

**Blood and Marrow Transplant Clinical
Trials Network**

Follow Up Status Form - 1507 (F23)

Web Version: 1.0; 1.00; 05-17-17

Segment (PROTSEG): A

Visit Number (VISNO):

1. Date of last contact: (F23LCDT) (mm/dd/yyyy)

Since the date of the last study visit indicate if any of the following have occurred:

2. Has the patient died? (F23DEATH) 1 - Yes 2 - No
If Yes, a Death Form must be submitted.

3. Date of patient death: (F23DTHDT) (mm/dd/yyyy)

4. Has the patient achieved RBC transfusion independence (no transfusion in the past 6 months)? (F23RBCIN) 1 - Yes 2 - No

5. Record the patient's HbS level: (F23HMSVL) (xx.x) %

6. Date HbS level obtained: (F23HSVDT) (mm/dd/yyyy)

7. Date of most recent RBC transfusion: (F23RBCDT) (mm/dd/yyyy)

8. Has the patient experienced secondary graft failure? (F23SCGRF) 1 - Yes 2 - No

If Yes, a Secondary Graft Failure Form must be submitted.

9. Record the percentage of donor cells at the time of secondary graft failure: (F23DNHMC) (xx) %

10. Date sample obtained: (F23DNHDT) (mm/dd/yyyy)

11. Has the patient had a second infusion of hematopoietic cells (with or without preparative regimen)? (F23SECCL) 1 - Yes 2 - No

12. Date of second infusion of hematopoietic cells: (F23SECDT) (mm/dd/yyyy)

13. Has the patient experienced any new clinically significant infections? (F23NWINF) 1 - Yes 2 - No

If Yes, an Infection Form must be submitted.

14. Date of infection: (F23INFDT) (mm/dd/yyyy)

15. Has the patient been hospitalized? (F23HOSP) 1 - Yes 2 - No

16. Has the patient been hospitalized (other than for transplant)? (F23HOOSP) 1 - Yes 2 - No

If Yes, a Re-Admission Form must be submitted.

17. Date of hospitalization: (F23HSPDT) (mm/dd/yyyy)

18. Has the patient experienced any Unexpected, Grade 3-5 Adverse Events? (F23UAE) 1 - Yes 2 - No

If Yes, an Unexpected, Grade 3-5 Adverse Event Form must be submitted.

19. Date of onset of Unexpected, Grade 3-5 Adverse Event: (F23UAEDT) (mm/dd/yyyy)

Comments: (F23COMM)