

Zentralbereich Stammzelle  
Linnepfer Weg 1  
40885 Ratingen  
Germany

Tel: 02102/189-255  
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patient name:

\_\_\_\_\_

donor-ID:

\_\_\_\_\_

date of transplantation:

\_\_\_\_\_

leukocyte engraftment day:

\_\_\_\_\_

thrombocyte engraftment day:

\_\_\_\_\_

Please fax to: DRK Blutspendedienst West  
Zentralbereich Stammzelle

**Fax: +49-2102-189-131**

**Thanks a lot for your help !**