



## Follow-up expenses claim

### for family donors

CC donor ID: ..... Date of birth: .....

Last name: ..... First name: .....

Date of collection: .....

Expenses related to **follow-up** after a donation of bone marrow, peripheral blood stem cells or lymphocytes:

Travel expenses: car, motorbike and bicycle / e-bike CHF 0.70/km; second-class rail ticket; taxi; meals.

❶ Should you have any questions about expenses related to your **donation** (reimbursement of expenses and compensation for loss of earnings), please contact the collection center.

Please enclose **all receipts** and provide precise bank details. The expenses claim including bank details and receipts should be sent to: Swiss Transfusion SRC, Follow-up, Waldeggstrasse 51, 3097 Liebefeld.

### Follow-up expenses

Where, when: ..... CHF.....

Where, when: ..... CHF .....

**Total follow-up expenses** CHF                     

### Bank details

IBAN: .....

Name of bank/post office: .....

BIC: .....

Name and address .....

of beneficiary: .....

Place, date: ..... Signature: .....