

**TF2 STEM CELL TRANSPLANTATION RECIPIENT FOLLOW-UP**

This follow-up form is completed year(s) after stem cell transplantation
and is used to inform the donor about the patient well-being

RECIPIENT DATA		
Recipient registry:		
Transplant centre:		
Recipient ID: <small>(assigned by patient registry)</small>	Date of birth: <small>(YYYY-MM-DD)</small>	
Date of transplant: <small>(YYYY-MM-DD)</small>	Date of last contact: <small>(YYYY-MM-DD)</small>	
DONOR DATA		
Donor registry:	ION:	
GRID:		
Registry donor ID:		
GENERAL		
<input type="checkbox"/> Recipient has consented to share information with the donor (<i>anonymously</i>)		
<input type="checkbox"/> Recipient update information cannot be provided due to restrictions		
<input type="checkbox"/> Recipient is lost to follow-up		
FOLLOW-UP DATA		
Is the recipient alive?	<input type="radio"/> Yes <input type="radio"/> No	If not, date of death: (YYYY-MM-DD)
Has recipient been:	Re-transplanted? <input type="radio"/> Yes, same donor <input type="radio"/> Yes, other donor <input type="radio"/> No	
	Given lymphocyte infusions? <input type="radio"/> Yes <input type="radio"/> No	
RECIPIENT WELL-BEING		
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: