



Sent by email to [bt@bst.cat](mailto: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

Diagnosis

### 3. INTERVENTION

Date  Time  Place/Operating theatre

### 4. TISSUE SPECIFICATIONS

**BT5001** Cryopreserved plain skin (cm)  **BT5003** Glycerolized plain skin (cm)

**BT5002** Hypothermic plain skin (cm)  **BT5004** Glycerolized mesh skin (cm)

Surface in cm<sup>2</sup>  Units

Indicate any special characteristics, such as thickness, if required

- 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.
- 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.