|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RECIPIENT IDENTIFICATION | |  | | | | | | | | |
|  | |  | | | | | | | | |
|  |  | | | |  | |  | |  | |
| ID assigned by Anthony Nolan | an\_patientid | | | ID assigned by TC/Registry | an\_tcpatientref | |  | |  | |
|  |  | | |  | |  | |
| TC name | name | | | | | | | | | |
|  |  | | | | | | | | | |
|  | |  | | | | | | | | |
| DONOR/CORD IDENTIFICATION | | | | | | | | | | |
| GRID  Identifnoijfoijdf | an\_gridformatted | | | | | Donor ID (if applicable) | |  | |
|  | | | | | | | | | |
| Cord ID | an\_cord | | | | | | | | |
|  | | |  | | | | | | | | |
| CANCELLATION OR POSTPONEMENT? | | | | | | | | | | | |
| Type | Cancellation  Postponement – potential length of delay: | | | | | | | | | |
|  | | | |  | | | | | | |
| Reason |  | | | | | | | | | |
| COMPLETED BY | | | | | | | | | | |
|  | | | | |  | | | | | |
| Print name |  | | | | | | | | | |
|  |  | | | |  | |  | | | |
| Signature |  | | | | | | | | | |
|  |  | | | |  | |  | | | |
| TC name / donor registry / cord bank / organisation |  | | | | | | | | | |
|  |  | | | |  | |  | | | |
| Date day/month/year |  | | | | | | | | | |
| PLEASE ACKNOWLEDGE RECEIPT | | | | | | | | | | |
| Print name |  | | | | | | | | | |
|  |  | | | |  | |  | | | |
| Signature |  | | | | | | | | | |
|  |  | | | |  | |  | | | |
| TC name / donor registry / cord bank / organisation |  | | | | | | | | | |
|  |  | | | |  | |  | | | |
| Date day/month/year |  | | | | | | | | | |