

Annual Follow Up Form (Not in CR after Phase 2*) (1/1)

*Including patients with refractory disease at end of Phase 1

Follow Up Year

Patients to be followed up annually from the end of Induction (Phase 1 or 2)

Remission Status (answer once at follow up year 1)

Was first remission (CR1) ever achieved? (1=Yes, 2=No)

If yes above, please enter the date of remission below:

Date first remission confirmed (dd/mm/yyyy)

Date of Assessment (dd/mm/yyyy)

Patient Status

Please indicate patient status (1=Alive 2=Dead)

If deceased, please complete a death form

Has the patient relapsed? (1=Yes, 2=No)

If yes, please complete a relapse form
(first relapse post CR1 only)

Has the patient been diagnosed with a second cancer (1=Yes, 2=No)

If yes, please ensure a Second Cancer Form is completed

Further Treatment

Has the patient had any therapy for their ALL since the last follow up? (1=Yes, 2=No)

If yes, please specify below (1=Yes, 2=No)

Chemotherapy

If yes, please specify intent (1=Palliative, 2=Curative)

Transplant

If yes, please specify donor source (1=Sibling, 2=Unrelated, 3=Cord, 4=Haplo)

If yes, please specify transplant type (1=Myeloablative, 2=Non-myeloablative)

Date of Transplant (dd/mm/yyyy)

Clinical trial of new agent (specify)

Other (specify)

Completed
by:

Signature:

Date
completed:

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