

Surgical treatment description - Supplementary form to Patient Biobank Record

To be used as a supplementary form for description of surgical treatments involving transplantation procedure. All other surgical procedures (such as dermabrasion without transplantation, needling, etc.) should be described under general Treatment description section.

BIOBANK CODE

		-				-				0
--	--	---	--	--	--	---	--	--	--	---

Transplantation procedure was along with non-surgical treatment(s)

- Yes
- No

If answered YES, all adjuvant non-surgical methods should be described general Treatment description section, if any.

Transplantation method

Epidermal grafting

- Mini-punch grafting
- Split-thickness grafting
- Epidermal blister grafting

Cell suspension transplantation

- Epidermis-derived cell transplantation
- Hair bulb-derived cell transplantation
- Other (please specify) _____

Hair transplantation

- Hair bulb transplantation

Location of donor site

- Thigh
- Buttock
- Scalp

- Other (please specify) _____

Assessment of disease stability

Was performed
Koebnerization at the site of test punch

- Yes

Wasn't performed

- No

Automation

In case any automation was used (for example, ReCell, etc.), please specify the type of equipment used _____

Donor site

For mini-punch grafting

- Number of grafts _____
- Graft diameter _____ mm

For blister grafting

- Total graft area _____ sq cm
- Number of grafts _____

For split-thickness grafting

- Graft area _____ sq cm

For epidermal cell transplantation

- Donor site area _____ sq cm

Number of treated acceptor sites (lesions) _____

Surgical treatment description - Supplementary form to Patient Biobank Record

Acceptor site (copy this page if more than one lesion was treated)

Acceptor site ____ (enter next consecutive number of acceptor site in ascending order)

Location

- Hand
- Arm
- Elbow
- Foot
- Leg
- Knee
- Trunk
- Neck
- Face
- Lip

Lesion area ____ sq cm

Specific description of this acceptor site if more than one located in a given anatomical location

Acceptor site(s) description

Leukotrichia

- Yes No

For split-thickness grafting

Area of transplanted graft ____ sq cm

For mini-punch grafting

Acceptor site preparation

- Punching
- Laser ablation – specify type of laser _____
- Suction blistering
- Liquid nitrogen
- Mechanical dermabrasion

Number of grafts transplanted _____

For suction blister grafting

Acceptor site preparation

- Laser ablation – specify type of laser _____
- Suction blistering
- Liquid nitrogen
- Mechanical dermabrasion

Area of transplanted graft ____ sq cm

Hair bulb transplantation

Number of transplanted hair bulbs _____

Average distance between transplanted hair bulbs ____ mm

Hair bulb-derived cell transplantation

Number of hair bulbs for transplantation _____

Culturing prior to transplantation

- Yes, for ____ passages No

Epidermis-derived cell transplantation

Type of cells used for transplantation

- Non-cultured epidermal cell suspension transplantation
- Cultured melanocyte transplantation
- Cultured melanocyte-keratinocyte transplantation

Method of preparation

- Cold trypsinization Warm trypsinization

Cell culture medium composition (please describe below)

Cells were cultured for ____ passages prior to transplantation (if cells were cultured)

Acceptor site preparation

- Laser ablation – specify type of laser _____
- Suction blistering
- Liquid nitrogen
- Mechanical dermabrasion

Number of transplanted cells for this lesion: ____ mln cells