

**POST-TRANSPLANT RECORD (0-3 months)**

Patient's Name: \_\_\_\_\_ SLCBBB ID: \_\_\_\_\_  
 Transplant Center: \_\_\_\_\_  
 Transplant Physician: \_\_\_\_\_

**1. Patient's current status:**

**Alive**  yes  No

Date of Death: \_\_\_\_\_ Autopsy  yes  no  
Month-day-year

Cause of Death: \_\_\_\_\_

**Relapse or Recurrence Of Disease**  yes  no Date: \_\_\_\_\_  
Month-day-year

**Discharge from Hospital**  yes  no Date: \_\_\_\_\_  
Month-day-year

**2. Hematologic evaluation:**

**a) Peripheral Blood**

ANC > 200/ $\mu$  L  yes  no Date: \_\_\_\_\_  
 ANC > 500/ $\mu$  L  yes  no Date: \_\_\_\_\_  
 WBC > 500/ $\mu$  L  yes  no Date: \_\_\_\_\_  
 WBC > 1000/ $\mu$  L  yes  no Date: \_\_\_\_\_  
 Plts > 20,000/ $\mu$  L  yes  no Date: \_\_\_\_\_  
 Plts > 50,00/ $\mu$  L  yes  no Date: \_\_\_\_\_

**b) Current Transfusion requirements**

Platelets  yes  no Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_  
 PRBCs  yes  no Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_

**c) Growth Factors (0-3 months after transplant)**

G-CSF  yes  no Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_  
 GM-CSF  yes  no Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_  
 EPO  yes  no Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_

**d) Secondary Graft Failure**  Yes  No Date : \_\_\_\_\_

**e) Most Recent CBC**  Yes  No Date: \_\_\_\_\_

WBC: \_\_\_\_\_ ANC: \_\_\_\_\_ Plts: \_\_\_\_\_ Hct/Hb: \_\_\_\_\_  
 Blood type: \_\_\_\_\_ Rh: \_\_\_\_\_

**f) Most recent bone marrow**

Date: \_\_\_\_\_  
 Cellularity  Normal  Deceased  
 Cytogenetics  Normal  Abnormal  
 Relapse  yes  no  Non-applicable

**3. Engraftment of donor cells:**

**Chimerism studies performed at your Center**  Yes  No

**If yes,** Date: \_\_\_\_\_ **Method:** \_\_\_\_\_

Peripheral blood \_\_\_\_\_ % donor Bone marrow \_\_\_\_\_ % donor

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4. Did the patient receive other stem cell transplant after the STLCBB's Unit?

yes  No If yes, date: \_\_\_\_\_  
Month-day-year

If yes, type:  Autologous BM  Autologous PBSC  
 Related BM  Related PBSC  
 Unrelated BM  Unrelated PBSC  
 Related PCB  Unrelated PCB unit  
(BM: bone marrow, PBSC: peripheral blood stem cells, PCB: placental/cord blood)

If yes, reason: \_\_\_\_\_

5. Graft versus Host Disease:

a) GvHD prophylaxis

Methotrexate  Yes  No Date started \_\_\_\_\_ Date stopped \_\_\_\_\_  
Cyclosporine (IV)  Yes  No Date started \_\_\_\_\_ Date stopped \_\_\_\_\_  
Cyclosporine (po)  Yes  No Date started \_\_\_\_\_ Date stopped \_\_\_\_\_  
Steroids \_\_\_\_\_  Yes  No Date started \_\_\_\_\_ Date stopped \_\_\_\_\_  
Other: \_\_\_\_\_ Date started \_\_\_\_\_ Date stopped \_\_\_\_\_  
Other: \_\_\_\_\_ Date started \_\_\_\_\_ Date stopped \_\_\_\_\_

b) Acute GvHD:

Yes  No

Site

Grade

(Circle highest observed)

Date of onset: \_\_\_\_\_  
Month-day-year

Skin	0	1	2	3	4
Liver	0	1	2	3	4
Gut	0	1	2	3	4
other _____	0	1	2	3	4
<b>Overall Grade</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

Biopsy for GvHD  Yes  No Site: \_\_\_\_\_

Pathology consistent with GvHD  yes  no

GvHD treatment

Agent: \_\_\_\_\_ Date started \_\_\_\_\_ Date stopped \_\_\_\_\_  
Agent: \_\_\_\_\_ Date started \_\_\_\_\_ Date stopped \_\_\_\_\_

Response  None  Improved  Resolved

c) If no GvHD present, is the patient currently receiving GvHD prophylaxis?:

yes  no  Steroids: \_\_\_\_\_  
 Cyclosporine  
 Other: \_\_\_\_\_

6. Immune reconstitution  complete  partial

Immunoglobulin levels  Normal  Low Date: \_\_\_\_\_  
PhA stimulation  Normal  Decreased Date: \_\_\_\_\_  
NK cells  Normal  Decreased Date: \_\_\_\_\_  
T-cells/subsets  Normal  Decreased Date: \_\_\_\_\_  
B-cells/subsets  Normal  Decreased Date: \_\_\_\_\_  
Other: \_\_\_\_\_ Date: \_\_\_\_\_

7. Infections (0-3 months after transplant)

a) Bacterial Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_  
Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ SLCBB ID: \_\_\_\_\_

- Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
- b) Viral**
  - Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
  - Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
  - Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
- c) Fungal**
  - Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
  - Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
  - Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_
- d) Parasitic:** Site: \_\_\_\_\_ Organism: \_\_\_\_\_ Date of dx: \_\_\_\_\_

**8. Non-Infectious complications (0-3 months after transplant):**

- a) VOD**  yes  no Date of dx: \_\_\_\_\_  
 Course  Persistent  Improved  Resolved
- b) Pulmonary**  yes  no
  - Acute Respiratory Distress Syndrome  Pleural effusion
  - Interstitial pneumonia  Pneumothorax
  - Pulmonary hemorrhage  Pulmonary edema
  - Other: \_\_\_\_\_
- c) Cardiac**  yes  no
  - Cardiopulmonary  Congestive Heart Failure
  - Pericardial effusion  Other: \_\_\_\_\_
- d) Renal**  Yes  No
  - Hemorrhagic cystitis  Renal failure
  - Nephritis  Other: \_\_\_\_\_
- e) GI**  Yes  No
  - Upper GI hemorrhage  Mucositis (grade III-IV)
  - Lower GI hemorrhage  Other: \_\_\_\_\_
- f) Neurologic**  Yes  No
  - Seizures  Other: \_\_\_\_\_
  - Encephalopathy

**9. Other treatments/prophylaxis**

- PCP prophylaxis  Yes  No Agent: \_\_\_\_\_
- Fungal prophylaxis  Yes  No Agent: \_\_\_\_\_
- Gancyclovir  Yes  No Duration: \_\_\_\_\_
- Foscarnet  Yes  No Duration: \_\_\_\_\_
- IVIG  Yes  No Frequency: \_\_\_\_\_
- Acyclovir  Yes  No Duration: \_\_\_\_\_
- Other: \_\_\_\_\_

**10. Evaluation of primary disease (other than malignancy)**

\_\_\_\_\_  
\_\_\_\_\_

**11. Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Form completed by:**

\_\_\_\_\_ (print) Date: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**SLCBB ID:** \_\_\_\_\_

month-day-year

\_\_\_\_\_ (signature)

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_