

Aplastic Anaemia Registry Follow-Up Form

ID: Child's initials:
Date of birth:
Clinical Centre:

1. Date of last follow-up

DD / MM / YY

2. Status at last follow-up

Alive

Dead

3. *If dead,*
cause of death

4. Treatment received

HSCT

IST

Androgens

Other
(specify)

5. Date of treatment

DD / MM / YY

6. Response to treatment

CR

PR

non-
response

relapse
after
remission