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 √):

☐ **HCT** (tick √ whichever applicable) ☐ Allo HCT ☐ Auto HCT

☐ **Cellular Therapy** ☐ **Gene 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: _____

This request is submitted in accordance with the EBMT data protection framework. Our centre, as an EBMT member and joint controller, requests access to the patient's existing Registry record for the purposes of continuity of care and follow-up, on the basis of prior consent provided to the EBMT Registry.

Name: _____ **Surname:** _____

Personal Work Email Address: _____

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