

## STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

*This follow-up form is completed  
patient's well-being*

*after stem cell transplantation and is used to inform the donor about the*

<b>RECIPIENT DATA</b>			
Transplant center:			
Recipient ID: (assigned by patient registry)		/ EMDIS:	Date of birth (DD:MM:YYYY):
Date of donation: (DD:MM:YYYY)		Date of last contact (DD:MM:YYYY):	
Date of infusion: (DD:MM:YYYY)			
<b>DONOR DATA</b>			
Donor registry: Fundacja DKMS		ION: 7414	
GRID:			
Registry donor ID:			
<b>GENERAL</b>			
<b>Recipient data can not be shared with the donor due to:</b> Restrictions Patient is lost to follow-up Anonymous and non-identifiable information is forwarded to the donor. Recipients do not have to explicitly consent according to Data protection laws (i.e. GDPR). Did a severe adverse event relating to the stem cell product and/or recipient occur? If yes, has it already been reported?			
<b>FOLLOW-UP DATA</b> (to inform the donor)			
Is the recipient alive?	Yes	No	If not, date of death (DD:MM:YYY):
Is the stem cell product infused?	Yes	No	Infusion date (DD:MM:YYY):
Was any portion of the stem cell product stored for later infusion?		Yes	No
<b>RECIPIENT WELL-BEING</b> (to inform the donor)			
How well is the recipient recovering?			
Karnofsky/ Lansky / ECOG score (on date of last contact):			
Additional comments:			
Transplant center representative: (printed name)		Date: (DD:MM:YYYY)	Signature:

**Please send back to: Fax +48228829682 or popobranu@dkms.pl**

