

Contact HUB/TC:

STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

*This follow-up form is completed
patient's well-being*

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

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 Africa		ION: 6738	
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: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
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: followup@dkms-africa.org

