

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: DKMS BMST Foundation India		ION: 9935	
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 (>0.5x10 ⁹ /l)	Date of platelet engraftment (>20x10 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: followup@dkms-bmst.org