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

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| Patient's name: |  |
| Address in Australia: |  |
| Date of Birth: |  |
| Is the patient an Australian  Citizen or Permanent Resident? |  |
| Reason for extension to supply; |  |
| Intended return date to  Australia: |  |
| Address in overseas country: |  |
| Product required while overseas: |  |
| Has there been contact with the  Australian Supplier? |  |
| Has there been contact with the Australian clinician? |  |
| Clinical or treating centre in overseas country: |  |

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| Name of the person making the request (if not the patient): |  |
| Relationship to recipient: |  |

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

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](mailto:supply.management.plasma@blood.gov.au) or National Blood Authority, Locked Bag 8430, Canberra City, ACT 2601.