

**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:

**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 via email to **followup@dkms-bmst.org**

- |  |
|--|
| <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 assistance.

With kind regards,

Case Manager

(Document is valid without signature)