|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **REQUEST FOR CARDIOVASCULAR, MUSCULOSKELETAL OR SKIN TISSUE FOR TRANSPLANTATION** | | | | | | | | |
| **Please fax or email requests at least 3 working days before operating time to:** | | | | | | | | |
| **FAX:** 03 9686 0101 | | | | **EMAIL:** [dtbv.tissue.request@vifm.org](mailto:dtbv.tissue.request@vifm.org?subject=Request%20for%20Cardiothoracic,%20Skeletal%20or%20Skin%20Tissue%20for%20Transplantation) | | | | |
| *Alternatively please confirm availability by phone prior to sending order.* | | | | | | | | |
| **Purchase/Order number**: | |  | | | | | | |
| *Please note, tissue will not normally be dispatched without a purchase order number.* | | | | | | | | |
| **Type of Graft Required:** | |  | | | | | | |
| **Special Requirements: (e.g. Size, non-irradiated)** | |  | | | | | | |
| **If this graft is unavailable, a second preference:** | |  | | | | | | |
| **Contact Person:** | |  | | | **Phone Number:** | | |  |
| **Return Fax Number or email for confirmation of request:** | | | | | |  | | |
| **Name and Address for Delivery:** | | |  | | | | | |
| **Date and Time of Operation:** | | |  | | | | | |
| **Date and Time of Delivery of Graft:** | | |  | | | | | |
| **Name of Surgeon:** | | |  | | | | | |
| **Name of Patient:** |  | | | | | | **UR Number :** |  |
| **Person Authorised to Requisition Goods** | | | | | | | | |
| **Authorisation Name:** |  | | | | | | **Position:** |  |
| **Signature (if faxed):** |  | | | | | | | |

**PLEASE NOTE**: **You will receive a fax or email confirmation within 24hrs. If you do not receive this confirmation within 24hrs please contact the DTBV on Ph: 03 9684 4451.**

Below for DTBV Office Use Only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Comments:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Graft Confirmed** | | | | | |
| **Graft Type:** |  | | **ID:** | |  |
| **Cost: $** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+10% GST | | **Billing Code:** | |  |
| **Estimated Freight Charges: $** | | *(nb non-urgent delivery/freight within Victoria included in cost)* | | | |
| **Sig:** |  | | **Date:** | / / | |