

## 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.

<b>RECIPIENT DATA</b>			
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):	
<b>DONOR DATA</b>			
Donor registry: DKMS United States of America		ION: 5081	
GRID:			
<b>GENERAL</b>			
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?			
<b>FOLLOW-UP DATA</b> (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
<b>ENGRAFTMENT DATA</b> (to inform the collection center)			
Did the stem cells engraft?	Yes, complete	Partial	No
Date of neutrophil (ANC) engraftment (>0.5x10 <sup>9</sup> /l)		Date of platelet engraftment (>20x10 <sup>9</sup> /l)	
Not achieved		Not achieved	
Not performed		Not performed	
<b>RECIPIENT WELL-BEING</b> (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 +12122096796 or USFollowUpGroup@dkms.org