



All CAR-T follow up checklist

Organisation: The Christie NHS Foundation Trust

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	eference: APH-6	8															
Q-Pulse Version: 2						ALL CART FOLLOW UP CHECKLIST											
												Admission					
						DIAGNOSIS PRODUCT											
												BATCH number					
							number of								_		
							Refering TEAM					CAR-T CEI		x 10 ⁶			
												CAR-T CELL DOSE/KG x 10 ⁶					
PATIENT ID LABEL							Bridging chemo					REINFUSIO	Y 0				
							Prev ALLO										
							Conditioni	ng									
							Donor op	tions									
OPA every 3 months post reinf	fusionfor monite	oring															
Ambulatory care MON/WENDS/	/FRI until day 30																
	Pre/Consent	Day 7	Day 14	Day 21	Day 30	4ks	6 wks	8wks	10wks	12wks	6 mths	9 mths	12 mths	15 mths	18 mths	21 month	24 months
Date																	
OPA date																1	
BM/MRD																	
STR if post Allo																	
Disease Markers																	
PET(if applicable)																	
Flow/ disease monitoring																	
HIV PCR																	
CMV/EBV PCR																	
IGGs																	
CRP/LDH/Ferratin																	
Vit B12/folate/D											1					1	
Qof Life																	
Cardiac (NT-pro-BNP, TROP I, 0	CK)																
G6PD																	
Electrophoresis, light chains, E	32M				If indicated												
Parvo-virus, HHV 6/7/8					If indicated												
·																	
EBMT reporting													<u> </u>				
-																	
Discharge date																	
Line removal																	
COMMENTS				1									1				