

Data Access Request Form



Patient given previous HSCT in other centre

Please return by fax to: ProMISe Helpdesk, EBMT Office London, +44 207 188 8411

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 their subsequent transplant.

Patient details

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

Initials: _ _

Main Diagnosis _____

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

Previous hospital (for HSCT) _____

Country _____

Your details

CIC code: _ _ _

Print name: _____

Signed: _____

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