

PATIENT IDENTIFICATION FORM

<div style="background-color: #006633; color: white; padding: 2px;">IDENTIFICATION</div> <p>Identification (UIC) <input style="width: 100px; height: 20px;" type="text"/></p> <p>Belongs to which group?</p> <p><input type="checkbox"/> MRC</p> <p><input type="checkbox"/> EBMT</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Germany</p> <p><input type="checkbox"/> Switzerland</p> <p>Written Inform.consent</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Date of Randomisation <input style="width: 100px; height: 20px;" type="text"/> (as yyyy/mm/dd)</p> <p>Result of Randomisation</p> <p><input type="checkbox"/> No Transplant</p> <p><input type="checkbox"/> Autotransplant</p> <p>Randomisation no List <input style="width: 100px; height: 20px;" type="text"/></p>	<div style="background-color: #006633; color: white; padding: 2px;">IDENTIFICATION</div> <p>EBMT centre (CIC) <input style="width: 100px; height: 20px;" type="text"/></p> <p>Training French group</p> <p><input type="checkbox"/> training A</p> <p><input type="checkbox"/> training B</p> <p>Name of hospital <input style="width: 100%; height: 20px;" type="text"/></p> <p>Country of hospital <input style="width: 100%; height: 20px;" type="text"/></p> <p>Responsible physician <input style="width: 100%; height: 20px;" type="text"/></p> <p>Fax number <input style="width: 100%; height: 20px;" type="text"/></p> <p>E-mail <input style="width: 100%; height: 20px;" type="text"/></p>
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<div style="background-color: #006633; color: white; padding: 2px;">IDENTIFICATION</div> <p>Patient's initials <input style="width: 100px; height: 20px;" type="text"/></p> <p>Date of birth <input style="width: 100px; height: 20px;" type="text"/> (as yyyy/mm/dd)</p> <p>Sex of patient</p> <p><input type="checkbox"/> male</p> <p><input type="checkbox"/> female</p> <div style="background-color: #006633; color: white; padding: 2px;">DIAGNOSIS</div> <p>CLL CD5+</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>CLL CD23+</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Date of diagnosis <input style="width: 100px; height: 20px;" type="text"/> (as yyyy/mm/dd)</p> <p>Binet st.only French gr</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> C</p>	<div style="background-color: #006633; color: white; padding: 2px;">HISTORY (PRIOR TO RANDOMISATION)</div> <p>Current Binet stage</p> <p><input type="checkbox"/> A progressive</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> C</p> <p>Current status of Dis.</p> <p><input type="checkbox"/> CR</p> <p><input type="checkbox"/> VGPR</p> <p><input type="checkbox"/> Nodular PR</p> <p><input type="checkbox"/> PR (french)</p> <p>Stat.After line 1/2</p> <p><input type="checkbox"/> 1st line</p> <p><input type="checkbox"/> 2nd line</p> <p>History oth.mal.disease</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Mal.dis. consid.cured?</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <div style="background-color: #006633; color: white; padding: 2px;">CLINICAL CONDITION</div> <p>HIV test</p> <p><input type="checkbox"/> negative</p> <p><input type="checkbox"/> positive</p> <p><input type="checkbox"/> not tested</p>	<div style="background-color: #006633; color: white; padding: 2px;">CLINICAL CONDITION</div> <p>Performance status\geq2</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Adequate cardiac func.</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Adequate lung function</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Adequate renal function</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Adequate liver function</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p> <p>Oth.concomitant ser.dis</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p>
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