



To be completed by the courier

**PATIENT/DONOR INFORMATION:**

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

**HSC COLLECTION INFORMATION:**

Type of collected product: Bone Marrow PBSC	Collection date(s)*: ..... In case of PBSC indicate I day of collection	
Product pick-up date* and time* (Bone Marrow)	Product pick-up date* and time* (PBSC: I day of collection)	Product pick-up date* and time* (PBSC: II day of collection)
.....	.....	.....
UTC**:		

**COURIER INFORMATION:**

Courier Name:	Country of Citizenship:
Passport n°:	Passport expiration date:
Identity card n°:	Identity card expiration date:
Phone h. 24 number:	Driver Name*: <small>* specify only if the product is carried via motor vehicle</small>

**COURIER ACCOMODATION:**

The courier would like the donor center to make hotel reservations for (.....) nights, arriving on .....
The courier will make hotel reservations (specify hotel address, phone and fax numbers) .....

**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 UTC (Coordinated Universal Time)

Italian Bone Marrow Donor Registry

**Form C2** (V5 2/2 Aug. 2021)



*Courier details  
- HSC collection -*

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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 & Time scheduled for the delivery of the stem cells: .....
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Name of person completing form:	Company:
Signature:	Date: