



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)

**HSC COLLECTION INFORMATION:**

Type of collected product: Bone Marrow PBSC	Collection date(s)*: .....	
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°:	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 (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)



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