

DKMS
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New York, NY
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info@dkms.org

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New York _____

Donor-Patient Contacts
T +1.212.209.6703
F +1 212 209 6794
USfollowup@dkms.org

Your patient no:
Our donor 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 form to us either by fax to +1 212 209 6794 or via email to .

- ☐ The cells were transfused on _____.
yyyy.mm.dd
- ☐ Plans have been made to transfuse the cells on _____.
yyyy.mm.dd
- ☐ Unfortunately we do not have any current plans to transplant the cells.
You may ask us again on _____.
yyyy.mm.dd
- Signature: _____ Date: _____
yyyy.mm.dd

Thank you very much for your time and assistance!

With kind regards,
(Document is valid without signature)