ARGENTINE STEM CELL DONOR REGISTRY

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EVOLUTION OF THE STEM CELL TRANSLANT

Months: ☐ 3 ☐ 6 **Year:** ☐ 1 ☐ 2

Name of the patient:	Patients Identification Nº: (assigned by the register of the patient)
Transplant Site:	Patients Identification Nº: (assigned by the register of the patient)
Register of the Donor:	Donor Identification Nº:

Did the patient survive?			☐ Yes	☐ No
No, date of death:	/ / (day/month/year)			
Primary cause of death:				
Cause (s) that contributed to the death:				
Was the product (Stem Cells) instilled before the death?			☐ Yes	☐ No
Was there CPH engraftment?	☐ Yes, partial		☐ Yes, complete	☐ No
Yes, engraftment date?	/ / (day/month/year)			
Acute EICH?			☐ Yes	☐ No
YES, grade:	☐ Grade I	☐ Grade II	☐ Grade III	☐ Grade IV
Chronic EICH?			☐ Yes	☐ No
Yes, extension :	☐ Mild		☐ Moderate	☐ Severe
Infections?			☐ Yes	☐ No
Yes, specify :				
Recurrence of the base 1 disease?	☐ Yes, date: / /			☐ No
Graft failure or rejection?			☐ Yes	☐ No
Yes, date	/ / (day/month/year)			
Has the patient been discharged from the hospital?			☐ Yes	☐ No
Yes, date	/ / (day/month/year)			
Karnofsky ☐ / Lansky ☐ score:				
Has the patient been re-transplanted?			☐ Yes	☐ No
Did he/she receive lymphocytes infusion?			☐ Yes	☐ No
Yes, Stem Cell source / lymphocytes:				
Additional comments / complications:				

Physician in charge:	Signature:	Date: (day/month/year)