

PRE-TRANSPLANT WORK-UP COURIER DETAILS



□ BONE MARROW □ PBSC

□ LYMPHOCYTES

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

COLLECTION DATE(S):/ (+/) TRANSPLANT DATE:// CONFIRMED STEM CELL PICK UP ADDRESS: □ YES □ NO COURIER'S IDENTIFICATION COURIER'S IDENTIFICATION COURIER'S NAME (BLOCK LETTERS): □ MS □ MR □ DR PASSPORT N': APPROXIMATE ARRIVAL TIME MOBILE PHONE (MANDATORY): ACCOMMODATION PLEASE INDICATE WHERE THE COURIER CAN BE CONTACTED THE EVENING PRIOR TO COLLECTION: TEL N°: TEL N°: STEM CELL TRANSPORTATION RETURN ITINERARY FROM COLLECTION CENTRE TO TRANSPLANT CENTRE 1 ST ITINERARY FROM COLLECTION CENTRE TO TRANSPLANT CENTRE 1 ST ITINERARY FROM COLLECTION CENTRE TO TRANSPLANT CENTRE 1 ST ITINERARY DEPARTURE: / BY □ AIR □ RAIL □ ROAD (□ TAXI □ AMBULANCE) if by road, driver's name: VIA: VIA: 2 ND ITINERARY (BACK UP) DEPARTURE: / BY: □ AIR □ RAIL □ ROAD (□ TAXI □ AMBULANCE) if by road, driver's name: STO VIA: VIA: 2 ND ITINERARY (BACK UP) DEPARTURE: / BY: □ AIR □ RAIL □ ROAD (□ TAXI □ AMBULANCE) if by road, driver's name: STO VIA: VIA: ARRIVAL diviarport or railway station VIA: ARRIVAL MARE VIA: VIA: DEPARTURE ARRIVAL RAIL □ ROAD (□ TAXI □ AMBULANCE) if by road, driver's name: STO TO: VIA:	PATIENT'S INTL ID:				
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1 ST ITINERARY DEPARTURE: / / BY AIR RAIL ROAD (□ TAXI □ AMBULANCE) if by road, driver's name: FROM: TO:					CENTRE
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DATE: / / PERSON COMPLETING THE FORM:		-	ring the form:		
FRANCE GREFFE DE MOELLE CI.D19		ELLE			