

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

CLL Autograft trial no:

Patient's Initials

Clinician

Hospital

The above patient did **not** complete the ____ month follow up questionnaire because

- i) The Clinician decided the patient should not be asked
- ii) The patient declined to participate
- iii) Other reason

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

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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