Contact: Donor-Patient Contacts T +49 7071 943 2303 F +49 7071 943 1399 Donor2patient@dkms.de

Recipient Follow-up (Post Allogeneic Stem Cell Transplantation)

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: / EMDIS		Date of birth (DD:MM:YYYY):	
(assigned by patient registry)		Date of birtir (bb.wiwi.111	1).
Date of collection: (DD:MM:YYYY)		Date of last contact (DD:MM:YYYY):	
Date of infusion: (DD:MM:YYYY)			
DONOR DATA			
Donor registry: DKMS gemeinnützige GmbH ION: 5525			
GRID:			
GENERAL			
Recipient has consented to share information with:			
Collection center (for JACIE accrediation and quality assurance)			
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?			
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)		Date of platelet engraftment	
engraftment (>0.5x10^9/I)		(>20x10^9/I)	
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:			
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Transplant center representative: Date: (DD:MM:YYYY) (printed letters)			Signature:
(p.i.i.ou iolioio)			

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

