

ANIMATE

Trial
Number

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N

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Patient
Initials

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Transplant Form (1/1)

Transplant - please complete this form for first transplants only

Date of transplant
(DD/MM/YYYY)

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Type of transplant

☐

Autologous

☐

Allogeneic

For autologous transplants only

Was there engraftment
syndrome during transplant?

☐

Yes

☐

No

For allogeneic transplants only

Donor source

☐

Sibling

☐

Matched unrelated
donor (8/8)

☐

Mismatched unrelated
donor (7/8)

☐

Haploidentical

☐

Cord blood

Graft source

☐

Peripheral blood
stem cells

☐

Bone marrow ablative

☐

Cord blood

Conditioning

☐

Myeloablative

☐

Reduced intensity

T-cell depletion?

☐

Yes

☐

No

Please specify GvHD prophylaxis

☐

Ciclosporin

☐

Tacrolimus

OR

☐

Other

Please specify if other:

Completed
by:

CRFs should only be completed by appropriately qualified
personnel detailed on the site delegation log

Signature:

Date
completed:

D	D	M	M	Y	Y	Y	Y
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Additional instructions for completing forms

Transplant Form

The Transplant Form is used to record first transplants given post trial treatment.

Completing the form

- The form should be submitted as necessary with the next due follow up form.

Specific Fields

- *Transplant*
 - *Please give the date and type of transplant given for all first transplants (minimal information on second and subsequent transplants is captured on the New Treatment form)*
- *For autologous transplant only*
 - *Please specify whether the patient experienced engraftment syndrome (i.e. fever coinciding with time of engraftment, without obvious infection)*
- *For allogeneic transplant only*
 - *Please only complete this section if the type of transplant question in the Transplant section above was answered as being allogeneic*
 - *Please give the donor source, graft source and the conditioning regimen used for the transplant*
 - *Please confirm if the patient underwent T-cell depletion and what GvHD prophylaxis was given to the patient*

If you have any questions about how to complete this form please contact the **ANIMATE** Trial Coordinator on: 020 7679 9860