



To be completed by the courier

PATIENT INFORMATION:

DONOR INFORMATION:

Patient Name:	Donor Registry:
Patient ID: (Assigned by the patient's registry)	Donor ID: (Assigned by the donor's registry)

LYMPHOCYTES COLLECTION INFORMATION:

Collection date(s)*:	Product pick-up date* and time*:.....
GMT**:	

COURIER INFORMATION:

Courier Name:	Country of Citizenship:
Passport n°:	Passport expiration date:
Identity card n°:	Phone h. 24 number:
Driver* (Name and last name):	
* specify only if the product is carried via motor vehicle	

COURIER ACCOMODATION:

The courier would like the donor center to make hotel reservations for (.....) nights, arriving on
The courier will make hotel reservations (details listed below)

ARRIVAL ITINERARY TO THE COLLECTION CENTER (local dates & times to be provided):

By:	Airplane	Train	Motor Vehicle	
Departure date & time	Departure Airport	Arrival Airport	Flight/Train #	Arrival Date & time

* month: alphabetical (3 letter abbreviation) – day: numerical (2 digits) – year: numerical (4 digits) time: based on 24 hour clock, with a colon placed between the hours and minutes date and time are based on the local time zone at CC.
** If the product is shipped across time zones: date and time in GMT (Greenwich Mean Time)

Italian Bone Marrow Donor Registry

Form C2-1 (V2 2/2 Jan. 2013)



Courier details
- Lymphocytes collection -

PATIENT INFORMATION:

DONOR INFORMATION:

Patient Name:	Donor ID:
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PRIMARY ITINERARY TO TRANSPLANT CENTER (local dates & times to be provided):

By:	Airplane	Train	Motor Vehicle	
Departure date & time	Departure Airport	Arrival Airport	Flight/Train #	Arrival Date & time

BACK-UP ITINERARY TO TRANSPLANT CENTER (local dates & times to be provided):

By:	Airplane	Train	Motor Vehicle	
Departure date & time	Departure Airport	Arrival Airport	Flight/Train #	Arrival Date & time

DELIVERY INFORMATION (local dates & times to be provided):

Date and Time lymphocytes collection scheduled for delivery:

Name of person completing form:	
Signature:	Date: