

UKALL14 'Registration only' Sub-study - GvHD Form (1/1)*GvHD Assessment (please refer to protocol appendix 6)*

Complete one form for each new or worsening episode of GvHD. Forms submitted for a worsening episode of GvHD should report the same date of onset as given on previous forms for that episode.

Date of onset (dd/mm/yyyy)

Date of assessment (dd/mm/yyyy)

Acute GvHD

Stage: Skin (0-4) Liver (0-4) Gut (0-4) Maximum Grade

Chronic GvHD

Grade 1=limited, 2=extensive Platelet count less than $100 \times 10^9/L$ 1=Yes, 2=No

Genitourinary (0=not affected, 1=affected)

Eyes (0=not affected, 1=affected)

Mouth (0=not affected, 1=affected)

Gut (0=not affected, 1=affected)

Organs Affected Skin (0=not affected, 1=localised, 2=generalised)

Liver (0=not affected, 1=general dysfunction, 2=histology showing chronic aggressive hepatitis/bridging necrosis /cirrhosis)

Lungs (0=not affected, 1=Bronchiolitis obliterans)

Other, specify: (0=not affected, 1=affected)

Completed
by:

Signature:

Date
completed:

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