

ANIMATE

Trial Number

-

Patient Initials

Transplant Form (1/1)

Transplant - please complete this form for first transplants only

Date of transplant (DD/MM/YYYY)

Type of transplant

Autologous Allogeneic

For autologous transplants only

Was there engraftment syndrome during transplant?

Yes No

For allogeneic transplants only

Donor source

Sibling Matched unrelated donor (8/8) Mismatched unrelated donor (7/8)

Haploidentical Cord blood

Graft source

Peripheral blood stem cells Bone marrow ablative Cord blood

Conditioning

Myeloablative Reduced intensity

T-cell depletion?

Yes No

Please specify GvHD prophylaxis

Ciclosporin Tacrolimus OR Other

Please specify if other:

Completed by:

CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log

Signature:

Date completed:

Additional instructions for completing forms

Transplant Form

The Transplant Form is used to record first transplants given post trial treatment.

Completing the form

- The form should be submitted as necessary with the next due follow up form.

Specific Fields

- *Transplant*
 - *Please give the date and type of transplant given for all first transplants (minimal information on second and subsequent transplants is captured on the New Treatment form)*
- *For autologous transplant only*
 - *Please specify whether the patient experienced engraftment syndrome (i.e. fever coinciding with time of engraftment, without obvious infection)*
- *For allogeneic transplant only*
 - *Please only complete this section if the type of transplant question in the Transplant section above was answered as being allogeneic*
 - *Please give the donor source, graft source and the conditioning regimen used for the transplant*
 - *Please confirm if the patient underwent T-cell depletion and what GvHD prophylaxis was given to the patient*

If you have any questions about how to complete this form please contact the **ANIMATE Trial Coordinator on: 020 7679 9860**