

## Application form for using the Registry Data of APBMT

Please print clearly

Name of applicant:	
Qualifications: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Nursing qualification <input type="checkbox"/> Other specify _____	
Department:	
Institution:	
Country/Region:	e-mail
Phone:	Fax:
Study title:	
Objective:	
Transplant timing; from ____ / ____ / ____ to ____ / ____ / ____	
Disease;	
Patient's age; from ____ y.o. to ____ y.o.	
Count of the transplant; the first transplantation      all transplantation	
Stem cell source; BM, PBS, CB	
Donor types; auto, allo ( related, unrelated)	
Variables and outcomes to be analysed:	
Research presentation: Conference presentation;	
Writing paper;	
Does this research keep with the ethical guideline of your country?    Yes      No	
Does this research get the approval of your institute?    Yes      No	

Please send the completed form to the following address;

APBMT Secretariat/Data Center

Department of Promotion for Blood and Marrow Transplantation  
Aichi Medical University School of Medicine  
1-1, Yazakokarimata, Nagakute, Aichi, 480-1195, Japan  
TEL: +81-561-62-3311 (Ext.12375)  
FAX: +81-561-61-3180  
E-mail: office@apbmt.org