UKALL14 Trial Number 14 Patient Initials

FAX MESSAGE

DEATH FORM

DATE (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

ATTENTION: UKALL14 TRIAL TEAM

FAX No: 0207 679 9861

Number of pages (including cover sheet): ☐☐

RESEARCH CONTACT:	
PHONE NO:	

Centre	
Consultant	

All deaths must be reported within 7 calendar days of becoming aware

UKALL14 | Trial Number: 14 | Patient Initials:

UKALL14 Death Form (1/4)

All deaths must be reported within 7 calendar days of becoming aware

Date of Death (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Was there any evidence (bone marrow, peripheral blood, CNS, other) of ALL at the time of death? (1=Yes, 2=No, 3=Investigations not done) ☐

If a Treatment Summary Form has not yet been submitted, please complete and send as soon as possible.

UKALL14 | Trial Number: 14 | Patient Initials:

UKALL14 Death Form (2/4)

Cause of death ☐

1=Infection *(please give details on pages 3 and 4)*
2=Specific organ failure or toxicity* *(please give details below)*
3=GvHD
4=Haemorrhage
5=Thromboembolic event *(ensure reported on either a Thromboembolic Event Form or SAE Report)*
8=Other† *(please give details below)*
9=ALL
10=Multi-organ failure
11=Second cancer *(ensure reported on a Second Cancer Form)*

*** Specific organ failure or toxicity** ☐
Please indicate the site of primary organ failure:
1=Liver, 2=Kidney, 3=CNS, 4=Pancreas, 5=Cardiac , 6=Pulmonary

†Other:

Was this death exempt from SAE Reporting? (1=Yes, 2=No) ☐
(See SAE reporting time frames, exemptions and flowchart in protocol section 12.2.2)

If NO, an SAE report is required

Office use only:
Date form received: _____ Date form entered: _____ Initials: _____

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UKALL14 Death Form (3/4)

Infection (please only fill out this page if infection was reported as the cause of death)

What type of infection(s) were present:

Fungal (1=Yes, 2=No) ☐

If yes, what type? ☐

1=Aspergillosis, 2=Other (please give details below)

3=Unknown

Other ☐

Bacterial (1=Yes, 2=No) ☐

If yes, what type? ☐

1=Klebsiella, 2=E Coli

3=Pneumococcus , 4= Pseudomonas , 5= Other (please give details below) , 6= Unknown

Other ☐

Viral (1=Yes, 2=No) ☐

If yes, what type? ☐

1=CMV 2= Influenza

3=EBV, 4= Other (please give details below) , 5= Unknown

Other ☐

Other (non fungal, viral or bacterial), please specify

☐

Unknown aetiology (1=Yes, 2=No) ☐

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UKALL14 Death Form (4/4)

Infection cont'd. (please only fill out this page if an infection was reported as the cause of death)

Was GCSF given in the last phase of treatment? (1=Yes, 2=No)

Was infection prophylaxis given in the last block of treatment? (1=Yes, 2=No)

If yes, what type(s)?

PCP prophylaxis (1=Yes, 2=No)

If yes, please specify drug(s)

Antivirals (1=Yes, 2=No)

If yes, please specify drug(s)

Broad spectrum antibiotics (1=Yes, 2=No)

If yes, please specify drug(s)

Antifungals (1=Yes, 2=No)

If yes, please specify drugs(s)

Other (1=Yes, 2=No)

If yes, please specify below

Other

Was the patient treated in a filtered room? (1=Yes, 2=No)

Completed by:

Signature:

Date completed: D D M M Y Y Y Y

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

Office use only:

Date form received: _____ Date form entered: _____ Initials: _____