UKALL14 Trial Number 14-3- Patient Initials

UKALL14 'Registration only' - Transplant to D100 Form (1/2)

Transplant & Conditioning

Complete within 30 days of Day 100 visit

Indicate what treatment the patient received between end of induction and beginning of transplant conditioning (1=Yes, 2-No):

None		
Intensification / Delayed Intensification		
Consolidation		If yes, No. of cycles (1 - 4): _____
Interim Maintenance (UKALL2011)		
Maintenance (3m cycles)		No. of months: _____

Source of donor cells: ☐

1= Sibling
2= Matched unrelated donor (MUD) 8/8
3= Mismatched unrelated
4= Haploidentical
5= Cord blood
6= Other, specify: _____

Type of conditioning: ☐

1= Myeloblative
2= Non-myeloblative

Date conditioning started *(dd/mm/yyyy)* ☐☐☐☐☐☐☐☐

Transplant D0 *(dd/mm/yyyy)* ☐☐☐☐☐☐☐☐

Conditioning drugs given (1=Yes, 2=No):

Etoposide	
Cyclophosphamide	
Fludarabine	
Melphalan	
Alemtuzumab	
Busulphan	
Other, specify _____	

Did patient receive TBI (1=yes, 2=no) ☐

If yes, total dose (cGy): ☐☐☐☐

No. of fractions: ☐☐

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UKALL14 | Trial Number 14-3- | Patient Initials

UKALL14 'Registration only' - Transplant to D100 Form (2/2)

Day 100 Post Transplant Assessment

If patient has died prior to Day 100, please submit a Death Form (and a Relapse Form as applicable)

Date of Day 100 Assessment *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Patient status

Remission Status (1=CR, 2=not in CR) ☐ *If not in CR, please submit a relapse form*

Graft versus Host Disease

Has the patient experienced GvHD? (1=Yes, 2=No) ☐

If yes, please complete a GvHD form.

Complications of Transplant

Did patient experience Veno-occlusive disease (VOD) during admission? (1=Yes, 2=No) ☐

Engraftment

Neutrophil count of 0.5 x 10^9/L reached? (1=Yes, 2=No, 3=Never below this level) ☐

If Yes, please specify date:

Date Neutrophil count reached 0.5 x 10^9/L ☐☐ ☐☐ ☐☐☐☐

If No, complete below fields

Graft Failure

Date graft failure confirmed *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Number of days post transplant ☐

Please indicate the type of graft failure (1=Primary, 2=Secondary) ☐

Date **primary** engraftment achieved *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Date **secondary** graft failure recorded *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Next form: Annual Follow Up (Due 1 year after Transplant Day 0)

Completed by:

Signature:

Date completed: d d m m y y y y

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

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