Barcelona Tissue Bank
BANC DE SANG I TEIXITS

REQUEST FOR
DERMAL MATRIX / ALLOGRAFT DERIVED FROM SKIN TISSUE

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

1. DETAILS OF THE REQUESTING HOSPITAL OR CENTRE

Requesting Dr. (full name)

Department/Hospital

Surgery responsible Dr.

Address

Phone no. Fax no.

Intervention date

Remarks

2. RECIPIENT DETAILS

Full name * **Medical history no.***

Age CIP/ID card Written authorization from recipient ☐ Yes ☐ No

Remarks

Diagnosis *

* Required fields

3. TISSUE SPECIFICATIONS

- ☐ **BT5006** Dermal matrix 2 x 1 cm 0.5-1.5 mm
- ☐ **BT5007** Dermal matrix 3 x 3 cm 0.5-1.5 mm
- ☐ **BT5016** Dermal matrix 10 x 5 cm 0.8-1.9 mm
- ☐ **BT5017** Dermal matrix 10 x 5 cm 2.0-2.9 mm
- ☐ **BT5018** Dermal matrix 10 x 5 cm > 3 mm
- ☐ **BT5020** Dermal matrix 10 x 15 cm > 2 mm
- ☐ **BT5021** Dermal matrix 20 x 15 cm > 2 mm
- ☐ **BT5022** Dermal matrix 5 x 5 cm > 3 mm
- ☐ **BT5023** Dermal matrix 5 x 5 cm 2.0-2.9 mm

* Compliance with the Data Protection standard according to RD 1720/2007 of December 21.
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.

Responsible Dr. 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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NIF Q 5856387 E

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