

CLL Autograft Trial : Quality of Life Study (Baseline) Investigator's Form

CLL Autograft trial no:

Patient's Initials

Clinician

Hospital

The above patient did **not** complete the BASELINE questionnaire prior to randomisation because

- i) The Clinician decided the patient should not be asked

- ii) The patient declined to participate

Please give reasons for non participation and a brief assessment of the patient's background medical details.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Clinician's Signature..... Date.....

Thank you for your participation in the MRC CLL Autograft Trial.
Please return to: Data Office CLWP EBMT, PO BOX 9604, 2300 RC Leiden, The Netherlands