**PETICION MUESTRAS PARA FINES ASISTENCIALES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DEL SOLICITANTE** *(cubra los datos en mayúsculas)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre: | | | | | ……………………………………………. | | | | | | | | | | Apellidos: | | | | ……………………………………………………………. | | | | | | | | | |
| Cargo: | | | | | ……………………………………………. | | | | | | | | | | Servicio: | | | | ……………………………………………………………. | | | | | | | | | |
| Hospital / Centro: | | | | | ……………………………………………………………………………………………………………………………….……. | | | | | | | | | | | | | | | | | | | | | | | |
| Teléfono: | | | | | ……………………………………………. | | | | | | | | | | e-mail: | | | | ……………………………………………………………. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DEL DONANTE** *(cubra los datos en mayúsculas o pegue la etiqueta identificativa)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Número Historia Clínica /  Código identificación donante: | | | | | | | | | ………………………………………………………….  ………………………………..…………….…………. | | | | | | | | | | | | ***Espacio para etiqueta del donante*** | | | | | | | |
| Nombre: | | | | | | | | | | ………………………………………………….……… | | | | | | | | | | |
| Apellidos: | | | | | | | | | | ………………………………………………….……… | | | | | | | | | | |
| Fecha nacimiento: | | | | | | | | | | ………………………………………………….……… | | | | | | | | | | |
|  | | Hombre | |  | | | | Mujer | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DE LA MUESTRA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha del envío de la muestra al Biobanco para ser almacenada: | | | | | | | | | | | | | | | | | ………………………………………………………………………..……… | | | | | | | | | | | |
| Servicio depositario de la muestra en el Biobanco: | | | | | | | | | | | | | | | | | ……………………………………………………………………..………… | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo muestra solicitada:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sangre | |  | | | Suero | | | | |  | | Plasma |  | | LCR | |  | | ADN | | |  | | Linfocitos | |  | Tejido |
|  | Otro tipo muestra: | | | | | | ………………………………………… | | | | | | | | | | Cantidad solicitada: | | | | | | | ……………………………………………. | | | | |
| Otras especificaciones: | | | | | | | ……………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVACIONES E INCIDENCIAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Firma responsable petición:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Nombre responsable petición:** | | | | | | | | | | | | ……………………….…………………………………. | | | | | | | | | | **Fecha:** | | | | …………………………………. | | |

***A cubrir por el Biobanco en el momento de la recepción.***

***Fecha y hora recepción:*** *……………………………………...………* ***Responsable Gestión: ……****…………………………………………………….*