

THAWING REQUEST FORM

Operator / Phone number:		0789 44 89 66	
Delivery address	Contact:	Lily Boeschlin	
	Street:	Hardeggerstrasse 22, 3008 Bern	
	City:	Delivery adresse:	
	Nation:	Dr. Colette C. Camenisch	
	Other:	8002 Zürich	
		Tel: 044 545 1444	
Requested delivery		Time:	15:30
		Date:	21.05.2025
Patient name		Kiki REDJEKI	
SSCB ID (on certificate)		AT-__00102__	
Date of collection (on certificate)		19-12-2022	
Gender / Date of Birth		Female / 11.01.1974	
Number of Cryo-vials to recall		Vials	
Type of shipment	☐ FROZEN For export in dry-shipper (Dry-shipper and shipment costs not included)		☒ THAWED For immediate reinfusion
	Date and Time of pick-up:		Required Syringes for Reinfusion:
			☐ 5 / ☒ 6 (please specify)
			Required Volume per Syringe:
		☒ 0.5 / ☐ (please specify)	
Observations: ☐ No ☐ YES, please specify			
 06.05.2025 Date / Signature			