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| **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 |
| *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:

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| **Comments:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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:** |  / / |