

National Marrow Donor Program®
Post-Transplant Follow-up Form
Insert II – Wiscott Aldrich
Syndrome (WAS)

Registry Use Only

Sequence Number:

Date Received:

Unrelated Recipient NMDP ID: - -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date: TC Code:

Month Day Year

Date of Transplant for which this form is being completed:

Month Day Year

Visit: 100 day 6 month 1 year 2 year

Product type: Marrow PBSC Cord blood

(Form 130/140) (Form 530/540) (Form 30/40)

This form must be accompanied by Form 130, 530, 630 – 100-Day Follow-Up Visit of Recipient, or Form 140, 540, 640 – Six Month to Two Year Follow-Up Visit of Recipient. All information in the box above, including the date, should be identical with the corresponding Form 130, 530, 630 or Form 140, 540, 640. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-transplant, or abstraction of the recipient's medical records.

1. What was the platelet count at most recent follow-up?
 1 normal
 2 decreased
 3 unknown

 2. What was the platelet size at most recent follow-up?
 1 normal
 2 decreased
 3 unknown

 3. Since the last recipient follow-up, has the recipient developed an EBV associated B-cell lymphoproliferative disorder?
 1 yes
 2 no
 3 unknown
4. Date of diagnosis:

Month Day Year

Continue with question 165 on Form 130, 530, 630 or question 162 on Form 140, 540, 640.

Mail to the NMDP Registry with Form 130, 530, 630 or Form 140, 540, 640. Retain a copy at the transplant center.