Patient Name / ID Nr. |_____|

Date of Birth (dd/mm/yy) |__|__||__|__||__|__|

Blood Count before start IST

Hb _____ unit _____ transfusion of red cells within the last 4 weeks ☐ no ☐ yes

Platelets _____ unit _____ transfusion of platelets within the last 4 weeks ☐ no ☐ yes

ANC _____ unit _____ please give lowest ANC before start of IST

Ery _____ unit _____

Reti _____ unit _____

Immunosuppressive Therapy

ALG Infusion Type of ALG ☐ Thymoglobulin® (Genzyme) ☐ ATG Fresenius®

☐ other, please specify |_____|

Day 1	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 2	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 3	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 4	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 5	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 6	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 7	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|
Day 8	Date |__|__||__|__||__|__|	Total dose (mg) |_____|	Dose (mg/KG) |_____|

Steroids Date of first dose (dd/mm/yy) |__|__||__|__||__|__|

Date of last dose (dd/mm/yy) |__|__||__|__||__|__|

Cyclosporin A Date of first dose (dd/mm/yy) |__|__||__|__||__|__|

G-CSF ☐ no ☐ yes, Date of first dose (dd/mm/yy) |__|__||__|__||__|__|

maximum dose (µg/kg/d) |_____|

tapering ☐ no ☐ yes, date of first tapering (dd/mm/yy) |__|__||__|__||__|__|

date of last dose (dd/mm/yy) |__|__||__|__||__|__|

Total dose (µg/kg) day 0-30 |_____|

Complications

Infection ☐ no ☐ yes CTCAE grade

☐ bacterial ☐ 3 ☐ 4 organism if known I_____I

☐ fungal ☐ 3 ☐ 4 organism if known I_____I

☐ parasitic ☐ 3 ☐ 4 organism if known I_____I

☐ viral ☐ 3 ☐ 4 organism if known I_____I

☐ unknown ☐ 3 ☐ 4 organism if known I_____I

EBV PCR performed ☐ no ☐ yes, I_____I ☐ copies / ml PB

☐ copies / 10^5 PB-MNC

Date (dd/mm/yy) |__|__||__|__||__|__|

EBV LPD ☐ no

☐ yes, Date (dd/mm/yy) |__|__||__|__||__|__|

Symptoms:

fever ☐ no ☐ yes

malaise ☐ no ☐ yes

weight loss ☐ no ☐ yes

Site:

mediastinal lymph nodes ☐ no ☐ yes

abdominal lymph nodes ☐ no ☐ yes

inguinal lymph nodes ☐ no ☐ yes

axillary lymph nodes ☐ no ☐ yes

cervical lymph nodes ☐ no ☐ yes

gut ☐ no ☐ yes

lung ☐ no ☐ yes

tonsils ☐ no ☐ yes

other ☐ no ☐ yes, specify I_____I

Treatment:

anti CD20 antibodies ☐ no ☐ yes

virustatic therapy ☐ no ☐ yes

chemotherapy ☐ no ☐ yes

steroids ☐ no ☐ yes

reduction of IST ☐ no ☐ yes

stop of IST ☐ no ☐ yes

other, please specify I_____I

CTCAE grade

Hemorrhage ☐ no ☐ yes ☐ 3 ☐ 4

Renal/Metabolic Lab., Creatinine ☐ no ☐ yes ☐ 3 ☐ 4 CTCAE

Other ☐ no ☐ yes I_____I Grade ☐ 3 ☐ 4

I_____I Grade ☐ 3 ☐ 4

Status Day 30

Transfusions

Still transfusion dependent on red cells ☐ no ☐ yes date of last transfusion |__|__||__|__||__|__|

Still transfusion dependent on platelets ☐ no ☐ yes date of last transfusion |__|__||__|__||__|__|

Granulocyte transfusion ☐ no ☐ yes

Complete blood count: |__|__||__|__||__|__| (dd/mm/yy)

RBC(Ery)	_____ unit _____	WBC	_____ unit _____
MCV	_____ unit _____	ANC	_____ unit _____
Hb	_____ unit _____	Platelets	_____ unit _____
Reti	_____ unit _____		

Patient ☐ Alive

☐ Dead if yes: date of death I__I__II__I__II__I__I (dd/mm/yy)

Autopsy ☐ no ☐ yes

Main cause of death ☐ hemorrhage

☐ infection

☐ other I_____I

Comment: I_____I

Date I__I__II__I__II__I__I Signature _____