

DATA



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

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