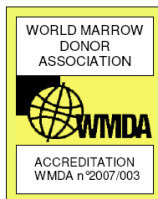


n° : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



*Search  
Cancellation*

**The Requesting Centre:.....**

**informs to cancel 'pending' requests on adult donors/CBUs for the following patient:**

Last name: ..... First name: ..... D.o.b.: .....  
(mm/dd/yyyy)

**and stop search procedures for the following reason:**

the patient does not meet the eligibility criteria

transplant performed on: ..... (mm/dd/yyyy)

from a MUD donor:

Registry and code:

from a related donor (specify):

from cord blood unit:

Bank and Code:

autologous

transfer to other TC

the patient passed away

the patient or patient's family decided the patient should not proceed with a HSCT transplant

alternative therapy

lost at follow-up

discrepancy found in the patient HLA typing

other (specify): .....

Date: .....

(mm/dd/yyyy)

Physician signature:.....