

Please insert on TC's official letter head.

Date: Month, Day, Year

NMDP RID: XXX-XXX-X

NMDP ID: XXXX-XXXX-X

Collection Center:

ACCEPTANCE LETTER FROM THE ESTABLISHMENT

To whom it may concern:

Our patient RID# XXX-XXX-X, in our Bone Marrow Transplant Program with (Insert patient disease) requires a transplant and is approved by our program's guidelines to proceed with the transplant. (Insert name of physician performing transplant) is the patient's physician and is authorized by our allogeneic transplant program, and thus is qualified and accredited to perform the transplant.

Through this means, I expressly request and formalize the acceptance of hematopoietic stem cells coming from your establishment (Insert collection center name) located at (Insert collections center's address), for therapeutic purposes for the patient above mentioned.

We appreciate your understanding and attention to this as an urgent matter.

Sincerely,

Transplant Center Coordinator, Title

Transplant Center Name

Address as noted on the FDA Registration

City, State, Zip Code

Telephone Number