

## STEM CEL TRANSPLANTATION RECIPIENT FOLLOW-UP

This follow-up form is completed {COLLDAT-MON} month(s) after stem cell transplantation and is used to inform the donor about the patient's well-being.

<b>RECIPIENT DATA</b>			
Recipient registry:			
Transplant center:			
Recipient ID: / EMDIS: (assigned by patient registry)	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: DKMS United States of America		ION: 5081	
GRID:			
Registry donor ID:			
<b>GENERAL</b>			
<b>Recipient has consented to share information with:</b>			
Donor Center			
Donor (anonymously)			
Recipient update information cannot be provided due to restrictions			
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 (to inform the donor)</b>			
Is the recipient alive?	Yes	No	If not, date of death:
Is the stem cell product infused?	Yes	No	Infusion date:
Was any portion of the stem cell product stored for later infusion?	Yes	No	
<b>RECIPIENT WELL-BEING (to inform the donor)</b>			
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:
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Please send back to: Fax +12122096796 or USFollowUpGroup@dkms.org

