

Transplant Center Comparison

Use this worksheet to help you compare specific transplant centers you are considering.

Transplant Center name	1.	2.
Answers to these questions can be found on the first page of each listing		
What are some of the pre-transplant costs at this center?	Activation of formal search \$ _____ DR testing (per donor) \$ _____ CT typing (per sample) \$ _____ IDM sample (per donor) \$ _____ High resolution typing \$ _____ Marrow/PBSC procurement \$ _____ Cord blood procurement \$ _____	Activation of formal search \$ _____ DR testing (per donor) \$ _____ CT typing (per sample) \$ _____ IDM sample (per donor) \$ _____ High resolution typing \$ _____ Marrow/PBSC procurement \$ _____ Cord blood procurement \$ _____
Answers to these questions can be found in the <i>Center Specific Analysis</i> section of each listing		
Year the transplant center started performing allogeneic transplants		
Number of NMDP transplants		
Overall disease condition of patients treated at this center	<input type="checkbox"/> Low (1) <input type="checkbox"/> Medium-high (4) <input type="checkbox"/> Medium-low (2) <input type="checkbox"/> High (5) <input type="checkbox"/> Medium (3)	<input type="checkbox"/> Low (1) <input type="checkbox"/> Medium-high (4) <input type="checkbox"/> Medium-low (2) <input type="checkbox"/> High (5) <input type="checkbox"/> Medium (3)
Actual one-year survival		
Predicted one-year survival		
How do this center's actual results compare to the predicted range?	<input type="checkbox"/> Below <input type="checkbox"/> Similar <input type="checkbox"/> Above	<input type="checkbox"/> Below <input type="checkbox"/> Similar <input type="checkbox"/> Above
Number of unrelated transplants (see <i>Transplants performed</i>)	Marrow _____ PBSC _____ Cord Blood _____	Marrow _____ PBSC _____ Cord Blood _____
Answers to these questions can be found in the <i>Survival by Patient's Age, Disease Type, and Stage</i> section of each listing		
One-year survival rate/number of patients transplanted for your disease	_____/____	_____/____

Continued on next page.

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Transplant Center name	1.	2.
You must contact the transplant center for answers to questions below. This information is not found in this directory.		
Which model does this center practice? Patient sees:	<input type="checkbox"/> same transplant doctor throughout care <input type="checkbox"/> alternating team of transplant doctors	<input type="checkbox"/> same transplant doctor throughout care <input type="checkbox"/> alternating team of transplant doctors
What is an average length of hospital stay?		
What are the center's visitation policies? Are children allowed? What about guest overnight stays?		
What infection control measures does this center use? Do patients have their own rooms? Do visitors have to wear masks?		
Can pediatric patients continue schooling while at the center? Are tutoring services available?		
What support is available for patients, caregivers and children?	<input type="checkbox"/> Child life specialists <input type="checkbox"/> Clergy <input type="checkbox"/> Day care <input type="checkbox"/> Social workers <input type="checkbox"/> Volunteers <input type="checkbox"/> Other _____	<input type="checkbox"/> Child life specialists <input type="checkbox"/> Clergy <input type="checkbox"/> Day care <input type="checkbox"/> Social workers <input type="checkbox"/> Volunteers <input type="checkbox"/> Other _____
Are patients able to connect to the Internet from their rooms?		
How does this center manage post-transplant care?		
How does this center stay in contact with the patient's primary doctor after discharge?		
Additional comments		