DOKU biotechnology	**CELLULAR PRODUCT ORDER FORM (ALLOGENIC)**	**Document No**	SUY-03.02-01-01
		Published On	25.05.2022
		Valid Until	24.05.2025

Donor Process No:

Clinic Name :.....	**Doctor Name Surname :**.....
Address :.....	**Tel :**.....

Recipient Name Surname:..... **T.R. :**..... **Tel:**.....

Address :..... ***e-mail*:**.....

Date of Birth :...../...../.....	**Gender:** ☐ M ☐ F	**Blood Type:**	**Weight:** .....

Requested Final Prod.:

- ☐ Allogenic Mesenchymal Stem Cell from Bone Marrow
- ☐ Allogenic Fibroblast
- ☐ Allogenic Mononuclear Cell from Cord Blood
- ☐ Allogenic Mesenchymal Stem Cell from Umbilical Cord
- ☐ Allogenic Mesenchymal Stem Cell from Dental Pulp

Final Product Amount: [..... cc/per session]

- ☐ Allogenic Fibroblast - Standard (15-20 million / 5 cc
- ☐ Other - Per Session: [..... cc/per session] [..... x10^6 number of cells/per session]

Usage: Cosmetics, Aesthetics, Beauty, Anti-Aging

	No	Yes (please indicate)
Previous Operations		
Used Medications		
Antibiotic Allergy		

I read and completely understand all data in the Informed Consent Form. My doctor provided all information requested by me. I have all kinds of required information and product contents. Application details are completely explained, I made the research and examination under my responsibility. All disclosures are made completely as required regarding all possible side effects, possible or unknown risks those may arise during and after the application. I know that I should be at the clinic on appointment dates notified to me by my doctor, otherwise my session right will be lost, and I know possible side effects and risks for this reason. I hereby declare that I accept with my own will to receive this application by my doctor and I hereby guarantee that I will completely fulfil all requirements.

DOCTOR	RECIPIENT	DOKU BİYOTEKNOLOJİ A.Ş.
Date:	Date:	Date:
Signature:	Signature:	Signature:
		Stamp: