

100 DAY FOLLOW-UP FORM

Email: abmtrr@svha.org.au

 Hospital: _____ Patient UPN: _____ Transplant date: ____/____/____
DD MM YYYY

 Surname: _____ First name: _____ DOB: ____/____/____
Optional Optional DD MM YYYY

 Person completing this form: _____ Date reported: ____/____/____
DD MM YYYY

1. Survival status alive dead

Last known date of contact/death: ____/____/____

If dead, **main** cause of death: (select only one main cause)

Relapse/Progression/Persistent disease

New malignancy

Transplant related (select as many as appropriate)

GvHD Cardiac toxicity

Infection Pulmonary toxicity

Rejection/poor graft function VOD

Other, specify _____

Unknown

Other, specify _____

Comments _____

2. Engraftment

a. Neutrophil engraftment

Achieved, first day of 3 consecutive days ____/____/____

Not achieved, date of last assessment ____/____/____

Never below $0.5 \times 10^9/L$

Unknown

b. Did graft failure occur? Yes No

c. Platelet engraftment

Date achieved ____/____/____

Not achieved, date of last assessment ____/____/____

Never below $20 \times 10^9/L$

Unknown

3. Best disease status achieved post transplant, prior to treatment modification (malignant diseases only)

Continued complete remission

CR achieved, date achieved: ____/____/____

Never in CR, date of last assessment: ____/____/____

4. Relapse or Progression Post Transplant?

No, date last assessed ____/____/____

Yes, date first detected by haematological or clinical method: ____/____/____

Leukaemia only, if detected by following methods

cytogenetic date detected ____/____/____

molecular date detected ____/____/____

5. Did any of the following events occur in the first 100 days post transplant?

Interstitial pneumonitis Yes No S
 If yes, date started ____/____/____

Veno-occlusive disease Yes No
 If yes, date started ____/____/____

Haemorrhagic cystitis Yes No
 If yes, date started ____/____/____

CMV reactivation Yes No
 If yes, date started ____/____/____

CMV disease Yes No
 If yes, date started ____/____/____

Was anti-CMV therapy given (exclude prophylaxis)?

Yes No Unknown

ALLOGRAFTS ONLY

6. Acute Graft versus Host Disease

Did patient develop acute GvHD? Yes No

Date of **first** incidence of acute GvHD: ____/____/____

Maximum grade I II III IV

present, grade unknown

Highest stage in organs affected: (enter 0,1,2,3 or 4)

skin liver gut

other organ(s), specify _____

7. Donor Cellular Infusion

Additional cell therapy given? Yes No

First infusion date ____/____/____

Cell type: Lymphocytes Mesenchymal

Other, specify _____

Indication:

Planned Treat GVHD

Treat disease Mixed chimerism

Treat PTLD,EBV-Lym Loss/decrease chimerism

Treat viral

Other, specify _____