

Fanconi Anemia Registry 01

FAR01

Annual Follow up

Patient initials
(first name / last name)

|_|_|

Quarter and year of birth (q/yyyy)

|_| / |_|_|_|_|

Sex:

male

female

Years after Diagnosis FA: |_|_|

Years after HSCT: |_|_|

Survival status:

Alive

Date last examination |_|_|||_|_|||_|_| Karnofsky/Lansky score |____| %

Dead

Date of death |_|_|||_|_|||_|_| Autopsy no yes

Main cause of death:

Bone marrow failure

MDS/AML

Solid tumor, specify tumor type _____

Infection

Transplant related cause (check as many as appropriate)

no yes

Rejection / poor graft function

GvHD

VenO-occlusive disease (VOD)

Infection

Hemorrhage

EBV Lymphoprolif. Disease

Pulmonary toxicity

Liver failure

Other, specify _____

Further comments: _____

Date |_|_|||_|_|||_|_|

Signature _____