Request for approval of supply of blood or blood products for use overseas.

|  |  |
| --- | --- |
| Patient’s Name: |  |
| Address in Australia: |  |
| Date of Birth: |  |
| Is the patient an Australian Citizen or Permanent Resident?(Please provide copy of birth certificate or proof of residency status) |  |
| Reason for overseas travel:(Please provide, where reason is for study or employment a declaration by educational institution or employer as to nature and duration of travel) |  |
| Intended departure date:(Please include copy of tickets) |  |
| Product Recipient Name (if not the patient): |  |
| Delivery address in overseas country: (Please include details of storage capabilities) |  |
| Product required while overseas:(Daily/weekly dosage x period of travel) |  |
| Has there been contact with the Australian Supplier? |  |
| Name and contact details of Australian treating clinician: |  |
| Clinical or treating centre in overseas country: |  |

The information provided on the application form must be substantiated. Please attach all relevant documents to the application form and return to the NBA at supply.management.plasma@blood.gov.au or National Blood Authority, Locked Bag 8430, Canberra City, ACT2601.

|  |  |
| --- | --- |
| Patient’s Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| Name of the person making the request:(if not the patient) |  |
| Relationship to the patient: |  |
| Signature: |  |
| Date: |  |