TF1 STEM CELL TRANSPLANTATION FOLLOW-UP

This follow-up form is completed month(s) and year(s) after stem cell transplantation.

RECIPIENT DATA	
Recipient name:	
Recipient registry:	
Transplant center:	
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)

DONOR DATA
Donor registry:
Donor ID:
GRID number:

Was the full stem cell product used at once for transplantation?	☐ Yes ☐ No	Infusion date: (YYYY-MM-DD)
Was any portion of the stem cell product stored for later infusion?	☐ Yes ☐ No	Amount stored:
If yes, was this portion later infused into the recipient?	☐ Yes ☐ No	Infusion date: (YYYY-MM-DD)
Was any unused portion of the stem cell product discarded?	☐ Yes ☐ No	
If you wish to clear the four questions above, click this button:	Clear	
If yes, please provide date and detailed explanation of disposal: Method:	Disposal date: (YYYY-MM-DD)	
Is the recipient alive? ☐ Yes ☐ No	If not, date of death: (YYYY-MM-DD)	
Primary cause of death: Contributing cause(s) of death:		
Was the stem cell product infused prior to recipient death? ☐ Yes ☐ No		
If not, please provide a detailed explanation of the disposal:		
Did the stem cells engraft? ☐ Yes, complete ☐ Partial ☐ No	If yes, date engraftment: (YYYY-MM-DD)	
Rejection or graft failure? ☐ Yes ☐ No	If yes, please specify date: (YYYY-MM-DD)	
Acute GvHD: ☐ Yes ☐ No If yes, grade: ☐ Grade I ☐ Grade II ☐ Grade III ☐ Grade IV		
Chronic GvHD: ☐ Yes ☐ No If yes, grade: ▼ extent: ▼		
Recurrence of original disease? ☐ Yes ☐ No		
Has recipient been: Re-transplanted? ☐ Yes ☐ No Given lymphocyte infusions? ☐ Yes ☐ No		
If yes to either, source of stem cells/lymphocytes:		
Karnofsky/Landsky score:		
Additional comments/complications:		

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