

RANDOMISED PHASE III INTERGROUP CLL AUTOGRAFT TRIAL - Swiss Centres
(SAKK 34/02 trial)

SAKK trial centre tel: +41 31 389 9191

RANDOMISATION – Answer ALL questions and then fax (reply will be within 1 working day): +41-31-381 92 00

PATIENT IDENTIFICATION

Address/Hospital Canton 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)/...../.....

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.**