



DONOR FOLLOW-UP REPORT – 30 DAYS

To be completed by collection centers for Belgian donors

Donor ID :
Collection Center :
Type of collection : BM PBPC Lymphocytes
Date of collection :

COLLECTION

- Hospitalization : yes no
- If yes, number of nights :
- Incident during collection : yes no
- If yes, specify:
- Incident after collection: yes no
- If yes, specify (including date):
- Transfusion :
 - none
 - autologous blood (units) – allogeneic blood (units)
- Post-collection treatment
 - Iron : yes no
 - Folate : yes no
 - LMW heparin : yes no duration : days

Name of person completing form:	Signature:	Date: (Day/Month/Year)
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FIRST FOLLOW-UP (within one week after collection)

- Date :
- Location : hospital home physician other (specify :)
- Good clinical evolution : yes no
If no, specify :
- CBC: not done normal abnormal (specify :)
- Donor has resumed all normal activities : yes no
If no, specify reason :

Name of person completing form:	Signature:	Date: (Day/Month/Year)
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SECOND FOLLOW-UP (around day 30 post collection)

- Date:
- Able to contact the donor: yes no
- Location : hospital home physician other (specify :)
- Good clinical evolution: yes no
If no, specify:
- CBC: not done normal abnormal (specify :)
- Donor has resumed all normal activities: yes no
If no, specify reason :

Name of person completing form:	Signature:	Date: (Day/Month/Year)
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