



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 Informed consent Yes No Phone no.

3. INDICATION FOR THE USE OF THE AMX

Corneal ulcer Dry eye (aetiology)

Non-infectious keratitis

Surgery or post-surgery coadjuvant Other (specify)

Limbal stem cell deficiency

4. TYPE OF TREATMENT

Consideration is given to:

Low use: 1-2 applications/day

Medium use: 3-4 applications/day

Intensive use: 5-7 applications/day

Dosage (specify)

Please check the box with the type of treatment:

	Low use	Medium use	Intensive use
Unilateral	<input type="checkbox"/> 2 vials/month	<input type="checkbox"/> 2 vials/month	<input type="checkbox"/> 3 vials/month
Bilateral	<input type="checkbox"/> 2 vials/month	<input type="checkbox"/> 3 vials/month	<input type="checkbox"/> 6 vials/month

continued on the next page >

5. DURATION OF TREATMENT

Please check number of months requested

1 month 3 months 6 months 1 year (chronic)

The application will be valid for a maximum of one year.
Indicate any special characteristics if required:

6. TISSUE SPECIFICATIONS

Given the type of treatment and the duration of the treatment, the number of vials requested is:
(remember that 1 vial of extract has a shelf life of 15 days once reconstituted and that the minimum treatment period is one month)

BT7018 Amniotic membrane extract

2 vials 4 vials 9 vials 18 vials
 3 vials 6 vials 12 vials Other (specify)

Delivery date

-
- 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.

Date

Signature

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