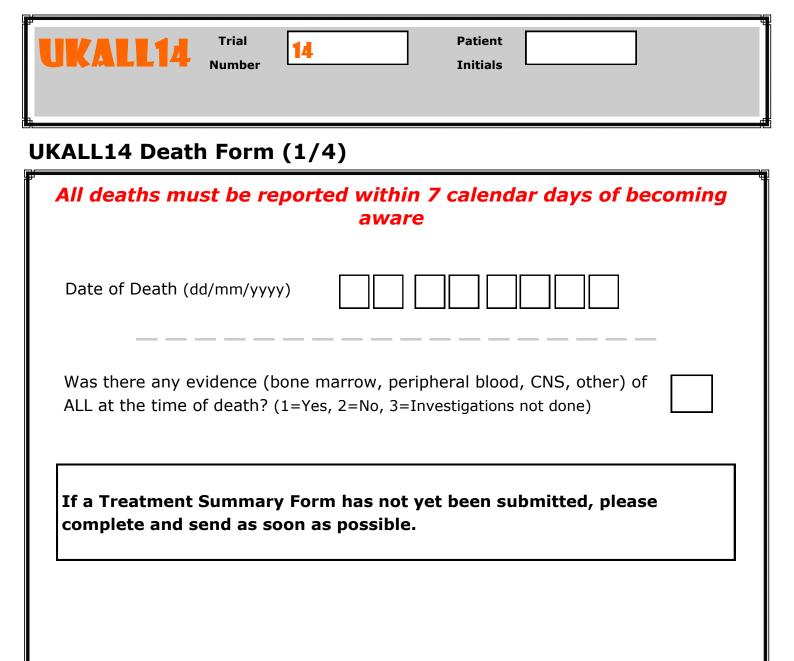
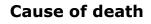
FAX MESSAGE				
	DEATH FORM			
ATE (dd/mm/yyyy): TTENTION: AX No:	UKALL14 TRIAL TEAM 0207 679 9861			
lumber of pages (including cover sheet):				
	ncluding cover sheet):			
RESEARCH CONTA				
RESEARCH CONTA				
RESEARCH CONTA				

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14



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<sup>†</sup> (*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

<sup>†</sup> 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

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ UKALL14 - Case Report Forms-Death - v3.0 27Nov15 Office use only:

Date form received: \_

UKALL14 Trial Number 14 Patient Initials				
UKALL14 Death Form (3/4)				
The second secon				
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)				
h lease return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ				





## Patient Initials

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	4
by:	
Signature: 1	ate ompleted:

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ UKALL14 - Case Report Forms—Death Form— v3.0 27Nov15