



SEARCH CANCELLATION

Last name: _____ <i>(3 first letters)</i>	First name: _____ <i>(3 first letters)</i>
Patient ID: _____	
Int. Registry: _____	
Date: ____ / ____ / ____ <i>(dd/mm/yy)</i>	

Cancellation reason:

- AUTOLOGOUS TRANSPLANTATION
- RELATED ALLOGENIC TRANSPLANTATION
- UNRELATED ALLOGENIC TRANSPLANTATION

If French donor, please specify Donor: _____

GRID: _____

- REMISSION
- DIFFERENT THERAPY
- TEMPORARY CONTRA-INDICATION
- THERAPEUTIC FAILURE
- CLINICAL STATUS
- CHANGE IN HLA CLASS I TYPING
- DEATH
- OTHER (please specify) _____

Please cancel all outstanding blood sample requests

Please cancel all outstanding DNA typing requests

Name: _____ Signature: _____

To be sent to:

FRANCE GREFFE DE MOELLE Registry

Fax: +33-1-49 98 38 71 or

E-mail: coordination.fgm@biomedecine.fr