



Worksheet	CBB W 010.004.003/15.3
Work-up Cancellation	

ORDERING INFORMATION

Cord Blood Unit DIN: **Date ordered:**

Planned Shipment date:

REQUESTING ORGANIZATION

Institution:	Contact person:
Address:	Tel:
Tel.:	Cell.:
Fax:	Fax:
Email:	Email:

RECIPIENT

Name: **Registry ID:**

Transpl. Physician: **Transplant Center:**

CANCELATION DETAILS

Date:

Reason:

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Work-up Cancellation

By signing the present I declare that have read and understood Hellenic Cord Blood Bank's policy on work-up cancellation and I request the cancellation of shipment for the above cord blood unit.

Form completed by : _____

Date: _____

Form completed on behalf of
(if applicable): _____

Ordering Physician: _____

Signature: _____

Please print and complete this form and send it by:

email to registry-hcbb@bioacademy.gr

or by fax to **+30 210 65 97 342**

Important Information:

The Hellenic Cord Blood Bank has a strict NO RETURN policy for cord blood units that left its inventory. For this reason, cancelation requests should be communicated to the cord blood bank AT LEAST one day before the planned shipment date.

Cord blood units that have left the HCBB inventory before receipt of the cancelation request, shall be invoiced properly.

