



Ezer Mizion BMDR Fee Schedule

Effective January 1st 2024



Service	Price (US \$)
Preliminary Search	No charge
HLA Typing	
HLA-A Intermediate resolution	\$150
HLA-B Intermediate resolution	\$150
HLA-C Intermediate resolution	\$150
HLA-DRB1 Intermediate resolution	\$225
HLA-A High resolution	\$300
HLA-B High resolution	\$300
HLA-C High resolution	\$300
HLA-DRB1 High resolution	\$350
HLA-DQB1 High resolution	\$250
HLA-DPB1 High resolution	\$250
HAC – Health and Availability Check	
<i>Informative conversation including clarification of medical suitability (HHQ) and clarification of donor availability.</i>	\$150
Sample Procurement	
Verification Typing - Including blood sample provision, ABO, IDM tests and shipment (by Fedex)	\$1000
Pre collection - Including blood sample provision and shipment (by Fedex)	\$500
IDM Samples Shipment to NMDP - Including blood sample provision and shipment (by Fedex Next Day Service)	\$500
Work-Up	
BM or PBSC harvest * (including Search, Match & Connect Export Fee of \$80 ***)	\$24,500
Blood Lymphocyte (DLI)	\$10,000
Postponement/Suspension - Pre -medical examination	\$500
Postponement/Suspension Post -medical examination	\$1,500
Cancellation Pre -medical examination**	\$1,350
Cancellation Post -medical examination**	\$3,500
Cancellation after GCSF administration **	\$5,000
Courier Services	Varies

*In exceptional cases donor flight expenses will be charged, centers will be notified in advance

** Cancellation will be charged regardless if postponement/suspension was charged.

Payment details:

All invoices should be paid free of bank charge and must indicate IBAN number

Payment should be made by money order or bank draft expressed in US\$ for full amount invoiced free of bank charges to:

EZER MIZION

Bank: THE FIRST INTERNATIONAL BANK OF ISRAEL LTD

Branch: PAGI RABBI AKIVA NO 183,

Account no. 106-636304

IBAN no: IL650521830000000636304

Swift Code: firbilitXXX

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Please fill out the following details and return to Ezer Mizion at : Leaf@bmdr.org.il

Finance Dep. Contact person details:

Registry/TC:

Name:

E-mail address:

Phone no:

Please indicate your terms of payment:

Due net: 30 Due net: 60

Please indicate the date of month for payment transfer, if available:

Registry representative name:

Date:

Signature: _____