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miblood.org

### Request for Cord Blood Unit Shipment-International

<b>Recipient Information</b>	
Name: _____	Transplant Center _____
CIBMTR ID _____	DOB _____ ABO/Rh _____ Race _____ Transplant Date _____

Requested date of shipment \_\_\_\_\_

Shipping Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Billing Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

I request unit ID \_\_\_\_\_ By requesting this cord blood unit for transplantation, I verify the following:

1. The protocol being used for this transplant has been approved by the transplant center's Institutional Review Board.
2. The patient has been informed of the associated risks and has signed a consent for this procedure.
3. The transplant center has been fully informed of any abnormalities in donor history/testing, unit collection, processing and storage.
4. Although Michigan Blood's Cord Blood Bank utilizes a validated shipping method, we cannot guarantee the viability of the cord blood unit once it leaves our institution. Once released, the cord blood unit cannot be returned.
5. The transplant center assumes full responsibility for the return of the dry shipper provided by Michigan Blood. The shipper must be returned within seven days of arrival. If, for any reason, the dry shipper is not returned, or is returned damaged, the transplant center agrees to reimburse Michigan Blood for the replacement cost of the shipper. Alternatively, the transplant center may supply the dry shipper, in which case the transplant center must provide written documentation of validation for the shipper being used. The transplant center may also elect to personally courier the cord blood unit. Such arrangements and costs will be the responsibility of the transplant center.
6. The transplant center will thaw the cord blood unit using a method validated to insure adequate recovery and viability. If requested, Michigan Blood will supply a copy of their validated thaw procedure.
7. The transplant center agrees to report outcome data to Michigan Blood at regular intervals using forms provided.
8. The transplant center is responsible for the cost (\$32,000 US) of the cord blood unit. It is not the responsibility of Michigan Blood to coordinate collection of payment from the patient's insurance company. The transplant center will remit payment within 30 days of receipt of invoice.

Requesting Physician Name (Please Print) \_\_\_\_\_

Requesting Physician Signature \_\_\_\_\_ Date \_\_\_\_\_