

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 (assigned by patient registry)		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: Fundacja DKMS		ION: 7414	
GRID:			
GENERAL			
Recipient has consented to share information with: Collection center (for JACIE accreditation 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) 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:
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Please send back to: Fax +48228829680 or popobranu@dkms.pl