



DECLARATION OF FINANCIAL RESPONSIBILITY

personal

Last name: _____

First name: _____

Address: _____

Telephone: _____

I undertake to repay the Zentrales Knochenmarkspender-Register für die Bundesrepublik Deutschland gemeinnützige GmbH (ZKRD, German National Bone Marrow Donor Registry) the costs for the search in Germany and abroad for an unrelated blood stem cell donor for

me

the patient _____

up to a maximum of EUR _____

(recommended sum EUR 15,000.00 total, incl. a one-time activation fee of EUR 4,600.00 - if no amount is stated, the sum of EUR 15,000.00 will be applied).

I will immediately inform the ZKRD as soon as I learn of circumstances which result in the termination of the donor search.

The costs incurred during the search for an unrelated blood stem cell donor are not part of the fees for clinical services (G-DRG) in connection with the transplant of hematopoetic stem cells. Subsequent billing is thus excluded.

Name, address and telephone number of next of kin:

Place, date

Signature