

RANDOMISED PHASE III INTERGROUP CLL AUTOGRAFT TRIAL - German Centres
(GCLLSG CLL3R trial)

RANDOMISATION – Answer ALL questions and then either phone: 089-2180-76774
or fax (reply will be within 1 working day): 089-2180-76797

PATIENT IDENTIFICATION

GCLLSG centre number EBMT centre code Name of responsible physician

Hospital City

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 registration number in GCLLSG CLL3R trial Date of birth (day/month/year)/...../.....

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.**