



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

## 1. DETAILS OF THE REQUESTING HOSPITAL OR CENTRE

### Implanting centre

Requesting Dr. (full name)

Department

Address

Postcode

Town/City

Phone

Email

Address of delivery

Postcode

Town/City

### Billing centre

Phone

Email

CIF (Tax ID code)

Contact person

Policyholder/ Policy No.

### Authorization

Order No./ Purchase order

## 2. RECIPIENT DETAILS

Full name

Medical history No.

Age

Diagnosis

CIP / ID card

## 3. SURGERY

Date

Time

Place/Operating theatre

## 4. TYPES OF TISSUE (Tissues marked with the symbol (\*) will be generated on demand)

### Particulated bone

|                                                                             | Quantity             |                                                                                          | Quantity             |
|-----------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> <b>BT1009</b> CAN2 - Cancellous chips 2 cc         | <input type="text"/> | <input type="checkbox"/> <b>BT3004</b> *CAN_CUB5 - Cancellous cubes 5 cc                 | <input type="text"/> |
| <input type="checkbox"/> <b>BT1010</b> CAN5 - Cancellous chips 5 cc         | <input type="text"/> | <input type="checkbox"/> <b>BT3006</b> *CAN_CUB10 - Cancellous cubes 10 cc               | <input type="text"/> |
| <input type="checkbox"/> <b>BT3011</b> CAN10 - Cancellous chips 10 cc       | <input type="text"/> | <input type="checkbox"/> <b>BT3005</b> *CAN_CUB15 - Cancellous cubes 15 cc               | <input type="text"/> |
| <input type="checkbox"/> <b>BT3012</b> CAN15 - Cancellous chips 15 cc       | <input type="text"/> | <input type="checkbox"/> <b>BT3007</b> *CAN_CUB30 - Cancellous cubes 30 cc               | <input type="text"/> |
| <input type="checkbox"/> <b>BT3013</b> CAN30 - Cancellous chips 30 cc       | <input type="text"/> | <input type="checkbox"/> <b>BT1020</b> *GCAN 0.5 - Mineralized ground cancellous 0.5 cc  | <input type="text"/> |
| <input type="checkbox"/> <b>BT3026</b> CE5 - Corticocancellous chips 5 cc   | <input type="text"/> | <input type="checkbox"/> <b>BT1016</b> Mineralized ground cortical 0.5 cc (0.25-0.85 mm) | <input type="text"/> |
| <input type="checkbox"/> <b>BT3027</b> CE10 - Corticocancellous chips 10 cc | <input type="text"/> | <input type="checkbox"/> <b>BT1017</b> *Mineralized ground cortical 0.5 cc (0.5-0.85 mm) | <input type="text"/> |
| <input type="checkbox"/> <b>BT3028</b> CE15 - Corticocancellous chips 15 cc | <input type="text"/> | <input type="checkbox"/> <b>BT1002</b> Mineralized ground cortical 1 cc (0.25-0.85 mm)   | <input type="text"/> |
| <input type="checkbox"/> <b>BT3029</b> CE30 - Corticocancellous chips 30 cc | <input type="text"/> | <input type="checkbox"/> <b>BT1018</b> *Mineralized ground cortical 1 cc (0.5-0.85 mm)   | <input type="text"/> |
|                                                                             |                      | <input type="checkbox"/> <b>BT1004</b> Mineralized ground cortical 2 cc (0.25-0.85 mm)   | <input type="text"/> |
|                                                                             |                      | <input type="checkbox"/> <b>BT1019</b> *Mineralized ground cortical 2 cc (0.5-0.85 mm)   | <input type="text"/> |

# REQUEST FOR FREEZE-DRIED BONE TISSUE

## Bone fragments

Quantity

|                                                                                          |                      |
|------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> <b>BT1006</b> CUBE - Cancellous cube (1 x 1 x 1 cm)             | <input type="text"/> |
| <input type="checkbox"/> <b>BT3023</b> CANBLOCK1,3 - Cancellous block (1.3 x 1.3 x 3 cm) | <input type="text"/> |
| <input type="checkbox"/> <b>BT3024</b> CANBLOCK1,5 - Cancellous block (1.5 x 1.5 x 3 cm) | <input type="text"/> |
| <input type="checkbox"/> <b>BT3025</b> CANBLOCK2,0 - Cancellous block (2 x 2 x 3 cm)     | <input type="text"/> |
| <input type="checkbox"/> <b>BT3015</b> ICW2 - Tricortical iliac crest (1.2 x 3 cm)       | <input type="text"/> |
| <input type="checkbox"/> <b>BT3016</b> ICW5 - Tricortical iliac crest (1.5 x 3 cm)       | <input type="text"/> |
| <input type="checkbox"/> <b>BT3017</b> ICW8 - Tricortical iliac crest (1.8 x 3 cm)       | <input type="text"/> |
| <input type="checkbox"/> <b>BT3018</b> ICW2-0 - Tricortical iliac crest (2 x 3 cm)       | <input type="text"/> |
| <input type="checkbox"/> <b>BT3019</b> ICW2-6 - Tricortical iliac crest (2 x 6 cm)       | <input type="text"/> |
| <input type="checkbox"/> <b>BT1011</b> IS - Bicortical iliac crest strip (2 x 2 cm)      | <input type="text"/> |
| <input type="checkbox"/> <b>BT3014</b> IS2.6 - Bicortical iliac crest strip (2 x 6 cm)   | <input type="text"/> |
| <input type="checkbox"/> <b>BT3041</b> *CL12 - Cloward dowel (D = 12 mm)                 | <input type="text"/> |
| <input type="checkbox"/> <b>BT3042</b> *CL14 - Cloward dowel (D = 14 mm)                 | <input type="text"/> |
| <input type="checkbox"/> <b>BT3043</b> *ID14 - Iliac dowel (D = 14 mm)                   | <input type="text"/> |
| <input type="checkbox"/> <b>BT3045</b> *FRAG_ESP_P_L - Cancellous bone fragment          | <input type="text"/> |
| <input type="checkbox"/> <b>BT3022</b> *FC - Femoral condyle                             | <input type="text"/> |
| <input type="checkbox"/> <b>BT3002</b> *FH - Femoral head                                | <input type="text"/> |
| <input type="checkbox"/> <b>BT3020</b> FSSP - Femoral strut (2 x 12 cm)                  | <input type="text"/> |
| <input type="checkbox"/> <b>BT3021</b> TSSP - Tibial strut (1.5 x 10 cm)                 | <input type="text"/> |
| <input type="checkbox"/> <b>BT3044</b> FIBSP - Fibular segment                           | <input type="text"/> |

## Soft tissues

Quantity

|                                                                                            |                      |
|--------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> <b>BT1007</b> PFLS - Periodontal fascia lata small (2.5 x 2.5 cm) | <input type="text"/> |
| <input type="checkbox"/> <b>BT1008</b> FLR4.4 - Fascia lata (4 x 4 cm)                     | <input type="text"/> |
| <input type="checkbox"/> <b>BT3008</b> FLR - Fascia lata (6 x 6 cm)                        | <input type="text"/> |
| <input type="checkbox"/> <b>BT3009</b> FLM - Fascia lata medium (3 x 15 cm)                | <input type="text"/> |
| <input type="checkbox"/> <b>BT3010</b> FLL - Fascia lata large (>70 cm²)                   | <input type="text"/> |
| <input type="checkbox"/> <b>BT3031</b> PERIM - Pericardium medium (3 x 5 cm)               | <input type="text"/> |
| <input type="checkbox"/> <b>BT3030</b> PERIL - Pericardium large (6 x 6 cm)                | <input type="text"/> |

## Demineralized bone

Quantity

|                                                                                            |                      |
|--------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> <b>BT1001</b> DGC0,5<br>Demineralized ground cortical bone 0,5 cc | <input type="text"/> |
| <input type="checkbox"/> <b>BT1003</b> DGC1<br>Demineralized ground cortical bone 1 cc     | <input type="text"/> |
| <input type="checkbox"/> <b>BT1005</b> DGC5<br>Demineralized ground cortical bone 5 cc     | <input type="text"/> |
| <input type="checkbox"/> <b>BT1012</b> DBMPutty 1 cc<br>Demineralized bone matrix 1 cc     | <input type="text"/> |
| <input type="checkbox"/> <b>BT1013</b> DBMPutty 2,5 cc<br>Demineralized bone matrix 2.5 cc | <input type="text"/> |
| <input type="checkbox"/> <b>BT1014</b> DBMPutty 5 cc<br>Demineralized bone matrix 5 cc     | <input type="text"/> |
| <input type="checkbox"/> <b>BT1015</b> DBMPutty 10 cc<br>Demineralized bone matrix 10 cc   | <input type="text"/> |

## Additional comments

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.

Physician's medical licence No.

Signature

Date

The shipping costs must always be assumed by the applicant.