

# 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

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

<b>DONOR DATA</b>	
Donor registry:	ION:
GRID:	
Registry donor ID:	

<b>GENERAL</b>
<p>Recipient has consented to share information with:</p> <p><input type="checkbox"/> Collection centre/donor (anonymously, for JACIE accreditation and quality assurance)</p> <p><input type="checkbox"/> Recipient update information cannot be provided due to restrictions</p> <p>Did a severe adverse event relating to the stem cell product and/or recipient occur? If yes, has it already been reported?</p>

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

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

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

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