BMDP
Bone Marrow Donor Programme

PREVIOUS TRANSPLANT HISTORY FORM

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PATIENT DATA			
Patient ID		**Registry**	
Transplant Centre		**Patient's Diagnosis**	
Pre-Transplant Diagnosis:		**Disease Status at Time of Initial Transplant:**	

Gender	Date of Birth (DD/MM/YYYY)	Weight (Kg)	CMV	Blood Group / RhD

Current Disease Status	
Reason for Subsequent Donation Request	

DONOR DATA *Information on currently requested donor*			
GRID No.	3 7 8 5 - _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _		
Donor ID		**Registry**	

DATA FROM PREVIOUS TRANSPLANT	
Number of Previous Infusions	**Date of Last Stem Cell Infusion** (DDMMYYYY)
Manipulation	**Other**

Source of Stem Cells for Last Infusion		
☐ Allogeneic marrow	☐ Allogeneic PBSC	☐ Cord Blood
☐ Autologous	☐ Related	☐ Unrelated

Cell Dose Administered to Recipient		Details on Conditioning Treatment
Marrow: (MNC) x 10^8/kg	**PBSC**: (CD34+) x 10^6/kg	☐ Myeloablative ☐ Non-myeloblative

Did the conditioning regimen include TBI?	GvHD Prophylaxis administered:	
☐ Yes ☐ No	☐ Yes ☐ No	
	If Yes, state name of agent	

Was any portion of the stem cell product cryopreserved? *If yes, answer below.* ☐ Yes ☐ No

Reason for Cryopreservation	Cell Dose Available	
	Marrow: (MNC) x 10^8/kg	**PBSC**: (CD34+) x 10^6/kg

If any portion of the stem cell product was cryopreserved, was it infused?	☐ Yes ☐ No
If yes, what was the date for infusion? (DDMMYYYY)	
Reason for Infusion	
Are autologous rescue cells available?	☐ Yes ☐ No

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ALTERNATIVE TREATMENT FOR PATIENT BESIDES URD	
Is there an alternative suitable unrelated donor?	☐ Yes ☐ No
Is there an alternative suitable unrelated cord blood unit?	☐ Yes ☐ No

ENGRAFTMENT DATA / DISEASE STATUS			
Engraftment	☐ Yes ☐ No	**Date** (DDMMYYYY) **Neutrophils > 0.5×10^9/L:**	

Chimerism Results				
☐ Donor ☐ Mixed	☐ Recipient ☐ Not performed	**Date** (DDMMYYYY)		
		If mixed, please state %	**Donor**	%
			Recipient	%
Best response of disease to transplant				
		Date Achieved (DDMMYYYY)		

TRANSPLANT RELATED COMPLICATIONS IN PATIENT			
GVHD (Grade/Organs Involved and Treatment Received)	☐ Acute	Grade:	☐ Resolved
	☐ Chronic	Grade:	☐ Resolved
Did the patient suffer from any serious infections?			☐ Yes ☐ No
If yes, please specify			
Has it been resolved?			☐ Yes ☐ No
Additional Information			
Did the patient suffer of organ toxicity?			☐ Yes ☐ No
If yes, please specify:			
Has it been resolved?			☐ Yes ☐ No
Additional Information			

CURRENT CLINICAL STATUS OF PATIENT			
The clinical condition of the patient is	☐ Excellent	☐ Good	☐ Deteriorated
Is the patient in need of any medical support?			☐ Yes ☐ No
If yes, please check all that apply	☐ Ventilator	☐ Dialysis	☐ Other:
Is the patient receiving any of the following medication? Please check all that apply:			
☐ Hematopoietic growth factors	☐ Immunosuppressive	☐ Other:	

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CURRENT PATIENT CONDITION (Laboratory Date)			
HAEMOGLOBIN			
Is the patient red cell transfusion dependent?			☐ Yes ☐ No
If yes, last transfusion date (DDMMYYYY):			
PLATELETS			x 10^9/L
Is the patient platelets transfusion dependent?			☐ Yes ☐ No
If yes, last transfusion date (DDMMYYYY):			
LEUKOCYTE			
Count:	x 10^9/L	**Test date: (DDMMYYYY)**	
Is the patient suffering from liver function abnormalities?			☐ Yes ☐ No
If yes, please add relevant laboratory findings:			
Is the patient suffering from kidney function abnormalities?			☐ Yes ☐ No
If yes, please add relevant laboratory findings			

PREVIOUS REQUESTS FOR SUBSEQUENT DONATION			
Has there been a previous post-transplant donation request for this donor?			☐ Yes ☐ No
What product was requested?	☐ Bone marrow	☐ PBSC	☐ Donor Lymphocytes
Was the request approved?			☐ Yes ☐ No
If the request was refused, please state why:			

DETAILS PLANNED ON NEW SCT	
Will the patient receive further conditioning prior to infusion?	☐ Yes ☐ No
☐ Myeloablative	☐ Non-myeloablative
Will the conditioning regimen include TBI?	☐ Yes ☐ No
Is the product manipulation planned?	☐ Yes ☐ No
If yes, please specify:	
Will prophylaxis for GVHD be given?	☐ Yes ☐ No
Please state the expected response probability for your patient and describe the evidence for your expectation	

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PRODUCT PREFERENCE	
☐ DLI	☐ PBSC
Reason for product preference	

This form is required for any formal request for subsequent donation.		
Person completing this form:	**Signature:**	**Date (DDMMYYYY):**

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