ☐

Folate, Red Blood Cell ☐

Antinuclear Antibody (ANA), Serum ☐

Basophils, #, Blood ☐

Reticulocytes, #, Blood ☐

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Test not done

☐

Lab Value

Lab Unit

/μL

sec

U/L

g/dL

U/L

U/L

U/L

ug/mL

mEq/L

mg/dL

mg/dL

%

mg/dL

mg/dL

mg/dL

ng/mL

U/mL

count/uL

count/uL

count/uL

mEq/L

mg/dL

U/L

mL/min

mg/dL

mm/hr

ng/mL

mg/dL

U/L

mg/dL

mg/dL

mg/dL

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

%	<input type="checkbox"/>
g/dL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
copies/mL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
µg/dL	<input type="checkbox"/>
U/L	<input type="checkbox"/>
U/L	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
/µL	<input type="checkbox"/>
sec	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
/µL	<input type="checkbox"/>
mmol/L	<input type="checkbox"/>
ng/ml	<input type="checkbox"/>
sec	<input type="checkbox"/>
%	<input type="checkbox"/>
mmol/L	<input type="checkbox"/>
mIU/L	<input type="checkbox"/>
ug/dl	<input type="checkbox"/>
µg/dL	<input type="checkbox"/>
g/dl	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
mg/dl	<input type="checkbox"/>
/µL	<input type="checkbox"/>
/µL	<input type="checkbox"/>
/µL	<input checked="" type="checkbox"/>
mL/min	<input type="checkbox"/>
pg/mL	<input type="checkbox"/>
ng/mL	<input type="checkbox"/>
µg/dL	<input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	%	<input type="text"/>
	g/dL	<input type="text"/>
	U/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="text"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="text"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="text"/>
	Albumin, Serum	<input type="text"/>
	Alkaline Phosphatase, Serum	<input type="text"/>
	Amylase, Serum	<input type="text"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="text"/>
	Beta-2 Microglobulin, Serum	<input type="text"/>
	Bicarbonate, Serum	<input type="text"/>
	Bilirubin, Direct, Serum	<input type="text"/>
	Bilirubin, Total, Serum	<input type="text"/>
	Blasts, %, Blood	<input type="text"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="text"/>
	C Reactive Protein, Serum	<input type="text"/>
	Calcium, Serum	<input type="text"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="text"/>
	Carcinogenic Antigen 19-9 (CA19-9), Serum	<input type="text"/>

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Form: Hematologic Response

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CD20, #, Blood	<input type="checkbox"/>
CD4 Cells, #, Blood	<input type="checkbox"/>
CD8 Cells, #, Blood	<input type="checkbox"/>
Chloride, Serum	<input type="checkbox"/>
Cholesterol, Serum	<input type="checkbox"/>
Creatine Kinase (CK), Serum	<input type="checkbox"/>
Creatinine Clearance, 24 hour, Urine	<input type="checkbox"/>
Creatinine, Serum	<input type="checkbox"/>
Erythrocyte Sedimentation Rate (ESR), Blood	<input type="checkbox"/>
Ferritin, Serum	<input type="checkbox"/>
Fibrinogen, Blood	<input type="checkbox"/>
Gamma Glutamyl Transferase (GGT), Serum	<input type="checkbox"/>
Glucose, Fasting, Serum	<input type="checkbox"/>
Glucose, Non-fasting, Serum	<input type="checkbox"/>
Haptoglobin, Serum	<input type="checkbox"/>
Hematocrit, %, Blood	<input type="checkbox"/>
Hemoglobin, Blood	<input type="checkbox"/>
High Density Lipoprotein, Cholesterol, Serum	<input type="checkbox"/>
HIV Viral Load, Serum	<input type="checkbox"/>
Immunoglobulin A (IgA), Serum	<input type="checkbox"/>
Immunoglobulin G (IgG), Serum	<input type="checkbox"/>
Immunoglobulin M (IgM), Serum	<input type="checkbox"/>
International Normalized Ratio (INR), Prothrombin Time, Blood	<input type="checkbox"/>
Iron, Serum	<input type="checkbox"/>
Lactate Dehydrogenase (LDH), Serum	<input type="checkbox"/>
Lipase, Serum	<input type="checkbox"/>
Low Density Lipoproteins, Cholesterol, Serum	<input type="checkbox"/>
Lymphocytes, #, Blood	<input type="checkbox"/>
Magnesium, Serum	<input type="checkbox"/>
Monocytes, #, Blood	<input type="checkbox"/>

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Form: Hematologic Response

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Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☐

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

Prothrombin Time (PT), Blood ☐

Reticulocytes, %, Red Blood Cells ☐

Sodium, Serum ☐

Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐

Thyroxine (T4), Serum ☐

Total Iron Binding Capacity, Serum ☐

Total Protein, Serum ☐

Transferrin, Serum ☐

Triglycerides, Serum ☐

White Blood Cells (WBC), #, Blood ☐

Eosinophils, #, blood ☐

Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐

Vitamin B12, Serum ☐

Folate, Serum ☐

Copper, Serum ☐

Iron Saturation, Ratio, Serum ☐

Paroxysmal Nocturnal Hemoglobinuria Flow ☐

Direct Antiglobulin Test (Coombs), Red Blood Cells ☐

Total Protein Electrophoresis, Serum ☐

Rheumatoid Factor, Serum ☐

Folate, Red Blood Cell ☐

Antinuclear Antibody (ANA), Serum ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

		Basophils, #, Blood	<input checked="" type="radio"/>
		Reticulocytes, #, Blood	<input type="radio"/>
Test not done			<input type="checkbox"/>
Lab Value			
Lab Unit		/µL	<input type="radio"/>
		sec	<input type="radio"/>
		U/L	<input type="radio"/>
		g/dL	<input type="radio"/>
		U/L	<input type="radio"/>
		U/L	<input type="radio"/>
		U/L	<input type="radio"/>
		ug/mL	<input type="radio"/>
		mEq/L	<input type="radio"/>
		mg/dL	<input type="radio"/>
		mg/dL	<input type="radio"/>
		%	<input type="radio"/>
		mg/dL	<input type="radio"/>
		mg/dL	<input type="radio"/>
		mg/dL	<input type="radio"/>
		ng/mL	<input type="radio"/>
		U/mL	<input type="radio"/>
		count/uL	<input type="radio"/>
		count/uL	<input type="radio"/>
		count/uL	<input type="radio"/>
		mEq/L	<input type="radio"/>
		mg/dL	<input type="radio"/>
		U/L	<input type="radio"/>
		mL/min	<input type="radio"/>
		mg/dL	<input type="radio"/>
		mm/hr	<input type="radio"/>
		ng/mL	<input type="radio"/>
		mg/dL	<input type="radio"/>
		U/L	<input type="radio"/>
		mg/dL	<input type="radio"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
mL/min	<input type="text"/>
pg/mL	<input type="text"/>

	ng/mL	<input type="checkbox"/>
	µg/dL	<input type="checkbox"/>
	%	<input type="checkbox"/>
	g/dL	<input type="checkbox"/>
	U/mL	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	U	<input type="checkbox"/>
	/µL	<input checked="" type="checkbox"/>
	/µL	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Value Abnormal?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Date Hematology (Blood) Sample Obtained		
Lab Test		
	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>
	Albumin, Serum	<input type="checkbox"/>
	Alkaline Phosphatase, Serum	<input type="checkbox"/>
	Amylase, Serum	<input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>
	Beta-2 Microglobulin, Serum	<input type="checkbox"/>
	Bicarbonate, Serum	<input type="checkbox"/>
	Bilirubin, Direct, Serum	<input type="checkbox"/>
	Bilirubin, Total, Serum	<input type="checkbox"/>
	Blasts, %, Blood	<input type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="checkbox"/>
	C Reactive Protein, Serum	<input type="checkbox"/>
	Calcium, Serum	<input type="checkbox"/>
	Carcinoembryonic Antigen (CEA), Serum	<input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

- Carcinogenic Antigen 19-9 (CA19-9), Serum ☐
- CD20, #, Blood ☐
- CD4 Cells, #, Blood ☐
- CD8 Cells, #, Blood ☐
- Chloride, Serum ☐
- Cholesterol, Serum ☐
- Creatine Kinase (CK), Serum ☐
- Creatinine Clearance, 24 hour, Urine ☐
- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐
- Low Density Lipoproteins, Cholesterol, Serum ☐
- Lymphocytes, #, Blood ☐
- Magnesium, Serum ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

- Monocytes, #, Blood ☐
- Partial Prothromboplastin Time (PTT), Blood ☐
- Phosphate (inorganic Phosphorus), Serum ☐
- Platelets, Blood ☐
- Potassium, Serum ☐
- Prostate Specific Antigen (PSA), Serum ☐
- Prothrombin Time (PT), Blood ☐
- Reticulocytes, %, Red Blood Cells ☐
- Sodium, Serum ☐
- Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐
- Thyroxine (T4), Serum ☐
- Total Iron Binding Capacity, Serum ☐
- Total Protein, Serum ☐
- Transferrin, Serum ☐
- Triglycerides, Serum ☐
- White Blood Cells (WBC), #, Blood ☐
- Eosinophils, #, blood ☐
- Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐
- Vitamin B12, Serum ☐
- Folate, Serum ☐
- Copper, Serum ☐
- Iron Saturation, Ratio, Serum ☐
- Paroxysmal Nocturnal Hemoglobinuria Flow ☐
- Direct Antiglobulin Test (Coombs), Red Blood Cells ☐
- Total Protein Electrophoresis, Serum ☐
- Rheumatoid Factor, Serum ☐
- Folate, Red Blood Cell ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input checked="" type="checkbox"/>
<hr/>		
Test not done		<input type="checkbox"/>
<hr/>		
Lab Value		
Lab Unit		
	/µL	<input type="checkbox"/>
	sec	<input type="checkbox"/>
	U/L	<input type="checkbox"/>
	g/dL	<input type="checkbox"/>
	U/L	<input type="checkbox"/>
	U/L	<input type="checkbox"/>
	U/L	<input type="checkbox"/>
	ug/mL	<input type="checkbox"/>
	mEq/L	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	%	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	U/mL	<input type="checkbox"/>
	count/uL	<input type="checkbox"/>
	count/uL	<input type="checkbox"/>
	count/uL	<input type="checkbox"/>
	mEq/L	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	U/L	<input type="checkbox"/>
	mL/min	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>
	mm/hr	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	mg/dL	<input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>
/µL	<input type="text"/>

	mL/min	<input type="checkbox"/>
	pg/mL	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	µg/dL	<input type="checkbox"/>
	%	<input type="checkbox"/>
	g/dL	<input type="checkbox"/>
	U/mL	<input type="checkbox"/>
	ng/mL	<input type="checkbox"/>
	U	<input type="checkbox"/>
	/µL	<input type="checkbox"/>
	/µL	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Value Abnormal?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Date Hematology (Blood) Sample Obtained		
Lab Test	Absolute Neutrophil Count (ANC), Blood	<input type="checkbox"/>
	Activated Partial Thromboplastin Time (APTT)	<input type="checkbox"/>
	Alanine Aminotransferase (ALT or SGPT), Serum	<input type="checkbox"/>
	Albumin, Serum	<input type="checkbox"/>
	Alkaline Phosphatase, Serum	<input type="checkbox"/>
	Amylase, Serum	<input type="checkbox"/>
	Aspartate Aminotransferase (AST or SGOT), Serum	<input type="checkbox"/>
	Beta-2 Microglobulin, Serum	<input type="checkbox"/>
	Bicarbonate, Serum	<input type="checkbox"/>
	Bilirubin, Direct, Serum	<input type="checkbox"/>
	Bilirubin, Total, Serum	<input type="checkbox"/>
	Blasts, %, Blood	<input checked="" type="checkbox"/>
	Blood Urea Nitrogen (BUN), Serum	<input type="checkbox"/>
	C Reactive Protein, Serum	<input type="checkbox"/>

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

- Calcium, Serum ☐
- Carcinoembryonic Antigen (CEA), Serum ☐
- Carcinogenic Antigen 19-9 (CA19-9), Serum ☐
- CD20, #, Blood ☐
- CD4 Cells, #, Blood ☐
- CD8 Cells, #, Blood ☐
- Chloride, Serum ☐
- Cholesterol, Serum ☐
- Creatine Kinase (CK), Serum ☐
- Creatinine Clearance, 24 hour, Urine ☐
- Creatinine, Serum ☐
- Erythrocyte Sedimentation Rate (ESR), Blood ☐
- Ferritin, Serum ☐
- Fibrinogen, Blood ☐
- Gamma Glutamyl Transferase (GGT), Serum ☐
- Glucose, Fasting, Serum ☐
- Glucose, Non-fasting, Serum ☐
- Haptoglobin, Serum ☐
- Hematocrit, %, Blood ☐
- Hemoglobin, Blood ☐
- High Density Lipoprotein, Cholesterol, Serum ☐
- HIV Viral Load, Serum ☐
- Immunoglobulin A (IgA), Serum ☐
- Immunoglobulin G (IgG), Serum ☐
- Immunoglobulin M (IgM), Serum ☐
- International Normalized Ratio (INR), Prothrombin Time, Blood ☐
- Iron, Serum ☐
- Lactate Dehydrogenase (LDH), Serum ☐
- Lipase, Serum ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

Low Density Lipoproteins, Cholesterol, Serum ☐

Lymphocytes, #, Blood ☐

Magnesium, Serum ☐

Monocytes, #, Blood ☐

Partial Prothromboplastin Time (PTT), Blood ☐

Phosphate (inorganic Phosphorus), Serum ☐

Platelets, Blood ☐

Potassium, Serum ☐

Prostate Specific Antigen (PSA), Serum ☐

Prothrombin Time (PT), Blood ☐

Reticulocytes, %, Red Blood Cells ☐

Sodium, Serum ☐

Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum ☐

Thyroxine (T4), Serum ☐

Total Iron Binding Capacity, Serum ☐

Total Protein, Serum ☐

Transferrin, Serum ☐

Triglycerides, Serum ☐

White Blood Cells (WBC), #, Blood ☐

Eosinophils, #, blood ☐

Creatinine Clearance (CrCl), Cockcroft-Gault, Serum ☐

Vitamin B12, Serum ☐

Folate, Serum ☐

Copper, Serum ☐

Iron Saturation, Ratio, Serum ☐

Paroxysmal Nocturnal Hemoglobinuria Flow ☐

Direct Antiglobulin Test (Coombs), Red Blood Cells ☐

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Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

	Total Protein Electrophoresis, Serum	<input type="checkbox"/>
	Rheumatoid Factor, Serum	<input type="checkbox"/>
	Folate, Red Blood Cell	<input type="checkbox"/>
	Antinuclear Antibody (ANA), Serum	<input type="checkbox"/>
	Basophils, #, Blood	<input type="checkbox"/>
	Reticulocytes, #, Blood	<input type="checkbox"/>
Test not done		<input type="checkbox"/>

Lab Value

Lab Unit

/μL	<input type="checkbox"/>
sec	<input type="checkbox"/>
U/L	<input type="checkbox"/>
g/dL	<input type="checkbox"/>
U/L	<input type="checkbox"/>
U/L	<input type="checkbox"/>
U/L	<input type="checkbox"/>
ug/mL	<input type="checkbox"/>
mEq/L	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
%	<input checked="" type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
ng/mL	<input type="checkbox"/>
U/mL	<input type="checkbox"/>
count/uL	<input type="checkbox"/>
count/uL	<input type="checkbox"/>
count/uL	<input type="checkbox"/>
mEq/L	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>
U/L	<input type="checkbox"/>
mL/min	<input type="checkbox"/>
mg/dL	<input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Hematologic Response

Generated On: 07 Apr 2023 19:36:54

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

mm/hr	<input type="text"/>
ng/mL	<input type="text"/>
mg/dL	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
%	<input type="text"/>
g/dL	<input type="text"/>
mg/dL	<input type="text"/>
copies/mL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
mg/dL	<input type="text"/>
µg/dL	<input type="text"/>
U/L	<input type="text"/>
U/L	<input type="text"/>
mg/dL	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
sec	<input type="text"/>
mg/dl	<input type="text"/>
/µL	<input type="text"/>
mmol/L	<input type="text"/>
ng/ml	<input type="text"/>
sec	<input type="text"/>
%	<input type="text"/>
mmol/L	<input type="text"/>
mIU/L	<input type="text"/>
ug/dl	<input type="text"/>
µg/dL	<input type="text"/>
g/dl	<input type="text"/>
mg/dl	<input type="text"/>
mg/dl	<input type="text"/>

	/μL	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
	mL/min	<input type="text"/>
	pg/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	μg/dL	<input type="text"/>
	%	<input type="text"/>
	g/dL	<input type="text"/>
	U/mL	<input type="text"/>
	ng/mL	<input type="text"/>
	U	<input type="text"/>
	/μL	<input type="text"/>
	/μL	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Value Abnormal?	No	<input type="text"/>
	Yes	<input type="text"/>
Date Hematology (Blood) Sample Obtained		<input type="text"/>

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Baseline Quality of Life Completed Yes/No

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Was VES-13 Frailty completed?

No, assessment was not required
at this time point ☐

No, assessment was required ☐

Yes ☐

Was QUALMS completed?

No, assessment was not required
at this time point ☐

No, assessment was required ☐

Yes ☐

Was FACT-G completed?

No, assessment was not required
at this time point ☐

No, assessment was required ☐

Yes ☐

Was EQ-5D-5L completed?

No, assessment was not required
at this time point ☐

No, assessment was required ☐

Yes ☐

Was PROMIS Short form fatigue 7a completed?

No, assessment was not required
at this time point ☐

No, assessment was required ☐

Yes ☐

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Form: Quality of Life Completed Yes/No

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

For patients in the ICUS Longitudinal cohort, the QUALMS and FACT-G assessments are not required and should not be completed.

Was VES-13 Frailty completed?	No, assessment was not required at this time point <input type="checkbox"/>
	No, assessment was required <input type="checkbox"/>
	Yes <input type="checkbox"/>
Was QUALMS completed?	No, assessment was not required at this time point <input type="checkbox"/>
	No, assessment was required <input type="checkbox"/>
	Yes <input type="checkbox"/>
Was FACT-G completed?	No, assessment was not required at this time point <input type="checkbox"/>
	No, assessment was required <input type="checkbox"/>
	Yes <input type="checkbox"/>
Was EQ-5D-5L completed?	No, assessment was not required at this time point <input type="checkbox"/>
	No, assessment was required <input type="checkbox"/>
	Yes <input type="checkbox"/>
Was PROMIS Short form fatigue 7a completed?	No, assessment was not required at this time point <input type="checkbox"/>
	No, assessment was required <input type="checkbox"/>
	Yes <input type="checkbox"/>

FORM_OID

Where were the forms completed?

Were the forms completed in clinic? No ☐
Yes ☐

Were the forms completed at home? No ☐
Yes ☐

What was the method of completion? Completed at home and returned through the mail ☐
Completed via a telephone interview ☐
Completed via videoconference ☐
Other ☐

Assistance

Did the patient require assistance completing the QOL forms? No ☐
Yes ☐

How was the patient assisted?

Were the questions read aloud to patient? No ☐
Yes ☐

Did the patient require clarification of questions or instructions? No ☐
Yes ☐

Did the patient require other assistance? No ☐
Yes ☐

Were the forms completed independently by another person? No ☐
Yes ☐

What was the reason for assistance?

Did the patient have a language difficulty? (questions needed to be translated) No ☐
Yes (specify) ☐

Did the patient have a literacy difficulty? (patient could not read well enough) No ☐
Yes ☐

Was the patient disabled? No ☐
Yes (specify) ☐

Were the forms completed via a telephone interview? No ☐
Yes ☐

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Form: QOL Completed

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Other	No <input type="checkbox"/>
	Yes (specify) <input type="checkbox"/>
Who assisted or completed the assessment?	
Staff	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Family	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Friend	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Other	No <input type="checkbox"/>
	Yes (specify) <input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

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Form: QOL Not Completed Reason

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
(Scheduled) Assessment date	
Indicate reason(s) why form was not completed (check all that apply)	
Patient refusal	<input type="checkbox"/>
<i>Unable to accommodate disability or language needs</i>	<input type="checkbox"/>
Specify disability or language	
<i>Patient did not show up in clinic/office</i>	<input type="checkbox"/>
Specify reason patient did not show up	
Staff unavailable	<input type="checkbox"/>
Patient not given form by staff	<input type="checkbox"/>
Patient too ill	<input type="checkbox"/>
Patient expired	<input type="checkbox"/>
Staff thought patient too ill	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>
Specify other reason	

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: VES-13 Frailty Patient Responses

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Age

In general, compared to other people your age, would you say that your health is:

Poor ☐

Fair ☐

Good ☐

Very good ☐

Excellent ☐

How much difficulty on average, do you have with the following physical activities:

Stooping, crouching or kneeling?

No Difficulty ☐

A little Difficulty ☐

Some Difficulty ☐

A Lot of Difficulty ☐

Unable to do ☐

Lifting, or carrying objects as heavy as 10 pounds?

No Difficulty ☐

A little Difficulty ☐

Some Difficulty ☐

A Lot of Difficulty ☐

Unable to do ☐

Reaching or extending arms above shoulder level?

No Difficulty ☐

A little Difficulty ☐

Some Difficulty ☐

A Lot of Difficulty ☐

Unable to do ☐

Writing, or handling and grasping small objects?

No Difficulty ☐

A little Difficulty ☐

Some Difficulty ☐

A Lot of Difficulty ☐

Unable to do ☐

Walking a quarter of a mile?

No Difficulty ☐

A little Difficulty ☐

Some Difficulty ☐

A Lot of Difficulty ☐

Unable to do ☐

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: VES-13 Frailty Patient Responses

Generated On: 07 Apr 2023 19:36:54

Heavy housework such as scrubbing floors or washing windows?	No Difficulty	<input type="checkbox"/>
	A little Difficulty	<input type="checkbox"/>
	Some Difficulty	<input type="checkbox"/>
	A Lot of Difficulty	<input type="checkbox"/>
	Unable to do	<input type="checkbox"/>

Because of your health or a physical condition, do you have difficulty:

Shopping for personal items (like toilet items or medicines)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't do	<input type="checkbox"/>

Do you get help shopping?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Is that because of your health?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Managing money (like keeping track of expenses or paying bills)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't do	<input type="checkbox"/>

Do you get help with managing money?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Is that because of your health?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Walking across the room? USE OF CANE OR WALKER IS OK	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't do	<input type="checkbox"/>

Do you get help with walking?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Is that because of your health?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Doing light housework (like washing dishes, straightening up, or light cleaning)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't do	<input type="checkbox"/>

Do you get help with light housework?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

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Form: VES-13 Frailty Patient Responses

Generated On: 07 Apr 2023 19:36:54

Is that because of your health?	No <input type="radio"/>
	Yes <input type="radio"/>
Bathing or showering?	Yes <input type="radio"/>
	No <input type="radio"/>
	Don't do <input type="radio"/>
Do you get help bathing or showering?	No <input type="radio"/>
	Yes <input type="radio"/>
Is that because of your health?	No <input type="radio"/>
	Yes <input type="radio"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

FORM_OID

During the past week, how often...

1. Did you feel as though there was a lack of clear information about your disease?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
2. Have you felt there was limited emotional support available for patients with MDS beyond their families?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
3. Did you feel as though you couldn't do anything about your disease?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
4. Did you feel the course of your disease was unpredictable?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
5. Did you have difficulty explaining MDS to your friends or family?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
6. Did you have trouble concentrating?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
7. Have you considered changing long-term plans due to health concerns?	Never	<input type="radio"/>

	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
8. Have you experienced shortness of breath?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
9. Did low energy levels cause you to change your schedule?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
10. Did you feel as though your life was organized around medical appointments?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
11. Have you felt a sense of hopelessness?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
12. Have you been worried about getting an infection?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
13. Have you had sufficient energy for routine tasks?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>

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Form: QUALMS Patient Responses

Generated On: 07 Apr 2023 19:36:54

	Always	<input type="checkbox"/>
14. Were you afraid of dying?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>
15. Did you feel angry about your diagnosis?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>
16. Were you worried about bleeding?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>
17. Did you feel a sense of gratitude for a part of life that you took for granted before?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>
18. Did you feel nauseated?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>
19. Did you worry about your MDS progressing or developing into leukemia?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>
20. Did you take into account that you might be fatigued when planning your activities?	Never	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>

	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>
21. Were you concerned that your MDS caused a financial burden for you or your family?	Never <input type="radio"/>
	Rarely <input type="radio"/>
	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>
22. Did you feel your family relationships were strained by your disease?	Never <input type="radio"/>
	Rarely <input type="radio"/>
	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>
23. Have you felt weak?	Never <input type="radio"/>
	Rarely <input type="radio"/>
	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>
24. Have you been too tired to take on the responsibilities you used to have?	Never <input type="radio"/>
	Rarely <input type="radio"/>
	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>
25. Did you worry about becoming a burden to your friends or family?	Never <input type="radio"/>
	Rarely <input type="radio"/>
	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>
26. Were you unable to participate in activities you are used to doing?	Never <input type="radio"/>
	Rarely <input type="radio"/>
	Sometimes <input type="radio"/>
	Often <input type="radio"/>
	Always <input type="radio"/>

27. Have you felt anxious about test or lab results?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
28. Did you avoid crowds because of fear of getting an infection?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
29. Did you find yourself grateful for tomorrow?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
30. Did you feel you were able to find quality information about MDS treatments?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
31. Were you concerned about bruising?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
32. Did you feel as though there were a lack of concrete answers about what will happen with your MDS?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
33. Did you experience a change in bowel habits?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>

	Often	<input type="radio"/>
	Always	<input type="radio"/>
34. Were you afraid of losing your job?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
	Not applicable	<input type="radio"/>
35. Did you feel too tired to drive?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
	Not applicable	<input type="radio"/>
36. Were you afraid to have sex due to your blood counts?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
	Not applicable	<input type="radio"/>
37. Were you afraid that your MDS treatment would stop working?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
	Not applicable	<input type="radio"/>
38. Have you been too tired to take care of a family member or loved one?	Never	<input type="radio"/>
	Rarely	<input type="radio"/>
	Sometimes	<input type="radio"/>
	Often	<input type="radio"/>
	Always	<input type="radio"/>
	Not applicable	<input type="radio"/>

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Form: FACT-G Physical Well-Being Patient Responses

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

This form is for data capture and entry purposes only. Patients should not enter responses in Medidata Rave. Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites.

Assessment date

I have a lack of energy

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I have nausea

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

Because of my physical condition, I have trouble meeting the needs of my family

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I have pain

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am bothered by side effects of treatment

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I feel ill

0 ☐

1 ☐

2 ☐

	3	<input type="radio"/>
	4	<input type="radio"/>
I am forced to spend time in bed	0	<input type="radio"/>
	1	<input type="radio"/>
	2	<input type="radio"/>
	3	<input type="radio"/>
	4	<input type="radio"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

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Form: FACT-G Social Well-Being Patient Responses

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FORM_OID

Form instructions:

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Assessment date

I feel close to my friends

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I get emotional support from my family

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I get support from my friends

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

My family has accepted my illness

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am satisfied with family communication about my illness

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I feel close to my partner (or the person who is my main support)

0 ☐

1 ☐

2 ☐

	3	<input type="radio"/>
	4	<input type="radio"/>
<hr/>		
Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box.		<input type="checkbox"/>
<hr/>		
I am satisfied with my sex life	0	<input type="radio"/>
	1	<input type="radio"/>
	2	<input type="radio"/>
	3	<input type="radio"/>
	4	<input type="radio"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: FACT-G Emotional Well-Being Patient Responses

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FORM_OID

Form instructions:

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Assessment date

I feel sad

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am satisfied with how I am coping with my illness

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am losing hope in the fight against my illness

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I feel nervous

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I worry about dying

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I worry that my condition will get worse

0 ☐

1 ☐

2 ☐

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: FACT-G Functional Well-Being Patient Responses

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

This form is for data capture and entry purposes only. Patients should not enter responses in Medidata Rave. Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites.

Assessment date

I am able to work (include work at home)

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

My work (include work at home) is fulfilling

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am able to enjoy life

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I have accepted my illness

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am sleeping well

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

I am enjoying the things I usually do for fun

0 ☐

1 ☐

2 ☐

	3	<input type="radio"/>
	4	<input type="radio"/>
I am content with the quality of my life right now	0	<input type="radio"/>
	1	<input type="radio"/>
	2	<input type="radio"/>
	3	<input type="radio"/>
	4	<input type="radio"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: EQ-5D-5L Health Questionnaire Patient Responses

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

This form is for data capture and entry purposes only. Patients should not enter responses in Medidata Rave. Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites.

Assessment date

MOBILITY

I have no problems walking ☐

I have slight problems walking ☐

I have moderate problems walking ☐

I have severe problems walking ☐

I am unable to walk ☐

SELF-CARE

I have no problems washing or dressing myself ☐

I have slight problems washing or dressing myself ☐

I have moderate problems washing or dressing myself ☐

I have severe problems washing or dressing myself ☐

I am unable to wash or dress myself ☐

USUAL ACTIVITIES

I have no problems doing my usual activities ☐

I have slight problems doing my usual activities ☐

I have moderate problems doing my usual activities ☐

I have severe problems doing my usual activities ☐

I am unable to do my usual activities ☐

PAIN / DISCOMFORT

I have no pain or discomfort ☐

I have slight pain or discomfort ☐

I have moderate pain or discomfort ☐

I have severe pain or discomfort ☐

I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

I am not anxious or depressed ☐

	I am slightly anxious or depressed	<input type="radio"/>
	I am moderately anxious or depressed	<input type="radio"/>
	I am severely anxious or depressed	<input type="radio"/>
	I am extremely anxious or depressed	<input type="radio"/>
<hr/>		
Your health today		
<hr/>		

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: PROMIS Fatigue Short Form 7a Patient Responses

Generated On: 07 Apr 2023 19:36:54

FORM_OID

In the past 7 days...

How often did you feel tired?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

Always ☐

How often did you experience extreme exhaustion?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

Always ☐

How often did you run out of energy?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

Always ☐

How often did your fatigue limit you at work (include work at home)?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

Always ☐

How often were you too tired to think clearly?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

Always ☐

How often were you too tired to take a bath or shower?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

Always ☐

How often did you have enough energy to exercise strenuously?

Never ☐

	Rarely	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Always	<input type="checkbox"/>

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms

Form: Transplant Evaluation Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

NOTES: This form is intended to capture the process surrounding the decision to go to transplant or not, and it should be filled out by the *investigator*.

	Yes, the patient is clinically HCT eligible (continue to question 2)	<input type="checkbox"/>
	No, not eligible even for reduced intensity conditioning regimen	<input type="checkbox"/>
	Participant not seen during this assessment period	<input type="checkbox"/>

If patient is **not** clinically Hematopoietic Cell Transplantation (HCT) eligible, select reason (select all that apply):

Older Age	<input type="checkbox"/>
High burden of co-morbidities	<input type="checkbox"/>
Poor ECOG performance status	<input type="checkbox"/>
Overall frailty	<input type="checkbox"/>
Other	<input type="checkbox"/>
If "other" was checked, please explain	

	Yes, patient was referred for HCT evaluation and HCT was recommended	<input type="checkbox"/>
	Yes, patient was referred for HCT evaluation however, HCT was not recommended	<input type="checkbox"/>
	No	<input type="checkbox"/>

If patient was referred for HCT evaluation however, HCT **was not recommended**, choose the reason (select all that apply):

Older Age	<input type="checkbox"/>
High burden of co-morbidities	<input type="checkbox"/>
Poor ECOG performance status	<input type="checkbox"/>
Overall frailty	<input type="checkbox"/>

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Form: Transplant Evaluation Form

Generated On: 07 Apr 2023 19:36:54

Patient preference	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Caregiver absence	<input type="checkbox"/>
Low risk disease that is followed conservatively with no or minimal intervention	<input type="checkbox"/>
Patient with low risk disease or high-risk disease receiving another treatment	<input type="checkbox"/>
Preliminary donor search indicates no appropriate donors available	<input type="checkbox"/>
Other	<input type="checkbox"/>
If "other" was checked, please explain _____	
If patient was not referred for HCT evaluation, select reason (select all that apply):	
Patient preference	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Caregiver absence	<input type="checkbox"/>
Low risk disease that is followed conservatively with no or minimal intervention	<input type="checkbox"/>
Patient with low risk disease or high-risk disease receiving another treatment	<input type="checkbox"/>
Preliminary donor search indicates no appropriate donors available	<input type="checkbox"/>
Other	<input type="checkbox"/>
If "other" was checked, please explain _____	

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Form: Cohort Assignment

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

The eligibility field below will be populated by the system after central pathology review. After eligibility is determined, please navigate back to this form to acknowledge the patient's assignment. Patients in the longitudinal cohort will be followed long term with study visits every 6 months. Patients in the cross-sectional cohort will not have study visits after baseline.

The patient is eligible for the:

Cross-sectional cohort ☐

MDS/AML Longitudinal cohort ☐

ICUS Longitudinal cohort ☐

At-Risk cohort ☐

Please check the box to acknowledge the patient's assignment.

☐

NHLBI-MDS
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Data entry via Medidata Rave

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Form: Rescreening Yes_No

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Form instructions:

NOTE: Subjects that are not entered in the longitudinal study are eligible to be rescreened for participation in this study if progression of signs or symptoms provides evidence to support a probable diagnosis of MDS, MDS/MPN overlap disorders or ICUS. Since this patient was not assigned to the longitudinal cohort, they have the option to be rescreened at a later date. If this patient will be rescreened, please complete this form appropriately.

Did this patient have progression of signs or symptoms that provide evidence to support a probable diagnosis of MDS, MDS/MPN overlap disorders or ICUS?

No ☐

Yes ☐

Will this patient be re-screened on the NHLBI-MDS trial?

No ☐

Yes ☐

NHLBI-MDS
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Data entry via Medidata Rave

Date of transplant	
Transplant type	Allogeneic <input type="checkbox"/>
	Autologous <input type="checkbox"/>
CIBMTR ID	

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Data entry via Medidata Rave

FORM_OID

Patient Lost to Follow-Up

Was the study participant unable to be contacted for follow-up per defined criteria? No ☐
Yes ☐

Date of last contact

Methods of Contact Contact study participant by phone ☐
Search medical record ☐
Contact study participant's primary care physician ☐
Search registries for region ☐
Contact people listed for study participant ☐
Contact study participant by registered or certified letter ☐

Date of most recent attempt

Institution Lost to Follow-up

Has the site stopped participating in this ECOG-ACRIN study? No ☐
Yes ☐

Date site stopped participating

Reason site stopped participating IRB terminated study ☐
Site dissolved / no longer conducting clinical studies ☐
Budgetary reasons ☐
Other ☐

Study Participant Found

Was a study participant previously deemed lost to follow-up able to be contacted? No ☐
Yes ☐

Date most recent contact

Lost to Follow-Up Internal Review

Study participant lost to follow-up approved? No ☐
Yes ☐

Date of Approval

Form: Withdrawal of Consent

Generated On: 07 Apr 2023 19:36:54

FORM_OID

SECTION I. Clinical Withdrawal of Consent.

Please complete this form on behalf of your patient whenever your patient **withdraws consent** to participate in the study.

Clinical Withdrawal of Consent occurs when patient withdraws consent to participate further in the study and does not wish future medical information to be used in research.

The patient withdraws consent to participate further in study and does not wish FUTURE medical information to be used in research.

No ☐
Yes ☐

Date study participant withdrew clinical consent

SECTION II. Changing of Participation in Biological Specimen Collection

Option 1 is chosen if a patient wishes to discontinue any future specimen collection. Specimens which were previously collected but not submitted should be submitted, but no future collections will be made. Specimens previously submitted will be used as the patient originally consented.

(Option 1) Patient withdraws consent to all further specimen collection.

No ☐
Yes ☐

Date of amended consent

Option 2 is chosen if the consent was reported incorrectly at the time of patient registration or the patient is requesting destruction of previously submitted samples.

Documentation must be uploaded. Examples of appropriate documentation are a copy of the revised or original consent, a registration checklist with the information indicating corrections and date of correction, or written request for destruction of available samples that have not been distributed to researchers.

(Option 2) Patient is changing ORIGINAL consent.

No ☐
Yes ☐

Date of amended consent

Reason for change

Information provided at registration incorrect ☐
Patient consent change - Written Reconsent ☐
Patient consent change - Withdrawal (verbal or written) ☐

Upload Documentation of specific changes

Clinical Withdrawal of Consent Internal Review

Clinical withdrawal of consent approved?

No ☐
Yes ☐

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Form: Withdrawal of Consent

Generated On: 07 Apr 2023 19:36:54

Date of approval

Specimen Change of Participation Internal Review

Specimen change of participation approved?

No ☐

Yes ☐

Date of approval

NHLBI-MDS
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Data entry via Medidata Rave

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Form: COVID-19 Trigger Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

Was the participant in contact with someone who tested positive for the novel corona virus SARS-CoV-2 that causes COVID-19? No ☐
Yes ☐

Was the participant tested for COVID-19? No ☐
Yes ☐

Were there any COVID-19 related protocol deviations to report? No ☐
Yes ☐

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

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Form: Coronavirus Disease 2019 (COVID-19) Evaluation Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID

INSTRUCTIONS: This form is intended to capture the COVID-19 status of the patient.

* A patient can be considered 'recovered' if they have had no fever for at least 72 hours (without the use of medicine that reduces fevers), and other symptoms have improved, and it has been at least 7 days since their symptoms first appeared.

Test date

Type of test

PCR (specify) ☐

Serological (specify) ☐

Other (specify) ☐

Specify type of test

Result

Negative ☐

Positive ☐

Outcome (If Positive)*

Recovering or Resolving ☐

Recovered or Resolved ☐

Recovered or Resolved with
Sequelae ☐

Fatal ☐

Unknown ☐

Did the patient receive treatment in response to a COVID-19
infection

No ☐

Yes ☐

Was the patient hospitalized as a result of COVID-19?

No ☐

Yes ☐

Duration of hospitalization (in days)

Day of death

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Form: COVID-19 Medication Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Medication name	
Medication start date	
Medication stop date	

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave

Please Note:

Protocol requirements conducted by a Local Healthcare Provider on an intermittent/short-term basis as specified by the protocol under oversight of a Responsible Investigator do NOT need to be reported as protocol deviations

All Minor Deviations need to be reported to EA. EA will report all minor deviations to the CIRB at the time of next annual review of the protocol. Please report all deviations to the local IRB per local policy

Type of Deviation	<input type="checkbox"/> Late or Missed Study Lab <input type="checkbox"/> Late or Missed Correlative Lab <input type="checkbox"/> Late or Missed Study Procedure <input type="checkbox"/> Late or Missed QOL/PRO <input type="checkbox"/> Cycle treatment given early <input type="checkbox"/> Cycle treatment given late <input type="checkbox"/> Cycle treatment missed <input type="checkbox"/> Missed Study Visit <input type="checkbox"/> Phone or Virtual Visit <input type="checkbox"/> Informed Consent <input type="checkbox"/> Other
Reason for Deviation	<input type="checkbox"/> Diagnosis of COVID-19 <input type="checkbox"/> Suspected COVID-19 Infection <input type="checkbox"/> Travel Restrictions <input type="checkbox"/> Participant Decision <input type="checkbox"/> Physician Decision <input type="checkbox"/> Institutional Resource <input type="checkbox"/> Restrictions <input type="checkbox"/> Other
Start Date	
End Date	
Brief Summary of Deviation (<i>Please indicate Cycle or Visit at which the deviation occurred</i>)	
Notified CIRB	No <input type="checkbox"/>
For Major Deviation	Yes <input type="checkbox"/>
Date CIRB notified of Major Deviation	

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Form: COVID-19 Deviation Log

Generated On: 07 Apr 2023 19:36:54

Notified Local IRB for Major Deviation

No ☐

Yes ☐

Date Local IRB notified of Major Deviation

NHLBI-MDS
Do not submit to ECOG-ACRIN
Data entry via Medidata Rave