

Centre Transfer Form (1/1)

A centre transfer form must be completed each time a patient's care is transferred from one trial centre to another at any point during the trial.

Transferring from (current centre):

UKALL14 trial treatment completed under care of current centre (tick all that apply):

1=Phase 1 Induction

2=Phase 2 Induction

3=Intensification

4=Consolidation

5=Maintenance
(please specify which 3 monthly visit)*

*Specify 3 monthly visit:

6=Conditioning

7=Transplant

8=24 month post-SCT follow-up period
(please specify which 3 monthly visit)*

*Specify 3 monthly visit:

9=Patient in Follow Up

Date last seen at current centre (dd/mm/yyyy)

Transferring to (New Centre)

Consultant at New Centre

**Completed
by:****Signature:****Date
completed:**

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>