

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

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| 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> |

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

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

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| 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 |

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

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