

Warsaw \_\_\_\_\_

Donor-Patient Contacts  
T +48 22 882 96 80  
F +48 22 882 96 82  
popobranu@dkms.pl

Your patient ID:

Your 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 either by fax to +48 22 882 96 82 or via email to **popobranu@dkms.pl**

- |                                                                                                                                                                                                                                                                                                                                            |
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| <p><input type="checkbox"/> The transplant took place on _____.<br/>yyyy.mm.dd</p> <p><input type="checkbox"/> Unfortunately we were unable to infuse the cells as planned. The<br/>transplantation is now planned for _____.<br/>yyyy.mm.dd</p> <p><input type="checkbox"/> We are currently unable to provide a new planned TX date.</p> |
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Thank you very much for your help.

With kind regards,  
(Document is valid without signature)