

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) Transplant 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)

UKALL14 'Registration only' Sub-study - Annual Follow-Up Form (2/2)*Annual follow-up assessment (Transplant Patients Only)***Donor Lymphocyte Infusion**

Has the patient received DLI since previous assessment? (1=Yes, 2=No)

If yes, please enter DLI details below:

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

Graft versus Host Disease

Has the patient experienced new or worsening GvHD since previous assessment?

(1=Yes, 2=No)

If yes, please complete a GvHD Form.**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"/>