

Checklist

Date of initial diagnosis:

Type and phase of disease

- Chronic phase CML
- Accelerated phase CML
- Blast phase CML
- Ph+ ALL

Breakpoint

- P190
- P210
- P230

Transcript type

- e1a2
- e13a2
- e14a2
- e19a2
- Rare, please specify:

Reason for mutation testing request

- Accelerated or blast phase CML at baseline
- Warning response to current TKI according to ELN 2013 guidelines for CML
- Failure response to current TKI according to ELN 2013 guidelines 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)
- Other, please specify:

Current treatment and associated response

Treatment:

Line of treatment:

Associated response:

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:

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: