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|  | | **CIBMTR Form 2006 Entry Log** | **Dept:** | 324316 |
| **Dept Name** | Bone Marrow Processing Laboratory |
| **Effective Date:** |  |
| **Revised Date:** |  |
| **Name & Title**: CLIA Laboratory Medical Director | | | **Contact:** | Julie Simmons |
| **Signature:** |  | | **Date:** |  |

**Data managers will complete patient name, MR#, and CIBMTR# in columns 1, 2, and 3, and initial and date column 4. Send form to SCTCT Lab vial email (**[**BMT\_Processing\_Lab\_DL@wakehealth.edu**](mailto:BMT_Processing_Lab_DL@wakehealth.edu)**) or fax (6-2635).**

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| **Patient Name**  **1** | **MR#**  **2** | **CIBMTR#**  **3** | **Data Manager Entering Pt Info (Initials/Date)**  **4** | **SCTCT Lab Entering Info**  **(Date/Tech)**  **5** | **SCTCT Lab Tech Checking (Date/Tech)**  **6** |
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