





**Severe hepatic complications** no  yes

Relevant bilirubin elevation &gt; CTCAE grade 2

 no  yes

(CTCAE grade 3: &gt; 3.0 - 10.0 x ULN, CTCAE grade 4: &gt; 10.0 x ULN, CTCAE grades 1 and 2 are treated as not relevant)

Hemosiderosis

 no  yes

Ferritin (Serum) | \_\_\_\_\_ | (µg/l)

Date |\_\_|\_|\_|\_\_|\_|\_|\_\_|\_|\_|\_|\_|\_| ( dd/mm/yyyy )

SQUID | \_\_\_\_ | mg / g liver-dry weight

Date |\_\_|\_|\_|\_\_|\_|\_|\_\_|\_|\_|\_|\_|\_| ( dd/mm/yyyy )

Liver-biopsy | \_\_\_\_ | mg / g liver-dry weight Date |\_\_|\_|\_|\_\_|\_|\_|\_\_|\_|\_|\_|\_|\_| ( dd/mm/yyyy )

Iron-MRI performed

 no  yes, please enclose reportTherapy:  no  yes  chelation Other, please specify | \_\_\_\_\_ |**Severe neurological complications** no  yes

Leukoencephalopathy (Only if positive in MRI finding)

 no  yes

CNS haemorrhage

 no  yes

Seizures

 no  yes**Severe gastrointestinal complications** no  yes

Ileus

 no  yes**Endocrinology** no  yes

Hypothyroidism

 no  yes, Substitution  no  yes

Pancreatic insufficiency

 no  yes, Substitution  no  yes

Diabetes mellitus

 no  yes, Substitution  no  yes

Growth hormone deficiency

 no  yes, Substitution  no  yes

Hypogonadism

 no  yes, Substitution  no  yes

Adrenal insufficiency

 no  yes, Substitution  no  yes

Panhypopituitarism

 no  yes, Substitution  no  yes

Cushing

 no  yes

other

 no  yes, Therapy  no  yes**Visual disorder** no  yes

Cataract

 no  yes

other

 no  yes, please specify | \_\_\_\_\_ |**Hearing disorder** no  yes, please specify | \_\_\_\_\_ |**Muscles/ bones** no  yes

Osteopathy

 no  yes, Therapy  no  yes

Chronic muscle pain

 no  yes, Therapy  no  yes

Fractures

 no  yes, please specify | \_\_\_\_\_ |

Joint pain

 no  yes, Therapy  no  yes

Connective tissue disease (ANA-screening)

 no  yes

Complement diagnostics

 no  yes if abnormal, please send report

Osteodensitometry testing

 no  yes  normal abnormal, please send report

Other

 no  yes, please specify | \_\_\_\_\_ |

**Immunological parameters analysed**  no  yes

Phenotyping of lymphocyte subpopulation  no  yes if abnormal, please send report

Immunoglobulin G levels  normal  decreased

Other abnormalities  no  yes please send report

**Other severe complications**  no  yes, please specify | \_\_\_\_\_  
 \_\_\_\_\_ |

## Graft failure

**Graft failure occurred**  no  yes,  
 rejection  
 late loss of graft  
 date |\_|\_|||\_|\_|||\_|\_|\_|\_|\_| ( dd/mm/yyyy )

## Status

**Disease status:**

CR  Autologous reconstitution  Secondary malignancy, specify | \_\_\_\_\_ |  
 date of diagnosis |\_|\_|||\_|\_|||\_|\_|\_|\_|\_| ( dd/mm/yyyy )

**Survival status:**

Alive, date of last examination |\_|\_|||\_|\_|||\_|\_|\_|\_|\_| ( dd/mm/yyyy ) Karnofsky/ Lansky score |\_\_\_\_\_| %

Dead, date of death |\_|\_|||\_|\_|||\_|\_|\_|\_|\_| ( dd/mm/yyyy ) Autopsy  no  yes

Cause of death: (check as many as appropriate)

	no	yes
<input type="checkbox"/> Rejection / poor graft function	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GvHD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veno-Occlusive disease (VOD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infection	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EBV lymphoprolif. disease (LPD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pulmonary toxicity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liver failure	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify \_\_\_\_\_

Further comments: \_\_\_\_\_

Date: |\_|\_|||\_|\_|||\_|\_|\_|\_|\_| Stamp

Signature \_\_\_\_\_