

Checklist

Date of initial diagnosis:

Type and phase of disease	Breakpoint	Transcript type	Cytogenetics
<input type="checkbox"/> Chronic phase CML	<input type="checkbox"/> P190	<input type="checkbox"/> e1a2	<input type="checkbox"/> Standard t(9;22)
<input type="checkbox"/> Accelerated phase CML	<input type="checkbox"/> P210	<input type="checkbox"/> e13a2	<input type="checkbox"/> Variant t(9;22)
<input type="checkbox"/> Blast phase CML	<input type="checkbox"/> P230	<input type="checkbox"/> e14a2	<input type="checkbox"/> ACAs, please specify:
<input type="checkbox"/> Ph+ ALL		<input type="checkbox"/> e19a2	
		<input type="checkbox"/> Rare, please specify:	

Reason for mutation testing request

- Accelerated or blast phase CML at baseline
- Warning response to current TKI according to ELN 2020 recommendations for CML
- Failure response to current TKI according to ELN 2020 recommendations for CML
- Progression from chronic phase to accelerated or blast phase CML
- Ph+ ALL at baseline
- Persistent MRD for Ph+ ALL
- Progressive disease or relapsed/refractory Ph+ ALL
- TKI switch for reason other than resistance (e.g. intolerance)
- Molecular relapse after treatment-free remission
- Other, please specify:

Current treatment and associated response

Treatment:

Line of treatment:

Associated response:

Is the patient in treatment-free remission?

Yes No Start date of treatment-free remission:

Date and result of last BCR-ABL1 transcript level/MRD monitoring assessment

Date: Result:

Date of previous mutational analysis (if any)

Results of previous mutational analysis (if any)

- No mutation
- Mutation, please specify:

Previous treatment(s) and associated responses (if any, optional)

Treatment:

Line of treatment:

Associated response:

Treatment:

Line of treatment:

Associated response:

Treatment:

Line of treatment:

Associated response:

Other relevant information:

For a downloadable version of this checklist please contact Incyte Medical Information (eumedinfo@incyte.com).

In case of any outstanding questions, please contact your local testing laboratory:

Name: Job title:

Email: