

# TF1 STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

*This follow-up form is completed 3 months after infusion to inform the collection centre about the transplantation outcome and 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
Recipient has consented to share information with:
<input type="checkbox"/> AC/CC <input type="checkbox"/> Donor and donor centre <input type="checkbox"/> Recipient update information cannot be provided due to restrictions
Did a severe adverse event relating to the stem cell product and/or recipient occur? If yes, has it already been reported?

FOLLOW-UP DATA <small>(to inform the donor and collection centre)</small>
Is the recipient alive? <input type="radio"/> Yes <input type="radio"/> No    If not, date of death: <small>(YYYY-MM-DD)</small>
Is the stem cell product infused? <input type="radio"/> Yes <input type="radio"/> No    Infusion date: <small>(YYYY-MM-DD)</small>
Was any portion of the stem cell product stored for later infusion? <input type="radio"/> Yes <input type="radio"/> No

ENGRAFTMENT DATA <small>(to inform the collection centre)</small>	
Did the stem cells engraft? <input type="radio"/> Yes, complete <input type="radio"/> Partial <input type="radio"/> No    If yes, date engraftment: <small>(YYYY-MM-DD)</small>	
Date neutrophil (ANC) engraftment (>0.5x10 <sup>9</sup> /l)	Date platelet engraftment (>20x10 <sup>9</sup> /l)
Not achieved <input type="checkbox"/>	Not achieved <input type="checkbox"/>
Not performed <input type="checkbox"/>	Not performed <input type="checkbox"/>

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

Transplant centre representative:	Date: <small>(YYYY-MM-DD)</small>	Signature:
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