| Dag | uloctina | Tranci | alant | Link | Contor | • |
|-----|----------|--------|--------|------|--------|---|
| VEA | uesting | 114115 | Dialit | Hub/ | Center | • |

| Recipient ID: | Recipient Name : | | | | |
|-------------------------------|-------------------|--|--|--|--|
| BTCSCC Recipient ID: | Donor GRID: | | | | |
| | | | | | |
| Shipping Date : | Courier Service : | | | | |
| Suggested Arrival Date : | Airbill Number: | | | | |
| Designated Laboratory: | | | | | |
| | | | | | |
| | | | | | |
| Person completing this form : | | | | | |
| Signature : | Date : | | | | |
| TEL: Ext: | FAX: | | | | |

The blood/DNA samples received are intended solely for the purpose of HLA typing and other analyses relevant for evaluation of the donor for stem cell donation. Usage for research and development is only allowed when the transplant center has a review/ethical board approval. Additional blood/DNA samples can only be requested and used for research and development after written permission from BTCSCC. All samples must be discharged according to WMDA guidelines unless exceptions have been agreed upon with BTCSCC. By accepting the samples, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to BTCSCC for approval.

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