

T10

COURIER & EMERGENCY CONTACT INFORMATION DURING STEM CELL TRANSPORTATION

Page 1 of 2

PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Transplant centre:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)
Collection date(s): (YYYY-MM-DD)	

DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	

COURIER DATA	
Courier first name:	Courier last name:
Passport number:	
Country of citizenship:	
Expiration date: (YYYY-MM-DD)	
Date and estimated time of arrival in city of collection centre: (YYYY-MM-DD)	Time: (HH:MM)
Hotel:	
Address:	
ZIP code:	
City:	
Country:	
Phone:	
Fax:	
Confirmation number:	
Please attach the itinerary to this form. The itinerary must be provided in (or translated into) English.	

DONOR REGISTRY DATA	PATIENT REGISTRY DATA
Contact person:	Contact person:
Phone:	Phone:
Fax:	Fax:
24 hour phone:	24 hour phone:
Pager:	Pager:
E-mail:	E-mail:

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Page 2 of 2

PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Transplant centre:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	

COLLECTION CENTRE (Pick-up address)	TRANSPLANT CENTRE (Delivery address)
Institution:	Institution:
Address:	Address:
ZIP code:	ZIP code:
City:	City:
Country:	Country:
Contact person:	Contact person:
Phone:	Phone:
Fax:	Fax:
24 hour phone:	24 hour phone:
Pager:	Pager:
E-mail:	E-mail:
Date & time (YYYY-MM-DD and HH:MM, please include timezone) stem cells expected to be ready for transport:	Date & time (YYYY-MM-DD and HH:MM, please include timezone) stem cells scheduled for delivery:

Name of person completing form:	Date: (YYYY-MM-DD)	Signature:
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