

Relapse Form (1/1)

Date of Relapse (dd/mm/yyyy)

Please indicate the site(s) of relapse below: (1=Yes, 2=No)

Bone Marrow Central Nervous System Testis

Other (specify)

White Blood cell count at relapse

White Blood Cell Count x10⁹/L

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Is the planned treatment for relapse known at this point? (1=Yes, 2=No)

If yes, please complete both sections below

Intent of therapy for relapse

1=Attempted curative therapy, 2=Palliative only,

3=Attempt to achieve CR but no planned curative therapy

Planned therapy

1=4 drug reinduction , 2=FLAG

3=Mitoxantrone & high dose Ara-C , 4=Nelarabine

5=VCR & steroids, 6=Rituximab

7=Other B cell antibody (please specify below)

8=Other (please specify below)

Completed
by:

Signature:

Date
completed:

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