



## *Permission to share Data with CIBMTR*

Please complete this Response Form and Fax to:

Carmen Ruiz de Elvira (+44) (0) 20 7188 8411

BMT Director: \_\_\_\_\_

Institution: \_\_\_\_\_

EBMT CIC Number: \_\_\_\_\_

CIBMTR Team Number: \_\_\_\_\_

I hereby give permission for the EBMT to forward the following Med-A transplants:

1-Type of Transplant

- Allo Only
- Auto Only
- All transplants

2- Since

- Only since \_\_\_\_\_ (Year)
- As Early as reported to EBMT

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by Transplant Centre Director