

Access to Patient Given a Previous Treatment in Another Centre

Please return the form via email in a **password-protected** attachment to registryhelpdesk@ebmt.org copying your National Registry, if applicable.

Patient details

Date of Birth: ____ / ____ / ____ (yyyy/mm/dd) **UPN at your Centre:** _____

First Name Initial (only one initial): _____ **Surname Initial** (only one initial): _____

Primary Diagnosis the main treatment was given for at the previous Centre:

Type of the last main treatment given at the previous Centre (Tick \checkmark):

- HCT** (tick \checkmark whichever applicable) Allo HCT Auto HCT
- Cellular Therapy**
- IST**

Date the last main treatment was given at the previous Centre: ____ / ____ / ____ (yyyy/mm/dd)

CIC of previous Centre (if known): _____

Country of previous Centre: _____

Your details

CIC number: _____

Name: _____ **Surname:** _____

Personal Work Email Address: _____

Signature: _____ **Date:** ____ / ____ / ____
(yyyy / mm / dd)