

STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP

This follow-up form is completed {COLLDAT-MON} month(s) after stem cell transplantation and is used to inform 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 donation: (DD:MM:YYYY)		Date of last contact (DD:MM:YYYY):	
Date of infusion: (DD:MM:YYYY)			
DONOR DATA			
Donor registry: DKMS gemeinnützige GmbH		ION: 5525	
GRID:			
Registry donor ID:			
GENERAL			
Recipient has consented to share information with: <input type="checkbox"/> Donor Center <input type="checkbox"/> Donor (anonymously) <input type="checkbox"/> 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)			
Is the recipient alive?	Yes	No	If not, date of death:
Is the stem cell product infused?	Yes	No	Infusion date:
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:
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Please send back to: Fax +49 7071 943 1399 or donor2patient@dkms.de

