

Clinical Outcome Report Form – 100 Days Post Donor Lymphocyte Infusion

Effective Date: 07/12/16

Note: Serious adverse reactions should be reported immediately to the local NHSBT Stem Cell Laboratory.
Please complete this form at or around 100 days post infusion and return to:

2H

Patient

TitleSurname..... Date of infusion

First name CD3+ dose.....

NHS no. Transplant hospital.....

Hospital no. Transplant Request No.....

Date of birth.....

Disease status

Disease status at time of transplant.....

Adverse reaction or event later than 24 hours after infusion: Yes No

If yes, please provide details

Acute graft versus host disease GRADE : Unknown 0 1 2 3 4

Percent donor chimerism:% Date of test

Best response after infusion: Continued Complete Remission (CR)

CR achieved Date

Never in CR Date assessed

Unknown

Current status - First relapse or progression after transplant: Yes No Unknown

Survival status: Alive Dead

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.....Date Received.....

Applicable NHSBT documents:
 MPD634 – The Use of SCI Referral Forms and Information Sheets
 MPD621 – Collection of Outcome Data After HPC Transplantation