

UKALL14Trial
Number**14**Patient
Initials**FAX MESSAGE****POST INDUCTION REGISTRATION FOR MAINTENANCE**

DATE (DD/MM/YYYY):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ATTENTION:

UKALL14 TRIAL TEAM

FAX No:

0207 679 9861

Number of pages (including cover sheet):

<input type="text"/>	<input type="text"/>
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CENTRE:	
CONSULTANT:	
RESEARCH CONTACT:	
PHONE NO:	
FAX NO:	

Registration for Maintenance (1/1)

To be completed for all patients who have been allocated to continued treatment with intensification, consolidation and maintenance chemotherapy

Please indicate which group the patient is in:

1= No sibling donor, standard risk patient

2= No donor available for transplant*

3= Unrelated donor, patient not suitable for transplant

4= Sibling donor, patient not suitable for transplant

**including patients for whom a donor search was not carried out for any reason*

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"/>

Confirmation of Registration to Maintenance (TO BE COMPLETED BY UCL CTC):

Date of Registration to Maintenance (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Confirmed by (UCL CTC)