

Contact HUB/TC:

STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

This follow-up form is completed

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

patient's well-being

RECIPIENT DATA			
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)		
DONOR DATA			
Donor registry: DKMS Donor Center gGmbH		ION: 5525	
GRID:			
Registry donor ID:			
GENERAL			
Recipient data can not be shared with the donor due to:			
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?			
FOLLOW-UP DATA (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	
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 name)		Date: (DD:MM:YYYY)	Signature:

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

