COBLT
CORD BLOOD TRANSPLANTATION STUDY

FORMS MAIL LOG

MCC Use Only
Date Recd.:

Center Code: ☐☐☐
COBLT Center Name: _____

CENTER USE		MCC USE			
COBLT ID	Form Type	Rcvd.	Key	Ver.	Rtd.

Sender's Signature: _____ Date Sent: _____/_____/_____

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