

Worksheet



CBB W 010.004.003/15.3

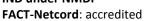
Work-up Cancelation	
ORDERING INFORMATION	
Cord Blood Unit DIN:	Date ordered:
Dlanned Chinment data	
REQUESTING ORGANIZATION	
Institution:	Contact person:
Address:	Tel:
Tel.:	Cell.:
Fax:	Fax:
Email:	Email:
RECIPIENT	
Name:	Registry ID:
Transpl. Physician:	Transplant Center:
CANCELATION DETAILS	
Date:	
Reason:	

Hellenic Cord Blood Bank, Athens BRFAA 4, Soranou Efesiou Str. 11527, Athens-Greece

Phone: +30 2106597340, Fax: +30 2106597342

FDA Registration: 3008298174

IND under NMDP









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Work-up Cancelation	

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 : Form completed on behalf of (if applicable):	Date:			
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.

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FACT-Netcord: accredited

