Barcelona Tissue Bank
Banc de Sang i Teixits

# REQUEST FOR **SCLERAL TISSUE FOR TRANSPLANTATION**

Sent by email to **bt@bst.cat**

## 1. DETAILS OF THE REQUESTING HOSPITAL OR CENTRE

**Implanting centre**

Requesting Dr. (full name) | Department

Address

Postcode | Town/City

Phone no. | Email

Address of delivery

Postcode | Town/City

**Billing centre**

Phone no. | Email

CIF (Tax ID code) | Contact person

Policyholder/Policy no.

**Authorization** | Order no./Purchase order

## 2. RECIPIENT DETAILS

Full name | **Medical history no.**

Age | CIP/ID card | Urgent request ☐ Yes ☐ No

Reason

## 3. INTERVENTION

Date | Time | Place/Operating theatre

## 4. INDICATION FOR IMPLANT

☐ Scleral resection ☐ Inflammatory process ☐ Other reasons (specify)

☐ Scleral ulceration ☐ Epithelial defect

## 5. TISSUE SPECIFICATIONS

☐ **BT7008** Whole sclera ☐ **BT7009** Half sclera ☐ **BT7010** Quarter sclera

**1.** I hereby state that I know and meet all the stipulations of Royal Decree Law 9/2014 on the use of human tissues for transplantation.
**2.** I agree to provide information to the bank issuing the tissue on incidents related to the transplantation and its course.

Transplanting physician's medical licence no.

Signature

Date

The cost of transportation shall always be borne by the applicant.



Salut/ Banc de Sang i Teixits

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