To be completed by the Requesting center

PATIENT DATA:

Patient ID:					
Diagnosis:			Current disease status:		
Date of birth (mm/dd/yyyy): ……………………………..………	Gender:	Weight: kg		CMV:	Blood group:

TRANSPLANT CENTER:

Hospital:	Contact Name:
Address:	Phone n°:
	Fax n°:

HPC-CORD BLOOD UNIT REQUESTED:

HPC-Cord blood unit code:

PROTOCOL DATA:

Number of days of conditioning prior to transplant: ………..   The patient will be infused with n°…………cord blood unit/s

HPC-CBU SHIPPING/TRANSPLANT DATES (mm/dd/yyyy):

Proposed shipping dates:		Scheduled transplant dates:	
1		1	
2		2	

The patient's conditioning regimen cannot begin before the arriving of the HPC-CBU at the transplant center (TC). The TC is allowed to maintain cryopreserved the shipped cord blood unit only for the time frame strictly necessary for the therapeutic treatment. The unit released could not be sent back to the cord blood bank for any reason. In case the patient is no longer eligible for transplantation, the shipped unit must be destroyed. In case the unit arrives at the TC strongly damaged due to the transport, the TC will be asked to pay for the effective expenses the CBB had for the quality control tests and transport. By accepting these cells, the transplant physician also accepts these terms and conditions.

DELIVERY ADDRESS FOR HPC-CBU

The HPC-cord blood unit should be delivered to the following address:	
Phone n°:	Fax n°:

ADDITIONAL SAMPLES REQUIRED

DNA: Yes°   No   Maternal plasma and/or serum: Yes°   No
°Sample/s requested to be shipped with the unit: Yes   No^
^ Sample/s to be shipped to the same delivery address for HPC-CBU: Yes   No (provide address)
Sample proposed shipping date*: ……………………………

Person completing Form:	Signature:	Date (mm/dd/yyyy): ………………..
Required document to accompany this request: Form RC307-rec		

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