

# Donor outcome

## Report on donation procedure and up to 30 days after

### TRANSPLANT CENTRE AND RECIPIENT IDENTIFICATION

EBMT CIC \_\_\_\_\_  
(if known)

EBMT database number \_\_\_\_\_  
(if known)

Center of HSCT: \_\_\_\_\_

Hospital/unit: \_\_\_\_\_

Unique Patient Number or Code .....

Initials: \_\_\_\_\_ (first name(s)\_surname(s))

Date of birth: \_\_\_\_\_  
yyyy mm dd

Date of HSCT: \_\_\_\_\_  
yyyy mm dd

### PRODUCT

- BM (Including collection of MSC)  
 PBSC  
 Both (BM and PBSC)  
 Unstimulated leukapheresis  
(e.g. donor lymphocytes (DLI), etc.)  
 other, specify \_\_\_\_\_

### DONOR DATA

Donor number/ID.....

Donor signed Informed consent for data transmission to the EBMT Registry   
**Compulsory, registrations will not be accepted without this item!**

Initials: ..... first name(s)\_surname(s))

Relationship to recipient:

- syngeneic (identical twin)  
 identical sibling/non identical twin  
 other family member:  matched  
 unmatched

Describe relation \_\_\_\_\_  
to the recipient (aunt, uncle, first cousin, etc.)

unrelated donor

Date of birth: \_\_\_\_\_  
yyyy mm dd

Sex:  male  female

### DONATION PROCEDURE

First day of this collection: \_\_\_\_\_  
yyyy mm dd

### COLLECTION DATA

EBMT Code (CIC): .....  
(If known)

Collection center: .....

Donor registry: .....

Contact person: .....

Date of this report: \_\_\_\_\_  
yyyy mm dd

Start date of donation procedure: \_\_\_\_\_  
yyyy mm dd

Chronological Number of this donation procedure: \_\_\_\_\_  
If >1: Same recipient  no  yes

Centre of previous donation: .....

Date of previous donation: \_\_\_\_\_  
yyyy mm dd

Was the product collection completed?  no  yes

Were haematopoietic growth factors used?  no  yes

(eg GCSF) if yes, specify.....

Were cell binding inhibitors used,  no  yes

(eg Plerixafor) if yes: specify.....

Was erythropoietin used?  no  yes

Were other drugs used for mobilization?  no  yes

### COMPLICATIONS

#### in temporal association with the donation procedure

→ Report every serious adverse event occurring within the interval between start of the donation procedure and day 30 after the end of donation procedure with **ICD 10 Coding** (see list in Appendix I of the manual)

Serious Adverse Events (SAE/SAR):  no  yes  unknown

if yes: ICD 10 Code: \_\_\_\_\_

Date of the SAE/SAR \_\_\_\_\_  
yyyy mm dd

ICD 10 Code: \_\_\_\_\_

Date of the SAE/SAR \_\_\_\_\_  
yyyy mm dd

**REMINDER** → please report SAE/SAR to your National authority according to your regulations. **If donor is unrelated, report also to WMDA SEAR registry**

### DONOR BEHAVIOUR

Would the donor donate again?

no  yes  unknown

If no: reason: \_\_\_\_\_

# Donor outcome

## Long term follow up report after last donation procedure

(To be also used if reporting the death of a donor shortly after donation)

### TRANSPLANT CENTRE AND RECIPIENT IDENTIFICATION

EBMT CIC \_\_\_\_\_  
(if known)

EBMT database number \_\_\_\_\_  
(if known)

Center of HSCT: \_\_\_\_\_

Hospital/unit: \_\_\_\_\_

Unique Patient Number or Code .....

Initials: \_\_\_\_\_ (first name(s)\_surname(s))

Date of birth: \_\_\_\_\_  
yyyy mm dd

Date of HSCT: \_\_\_\_\_  
yyyy mm dd

### COLLECTION CENTRE IDENTIFICATION

EBMT Code (CIC): .....  
(if known)

Collection center: .....

Registry: .....

.....

Contact person: .....

### PRODUCT

- BM (Including collection of MSC)  
 PBSC  
 Both (BM and PBSC)  
 Unstimulated leukapheresis  
(e.g. donor lymphocytes (DLI), etc.)  
 other, specify \_\_\_\_\_

### DONOR DATA

Donor number/ID: .....

Initials: \_\_\_\_\_ (first name(s)\_surname(s))

Date of birth: \_\_\_\_\_  
yyyy mm dd

Sex:  male  female

### FOLLOW UP OR DEATH REPORT

Date of last follow up or death: \_\_\_\_\_  
yyyy mm dd

FU Report: \_\_\_ month \_\_\_ year

Date of this report: \_\_\_\_\_  
yyyy mm dd

### SAE/SAR SINCE LAST REPORT

#### MALIGNANCY

Hematological malignancy?  no  yes  unknown

If yes: ICD 10 Code: \_\_\_\_ (see manual, list in Appendix I)

Confirmed by medical data  no  yes  unknown

Date of the SAE/SAR \_\_\_\_\_  
yyyy mm dd

Non-hematological malignancy?  no  yes  unknown

If yes: ICD 10 Code: \_\_\_\_ (see manual, list in Appendix I)

Confirmed by medical data  no  yes  unknown

Date of the SAE/SAR \_\_\_\_\_  
yyyy mm dd

#### NON MALIGNANCY

Autoimmune disease?  no  yes  unknown

If yes: ICD 10 Code: \_\_\_\_ (see manual, list in Appendix I)

Confirmed by medical data  no  yes  unknown

Date of the SAE/SAR \_\_\_\_\_  
yyyy mm dd

**REMINDER → please report SAE/SAR to your National authority according to your regulations. If donor is unrelated, report also to WMDA SEAR registry**

### DONOR STATUS ON THIS DATE

Alive

Dead: Donation related  no  yes  unknown

ICD 10 code for main cause of death: \_\_\_\_

(Select only one main cause)

ICD 10 code(s) for contributory causes of death:

\_\_\_\_\_  
(See manual: list of ICD 10 codes in Appendix I)

Describe below the cause of death if necessary:

.....

Check here if donor lost to follow up

### DONOR BEHAVIOUR

Would the donor donate again?

no  yes  unknown

If no: reason: \_\_\_\_\_