

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! 