Marrow Donor Program Belgium – Registry
Motstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

UPDATE REQUEST OF CORD SOP AND FORMS

DATE OF REQUEST: (dd/mm/yyyy)

NAME OF THE REQUESTING PERSON:

PARTY :

☐ TRANSPLANT CENTER

☐ CORD BLOOD BANK

CHANGES :

☐ SOP CORD v2 2011 ☐ FORMS CORD

PAGE(S) : FORMS N°:

DESCRIPTION OF REQUEST:

JUSTIFICATION OF REQUEST:

CONCLUSION

APPROVAL OF REQUEST on General Assembly: ☐ YES ☐ NO

If not, please explain why:

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DATE: (dd/mm/yyyy)