BLOOD & MARROW TRANSPLANT AD HOC EVENT FORM

Office use: ____ / ____
Centre: ____

Date Ad Hoc Event Notification (dd/mm/yy): ____

***A. Name of reporting centre:** _____

***B. Patient Name:** _____

(Please fill in at least one of the following identification card number section: (a) and/or (b), OR (c), OR (d)

***C. Identification Card Number :**

a. Old IC:

b. New IC:

c(i). Other ID document num: _____

c(ii). Specify type (eg. passport, armed force ID): _____

d(i). <12 years: Birth cert # : _____

d(ii). I/C Guardian: ☐ Father ☐ Mother _____

d(iii). Sibling ranking: _____

***1. Date of Last Follow-Up (dd/mm/yy):**	____ / ____ / ____
2. a. Relapsed:	☐ No ☐ Yes ☐ Unknown
2. b. Date of Relapse (dd/mm/yy):	____ / ____ / ____
3. a. Died:	☐ No ☐ Yes ☐ Unknown
3. b. Date of Death (dd/mm/yy):	____ / ____ / ____
3. c. Underlying cause of death:	☐ Sepsis ☐ GVHD ☐ Underlying disease ☐ Other, specify: _____ ☐ Unknown
4. a. Overall AGVHD :	☐ No ☐ Yes - **If Yes** → ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown ☐ Unknown
4. b. AGVHD Skin (grade) :	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown
4. c. AGVHD Bowel (grade) :	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown
4. d. AGVHD Liver (grade) :	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown
4. e. CGVHD:	☐ None ☐ Limited ☐ Extensive ☐ Unknown
5. DLI Administered:	☐ No ☐ Yes ☐ Unknown
6. Idiopathic Pneumonia Syndrome (IP):	☐ No ☐ Yes ☐ Unknown
7. Secondary Malignancy:	☐ No ☐ Yes ☐ Unknown
8. VOD:	☐ No ☐ Yes ☐ Unknown