

Questionnaire to be completed by physician

Patient's name: _____ **Date of birth:** _____
Date of death: _____ Date of death unknown

1. Underlying cause of death

Infection, please specify: _____
 Malignancy, please specify: _____
 Immune dysregulation, please specify: _____
 Immune dysregulation includes:
 lymphoproliferation (splenomegaly, hepatomegaly, lymphadenopathy), granuloma,
 autoimmunity (e.g. cytopenia, thyroid, joint disease, hepatitis, vitiligo, alopecia, diabetes),
 inflammatory bowel disease, celiac disease, vasculitis, eczema, autoinflammatory disease

Transplantation-related cause
 Other: Please specify: _____
 Unknown

2. Main factors leading to death

Septic shock Heart failure Respiratory failure Liver failure
 Renal failure Multiple organ failure Haemorrhage Thrombosis
 Neurological complications Surgical complications Drug toxicity
 Relapse of malignancy Veno-occlusive disorder
 Graft-versus-host Disease Rejection/Poor graft function Post-transplant lymphoproliferative disorder
 Other: Please specify: _____
 Unknown

Thank you for taking the time for the ESID Registry! 