



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 Urgent request Yes No

Diagnosis

3. INTERVENTION

Date Time Place/Operating theatre

4. TISSUE SPECIFICATIONS

BT5001 Cryopreserved plain skin (cm) **BT5003** Glycerolized plain skin (cm)

BT5002 Hypothermic plain skin (cm) **BT5004** Glycerolized mesh skin (cm)

Surface in cm² Units

Indicate any special characteristics, such as thickness, if required

- 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.
- 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.

