

Patient Identification Number / Name

Date of Birth

____|____|____
(dd/mm/yy)

Center

Date of SCT

____|____|____
(dd/mm/yy)

Number of SCT

Patient

Infection Markers (before SCT)

| | | | | | | | |
|----------------|-----------------------------------|-----------------------------------|----------------------------------|-----|-----------------------------------|-----------------------------------|----------------------------------|
| CMV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | IgM | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| EBV-VCA IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | IgM | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| Anti-HBc | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| HBs Ag | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| Anti-HBs | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| HCV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | PCR | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| HIV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | PCR | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| HSV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| HTLV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | PCR | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| Toxoplasma IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| VZV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| Other | <input type="checkbox"/> positive | <input type="checkbox"/> negative | if positive, specify I _____ | | | | |

ABO Group

A B AB 0
 Rh pos Rh neg

HLA Typing

Method class 1 typing molecularbiological serological
Method class 2 typing molecularbiological serological

____|____|____ A ____|____|____ B ____|____|____ C ____|____|____ DRB1 ____|____|____ DQB1 ____|____|____ DPB1
____|____|____ A ____|____|____ B ____|____|____ C ____|____|____ DRB1 ____|____|____ DQB1 ____|____|____ DPB1

Donor

Relation with the Patient

related: syngeneic twin other sibling other family member
 unrelated: donor ID (e.g. DKMS): _____
WMDA code _____ Donor registry or CB bank _____

Age (YY) ____|____

Sex male female

Date of specimen collection (dd/mm/yy)

____|____|____

ABO Group

A B AB 0
 Rh pos Rh neg

HLA Typing

Method class 1 typing molecularbiological serological

Method class 2 typing molecularbiological serological

_____| A _____| B _____| C _____| DRB1 _____| DQB1 _____| DPB1
_____| A _____| B _____| C _____| DRB1 _____| DQB1 _____| DPB1

Serologic Status of the Donor

| | | | | | | | |
|----------------|-----------------------------------|-----------------------------------|----------------------------------|-----|-----------------------------------|-----------------------------------|----------------------------------|
| CMV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | IgM | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| EBV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | IgM | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| Anti-HBc | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| Hbs Ag | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| Anti-HBs | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| HCV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | PCR | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| HIV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | PCR | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| HSV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| HTLV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | PCR | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown |
| Toxoplasma IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| VZV IgG | <input type="checkbox"/> positive | <input type="checkbox"/> negative | <input type="checkbox"/> unknown | | | | |
| Other | <input type="checkbox"/> positive | <input type="checkbox"/> negative | if positive, specify _____ | | | | |

Conditioning regimen

Type of Treatment

Drug name (ATG, mono AB...)

| _____ | days of administration | _____ | (-7, -6, -5,)

Way of administration | _____ |

dose each day | _____ | mg/m²/d mg/kg/d

| _____ | days of administration | _____ | (-7, -6, -5,)

Way of administration | _____ |

dose each day | _____ | mg/m²/d mg/kg/d

| _____ | days of administration | _____ | (-7, -6, -5,)

Way of administration | _____ |

dose each day | _____ | mg/m²/d mg/kg/d

| _____ | days of administration | _____ | (-7, -6, -5,)

Way of administration | _____ |

dose each day | _____ | mg/m²/d mg/kg/d

Modification of dosage no yes, reason | _____ |

BSA used for drug calculation (m²): _____

Conditioning radiotherapy no yes

Type of radiation | _____ |

Days of application | _____ | (-7, -6, -5,)

Number of fractions per day | _____ |

Dose per fraction (in Gy) | _____ | Gy

Further HSCT

date (dd/mm/yy) |__|__||__|__||__|__| please complete another SCT Form

Reason: Relapse No remission Mixed Chimerism Graft Failure Other |_____||

other,

please specify |_____||

Status till day 100

Disease status:

Autologous reconstitution Secondary Malignancy Relapse/Progression

Best disease status Complete Remission Partial Remission No remission resp. never in remission

Survival status:

Alive date last examination (dd/mm/yy) |__|__||__|__||__|__| Karnofsky/ Lansky score |____| %

Dead date of death (dd/mm/yy) |__|__||__|__||__|__| Autopsy no yes

Main cause of death: Relapse, progression or persistence of underlying disease

Transplant related cause (check as many as appropriate)

| | no | yes |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> GvHD | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Graft failure | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pulmonary toxicity | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cardiac toxicity | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Infection | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Veno-Occlusive disease (VOD) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lymphoprolif. Disorder (PTLD) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other, specify _____ | | |

Lost to follow up date (dd/mm/yy) |__|__||__|__||__|__| reason |_____||

Further comments: _____

Date: |__|__||__|__||__|__|

Stamp

Signature _____