


**ARGENTINE STEM CELL DONOR
REGISTRY**

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SEARCH CANCELLATION

Patient name:	Patient ID number: (assigned by patient's registry)
Transplant center:	

Donor Registry	Donor ID number:	Patient ID number: (assigned by donor's registry)

REASONS FOR CANCELLATION:

Please select <input checked="" type="checkbox"/> the most relevant reason (one response only):
<input type="checkbox"/> No suitably matched donors were available.
<input type="checkbox"/> The patient did not meet the eligibility criteria of the Transplant Center.
<input type="checkbox"/> The patient did not have adequate insurance coverage.
<input type="checkbox"/> The patient responded to alternative therapy therefore marrow transplant was not indicated.
<input type="checkbox"/> The patient received a marrow transplant from another source:
<input type="checkbox"/> Related donor marrow transplant.
<input type="checkbox"/> Autologous marrow transplant.
<input type="checkbox"/> Unrelated donor marrow transplant.
<input type="checkbox"/> Cord blood transplant.
<input type="checkbox"/> The patient's condition deteriorated so as to preclude bone marrow transplant.
<input type="checkbox"/> The patient died.
<input type="checkbox"/> The patient or the patient's family decided the patient should not proceed with an unrelated donor marrow transplant.
<input type="checkbox"/> The patient's physician decided the patient should not proceed with an unrelated donor marrow transplant.
<input type="checkbox"/> Other reason. Please specify:
<input type="checkbox"/> No reason provided.

Cancellation of this search will stop all testing, CT requests and/or the work-up process.

Person Completing Form:	Signature:	Date: (day/month/year)
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