

# ITNS Educational Booklets

**Quantity: Booklets — \$0.75 (USD) / each:**

- \_\_\_\_\_ Post-Transplant Diabetes: What Every Patient Needs to Know
- \_\_\_\_\_ Diabetes post-trasplante: Lo que todo paciente debe saber
- \_\_\_\_\_ Diabète post-transplantation: ce que les patients doivent savoir
- \_\_\_\_\_ Diabetes pós-transplante: O que cada paciente precisa saber
- \_\_\_\_\_ Pregnancy and Parenthood after Transplant: What You Should Know
- \_\_\_\_\_ Embarazo y paternidad después del trasplante: Lo que usted debe saber
- \_\_\_\_\_ Grossesse et rôle parental après une transplantation: Ce que vous devriez savoir
- \_\_\_\_\_ A Gravidez e a Maternidade pós-transplante: O que Você Deve Saber
- \_\_\_\_\_ What You Should Know: Diet and Exercise after transplant
- \_\_\_\_\_ Lo que usted debe saber: Dieta y ejercicio después del trasplante
- \_\_\_\_\_ Skin Cancer Risks in Transplant Recipients: Know the Facts
- \_\_\_\_\_ Riesgo de cáncer de la piel en recipientes de trasplante: Conozca los hechos
- \_\_\_\_\_ What Every Transplant Patient Needs to Know About Dental Care
- \_\_\_\_\_ Lo que todo paciente de trasplante necesita saber sobre el cuidado dental
- \_\_\_\_\_ Que doivent savoir les transplantés au sujet des soins dentaires?
- \_\_\_\_\_ Maintaining a Healthy Lifestyle After Transplantation
- \_\_\_\_\_ Cómo mantener un estilo de vida saludable después del trasplante
- \_\_\_\_\_ Controlling GI Side Effects after Transplant: What Every Patient Should Know
- \_\_\_\_\_ Controlando los efectos secundarios gastrointestinales (GI) después del trasplante.
- \_\_\_\_\_ **NEW!** Sexual Health after Transplant: What Every Patient Should Know
- \_\_\_\_\_ **NEW!** La Salud Sexual Después del Trasplante: Lo que cada paciente debe saber
- \_\_\_\_\_ **NEW!** Making Your Transplant Medicines Work for You After Organ Transplant
- \_\_\_\_\_ **NEW!** Haciendo que los Medicamentos para el Trasplante Funcionen para usted
- \_\_\_\_\_ Después de un Trasplante de Órgano
- \_\_\_\_\_ **Total — \$0.75 (USD) each booklet**

**Quantity: Items FREE of charge:**

- \_\_\_\_\_ **Updated** A guide to your health care after heart transplantation / Manual del corazón
- \_\_\_\_\_ **Updated** A guide to your health care after kidney transplantation / Manual del riñón
- \_\_\_\_\_ **Updated** A guide to your health care after liver transplantation / Manual del hígado
- \_\_\_\_\_ **NEW!** A Guide to Your Health Care After Lung Transplantation
- \_\_\_\_\_ **New** Set of all seven Educational Booklets on audio CD, English only
- \_\_\_\_\_ **Individual audio CD:** \_\_\_ Diabetes \_\_\_ Pregnancy \_\_\_ Diet and Exercise
- \_\_\_\_\_ \_\_\_ Skin Cancer \_\_\_ Dental \_\_\_ Lifestyle \_\_\_ GI Side Effects
- \_\_\_\_\_ **NEW!** CMV & Me: Information for Transplant Patients
- \_\_\_\_\_ The brochure was jointly developed by ITNS and Genentech, a member of the Roche Group.
- \_\_\_\_\_ **Total items free of charge**



\_\_\_\_\_ (Quantity) x \$0.75 \$ \_\_\_\_\_ (Total) All booklets are \$0.75 each which includes shipping and handling.

\_\_\_\_\_ (Quantity) x Free \$ \_\_\_\_\_ (Total) \$0.00 each. These items are listed in the FREE section above.

\$ \_\_\_\_\_ Total

**www.itns.org** ITNS Tax ID: 20-1589538

**REQUESTER INFORMATION:**

Are you an ITNS member?  Yes  No

Have you ordered ITNS materials previously?  Yes  No

Hospital/Organization/Transplant Center: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Room #/Department: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT:** (payable in US Funds only)

VISA  MasterCard  American Express

Discover  Check enclosed

Card #: \_\_\_\_\_

Please add CVV or CID number *Please enter 3-digit number from the back of your card immediately following the account number. AMEX CVV/ CID number is 4 digits, and is on the front of the card. This is required to process a card which is not physically present at ITNS headquarters.*

Expiry date: \_\_\_\_\_ (month/year)

Signature: \_\_\_\_\_

Billing address for credit card, if different than mailing address provided:

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

