

RANDOMISED PHASE III INTERGROUP CLL AUTOGRAFT TRIAL – MRC CLL5

RANDOMISATION – Answer ALL questions and then either phone (0900-1700 UK time, weekdays): +44-(0)1865-765615
or fax (reply will be within 1 working day): +44-(0)1865-743986

PATIENT IDENTIFICATION

Hospital City Country

Name of responsible physician

In accordance with national and local regulatory requirements,
can you confirm that the patient has signed a written informed consent? Yes No (**must be Yes**)

Patient's initials Date of birth (day/month/year) Patient's hospital identification number

CLINICAL DETAILS

Binet stage of disease at initiation of first line treatment: A progressive B C

Current status of disease: CR VGPR NPR

Status achieved after first or second line therapy? 1st 2nd

If faxing this form, please give return fax number, including country code

Today's date (day/month/year)/...../.....

INFORMATION TO BE OBTAINED FROM RANDOMISATION OFFICE:

Patient randomisation reference number

Please write this number on a baseline quality of life

Treatment allocated: No further treatment or Auto transplant **form and give it to the patient with a return envelope.**