

TF2 STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

This follow-up form is completed _____ year(s) after stem cell transplantation
and is used to inform the donor about the patient well-being

RECIPIENT DATA	
Recipient registry:	
Transplant centre:	
Recipient ID: <small>(assigned by patient registry)</small>	Date of birth: <small>(YYYY-MM-DD)</small>
Date of transplant: <small>(YYYY-MM-DD)</small>	Date of last contact: <small>(YYYY-MM-DD)</small>

DONOR DATA	
Donor registry:	ION:
GRID:	
Registry donor ID:	

GENERAL
<input type="checkbox"/> Recipient has consented to share information with the donor (<i>anonymously</i>) <input type="checkbox"/> Recipient update information cannot be provided due to restrictions <input type="checkbox"/> Recipient is lost to follow-up

FOLLOW-UP DATA		
Is the recipient alive?	<input type="radio"/> Yes <input type="radio"/> No	If not, date of death: (YYYY-MM-DD)
Has recipient been:	Re-transplanted?	<input type="radio"/> Yes, same donor <input type="radio"/> Yes, other donor <input type="radio"/> No
	Given lymphocyte infusions?	<input type="radio"/> Yes <input type="radio"/> No

RECIPIENT WELL-BEING
How well is the recipient recovering?
Karnofsky/Lansky score <i>(on date of last contact)</i>
Additional comments:

Transplant centre representative:	Date: (YYYY-MM-DD)	Signature:
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