



To be completed by the transplant center 3 months after infusion

PATIENT DATA:

Patient ID:		
Date* of birth:	Date* of transplant:	
Date* of last contact:	Transplant center:	
Recipient has consented to share information with collection center/donor (anonymously, for JACIE accreditation and quality assurance)		
Recipient update information cannot be provided due to restrictions		
Did a severe adverse event relating to stem cell product and/or recipient occur? If yes, has it already been reported?	YES YES	NO NO

DONOR DATA:

Donor GRID:	Donor Registry:
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PRODUCT DATA (to inform the donor and the collection center)

- Was the stem cell product infused?	Yes	No
Infusion date*:		
- Was any portion of the stem cell product stored for later infusion?	Yes	No

PATIENT FOLLOW-UP DATA (to inform the collection center)

PATIENT			
Is the patient alive? Yes	No	If no, date* of death:	
How well is the recipient recovering?			
Karnofsky score (on date of last contact):			
Additional comments:			
ENGRAFTMENT DATA			
Did the stem cells engraft?	Yes, complete	Partial	No
If yes, date engraftment*:		
Date* neutrophil (ANC) engraftment (>0.5x10e9/l)	Date* platelet engraftment (>20x10e9/l)		
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Not achieved	Not achieved		
Not performed	Not performed		

Person Completing Form:	Signature:	Date*
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To be completed by the Transplant center every year after infusion

Year	Is the recipient alive? if no, please specify date of death	Person completing form with signature	Date*
1	YES NO		
2	YES NO		
3	YES NO		
4	YES NO		
5	YES NO		

*mm/dd/yyyy