

AUTOGRAFT: 100 day post transplant follow up form



Patient Name:

Date of Birth:

Day 100 Assessment Date:

Recovery	Yes/ No	Date of Engraftment
Absolute Neutrophil Count Recovery		
Platelet Reconstitution		
Early Graft Loss		

Additional Cell Infusions?	Yes/ No	Date of Infusion
Type:		
Reason:		

Additional Disease Treatment?	Yes/ No	Date of Start of Tx
Type:		
Reason:		

Best Response after HSCT:	CR achieved Yes/No/NE	Date:
	Continued CR Yes/No/NE	Date:
*NE = Not Evaluated	Never in CR	Date assessed:

Disease Assessment at 100 Days	Yes/ No	Date Assessed:
Was disease detected when patient last assessed. Record method of assessment.		

Relapse/ Progression	Yes/ No	Date:
If Yes record method of detection .g. cytogenetic, molecular, clinical, haematological.		

Survival Status: record Alive / Dead		Date
Cause of death if applicable		

Completed by: Signature.....Date.....

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

Please return form to sctransplant@healthmail.ie