



# Transplant Essential Data

## Follow-up Report: 1 Year Post Transplant and Annually



### PATIENT IDENTIFICATION

Hospital Unique Patient Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex:  Male  Female  
 Date of Transplant: \_\_\_\_\_  
 Disease: \_\_\_\_\_  
 Donor Type:  Allogeneic  Autologous  
 Chronological # of this transplant for this patient: \_\_\_\_\_  
 \*See instruction manual for Informed Consent requirements

### CENTER IDENTIFICATION

Center Identification Code:  
 IBMTR/ABMTR \_\_\_\_\_  
 EBMT \_\_\_\_\_  
 National (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 Unit: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of this Report: \_\_\_\_\_

### AFTER TRANSPLANTATION

**\*\* since last report**

\*\*Engraftment (Neutrophils  $\geq 0.5 \times 10^9/L$ )?  
 Yes  No  Unknown  Previously reported  
 If yes, date Neutrophils  $\geq 0.5 \times 10^9/L$ : \_\_\_\_\_  
 If no, date of last assessment: \_\_\_\_\_  
 \*\*Did late graft failure occur?  Yes  No  
 Additional cellular therapy given (not for relapse)?  
 (If additional transplant given, submit TED form)  
 Yes  No  Unknown  
 If yes, type of cell(s) (check all that apply):  
 Lymphocytes  Fibroblasts  Dendritic cells  
 Mesenchymal  Other: \_\_\_\_\_  
 If yes, date of first infusion of additional therapy: \_\_\_\_\_

### SURVIVAL

Survival status at latest follow-up:  
 Alive  Dead  
 Date of latest follow-up or death: \_\_\_\_\_  
 Main cause of death (check one):  
 Relapse/Progression/Persistent disease  
 Transplantation-related causes:  
 Rejection/Poor graft function  
 Pulmonary toxicity  
 Infection  
 Posttransplant lymphoproliferative disorder  
 GVHD  
 Cardiac toxicity  
 VOD  
 Other, specify: \_\_\_\_\_  
 Other, specify: \_\_\_\_\_  
 Unknown

\*\*Maximum Grade of Acute Graft Versus Host Disease (GVHD):  0  1  2  3  4  NA  Unknown  
 \*\*Maximum extent of Chronic GVHD:  
 None  Limited  Extensive  Unknown  
 Date of onset of chronic GVHD: \_\_\_\_\_

\*\*Best disease status post-transplant:  
 Continued CR  CR achieved, date achieved: \_\_\_\_\_  
 Never in CR posttransplant, date assessed: \_\_\_\_\_  
 Unknown

\*\* Did the disease for which the patient was transplanted relapse or progress after the transplant?  Yes  No  Unknown  
 \*\* Indicate all methods used for the assessment, the date of assessment and whether relapse/progression was detected with that method on the date indicated:  
 Molecular  
 Date assessed: \_\_\_\_\_  
 Relapse/progression first detected?  Yes  No  
 Cytogenetic  
 Date assessed: \_\_\_\_\_  
 Relapse/progression first detected?  Yes  No  
 Hematological/Clinical  
 Date assessed: \_\_\_\_\_  
 Relapse/progression first detected?  Yes  No

Current disease status:  
 Complete remission  Not in remission  
 Date of latest disease assessment: \_\_\_\_\_  
 Was Gleevec (STI571, imatinib mesylate) given posttransplant?  
 Yes  No  Unknown

### NEW/SECONDARY MALIGNANCY

**\*\* since last report**

\*\* Secondary malignancy or lymphoproliferative disorder?  
 Yes  No  Unknown  
 If yes, date of diagnosis: \_\_\_\_\_  
 If yes, diagnosis (send copy of pathology report/other documentation): \_\_\_\_\_

### CONCEPTION

Has patient or partner become pregnant after this transplant?  
 Yes  No  Unknown

### REGISTRY USE ONLY

Date Received: \_\_\_\_\_

NA = not applicable, autotransplant