AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY ANNUAL FOLLOW UP	
ABMTRR Level 6, The Kinghorn Cancer Centre 370 Victoria Street, Darlinghurst NSW 2010 AUSTRALIA	Email: abmtrr@svha.org.au Phone: 02 9355 5691
Hospital :	DOB:/
Patient UPN:	Transplant date:/
First four letters of surname:	Follow Up period: Year post transplant
First two letters of first name:	Person completing this form:
1. Survival status alive dead	4. Did a new malignancy, lymphoproliferative or
Last known date of contact/death:/	myeloproliferative disorder occur?
If dead, main cause of death: (select only one main cause)	If yes, specify diagnosis
Relapse/Progression/Persistent disease	date of diagnosis:/
New malignancy	5. Performance Status at this year's follow-up
Transplant related (select as many as appropriate)	(Karnofsky or Lansky Score)
GvHD Cardiac toxicity	Date of assessment://
☐ Infection ☐ Pulmonary toxicity	Audit Status: Estimate Documented
Rejection/poor graft function VOD	
Other, specify	Allografts only
Unknown	6. Chronic Graft versus Host Disease
Other, specify	Date of <b>first</b> incidence of chronic GvHD:/
Comments:	or previously reported
1a.Last known disease status	Was cGvHD present during this period? Yes No
☐ CR ☐ not in CR ☐ N/A (non-malignant disease)	Maximum Extent (during this period)
Date assessed://	Limited Extensive
2. Best disease status achieved post transplant, prior to	Organs affected:(Tick all that apply)
treatment modification (not applicable for non-malignant diseases)	☐skin ☐mouth
Continued CR	☐intestinal tract ☐eyes
CR achieved, date achieved:/	
Never in CR, date of last assessment:/	Other organ(s): specify
Previously reported	7. Donor Cellular Infusion (up to 1st year post transplant only)
2a.Did graft failure occur?	Additional cell therapy given? Yes No
3. First Relapse or Progression Post Transplant?	First infusion date/
No, date last assessed/	Cell type: Lymphocytes Mesenchymal
Yes, date first detected by haematological or clinical	Other, specify Indication:
method//	Planned Treat GVHD
Leukaemia only, if detected by following methods	☐Treat disease ☐Mixed chimerism
cytogenetic date assessed/	☐ Treat PTLD,EBV-Lym ☐ Loss/decrease chimerism
or previously reported	Treat viral Other, specify
or previously reported	