SABMR
SOUTH AFRICAN BONE MARROW REGISTRY
Registered as a Nonprofit Organisation:
Reg No: 004-300 NPO

South African Bone Marrow Registry
J57, Old Outpatient Department
Groote Schuur Hospital, Observatory, 7925
Cape Town, South Africa
Tel: +27-21-447-8638
Fax: +27-21-404-6395
Medical Director: charlotte.ingram@sabmr.co.za
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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 (In the event of reimbursement from the SABMR)** | | | | |
| **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** | | |

**Return completed form to: patients@sabmr.co.za**