



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 Diagnosis

3. INTERVENTION

Date Time Place/Operating theatre

4. TISSUE SPECIFICATIONS

Type

Units Size (measurements)

Deposit Yes No

- 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.

Date

Signature

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