



### 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. SPECIFIC VALVE CHARACTERISTICS

#### Valves

- BT7022** Aortic valve
- BT4023** Pulmonary valve
- BT4024** Mitral valve

#### Specific valve characteristics

Valve diameter

Length

Aortic arch  Yes  No

Pulmonary bifurcation  Yes  No

Others

The availability of vascular tissue in the Tissue Bank is given here.  
We will take care of selecting the product that best suits your needs.

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## 5. SPECIFIC VALVE CHARACTERISTICS

### Arteries

- BT4030** Pulmonary artery
- BT4037** Half right pulmonary artery
- BT4037** Half left pulmonary artery

### Vascular segments

- BT4031** Ascending aorta complete arch
- BT4025** Thoracic aorta 8-20 cm
- BT4027** Short aortoiliac bifurcation < 40 cm
- BT4033** Femoral aortoiliac bifurcation > 40 cm
- BT4028** Iliac artery < 40 cm
- BT4034** Femoral iliac artery > 40 cm
- BT4039** Iliac arteries (2u) < 40 cm
- BT4038** Femoral iliac arteries (2u) > 40 cm
- BT4029** Femoral artery < 40 cm
- BT4035** Femoral artery > 40 cm
- BT4042** Femoral arteries < 40 cm
- BT4041** Femoral arteries > 40 cm

### Specific valve characteristics

Straight tube

Forked

Approx. Diameter    Proximal     Distal

Length

Others

The availability of vascular tissue in the Tissue Bank is given here.  
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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.

Date

Signature

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