FAX TO NMDP SCIENTIFIC SERVICES: 612/362-3488

Appendix F
FORMAT FOR SIX-MONTH REPORT WHEN USING RESEARCH SAMPLES

Date: _____ Date samples received: _____

Name of requestor: _____

NMDP Network Center # (if applicable) _____ _____ _____

Institution name: _____

Address: _____

_____

_____

City:_____ State: _____ ZIP: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

1. What stage is the typing project in?

2. What is the projected timeline to completion of the typing project?

3. Please provide feedback on the quality of the samples received (e.g., viability, cell count).

Copyright © 2001 National Marrow Donor Program®. All rights reserved.