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LONG-TERM DONOR OUTCOME
Long-term follow-up (or death reporting) after last donation procedure

DONOR STATUS

Date of this follow-up: __/__/____ (YYYY/MM/DD)

Donor status at follow-up:

- [ ] Alive
- [ ] Lost to follow-up
- [ ] Dead: Donation related:
  - [ ] No
  - [ ] Yes
  - [ ] Unknown

Date of death: __/__/____ (YYYY/MM/DD)

ICD code for main cause of death (select only one):

ICD code(s) for contributory causes of death:

ICD version used:

Further description of cause of death (if necessary):

COLLECTION CENTRE IDENTIFICATION

EBMT Centre Identification Code (CIC): __________
(if known)

Collection centre: __________________________

Donor registry: ____________________________ (unrelated donors only)

Contact person: ____________________________

PRODUCT

Donated product:

- [ ] BM (including collection of MSC)
- [ ] PBSC
- [ ] Both, BM and PBSC
- [ ] Unstimulated leukapheresis (e.g. donor lymphocytes (DLI), etc)
- [ ] Other; specify: ____________________________
COMPLICATIONS (SAE/SAR) SINCE LAST REPORT

Haematological malignancy?

☐ No

☐ Yes: ICD code: __________________ Specify: ___________________________ ICD version used: ____
   Onset date: ___ ___ (YYYY)
   Confirmed by medical data: ☐ No
   ☐ Yes
   ☐ Unknown

☐ Unknown

Non-haematological malignancy?

☐ No

☐ Yes: ICD code: _______________ Specify: ___________________________ ICD version used: ____
   Onset date: ___ ___ (YYYY)
   Confirmed by medical data: ☐ No
   ☐ Yes
   ☐ Unknown

☐ Unknown

Autoimmune disease?

☐ No

☐ Yes: ICD code: _______________ Specify: ___________________________ ICD version used: ____
   Onset date: ___ ___ (YYYY)
   Confirmed by medical data: ☐ No
   ☐ Yes
   ☐ Unknown

☐ Unknown

Reminder: please report SAE/SAR to your National authority according to your national regulations. If donor is unrelated, report also to WMDA SPEAR registry.

DONOR BEHAVIOUR

Would the donor donate again?

☐ No: Reason: _______________________

☐ Yes

☐ Unknown

Comments: __________________________________________________________