

# REQUEST FOR AUTHORISATION - BMDW FORM MR-10

(PLEASE FILL OUT THIS FORM IN UPPERCASE CHARACTERS)

Please note that only institutions which are formally responsible for the care of patients in need of an unrelated stem cell transplant and their designated search units can apply for access to BMDW.

The \_\_\_\_\_ [name of organisation]

Herewith requests authorisation for the use of the on-line services made available by Bone Marrow Donors Worldwide.

By signing this form the person listed below agrees to the confidential use of these services. The username and password provided by BMDW are intended for use by the person listed below, and will not be shared with other persons.

Type of organisation:  transplant centre  tissue typing centre  
 donor centre  other: \_\_\_\_\_

Centre code: TC \_\_\_\_\_ DC \_\_\_\_\_

(if available) Other: \_\_\_\_\_

\_\_\_\_\_ [name of responsible person] \*\*

\_\_\_\_\_ [address line 1]

\_\_\_\_\_ [address line 2]

\_\_\_\_\_ [address line 3]

\_\_\_\_\_ [phone] \*\*

\_\_\_\_\_ [fax] \*\*

\_\_\_\_\_ [e-mail] \*\*

\_\_\_\_\_ [city] \*\*

\_\_\_\_\_ [ZIP-code, state]

\_\_\_\_\_ [date] \*\*, \_\_\_\_\_ [signature] \*\*

\*\* = Required Fields