



**Marrow Donor Program Belgium - Registry**  
**Motstraat 40 2800 Mechelen**  
**Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56**  
**Email : MDPB-registry@rodekruis.be**

**DONOR FOLLOW-UP REPORT – 1 or 5 years**

To be completed by collection centers for Belgian donors

Donor ID :

Collection Center :

Type of collection :  BM  PBSC  Lymphocytes

Date of collection :

1 year

5 year

**FOLLOW-UP**

- 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)