



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. SPECIFIC VALVE CHARACTERISTICS

Valves

BT7022 Aortic valve

BT4023 Pulmonary valve

BT4024 Mitral valve

Specific valve characteristics

Valve diameter

Length

Aortic arch Yes No

Pulmonary bifurcation Yes No

Others

The availability of vascular tissue in the Tissue Bank is given here.
We will take care of selecting the product that best suits your needs.

5. SPECIFIC VALVE CHARACTERISTICS

Arteries

- BT4030** Pulmonary artery
- BT4037** Half right pulmonary artery
- BT4037** Half left pulmonary artery

Vascular segments

- BT4031** Ascending aorta complete arch
- BT4025** Thoracic aorta 8-20 cm
- BT4027** Short aortoiliac bifurcation < 40 cm
- BT4033** Femoral aortoiliac bifurcation > 40 cm
- BT4028** Iliac artery < 40 cm
- BT4034** Femoral iliac artery > 40 cm
- BT4039** Iliac arteries (2u) < 40 cm
- BT4038** Femoral iliac arteries (2u) > 40 cm
- BT4029** Femoral artery < 40 cm
- BT4035** Femoral artery > 40 cm
- BT4042** Femoral arteries (2u) < 40 cm
- BT4041** Femoral arteries (2u) > 40 cm

Specific valve characteristics

Straight tube

Forked

Approx. Diameter Proximal Distal

Length

Others

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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.