## **PATIENT MEDICAL REPORT**

## Please fill out in printed letters and completely!

Name:*			
First name:*			
Date of birth:* (yyyy-mm-dd)	Gender:*		Ethnic group:
Blood group:		CMV-lgG:*	
Comorbidity index:* (according to Sorror, only for patients older than 65 years)		Karnofsky/Lansky score:* (in %)	
Date of initial diagnosis:* (yyyy-mm-dd)		ICD-Code:	
Diagnosis in detail* and status:			
Prognosis relevant findings, IPSS	S/cytogenetics if a	applicable:	
Secondary diagnosis:			
Therapy, clinical course, sensitivi	ty to chemothera	py if applicable:	
If no standard diagnosis accordin	g to DAG-KBT: s	tudy protocol or sh	nort statement:
Transplant center:*			
Name of responsible physician:			
Transplantation is planned in approximately weeks/ _			months
	ng to the current	medical knowledg	stem cell transplantation is the most e. The donor search in the patient´s onor in Germany and abroad is
Date* Signature	e* and stamp* of	responsible physic	cian including name of institution

\*Without indicating this information, your search request cannot be processed.