

COURIER INSTRUCTIONS

PATIENT DATA:

Patient name:		Date of birth: (Day/Month/Year)	
Patient ID number: (assigned by patient's registry)	Patient ID number: (assigned by donor's registry)	Patient Registry:	

DONOR DATA:

GRID number:		Donor ID number:	
Date of birth: (Day/Month/Year)	Gender: M F	Donor Registry:	

PICK-UP INFORMATION

First Collection date: (Day/Month/Year) If PBSC, if a second collection is needed, it will be planned for the following day.	
Pick-up date and time if <u>one</u> collection is sufficient: (Day/Month/Year at HH:MM)	at
Pick-up date and time if <u>two</u> collections are necessary (PBSC only): (Day/Month/Year at HH:MM)	at
Collection Center:	
Pick-up address:	
Contact person:	
Phone:	
24h phone:	
Email:	

TRAVEL INFORMATION

Travel directions:	
Hotel recommendations (close to the pick-up address):	

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INSTRUCTIONS

Please provide us with the name and passport number, 24/7 emergency phone number and the itinerary of the courier as soon as possible (including flight numbers of arrival and departure).

The courier is requested to confirm arrival in Belgium. Please call _____ to confirm arrival during office hours. In addition, the courier is requested to come to the collection center 15 minutes before the indicated pick up time.

Comments:

Person Completing Form:

Signature:

Date:
(Day/Month/Year)