

Model Cell Biobank
Unit 127,
North Mersey Business Centre,
Woodward Road,
Knowsley Industrial Park,
Liverpool,
Merseyside,
L33 7UY

Dear Doctor,

Your patient is interested in using our charity's service to store their baby's cord blood stem cells in case they or another member of the family need them in the future.

Allow me to introduce our charity, Leukaemia and Myeloma Research UK. The charity's mission is to prevent people dying from blood cancer through more effective treatment in the future. We are willing to fight blood cancer regardless of how long it might take.

Our vision is to be the leading UK blood cancer charity specialising in stem cell therapy. We will actively support stem cell research into blood cancers, raise awareness of stem cell therapies. The charity has set up the Model Cell Biobank which offers a fully or part funded cord blood stem cell storage service for qualifying families.

To ensure that your patient qualifies for our stem cell storage service we would be grateful if you could complete the attached form and return it to your patient. They will then send it back to us with their application form.

If you would like any more information about the funded cord blood stem cell banking service or the charity, you can either visit our website www.modelcellbiobank.org or contact us using the details below.

Many thanks for your assistance, we really appreciate it.

Yours sincerely,

Veronica
Client Advisor

FN020v6 Eligibility Confirmation

Your patient has applied to the **Leukaemia and Myeloma Research UK** Charity to use the services of **Model Cell Biobank**, to store their baby's umbilical cord blood stem cells in case they are needed by that child or another member of the family in the future.

The charity offers a fully or part funded service to applicants who meet **one** of the following criteria:-

- ❖ Have a history of cancer in their immediate family (son, daughter, spouse/partner, sibling, parent, grandparent, uncle or aunt);
- ❖ If the stem cells from the baby could be used for to treat that baby or another member of the family for a medically proven treatment

Applicants must also meet the funding eligibility criteria that is set out in the Model Cell Biobank Service Funding Terms and Conditions.

Please could you complete the below section and confirm if your patient meets any of the charity's acceptance criteria enabling them to be eligible for the service.

Name of GP	
GP Registration Number	
Practice Address	
Name of Patient	
DOB of Patient	

In signing this form, I confirm that for the above patient (please tick the relevant boxes)

That the stem cells from the baby could be used for to treat that baby or another member of the family for a medically proven treatment

Please state the medical treatment.....

If there is any cancer in the immediate family

Please state the relationship of the affected family member to the patient.....

SignedPrint Name

Date/...../.....