

STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

This follow-up form is completed **3 months** after infusion to inform the collection center about the transplantation outcome and the donor about the patient's well-being.

RECIPIENT DATA			
Recipient registry:			
Transplant center:			
Recipient ID: (assigned by patient registry)	/ EMDIS:	Date of birth (DD:MM:YYYY):	
Date of collection: (DD:MM:YYYY)	Date of infusion: (DD:MM:YYYY)	Date of last contact (DD:MM:YYYY):	
DONOR DATA			
Donor registry: DKMS gemeinnützige GmbH		ION: 5525	
GRID:			
GENERAL			
<p>Recipient data can not be shared with the donor due to:</p> <p>Restrictions</p> <p>Outcome data will be shared with the Collection Center in accordance with JACIE Accreditation. 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).</p> <p>Did a severe adverse event relating to the stem cell product and/or recipient occur?</p> <p>If yes, has it already been reported?</p>			
FOLLOW-UP DATA (to inform the donor and collection center)			
Is the recipient alive?	Yes	No	If not, date of death (DD:MM:YYYY):
Is the stem cell product infused?	Yes	No	Infusion date (DD:MM:YYYY):
Was any portion of the stem cell product stored for later infusion?		Yes	No
ENGRAFTMENT DATA (to inform the collection center)			
Did the stem cells engraft?	Yes, complete	Partial	No
			If yes, date of engraftment: (DD:MM:YYYY)
Date of neutrophil (ANC) engraftment ($>0.5 \times 10^9/l$)		Date of platelet engraftment ($>20 \times 10^9/l$)	
Not achieved		Not achieved	
Not performed		Not performed	
RECIPIENT WELL-BEING (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 letters)	Date: (DD:MM:YYYY)	Signature:
--	--------------------	------------

Please send back to: Fax +49 7071 943 1399 or donor2patient@dkms.de