

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 BMST Foundation India | | ION: 9935 | |
| 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: followup@dkms-bmst.org

