COBLT
CORD BLOOD TRANSPLANTATION STUDY

SEARCH TRANSFER FORM

MCC Use Only
Date Recd.:

COBLT Recipient ID: ☐☐☐ ☐☐☐☐

COBLT Name Code: ☐☐☐

Center Code: ☐☐☐

To be Completed by Search Coordinator Initiating Transfer

1. Date of transfer . . . . . ☐☐ ☐☐ ☐☐
   M D Y

_____ _____ ☐☐☐☐☐
Signature Date Study ID

To be Completed by Search Coordinator at Final Center

2. Center code at new center . . . . . ☐☐☐

3. COBLT ID to be used for future searches . . . . . ☐☐☐ ☐☐☐☐
   (This should either be the Recipient ID indicated above or the ID which has been used for the Final Center's preliminary searches.)

4. Fax confirmation of transfer to:

   First Initial ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Fax number ☐☐☐--☐☐☐--☐☐☐☐

Comments: _____

_____ _____ ☐☐☐☐☐
Signature Date Study ID