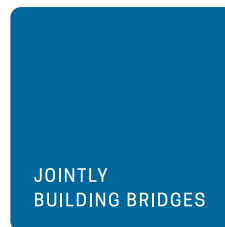


# REQUEST FORM



Frozen allograft transplants for orthopedics, trauma surgery and sports medicine may be selected for the patient as required, and will be delivered in time for surgery.

The C+TBA will return a confirmation of the submitted data, along with the available allograft sizes that match your request. A binding order is required to proceed with the delivery.

**Cells+Tissuebank Austria  
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## General Information

<b>Delivery address</b> (or customer number):	<b>Billing address</b> (if different from delivery address):
<b>Attending physician</b> (phone/e-mail):	
<b>Contact person OP/logistics</b> (phone/e-mail):	

## Surgery Information

<b>Desired surgery date:</b>	<b>Desired delivery date:</b>
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## Patient Data

<b>Height:</b>	<b>Weight:</b>
<b>Age:</b>	<b>Gender:</b>

## Requested Transplant

Description	Desired dimensions Please fill in or select if applicable.	Further requirements	Amount
Patellar Ligament whole, with bone halved, with bone	<b>Length</b> (Ligament): <b>Diameter</b> (Ligament): Minimum measurements at the time of removal: Bone blocks: L ≥ 28mm, W ≥ 12mm Ligament: L ≥ 20mm, D ≥ 10mm		
Tibialis anterior Tibialis posterior Gracilis Semitendinosus	<b>Length:</b> <b>Diameter:</b> Minimum measurements at the time of removal: L ≥ 230, D ≥ 6mm		
Achilles	<b>Length:</b> ≥ 150 mm < 160 mm <b>Length:</b> ≥ 160 mm		
Meniscus lateral right Meniscus medial right Meniscus lateral left Meniscus medial left	<b>Anterior-posterior:</b> <b>Medial-lateral:</b>		
Other Complex Transplants, Peroneus etc.			

The transport costs are determined upon delivery.

The transplants are delivered on dry ice.

\*By submitting this form, you consent to our