NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

Post-Transplant Consent Request

1. Obtain signed "Post-Transplant Consent to Release Personal Information" from the donor/recipient
2. **Requests for consent will not be processed unless the signed consent is included**
3. Submit this completed consent request form AND the signed consent form to Be The Match Patient Services

Attn: Post Transplant
Communications Fax: 763-406-8102
Email connections@nmdp.org

Initiated by: ☐ Donor ☐ Recipient

DID RID

DC number TC number

Date of last collection or transplant:

DC or TC contact for this request:

Phone:

Email:

☐ Check this box ONLY if you are aware the recipient has died and this request is to release information between the donor and recipient's relative.

Comments about this request:

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