

**COURIER INSTRUCTIONS**

(Deverá ser preenchido pelo funcionário do Centro de Coleta (CC) onde será realizado a coleta e retirada do produto pelo *courier*)

Donor ID/BR (DMR):

Patient ID:

INSTRUCTIONS

PRODUCT: BM Apheresis DLI

COLLECTION DATE (DAY 1):

COLLECTION DATE 2 (DAY 2 – IF NECESSARY):

TIME DO PICK UP THE PRODUCT (DAY 1): AM PM

TIME DO PICK UP THE PRODUCT (DAY 2- IF NECESSARY): AM PM

WHERE TO PICK UP THE PRODUCT

Collection Center Name:

Address:

Floor:

Section:

PERSON TO CONTACT AT THE COLLECTION CENTER:

Name:

Phone 1:

Phone 2:

EMERGENCY PHONE NUMBERS:**HOTEL SUGGESTION:**