

## TRANSPORT REQUEST - COURIER ORDER

**CELLOG GbR**  
 Mohrberger Weg 3  
 24360 Barkelsby  
 Germany

Print form

Send PDF by mail

Return by fax: **+49 4351 88088 - 45**  
 or mail: order@cellog.de

Please arrange the following transport:

1. Patient / Donor Details			
Patient Name		Given Name	
Date of birth		Patient ID	
GRID		Donor ID	

2. Product Information			
Product type:	Bone marrow <input type="checkbox"/>	PBSC <input type="checkbox"/>	PPLY <input type="checkbox"/>
Other: <input style="width: 100%;" type="text"/>			
Required CD34+ cells	<input style="width: 50px;" type="text"/> X 10 <sup>6</sup> /kg	<input style="width: 50px;" type="text"/> X10 <sup>6</sup> Total	Collection samples <input style="width: 100%;" type="text"/>
Additional Comments: (extra Plasma etc) <input style="width: 100%;" type="text"/>			

3. Transport and Pickup								
Transport by	Car <input type="checkbox"/>	Train <input type="checkbox"/>	Aircraft <input type="checkbox"/>	Transport temp.:	2°-6°C <input type="checkbox"/>	Room temp. <input type="checkbox"/>	Kryo <input type="checkbox"/>	Other <input style="width: 50px;" type="text"/>
Pickup date / time 1. apheresis	<input style="width: 100%;" type="text"/>	Pickup date / time 2. apheresis is required	<input style="width: 100%;" type="text"/>					

4. Collection Center Address / pick up address			
Name		Contact person	
Facility		Phone	
Street		24h - phone	
zip code/ town/ cc		Fax	

5. Destination Address			
Name		Contact person	
Facility		Phone	
Street		24 h - phone	
zip code/ town/ cc		Fax	

Person completing

Date/ Signature

Comments: