



Data Access Request Form

Patient given a previous SCT or a previous cell therapy treatment in other centre

Please return by **email** to: registryhelpdesk@ebmt.org (EBMT Registry Office London)

If you scan and return this form by e-mail **you must** password-protect it first.

Please complete the following details. The EBMT / National Registry will check if the patient has been registered in the database. If so we will contact you with the database ID (UIC) and make the patient record available to your centre so that you may enter the subsequent transplant.

Patient details

Date of Birth: _ _ _ _ / _ _ / _ _ (yyyy / mm / dd)

Initials: _ _

Main Diagnosis _____

Date of previous SCT: _ _ _ _ / _ _ / _ _ (yyyy / mm / dd)

Previous hospital (for SCT) _____

Country _____

Your details

CIC code: _ _ _ Print name: _____

Email:

Signed: _____

(The form may be signed by any registered ProMISe user in your centre)