Istituto Giannina Gaslini

Dipartimento di Scienze Pediatriche generali e specialistiche
Direttore: Prof. Alberto Martini

Dipartimento Emato-Oncologia Pediatrica
Direttore: Prof. Francesco Frassoni
Segreteria: Tel. 01056363856

U.O.C. di Oncologia Clinica
Tel. 01056362431/2410
Responsabile: Dott.Alberto Garaventa

U.O.C. di Ematologia Clinica
Tel. 01056362490/2491
Responsabile: Dott. Carlo Dufour

U.O.S.D. Centro Trapianto Midollo Osseo
Tel. 01056362508-2507
Responsabile: Dott. Edoardo Lanino

U.O.S.D. Centro di Ematologia Patologie della coagulazione, emostasi clinica e di laboratorio
Tel. 01056362286/2551
Responsabile: Dott. A.C. Molinari

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Day Hospital Dipartimentale:
Responsabile: Dott. A.C. Molinari
Tel. 010/5636.2286-2551-2682
Fax 010/5636.2421
E-mail: ped4-dh@ospedale-gaslini.ge.it

Orario apertura Day Hospital:
- h 07.00-17:30 da lunedì al giovedì
- h 07.00-15:00 il venerdì

Orario Segreteria Day Hospital:
- h 07.30-14.00 Lun–Mer-Ven
- h 07.30-17.00 il Martedì e Giovedì

Ambulario DOPO
(Diagnosi Osservazione Prevenzione dopo terapia Oncologica):
E-mail: guariti@ospedale-gaslini.ge.it

Genova 13.07.2015

IRCCS Giannina Gaslini, Dipartimento Ematologia e Oncologia agrees to admit Dmytro ZUBKOV (05.07.2007), citizen of Ukraine, for treatment in our hospital on a chargeable basis.

The treatment (UDSCT) cost is **€95,000.00**. The cost includes pre-transplantation assessment tests, conditioning, stem cell transplant and post-transplant care, regardless of the time spent by the patient in the hospital as in-patient and out-patient. The estimated treatment cost does not include any subsequent SCT (from an unrelated donor or haploidentical-family member) which may be required by the patient. The costs relate only to the primary diagnosis and not to any unrelated medical conditions which may require treatment.

The above estimated treatment cost does not include the cost of HLA typing of the patient, siblings and parents and the cost of the donor search conducted by the Italian Bone Marrow Donor Registry (IBMDR) and the stem cells acquisition. Under the local regulations, the hospital cannot invoice the respective costs. According to the agreement between the hospital, the IBMDR and Lifeline Italia ONLUS, the Italian charity helping Ukrainian children who need SCT, Lifeline Italia ONLUS will invoice the estimated cost of the unrelated donor search and the stem cells acquisition (€30,000.00) and transfer payment to the IBMDR to initiate the donor search and pay for the stem cells acquisition when a donor is identified. The search for an HLA suitably matched donor is conducted in the world donor databases. The ultimate donor cost depends on the number of donors tested and the national registry which is chosen. If the donor search is activated by our hospital, the SCT will have to be performed in our hospital – it will not be possible to perform it in another hospital.

The cost of treatment is fixed (subject to certain limitations indicated above). If the patient cannot proceed to SCT after diagnostics and work-up, the actual costs incurred to that date will be retained by the hospital and the balance will be refunded to the Ukrainian Ministry of Health. If the patient receives SCT, the full quoted fees will be charged and no money will be refunded back to the Ukrainian Ministry of Health.

Prepayment of **€95,000.00** is required before a visa invitation is issued and the patient can be admitted to the hospital.

Dr. Francesco Frassoni: _____
[Stamp]

Prof. Francesco Frassoni
Direttore
Dipartimento Ematologia ed Oncologia Ped.
ISTITUTO GIANNINA GASLINI

Istituto Giannina Gaslini

Dipartimento Emato-Oncologia Pediatrica
Direttore: Prof. Francesco Frassoni
SEGRETERIA: TEL. 0056363856

QUOTATION	Quotationnumber 205/82	Date:13/07/2015
Patient name and passport numbe	Dmytro ZUBKOV	Passport No.
Patient date of birth	05.07.2007	Male
Home address/telephone/e mail	77/22LeninaStr., Akymivka village, theZaporizkyRegion, Ukraine, +38067 920 40 43motherNataliia	
Accompanying parent	Nataliia Zubkova (08.03.1975	Passport No.
Diagnosis and remission status	Acute T-cell leukemia with expression of stem cell CD34 antigenand coexpression of CD117 and CD33 myeloid antigenes, CNSnegative, non responder	Date of diagnosis: 25.03.2015
Ukrainian referring hospital	Ukrainian Center for Children Oncohematology and Bone Marrow Transplantation, OKHMATDET	
Name/e mail ofeferring doctor	Dr. Olga Sychplenkasych11@gmail.com	
Name and address of Italian treatin hospital	IRCCS Giannina Gaslini, Dipartimento Ematologia e Oncologia, Largo Gerolamo Gaslini, 5 - 16148 Genova Italy	
Name of Italian treating doctor	Dr Francesco Frassoni	
Type of treatment	Unrelated donor stem cell transplant (UDSCT),alternatively, related haploidentical SCT	
Cost of treatment	Euros €95,000.00,excludingcosts of HLA typing andunrelated donorsearch	
Deposit payment required for visa	Euros €95,000.00	
Italian hospital bank account	Bank: BANCA CARIGE, Ag. 58 Genova IBAN IT43Y0617501583000000463290 SWIFT CRGEITGG138 (quote reference 205/82 Zubkovon the payment)	
Signed on behalf dRCCS Giannina Gaslini, Dipartimento Ematologia e Oncologia		Name:Dr. Francesco Frassoni
stamp	Prof. Francesco Frassoni Direttore *Dipartimento Ematologia ed Oncologia Ped.* ISTITUTO GIANNINA GASLINI	

Ministry of Health of Ukraine
7, Grushevskogo str., Kyiv, 01, Ukraine
Date 13/07/2015 № 2015/82

Міністерство охорони здоров'я України
00012925 м. Київ вул. Грушевського, 7 Україна

Invoice

Платіжний документ щодо вартості лікування

Name and address of Clinic IRCCS Giannina Gaslini, Dipartimento Ematologia e Oncologia
Адрес Largo Gerolamo Gaslini, 516148 Genova Italy
Назва та адреса лікувального закладу
Name of the Patient Dmytro ZUBKOV (05.07.2007
Прізвище хворого

1. Валюта переказу
Currency of pmt EURO

2. Загальна сума **Total sum of money** EUR 95,000.00

3. Одержувач
Beneficiary
3.1 Найменування IRCCS Giannina Gaslir
Dipartimento Ematologia Oncologia
Адрес: Largo Gerolamo Gaslini, 516148
Genova Italy

4. Код країни **Country code** IT

5. Номер рахунку Account (IBAN) IT43Y0617501583000000463290

6. Банк одержувача
Account with institution
6.1 Найменування:
BANCA CARIGE, Ag. 58 Genova
Адрес Largo Gerolamo Gaslini, 516148
Genova Italy

6.2 S.W.I.F.T. CRGEITGG138
6.3 BLZ or Sort Code
6.4 FW or ABA

7. Банк-кореспондент
Bank-correspondent
7.1 Найменування та адреса
Name and address NONE
7.2 S.W.I.F.T.
7.3 BLZ or Sort Code
7.4 FW or ABA

8. Деталі платежу
(лікування пацієнта)
Details of payment (treatment of patie
Treatment of patient (stem cell transplantation from unrelated donor)
Лікування пацієнта (трансплантація стовбурових клітин від неродинного донора)

Dr. Francesco Frassoni
Signature

Prof. Francesco Frassoni
Direttore
Dipartimento Ematologia ed Oncologia Ped.
ISTITUTO GIANNINA GASLINI
Stamp