



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

DONOR INSURANCE REQUEST

(To be completed by donor center and sent to the Registry for BM and stimulated PBSC collections)

Donor Name:

Donor ID:

Address:

Date of birth:

Patient ID:

Date of collection:

Hospital of collection:

Type of collection: Bone Marrow (HPC, Marrow)

PBSC after stimulation with G-CSF (HPC, Apheresis)

Unstimulated lymphocytes (TC, Apheresis)

Could you please make all arrangements necessary for donor insurance?

Sincerely yours,

Name coordinator:

Signature:

Date: