



**Marrow Donor Program Belgium - Registry**  
**Motstraat 40 2800 Mechelen**  
**Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56**  
**Email : MDPB-registry@rodekruis.be**

## **CORD BLOOD UNIT TRANSFER PLAN (HPC, CB)**

### **CORD BLOOD IDENTIFICATION:**

Cord ID:	
Institution: Address:	Contact name: Phone no:

### **PATIENT DATA:**

Patient name:	Patient ID number: (assigned by patient's registry)
Patient registry/Transplant Center:	Patient ID number: (assigned by donor's registry)
Estimated transplant date:	Date of birth: (Day/Month/Year)

### **A. TO BE COMPLETED BY THE CORD BLOOD BANK:**

<input type="checkbox"/>	<b>Transport will be organized by the requesting Transplant Center or registry.</b> Date and time of pickup: Pick up address: Contact person: Phone no: Use of dry shipper from the Cord Blood Bank: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>The Cord Blood Bank will ship the unit in a dry shipper.</b>
<b>Remarks:</b>	

Person Completing section A:	Signature:	Date (Day/Month/Year):
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### **B. TO BE COMPLETED BY THE CENTER WHO ORGANIZES THE TRANSPORT:**

Date and time of pickup:
Transport company:
Job number:
LTA or Airway bill number:
Date and time of arrival at transplant center:
Shipment address:

Person Completing section B:	Signature:	Date (Day/Month/Year):
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**C. TO BE COMPLETED BY THE TRANSPLANT CENTER:**

<input type="checkbox"/> We agree with the transfer plan
<input type="checkbox"/> We do NOT agree with this transfer plan. Suggested modifications:
<input type="checkbox"/> We accept to pay the CBU release fees (according to MDPB-R price list) plus transport fees if applicable.

Person Completing section C:	Signature:	Date (Day/Month/Year):
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