



**CENTRUM ORGANIZACYJNO-KOORDYNACYJNE ds. TRANSPLANTACJI**  
**Centralny Rejestr Potencjalnych Niespokrewnionych Dawców Szpiku**  
**i Krwi Pępowinowej POLTRANSPLANT**  
02-001 Warszawa, Al. Jerozolimskie 87

Warszawa, 22 czerwca 2017 r.

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**WU-COURIER DETAILS**

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Section A: to be completed by Donor Center

COLLECTION INFORMATION			
Patient name:		Patient ID (assigned by patient registry)	
Patient Registry:	Date of Birth: (YYYY-MM-DD)	Patient ID (assigned by donor registry)	
Donor ID:		Donor Registry:	
Collection Center (Pick-up Address):		Contact name:	
		Phone:	
		Fax:	
		e-mail:	
Confirmed first collection date (BM or PBSC):		Date: (YYYY-MM-DD):	
Date and time product ready to pick-up:		Date: (YYYY-MM-DD):	Time:
If second apheresis required (PBSC):		Date: (YYYY-MM-DD):	Time:

SECTION B: to be completed by the institution providing the courier

Courier name :		Passport number
Courier cell phone:		Country of citizenship:
Date (YYYY-MM-DD) and time of intended product pick-up:		

**MARROW/PBSC/T-cell TRANSPORTATION**

*The courier must be provided of an appropriate transport container by his institution.*

Transport: <input type="checkbox"/> by aircraft <input type="checkbox"/> by train <input type="checkbox"/> by car
Flights dates and numbers:

ACCOMODATION: <input type="checkbox"/> Accommodation required. Please reserve the room for .... nights arriving on: (YYYY-MM-DD) <input type="checkbox"/> The courier does not need accommodation and can be reached at : (phone number).....
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Comments:
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Person who authorized the courier:	Date(YYYY-MM-DD)	Signature:
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