REGISTRATION AND INCLUSION FORM

Investigator:	Site number:	Hospita	al	Fax:	
				E-mail (investigator)	
Patient Initials:	Date of Birth: // / / / / / / / / / / / / / / / / /	_ Date A	ML Dx: / / / yy mm dd		
	REGISTRAT	ION (see po	••		
		(<i>p</i> .		Dates & Comments	
1. AML with intermediate	or poor risk features		100	Dutes & Comments	
2. Planned to receive RIC	or consolidation chemo?				
3. Signed informed consent			Date (yymmdd)		
4. MUD RIC planned? [if pobeing eligible, or if there are no	tential sibling donor(s) will turr potential sibling donor(s)]	out not			
5. Has the pt yet achieved CR1?			If Yes: Date (yymmdd)		
• Note 2 . If the pt is <u>not</u> yet in C INCLUSION section should be	R, fill in points 1-5, sign and sence completed, signed and sent when	nd to the Nat n the pt has a	ional Study Office (NSC achieved CR.	O) for registration. The	
Date (yymmdd)	Signature (Invest	Signature (Investigator)		Printed name	
Confirmation (NSO)	Yes No				
Patient registered for the stud		Assigned UIN			
		oigneu e ir			
Date Signature (NSO)			Printed name		
	INCLUSIO	N (see page .	2 for guidance)		
		Yes No	Dates &	& Comments	
6. Date of CR1 (if not previously provided)			If Yes: Date (yymmdd).		
7. Incl. & Excl. criteria ch		If No: Comment:			
7. IIICI. & EXCI. CIITEIIA CII	ecked and approved				
If pt has at least one pote		If Yes: Date (yymmdd)			
8. Sib donor HLA typing	initiated?		19 Test. Date (tylimiau)		
If pt has no potential sibl	ing donor		Trave s		
9. Search for a MUD initiated?			If Yes: Date (yymmdd)		
Date	Signature (Investigator)		Print	ed name	
	Sign and send to Natio	onal Study Oj			
	CONFIRMA	ATION (N	SO)		
10 D	Yes No	Yes No			
10. Patient included?	Ind	Inclusion date (see page 2)			
				••••••	
Date (yymmdd)	Signature (NS	 O)	Prin	ted name	

Comments on the Registration and Inclusion Form (RIF)

IMPORTANT

- I. HLA-typing of the *patient* can be performed at any point, e.g. at diagnosis.
- II. *Initiation of donor search* is by definition either blood sampling of a potential sib donor, or sending a request for a MUD search.
- III. The RIF should be sent to the NSO¹ in <u>immediate connection</u> with the initiation of donor search, preferably the same day.
- IV. If the investigator wants to initiate donor search before CR1 fill in and send the Registration section. Fill in the Inclusion section when the pt achieves CR, or if she/he for any reason becomes not eligible for the study (e.g. no CR, early death). The "Dates & Comments" can be used for details. The NSO will request missing or not complete RIFs.
- V. The RIF can be sent by fax or e-mail (pdf format).

Guidance; paragraphs below refer to page 1

REGISTRATION DATA

- 1. Pts with good risk features should not be registered.
- 2. Pts should be deemed fit for RIC or standard consolidation chemotherapy.
- 3. Written informed consent should be obtained before registration.
- 4. This paragraph refers to
 - patients with potential sibling donor(s). Fill in **YES** box if the intention is to proceed with a MUD search in case potential sibling donor(s) are not HLA-identical or otherwise not eligible. Fill in **NO** box if there is no intention to proceed with a MUD search. (If in doubt, the investigator is recommended to delay registration).
 - patients without potential sibling donors. Fill in **YES** box.
- 5. Provide date if the pt has achieved CR1. Otherwise check NO box. Proceed according to point IV above.

INCLUSION DATA.

- 6. Provide CR1 date if not recorded in Registration section.
- 7. Check Inclusion and Exclusion criteria, see Protocol.
- 8. Provide date of blood sampling for HLA typing of the first potential sibling donor.
- 9. Provide date of dispatching a search request for a MUD.
- 10. "Inclusion date" (to be filled in by the NSO) is:
 - for pts registered and included in CR, the date from either point 8 or 9
 - for pts who were registered before CR, the date from point 6

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¹ NSO is the National Study Office