

CORPORATE OFFICE

#723, 2nd floor Chinmaya Mission Hospital Road Indiranagar 1st Stage Bangalore - 560038 T 080 68286500 info@dkms-bmst.org

dkms-bmst.org

Bangalore	Contact: Donor-Patient Contacts followup@dkms-bmst.org
Your patient no: Patient name: GRID: Date of donation on:	
Dear Colleague,	
We received news that our donor's cells had unfortunately not been able to be infused into your patient At the time we received this information, we were unable to learn any information about further plans for infusion. For this reason we would like to ask you to provide us with a short update about plans for this patient's treatment and return this via email to followup@dkms-bmst.org.	
☐ The cells were transfused on	
yyyy.mm.dd □ Plans have been made to transfuse the ce	
☐ Unfortunately we do not have any current	yyyy.mm.dd
You may ask us again on	
Signature:D	
	yyyy.mm.dd
Thank you very much for your time and assistar	nce!
With kind regards, (Document is valid without signature)	