



Fax to 763-406-8677
or
Email ExcuseForm@NMDP.org

**NATIONAL MARROW DONOR PROGRAM
CPI PHASE III
CORD BLOOD BANK EXCUSE CODE FORM**

Please complete this form and fax it when a cord blood research sample is not available for CPI Phase III.

Date: _____

Cord Blood Bank Name: _____

Cord Blood Bank ID: _____

Person to Contact: _____

Phone #: _____

Email: _____

NMDP Cord ID #: _____

Date CBU Shipped to TC: _____

Transplant Date: _____

Reason research sample not shipped (check appropriate response):

_____ No material available

_____ Other (please explain)

Please retain a copy for your records.

For office use only

Trimester: _____

Date Entered: _____

Initials: _____