

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 _____

Androgen therapy: ☐ oxymetholone ☐ danazol ☐ other, specify |_____|

Start date |_|_|/|_|_|/|_|_|

Stop date |_|_|/|_|_|/|_|_|

HSCT:

Transplantation Center

Date of HSCT

_____|_____|_____|_____|_____|_____| (dd/mm/yy)

Number of SCT |_____|

Type of SCT

☐ autologous

☐ allogeneic

Further comments: _____

Referring physician name and institution

Address

Telephone and fax

email

Date |__|__||__|__||__|__|

Signature _____