

Engraftment Report Form – 30 Days Post Stem Cell Transplantation

Effective date: 07/12/16

Note: Serious adverse reactions must be reported immediately to the local NHSBT Stem Cell Laboratory.
Please complete this form at or around 30 days post-transplant and return to:

2G

Patient

TitleSurname..... Date of stem cell infusion.....

First name..... Transplant request no.....

NHS no Diagnosis.....

Hospital no

Date of birth.....

Products infused Allogeneic Autologous

Product: HPC, Apheresis HPC, Marrow HPC, Cord Blood CD34+ selected

CD3+/CD19+ depleted Other (specify)

Total CD34+ dose

Engraftment

	Date	Days
Days to Neutrophils >0.5 x10 ⁹ /L (for 3 consecutive days)
Days to Platelets >20 x10 ⁹ /L (without transfusion)
Supplementary information.....		
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Adverse reactions and events Adverse reaction or event later than 24hrs after infusion ? Yes No

Please give details

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Form returned by

Name (please print).....Signature

.....Date

For NHSBT use only

NHSBT product identifiers..... Date collected (if known).....

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Received by..... Received Date.....

Applicable NHSBT documents:

MPD634 – The Use of SCI Referral Forms and Information Sheets

MPD621 – Collection of Outcome Data After HPC Transplantation