

**TF1 STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP**

This follow-up form is completed 3 months after infusion to inform the collection centre about the transplantation outcome and the donor about the patient well-being

RECIPIENT DATA		
Recipient registry:		
Transplant centre:		
Recipient ID: (assigned by patient registry)	Date of birth: (YYYY-MM-DD)	
Date of transplant: (YYYY-MM-DD)	Date of last contact: (YYYY-MM-DD)	

DONOR DATA				
Donor registry:	ION:			
GRID:				
Registry donor ID:				

GENERAL
Recipient has consented to share information with: <input type="checkbox"/> Collection centre/donor (<i>anonymously, for JACIE accreditation and quality assurance</i>) <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 <i>(to inform the donor and collection centre)</i>	
Is the recipient alive? <input type="radio"/> Yes <input type="radio"/> No	If not, date of death: (YYYY-MM-DD)
Is the stem cell product infused? <input type="radio"/> Yes <input type="radio"/> No	Infusion date: (YYYY-MM-DD)
Was any portion of the stem cell product stored for later infusion? <input type="radio"/> Yes <input type="radio"/> No	

ENGRAFTMENT DATA <i>(to inform the collection centre)</i>	
Did the stem cells engraft? <input type="radio"/> Yes, complete <input type="radio"/> Partial <input type="radio"/> No	If yes, date engraftment: (YYYY-MM-DD)
Date neutrophil (ANC) engraftment (>0.5x10 ⁹ /l) Not achieved Not performed	Date platelet engraftment (>20x10 ⁹ /l) Not achieved Not performed

RECIPIENT WELL-BEING <i>(to inform the donor)</i>
How well is the recipient recovering?
Karnofsky score <i>(on date of last contact)</i>
Additional comments:

Transplant centre representative:	Date: (YYYY-MM-DD)	Signature:
-----------------------------------	--------------------	------------