

Santiago _____

Donor-Patient Contacts
T +56 26051609
followup@dkms.cl

Your patient:

Patient name:

GRID:

Date of donation on:

Reminder: Cells not infused

Dear Colleague,

We received information that plans had been made to infuse your patient _____ with our donor's cells . We would like to ask you to confirm the fact that the cells have now been infused. We would appreciate it if you could please select the appropriate response and return this form to us via email to **Followup@dkms.cl**

- ☐ The transplant took place on _____.
yyyy.mm.dd
- ☐ Unfortunately we were unable to infuse the cells as planned. The
transplantation is now planned for _____.
yyyy.mm.dd
- ☐ We are currently unable to provide a new planned Tx date.

Thank you very much for your assistance.

With kind regards,

Donor Request Coordinator

(Document is valid without signature)