



PRE-TRANSPLANT WORK-UP COURIER DETAILS

BONE MARROW

PBSC

LYMPHOCYTES

PLEASE RETURN THIS DOCUMENT TO FGM ONE WEEK PRIOR TO TRANSPLANT AT THE LATEST

PATIENT'S INTL ID: _____
DONOR'S CODE: _____
COLLECTION DATE(S): ___/___/___ (+ ___/___/___) TRANSPLANT DATE: ___/___/___
CONFIRMED STEM CELL PICK UP ADDRESS: YES NO

COURIER'S IDENTIFICATION

COURIER'S NAME (BLOCK LETTERS): MS MR DR _____
PASSPORT N°: _____ NATIONAL IDENTITY CARD N°: _____
ARRIVAL DATE IN FRANCE ___/___/___ APPROXIMATE ARRIVAL TIME _____
MOBILE PHONE (MANDATORY): _____

ACCOMMODATION

PLEASE INDICATE WHERE THE COURIER CAN BE CONTACTED THE EVENING PRIOR TO COLLECTION:

TEL N°: _____

STEM CELL TRANSPORTATION

RETURN ITINERARY FROM COLLECTION CENTRE TO TRANSPLANT CENTRE

1ST ITINERARY DEPARTURE: ___/___/___ BY <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> ROAD (<input type="checkbox"/> TAXI <input type="checkbox"/> AMBULANCE) if by road, driver's name: _____ FROM: _____ TO: _____ VIA: _____				
DEPARTURE	ARRIVAL	FLIGHT/ TRAIN N°	DEPARTURE TIME	ARRIVAL TIME
city/airport or railway station	city/airport or railway station			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2ND ITINERARY (BACK UP) DEPARTURE: ___/___/___ BY: <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> ROAD (<input type="checkbox"/> TAXI <input type="checkbox"/> AMBULANCE) if by road, driver's name: _____ FROM: _____ TO: _____ VIA: _____				
DEPARTURE	ARRIVAL	FLIGHT/ TRAIN N°	DEPARTURE TIME	ARRIVAL TIME
city/airport or railway station	city/airport or railway station			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSPLANT CENTRE

ADDRESS: _____ TRANSPLANT PHYSICIAN: _____

TEL. N°: _____ FAX N°: _____

THE SECURITY / CUSTOMS DOCUMENTS NEEDED BY THE COURIER TO EXPORT THE PRODUCT WILL BE PREPARED BY FGM AND DELIVERED BY THE COLLECTION CENTRE, TOGETHER WITH THE STEM CELLS.

DATE: ___/___/___ PERSON COMPLETING THE FORM: _____

FRANCE GREFFE DE MOELLE

CI.019

09/18