

Zentralbereich Stammzelle
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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 !