

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



*Information on  
subsequent donation*

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

**for the following patient:**

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

**- confirms that :**

the patient's HSC transplant has been performed on: .....(mm/dd/yyyy)

from the MUD donor:

Registry and code:

from cord blood unit:

Bank and code:

the patient received the lymphocyte infusion on: .....(mm/dd/yyyy)

from the MUD donor:

Registry and code:

**or**

**- informs to cancel 'pending' requests and stop all the procedures for the following reasons:**

the patient does not meet the eligibility criteria

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

other (specify): .....

Date: .....(mm/dd/yyyy)

Physician's signature:.....