

100 DAY FOLLOW-UP FORMEmail: registry@anztct.org.auHospital: _____ Patient UPN: _____ Transplant date: ____/____/____
DD MM YYYYSurname: _____ First name: _____ DOB: ____/____/____
Optional Optional DD MM YYYYPerson completing this form: _____ Date reported: ____/____/____
DD MM YYYY

1. Survival status ☐ alive ☐ dead
Last known date of contact/death: ____/____/____
If dead, **main** cause of death: (select only one main cause)
☐ Relapse/Progression/Persistent disease
☐ New malignancy
☐ Transplant related (select as many as appropriate)
☐ GvHD ☐ Cardiac toxicity
☐ Infection ☐ Pulmonary toxicity
☐ Rejection/poor graft function ☐ VOD
☐ Other, specify _____
☐ Unknown
☐ Other, specify _____
Comments _____

2. Engraftment**a. Neutrophil engraftment**

☐ Achieved, first day of 3 consecutive days ____/____/____
☐ Not achieved, date of last assessment ____/____/____
☐ Never below $0.5 \times 10^9/L$
☐ Unknown

b. Did graft failure occur? ☐ Yes ☐ No

c. Platelet engraftment

☐ Date achieved ____/____/____
☐ Not achieved, date of last assessment ____/____/____
☐ Never below $20 \times 10^9/L$
☐ Unknown

3. Best disease status achieved post transplant, prior to treatment modification (malignant diseases only)

☐ Continued complete remission
☐ CR achieved, date achieved: ____/____/____
☐ Never in CR, date of last assessment: ____/____/____

4. Relapse or Progression Post Transplant?

☐ No, date last assessed ____/____/____
☐ Yes, date first detected by haematological or clinical
method: ____/____/____

Leukaemia only, if detected by following methods

☐ cytogenetic date detected ____/____/____
☐ molecular date detected ____/____/____

5. Did any of the following events occur in the first 100 days post transplant?

Interstitial pneumonitis ☐ Yes ☐ No S
If yes, date started ____/____/____
Veno-occlusive disease ☐ Yes ☐ No
If yes, date started ____/____/____
Haemorrhagic cystitis ☐ Yes ☐ No
If yes, date started ____/____/____
CMV reactivation ☐ Yes ☐ No
If yes, date started ____/____/____
CMV disease ☐ Yes ☐ No
If yes, date started ____/____/____
Was anti-CMV therapy given (exclude prophylaxis)?
☐ Yes ☐ No ☐ Unknown

ALLOGRAFTS ONLY**6. Acute Graft versus Host Disease**Did patient develop acute GvHD? ☐ Yes ☒ NoDate of **first** incidence of acute GvHD: ____/____/____Maximum grade ☐ I ☐ II ☐ III ☐ IV☐ present, grade unknown

Highest stage in organs affected: (enter 0, 1, 2, 3 or 4)

☐ skin ☐ liver ☐ gut

other organ(s), specify _____

7. Donor Cellular InfusionAdditional cell therapy given? ☐ Yes ☒ No

First infusion date ____/____/____

Cell type: ☐ Lymphocytes ☐ Mesenchymal☐ Other, specify _____**Indication:**

☐ Planned ☐ Treat GVHD
☐ Treat disease ☐ Mixed chimerism
☐ Treat PTLT, EBV-Lym ☐ Loss/decrease chimerism
☐ Treat viral
☐ Other, specify _____