



Marrow Donor Program Belgium - Registry
Motstraat 40 2800 Mechelen
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Email : MDPB-registry@rodekruis.be

ADDITIONAL INFORMATION INVOICE DONOR SAMPLE TRANSPORT

Required document to accompany invoice (to MDPB-Registry) for sample procurement / shipment

Patient ID number:	
Patient Registry:	
Donor ID number:	

<i>Please attach the copy of the invoice of the courier company.</i>		
Service (tick if applicable)	PRICE	SERVICE DATE (dd/mm/yyyy)
<input type="checkbox"/> Blood sample collection	250 €	Date:
<input type="checkbox"/> IDM testing	125 €	Date:
<input type="checkbox"/> Blood sample shipment	€	Date:
<input type="checkbox"/> Other: (Please specify)	€	Date:
TOTAL AMOUNT:	€	

Person Completing Form:	
Telephone number:	
Fax number:	
Email address:	

Above services will be re-billed to the International Registry including administration fee of 30 € per invoice according to Fee schedule MDPB Registry (applicable as from January 1st 2011).