

DKMS
100 Broadway
6th Floor
New York, NY
10005

T 212.209.6700
info@dkms.org

dkms.org

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:

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 +1 212 209 6794 or via email to
.

- ☐ 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,
(Document is valid without signature)