

HEMATOLOGY CELL BANK OF BRITISH COLUMBIA

Application for Participation in a Hematology Working Group

Name _____ Academic Rank/Title _____

Phone Number _____ Email Address _____

Research Institution/Affiliation _____

Please indicate your participation level:

Full Hematology Working Group Membership

Collaborative Membership

Please check your area(s) of interest (please note you may participate in more than one working group):

Hematology Working Group

Acute Myeloid Leukemia (AML)

Acute Lymphoblastic Leukemia (ALL)

Chronic Lymphocytic Leukemia (CLL)

Myeloproliferative Disorder (MPD)

Myelodysplastic Syndrome (MDS)

Multiple Myeloma (MM)

Graft vs. Host Disease (GVHD)

Normal Cells

A Hematology Working Group representative will review your application. For a current list of Hematology Working Group Members please see the Hematology Working Group Participants list posted on this website.

Please provide a brief summary of the work you are interested in pursuing. This may be submitted after your application for participation in a Hematology Working Group has been approved.

HEMATOLOGY CELL BANK OF BRITISH COLUMBIA

Application for Participation in a Hematology Working Group

Project Summary:

Please indicate if you have Research Ethics Approval for this project:

YES NO

Fax application to: (604) 875-5552 Attn: Nerkeza Andjelic, HCB Coordinator

OR

Email application to: Nerkeza.Andjelic@bccancer.bc.ca or hemcellbank@bccancer.bc.ca