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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****) 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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