

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)

Transplantation

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.

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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) 875-5419 Attn: Nerkeza Andjelic, HCB Coordinator

OR

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