



Instituto Português do Sangue e da Transplantação, IP

CANCELLATION FORM



Registo Português de Dadores de Medula Óssea
Portuguese Bone Marrow Donors Registry

IMP.3237.1

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Patient's Name: _____

Patient's Registry ID: _____

1	<input type="checkbox"/>	No suitably-matched donors/cords were available.
2	<input type="checkbox"/>	The patient did not meet the eligibility criteria of the transplant center.
3	<input type="checkbox"/>	The patient responded to alternative therapy; therefore marrow transplant was not an option.
4	<input type="checkbox"/>	The patient will receive/has received a transplant from another source: Specify Source: <input type="checkbox"/> Related donor <input type="checkbox"/> Autologous <input type="checkbox"/> Unrelated donor Specify Product: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Cord Blood <input type="checkbox"/> Pheripheral Blood Stem Cells
		Registry Used (when applicable):
5	<input type="checkbox"/>	The patient's condition deteriorated so as to preclude a bone marrow transplant.
6	<input type="checkbox"/>	The patient died.
7	<input type="checkbox"/>	The patient, patient's family or patient's physician decided the patient should not proceed with an unrelated donor marrow transplant.
8	<input type="checkbox"/>	Other reason, specify:
9	<input type="checkbox"/>	Good health condition.

Please cancel all pending, not activated requests and/or release CBU's reserved for this patient.

Person Completing this form:	Date:
E-mail Address:	Phone: