

Warsaw	Donor-Patient Contacts T +48 22 882 96 80 F +48 22 882 96 82 popobraniu@dkms.pl
Your patient ID: Your patient name: GRID: Date of donation on:	
Dear Colleague,	
We received news that our donor's cells had unfortunately not been able infused into your patient	 mation you to return
☐ The cells were transfused on	
yyyy.mm.dd ☐ Plans have been made to transfuse the cells on	
Unfortunately we do not have any current plans to transplant the cells. You may ask us again on	
Signature: Date:	
Signature Date yyyy.mm.dd	
Thank you very much for your help.	
With kind regards, (Document is valid without signature)	

Fundacja **DKMS**ul. Altowa 6 lok. 9, 02-386 Warszawa,
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