Request for Recipient Transfer

This form indicates that the recipient intends to transfer to a different Transplant Center. This form should be completed after all negotiations between the two Transplant Centers have taken place. The transfer will be considered complete when both centers have signed this form and submitted it to the CIBMTR. Copies of all completed data forms should be sent to the new Transplant Center.

1. Recipient date of birth: 
   Month   Day   Year

2. The recipient is transferring FROM:
   Transplant Center name: ____________________________________________
   Signature of Transplant Center data manager: __________________________

3. The recipient is transferring TO:
   Institutional Unique Blood or MarrowTransplant Identification Number (IUBMID): ____________
   (optional – Center may assign a new IUBMID number if it is used to track the recipient at the new Center)
   Team ID (former CIBMTR number): __________________________
   Signature of Transplant Center data manager: __________________________

The recipient needs to sign an IRB-approved data consent form at the new center before the new center submits follow-up data to the CIBMTR.

4. Has the recipient signed an IRB-approved consent form at the new center for submitting research data to the CIBMTR?
   1 yes
   2 no

5. Date form was signed: 
   Month   Day   Year

6. Signed: __________________________________________________________
   Person completing form

Please print name: __________________________________________

Phone number: (__________) __________________________
   Fax number: (__________), __________________________

E-mail address: ________________________________________________

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).

Mail or fax this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.