

Impact of COVID-19 vaccination in AA/PNH patients

EBMT-SAAWP
Non-Interventional Prospective Study

REGISTRATION FORM

Patient Identification

Contact person _____

EBMT centre number (CIC) _____

Date of this report _____ (yyyy-mm-dd)

Patient Unique Identification Code (UIC) _____

and/or **Hospital Unique Patient Number (UPN)** _____

Date of birth _____ (yyyy-mm-dd)

Sex

Male Female

Diagnosis

AA PNH

Please note: hematologic stem cell transplantation (HSCT) is an exclusion criterion for this study. If the patient has received a HSCT, the patient is not eligible for this study.

COVID-19 vaccination received

No, reason:

Not yet available

Patient declined

Physician decision due to current disease status

Other:

Yes: date of 1st vaccination:

_____ (yyyy-mm-dd)

type of vaccination:

Pfizer/BioNTech COVID-19 mRNA Vaccine BNT162b2

AstraZeneca/Oxford COVID-19 AZD1222

Moderna COVID-19 Vaccine (mRNA-1273)

Gamaleya Research Institute Sputnik V

J&J JNJ-78436735

CureVac CVnCoV mRNA Vaccine

Other: _____

Status at date of reporting

Alive

Dead

Comments

Thank you!!!

Please send the completed form to:

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