

# TF2

# STEM CELL TRANSPLANTATION FOLLOW-UP

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

RECIPIENT DATA	
Recipient first name:	Recipient last name:
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)

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

FOLLOW-UP DATA	
Is the recipient alive?	<input type="radio"/> Yes <input type="radio"/> No If not, date of death: (YYYY-MM-DD)
Primary cause of death:	
Relapse:	<input type="radio"/> Yes <input type="radio"/> No
Has recipient been:	Re-transplanted? <input type="radio"/> Yes <input type="radio"/> No Given lymphocyte infusions? <input type="radio"/> Yes <input type="radio"/> No
How well is the recipient recovering?	
Additional comments:	

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