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 DONOR SOP AND FORMS

DATE OF REQUEST: (dd/mm/yyyy)
NAME OF THE REQUESTING PERSON:
PARTY :

- ☐ DONOR CENTRE
- ☐ COLLECTION CENTRE
- ☐ TRANSPLANT CENTER
- ☐ HLA LAB

CHANGES :
☐ SOP DONOR v1 2010 ☐ FORMS DONOR

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)