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UKALL14 'Registration only' Sub-study - Annual Follow-Up Form (1/2)

Annual follow-up assessment Complete one form annually from the date patient stops first line treatment
If patient has died, please submit a Death Form (and a Relapse Form as applicable)
Date of Assessment (dd/mm/yyyy):
Local investigator's assessment of the patient's remission history (complete only if CR1 not reported on an earlier form)
Was first remission (CR1) ever achieved? (1=Yes, 2=No)
Date first remission confirmed (dd/mm/yyyy)
Patient Status
Has the patient relapsed? (1=Yes, 2=No) If yes, please complete a relapse form
Further Treatment
Has the patient had any treatment for ALL since previous 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)
Immunotherapy If yes, please specify (1=Blinatumomab, 2=Inotuzumab, 3=CAR T-cells)
If yes, please specify donor source (1=Sibling, 2=8/8 MUD, 3=MMUD, 4=Haploidentical, 5= Cord blood, 6=Other, specify)
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)
Place return to: UKALI 14 Trial Coordinator, CP UK & UCL Cancer Trials Centre, 90 Tottenham Court Poad, London, W1T 4T1

UKALL14 - Case Report Forms- 'Registration only' Sub-study Annual Follow-up - v1.0-06Dec2017

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Date form entered: Date form received: ___

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Trial Number

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Patient Initials

UKALL14 'Registration only' Sub-study - Annual Follow-Un Form (2/2)

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Do	onor Lymphocyte Infusi	on	
На	s the patient received [OLI since previous	assessment? (1=Yes, 2=No)
		If yes, please ent	ter DLI details below:
		1	
	Date DLI given (dd/mm/yyyy)	CD3 dose/kg	Reason for giving DLI 1=mixed chimerism 2=continued or progressive minimal residual disease 3=both
ļ			
Graft versus Host Disease			
	Has the patient experi	enced new or wor	sening GvHD since previous assessment? (1=Yes, 2=No)
		If you also	asa complete a GyUD Form
If yes, please complete a GvHD Form.			
	npleted		
by:			Date Date
Sign	nature:		completed:
200 1	oturn to: IIVALL14 Trial Coord	inator CD UV 9 UCL C	ancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

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_____ Date form entered: ___ Date form received: __

_____ Initials: ___