



Registered as a Nonprofit Organisation:
Reg No: 004-300 NPO

South African Bone Marrow Registry
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Cape Town, South Africa
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PATIENT DETAILS			
Name of patient			
ID Number			
Date of birth			
Hospital			
Diagnosis / ICD10 Code			
Home address		Postal address	
Cell	☎ Home	☎ Work	Fax
E-mail			
Alternate Contact Person (in the event that patient / immediate family cannot be reached)			
Name			
Relationship		☎ Home	
Cell No		☎ Work	
PATIENT MEDICAL AID DETAILS			
Medical Aid			
Medical Aid Number			
Name of Principal Member			
Medical Aid Contact Person			
Medical Aid Address		E-mail	
		Tel	
		Fax	
PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNTS			
Name			
ID Number (Certified Copy)		Date of Birth	
Account Name		Branch Name / Number	
Bank			
Account Number		Note : Banking details to be certified by your bank	
<p>I, the undersigned, _____ hereby confirm that I have read and understand the information made available to me on "Understanding your accounts" and confirm that I hold myself responsible for all payments in connection with the search and/or procurement for a matched unrelated stem cell donor for the patient above.</p> <p>Signed : _____ Date: _____</p>			

Return completed form to SABMR FAX Number: 021-404-6395
Email address: admin@sabmr.co.za