

**Annual Post Transplant Follow Up  
Stem Cell Transplant Unit**



**Patient**

Name	Date of Birth:	Date of Clinic:
MRN	Karnofsky Score	

**Disease Status**

Continued complete remission

Partial Remission:

CR achieved:  Date Achieved: \_\_\_\_\_ Never in CR:  Date Assessed: \_\_\_\_\_

**Complications of Transplant**

**1 Graft Versus Host Disease present in past Year (ALLOGRAFT only)**      cGVHD       aGVHD

NO

Yes  First episode since HSCT       Date of Diagnosis cGVHD: \_\_\_\_\_

Recurrence:       Date of first evidence during this period: \_\_\_\_\_

Continuous since last review

Maximum extent of cGVHD      Limited       Extensive       Unknown

**2 Late graft Failure (ALLOGRAFT only)**      No       Yes

**3 Did a secondary malignancy, lymphoproliferative disorder or myeloproliferative disorder occur**

No       Yes       Diagnosis: \_\_\_\_\_      Date of Diagnosis: \_\_\_\_\_

**Additional Treatment**

No       Yes       Date of start of treatment: \_\_\_\_\_

If Yes: Additional Cell Infusion      No       Yes

Other Disease Treatment      No       Yes       Planned       Not Planned

**First Relapse or Progression**

First Relapse or Progression after HSCT      No       Date Assessed: \_\_\_\_\_

Yes       Date first seen: \_\_\_\_\_

If Yes disease detection by:

Clinical exam/Radiology/Haematological method (Y/N or N/A)       Date assessed: \_\_\_\_\_

Cytogenetic method (Y/N or N/A)       Date assessed: \_\_\_\_\_

Molecular method (Y/N or N/A)       Date assessed: \_\_\_\_\_

**Patient Status**

Has patient or partner become pregnant in the last year?      Yes       No       Unkown

Form Completed By: \_\_\_\_\_      Date: \_\_\_\_\_

Owner: Quality Manager	Effective Date: 21/4/2021
Reviewed by: Greg Lee	Approved by: Dr Patrick Hayden

**Please return form to [sctransplant@healthmail.ie](mailto:sctransplant@healthmail.ie)**