Barcelona Tissue Bank
Banc de Sang i Teixits

REQUEST FOR
AMNIOTIC MEMBRANE EXTRACT

Sent by email to **bt@bst.cat**

1. DETAILS OF THE REQUESTING HOSPITAL OR CENTRE

Requesting Dr. (full name)

Department **Implanting centre**

Address

Postcode Town/City

Phone no. Email address

Address of delivery

Postcode Town/City

Billing centre

Phone no. Email address

CIF (Tax ID code) Contact person

Policyholder/Policy no.

Authorization Order no./Purchase order

2. RECIPIENT DETAILS

Full name **Medical history no.**

Age Informed consent Yes ☐ No ☐ Phone no.

3. INDICATION FOR THE USE OF THE AMX

☐ Corneal ulcer
☐ Non-infectious keratitis
☐ Surgery or post-surgery coadjuvant
☐ Limbal stem cell deficiency
☐ Dry eye (aetiology)
☐ Other (specify)

4. TYPE OF TREATMENT

Consideration is given to:

Low use: 1-2 applications/day
Medium use: 3-4 applications/day
Intensive use: 5-7 applications/day

Dosage (specify)

Please check the box with the type of treatment:

	Low use	Medium use	Intensive use
Unilateral	☐ 2 vials/month	☐ 2 vials/month	☐ 3 vials/month
Bilateral	☐ 2 vials/month	☐ 3 vials/month	☐ 6 vials/month

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5. DURATION OF TREATMENT

Please check number of months requested

☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year (chronic)

The application will be valid for a maximum of one year.
Indicate any special characteristics if required:

6. TISSUE SPECIFICATIONS

Given the type of treatment and the duration of the treatment, the number of vials requested is:
(remember that 1 vial of extract has a shelf life of 15 days once reconstituted and that the minimum treatment period is one month)

☐ **BT7018** Amniotic membrane extract

☐ 2 vials ☐ 4 vials ☐ 9 vials ☐ 18 vials
☐ 3 vials ☐ 6 vials ☐ 12 vials ☐ Other (specify)

Delivery date

1. I hereby state that I know and meet all the stipulations of Royal Decree Law 9/2014 on the use of human tissues for transplantation.
2. I agree to provide information to the bank issuing the tissue on incidents related to the transplantation and its course.

Transplanting physician's medical licence no.

Signature

Date

The cost of transportation shall always be borne by the applicant.

Banc de Sang i Teixits
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