

ANIMATE

Trial Number **A** **N** **M** –

Patient Initials

Transplant Form (1/1)

Transplant

Date of transplant (DD/MM/YYYY)

Type of transplant Autologous Allogeneic

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 Cord blood

Conditioning Myeloablative Reduced intensity

T-cell depletion? Yes No

Please specify GvHD prophylaxis

Ciclosporin Tacrolimus OR Other Please specify:

Completed by:

Signature:

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

Date completed:

Additional instructions for completing forms

Transplant Form

The Transplant Form is used to record all 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, type of transplant and cell dose given at transplant*

- *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**