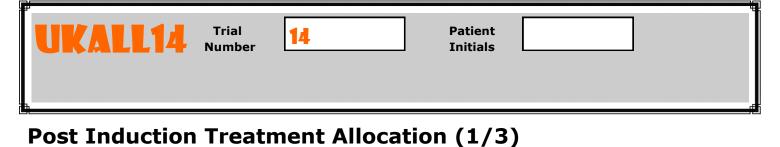
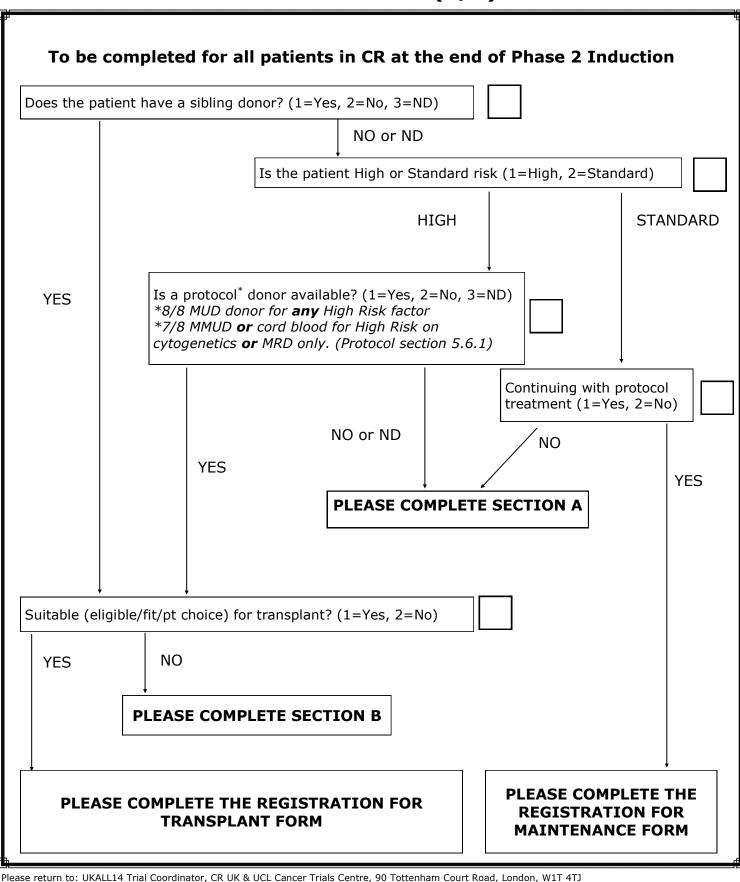
UKALL14 Trial Number	r <mark>14</mark>	Patient Initials		the second se
	FAX MES	SAGF		
POST INDU	JCTION TREA		OCATION	
DATE (DD/MM/YYYY): ATTENTION: FAX No:	UKALL14 TRIAL 1 0207 679 9861			
Number of pages (inclue	ding cover sheet)	:		

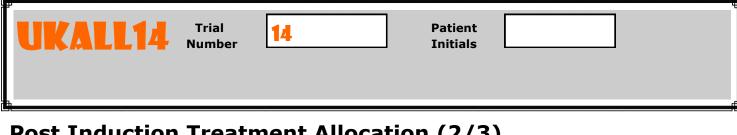
CENTRE:	
CONSULTANT:	
RESEARCH CONTACT:	
PHONE NO:	
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UKALL14 - Case Report Forms-PostInductionTreatmentAllocation - v2.0 20Apr15 Office use only: Date form received:



ection A		
Fo be comple patients who		uitable protocol donor or standard risk protocol treatment (including patients for t for any reason)
Will the patient	be continuing with intensification,	consolidation & maintenance? (1=Yes, 2=No)
YES		NO
	MPLETE THE REGISTRATION MAINTENANCE FORM	I FOR
Will the	patient proceed with a transplant	t with a non protocol donor? (1=Yes, 2=No)
	YES	NO
donor: 1= Cord blood* 2= Haploidentio 3= Other Mismatched	cal atched Related unrelated* cord blood for High Risk BC only	Please specify the planned treatment for this patient:

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ UKALL14 - Case Report Forms-PostInductionTreatmentAllocation - v2.0 20Apr15 Office use only: Date form received: _

UKALL14 Trial Number 14	Patient Initials	
Post Induction Treatment Allocati Section B To be complete for patients with a suitable protine suitability criteria for a transplant		fulfil
Please indicate the reason why the patient is not suital $(1 = Patient not fit for transplant, 2 = Patient refusal, 3$	= other reason-specify below)	
1 Please specify reason the patient is not fit for transplant: (1= organ dysfunction 2= other reason-please specify below:)	2	
Will the patient be continuing with intensification, cons	volidation & maintenance? (1=Yes, 2	=No)
↓ YES PLEASE COMPLETE THE REGISTRATION FO MAINTENANCE FORM	R NO	
Please specify the planned treatment for this pat	ient:	
Completed by: Signature: Date comp	d d m m y leted:	y y y