



Instituto Português do Sangue e da Transplantação, IP

RECIPIENT FOLLOW-UP (POST ALLOGENEIC STEM CELL TRANSPLANTATION)



Registo Português de Dadores de Medula Óssea
Portuguese Bone Marrow Donors Registry

IMP.3236.3

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Donor GRID: _____ Collection date: ____ / ____ / ____ Patient's Registry: _____

Patient ID: _____ Infusion date: ____ / ____ / ____ Date of Birth: ____ / ____ / ____

Is recipient alive?

Yes

Karnofsky Lansky ECOG Score: _____

Discharged from the hospital? Yes, day + _____ No

No

date of death ____ / ____ / ____ Cause(s) of death _____
(YYYY / mm / dd)

Adverse events during cells infusion? Yes No

If yes, please specify _____

Acute GVHD? None Grade I Grade II Grade III Grade IV

If yes, please specify (organ/s): _____

Infections? Yes No

If yes, please specify: _____

Recurrence of original disease? Yes, day + _____ No

Engraftment: ANC >500/ μ l day + _____

WBC >1000/ μ l day + _____

Platelet day + _____

Erythrocyte day + _____

Number of nucleated cells infused: _____ Number of CD34+ cells infused: _____

Was the product manipulated before infusion? Yes No

The excess of cells were cryopreserved? Yes No Not applicable

Has the recipient received more cell therapy products? Yes No

If yes, please specify: PBSC BM DLI