# HTC list

This searchable document is a temporary set-up to be able to check for specific HTC's.

A brand-new system is being written now, will be ready by summer.

To find the HTC you are looking for, hit the "CTRL" key and the letter "F" at the same time.

In the search box (xxxxxx) you can put the city or country or HTC name… then you can use the right and left arrows to find the related records.

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Afghanistan National Blood Bank Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Afghanistan | City | Kabul |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | First floor Cinema -I Pamir | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sadeq | Naser | Director of National Blood Bank |

| | |
|---|---|
| phone 1: | (+93) 799587585 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
naser_sadeq@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital and University Center of Tirana**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Albania | City | Tirana |
| StreetAd | | PostalCode | 1001 |
| Region | | | |
| Address1 | Poliklinika Specialiteteve Rajoni N1 | | |
| Address2 | Dibra Str, 372 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 355-4222-5417 |
| cellular: | 355-6923-16400 |
| phone_emergency: | |
| Fax: | |
| fax work: | 355-4222-5417 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ppo_jani@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre des hémophiles / Hématologie-CHU Beni Messous**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Bouzareah |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Polyclinique 8 mai 1945, Route Neuve | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-21-93-11-86 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-(0)21-93-11-86 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mbelhani@yahoo.fr |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Hospitalo-Universitaire de Constantine (CHU Constanti**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Constantine |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Service hématologie | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-31641673 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-772199606 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

nsidimansour@yahoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Hospitalo-Universitaire d'Oran (CHU Oran)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Oran |
| StreetAd | | PostalCode | 31 000 |
| Region | | | |
| Address1 | Service hématologie | | |
| Address2 | Pavillon 5 | | |
| Address3 | Boulevard Dr. Benzerjeb | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| M. | Fayçal | Bouchiba | Infirmier |
| 43285 | M. | Fayçal | Bouchiba |
| 42246 | Dr. | Cherif-Hosni | Aicha |
| 39656 | Dr. | Rahal | Yasmina |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-41-41-2264 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-41-41-2264 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hadjtouhami@yahoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Docteur essaid Khaled**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Mascara |
| StreetAd | | PostalCode | 29000 |
| Region | | | |
| Address1 | CHU Yessad KHALED | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mehalhal | Nemra | |
| Dr. | Houari | Chalabi | GP |
| Ms. | Cherif Tayeb | Nadia | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-045-80-43-22 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-045-81-25-40 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mehalhalnemra@yahoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU nedir Mohamed**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Tizi-ouzou |
| StreetAd | | PostalCode | 15000 |
| Region | | | |
| Address1 | rue lamalli Ali | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213(0)2621-74-40 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | haitali@yahoo.fr |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Saadana Med Abdenour**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Setif |
| StreetAd | | PostalCode | 19000 |
| Region | | | |
| Address1 | Service d'hématologie | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Hamdi | Selma | médecin chef du service d'hématologi |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-(0)36-72-22-24 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-(0)36-72-22-24 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | selmahamdidz@yahoo.fr |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Sidi-Bel-Abbès**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Sidi-Bel-Abbès |
| StreetAd | | PostalCode | 22000 |
| Region | | | |
| Address1 | 3 Rue de Paris | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Zouaoui-Benhadji | Zahia | Médecin chef au service d'hématologi |
| M. | Ouaddah | Mohamed | Coordinateur des soins infirmiers |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-771-818-292 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-485-44-289 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
benhadjizahia@yahoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Tlemcen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Tlemcen |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | BP 141 K | | |
| Address2 | Les Cerisers 13000 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-6265-5621 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-4320-8170 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mesli.naima@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Touhami Ibn Flis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Batna |
| StreetAd | | PostalCode | 05000 |
| Region | | | |
| Address1 | Tazoult Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Saïdi | Mahdia | medical chief of hematology depart |
| Dr. | Saïdane | Nadjoua | Haematologist, haemophilia referent |
| Dr. | Ouarhlent | Yamina | Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 213 33 92 55 70 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 213 33 92 55 70 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
raihanasse@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Establissement hospitalier specialisé en pediatrie de Canast**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Oran |
| StreetAd | | PostalCode | 31000 |
| Region | | | |
| Address1 | Canastel | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-414-31301 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-414-31-301 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

aitseddik.kamal_hemato@hotmail.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Service hematology, Hôpital Dorban**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Algeria | City | Annaba |
| StreetAd | | PostalCode | 25000 |
| Region | | | |
| Address1 | CHU Annaba | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Grifi | Fatiha | |
| Dr. | Boughrira | Souraya | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-38-84-62-19 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 213-38-84-62-19 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | fagrifi@yahoo.fr |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Asistencial Regional de Hemoterapia (CARDHE)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Bahia Blanca |
| StreetAd | | PostalCode | 8000 |
| Region | | | |
| Address1 | Alvarado 1840 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Caferri | Horacio | |
| Dr. | Garbiero | Susana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-29-1488-2918 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 54-29-144-4458 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemofiliabahiablanca@yahoo.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de atención**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Mendoza |
| StreetAd | | PostalCode | 5500 |
| Region | | | |
| Address1 | O'Brien 488, San José-Guaymallen | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-261-4454367 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

albertoroig@fullzero.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Provincial de Sangre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Santiago del Estero |
| StreetAd | | PostalCode | 4200 |
| Region | | | |
| Address1 | Moreno (Sur) 2203 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Sánchez | María Elena | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-385-4504423 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
draelenasanchez@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundación de la Hemofilia de Tucumán**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | San Miguel de Tucumán |
| StreetAd | | PostalCode | 4000 |
| Region | | | |
| Address1 | Estados Unidos 61 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | de Saravia | Sara Lia | |
| Dra. | Guerrero | Maria Virginia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-38-1422-5551 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mvguerrero1@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Córdoba**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Córdoba |
| StreetAd | | PostalCode | 5000 |
| Region | | | |
| Address1 | Av. Patria 656, Bº General Paz | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Morell | Daniela | |
| Dr. | Ryser | Ricardo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-351-156456813/156456796 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
fhcordoba@yahoo.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Alta Complejidad**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Formosa |
| StreetAd | | PostalCode | 3600 |
| Region | | | |
| Address1 | Av. Néstor Kirchner y Pantaleón Gómez | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Welsh | Victoria | |
| Dra. | Corrales | Marcela | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-370-4436109 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de la Madre y el Niño**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Formosa |
| StreetAd | | PostalCode | 3600 |
| Region | | | |
| Address1 | Córdoba y Paraguay, Bº Don Bosco | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-370-154666798 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Niños**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Santiago del Estero |
| StreetAd | | PostalCode | 4200 |
| Region | | | |
| Address1 | Misiones 1087 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Ruíz | Alba | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-385-4221936/4214873 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
albaruiz@uolsinectis.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Dr. Andrés Isola**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Puerto Madryn |
| StreetAd | | PostalCode | 9120 |
| Region | | | |
| Address1 | Roberto Gómez 383 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Moro | Diego | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-280-545-3030 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | diegocmoro@gmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Dr. Humberto Notti**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Mendoza |
| StreetAd | | PostalCode | 5500 |
| Region | | | |
| Address1 | Bandera de los Andes 2603, Guaymallen | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Arbesu | Guillermo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-261-4132590/4132622 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

garbesu@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Fernando Barreiro**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Posadas |
| StreetAd | | PostalCode | 3300 |
| Region | | | |
| Address1 | Mariano Moreno 110 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Borchichi | Sandra | |
| Dra. | Beligoy | Marcela | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-376-4447100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sandraborchichi@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Héctor Quintana**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | San Salvador de Jujuy |
| StreetAd | | PostalCode | 4600 |
| Region | | | |
| Address1 | José Hernández 624 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Flores | Elizabeth | |
| Sra. | Corregidor | Antonia | Nurse |
| Dra. | Gastaldo | Susana | Jefe de medicina transfusional |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-388-4245005, interno 311 - 31 |
| cellular: | 54-388-4761954 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | susanagastaldo@gmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Interzonal de Niños "Eva Perón"**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Catamarca |
| StreetAd | | PostalCode | 4700 |
| Region | | | |
| Address1 | Virgen del Valle 1050 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Vides Herrera | María Soledad | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54- 383-154244459/154239674 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | marisolvid@hotmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital J.R. Vidal**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Corrientes |
| StreetAd | | PostalCode | 3400 |
| Region | | | |
| Address1 | Necochea 1050 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Romero Maciel | Maria de Los Angele | |
| Dr. | Lanari Zubiaur | Emilio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-379-4421225/4689400 ext. 40 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ealz@arnet.com.ar |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Julio C. Ferrando**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Resistencia |
| StreetAd | | PostalCode | 3500 |
| Region | | | |
| Address1 | 9 de Julio 1.100 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Pujal | Graciela | |
| Dra. | Galván | Graciela | |
| Dr. | Savarino | Mario | |
| Dra. | Moscatelli | Malena | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-37-2242-5050 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

malenamoscatelli@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Lucio Molas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Santa Rosa |
| StreetAd | | PostalCode | 6300 |
| Region | | | |
| Address1 | Pilcomayo y Bermejo | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Espina | Bibiana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 54-2954-454302 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
fliakohler@cpenet.com.ar

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Materno Infantil**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Mar del Plata |
| StreetAd | | PostalCode | 7600 |
| Region | | | |
| Address1 | Castelli 2459 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Sliba | Gabriela | |
| Dr. | Paoletti | Mariano | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-22-3495-2021/2/3 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gabrielasliba@yahoo.com.ar

WebSiteAddress:
http://www.fundhemofiliamdq.org.ar/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Materno Infantil San Roque**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Paraná |
| StreetAd | | PostalCode | 3100 |
| Region | | | |
| Address1 | La Paz 435 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Negri Aranguren | Pedro | |
| Dr. | Sakamoto | Francisco | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-343-4230460 ext. 291 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
negrip@arnet.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Municipal Dr. Héctor Cura**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Olavarría |
| StreetAd | | PostalCode | 7400 |
| Region | | | |
| Address1 | Rivadavia 4058 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Aletti | Gustavo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-2284-425684 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | galetti@fibertel.com.ar |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Privado Regional del Sur**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Bariloche |
| StreetAd | | PostalCode | 8400 |
| Region | | | |
| Address1 | 20 de Febrero 598 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Niborsky | Ricardo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-29-4452-5000 ext. 465 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ricardocnibo@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Privado Santa Clara de Asis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Salta |
| StreetAd | | PostalCode | 4400 |
| Region | | | |
| Address1 | J J de Urquiza 964 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Navarette | Ivana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-387-432-1440 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ivanavarrete@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Prov. Neuquén "Dr. Castro Rendón"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Neuquen |
| StreetAd | | PostalCode | 8300 |
| Region | | | |
| Address1 | Buenos Aires 450 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Mur | Nora | |
| Dr. | Nakaschian | Pablo | |
| Dra. | Cédola | Alejandra | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-299-449-0800, ext. 812 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gdiaz@hospitalneuquen.org.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Provincial del Centenario**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Rosario |
| StreetAd | | PostalCode | 2000 |
| Region | | | |
| Address1 | Urquiza 3101 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Rescia | Virginia | |
| Dr. | Dávoli | Mauro | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-34-1437-5506 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | vrescia@fibertel.com.ar |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Público Descentralizado Dr. Guillermo Rawson**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | San Juan |
| StreetAd | | PostalCode | 5400 |
| Region | | | |
| Address1 | Servicio de Hematología y Hemoterapia | | |
| Address2 | Av. Rawson Sur 494 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Arias | Daniel Adolfo | Director |
| Dr. | Arrieta | Maria Elizabeth | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-264-422-4005/8338 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
danielarias327@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Ramón Santamarina**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Tandil |
| StreetAd | | PostalCode | 7000 |
| Region | | | |
| Address1 | Paz 1430 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Battistelli | Susana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-22-9342-2011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
susanabattistelli@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional Ushuaia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Ushuaia |
| StreetAd | | PostalCode | 9410 |
| Region | | | |
| Address1 | Av. 12 de octubre y Maipú | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Gamulín | Ariana Marisa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-2901-441039 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
arianamgamulin@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San Luís**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | San Luís |
| StreetAd | | PostalCode | 5700 |
| Region | | | |
| Address1 | Héroes de Malvinas No 110 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Torressi | María Andrea | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-2652-425025/45 ext. 168 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mtorressi@hotmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Zonal de Trelew**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Trelew |
| StreetAd | | PostalCode | 9100 |
| Region | | | |
| Address1 | Marconi 374 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Presman | María | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-280-42-7560 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 54-280-43-3326 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mariapresman@yahoo.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Instituto Asistencial "Dr. Alfredo Pavlovsky"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Buenos Aires |
| StreetAd | | PostalCode | 1425 |
| Region | | | |
| Address1 | Soler 3485 | | |
| Address2 | (1425) Capital Federal | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Candela Muñoz | Miguel Angel | |
| Dra. | Elhelou | Ludmila | |
| Dr. | Tezanos Pinto | Miguel | Asesor Científico |
| Dra. | Honnorat | Egle Vanesa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-11-4963-1755 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 54-11-4963-1755 ext 29 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@hemofilia.org.ar

WebSiteAddress:
http://www.hemofilia.org.ar/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Instituto HOPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | La Rioja |
| StreetAd | | PostalCode | 5300 |
| Region | | | |
| Address1 | Santa Fe 232 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Campregher | Gabriel | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-380-4466971 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gabrielcampregher@yahoo.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Instituto William Osler**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Ciudad de Buenos Aires |
| StreetAd | | PostalCode | 1213 |
| Region | | | |
| Address1 | Boulogne Sur Mer 560 | | |
| Address2 | C1213AAH | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sanatorio Pasteur**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Argentina | City | Catamarca |
| StreetAd | | PostalCode | 4700 |
| Region | | | |
| Address1 | Chacabuco 675 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bepre | Rodolfo Emilio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 54-383-3432000, ext. 125 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bepre_rodolfo@yahoo.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Center of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Armenia | City | Yerevan |
| StreetAd | | PostalCode | 0014 |
| Region | | | |
| Address1 | Ministry of Health Republic of Armenia | | |
| Address2 | 7 Nersisyan Str. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Simonyan | Naira | Psychologist |
| Dr. | Daghbashyan | Smbat | Director |
| Dr. | Arakelyan | Samuel | Physician |
| Dr. | Pashinyan | Karine | Physician |
| Ms. | Hovakimyan | Sarmela | Lab Staff |
| Mr. | Sargisyan | Varduhi | Lab Physician |
| Dr. | Khachatryan | Heghine | Physician |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 374-10-283-800 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 374-10-284-478 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
armhemophilia@yahoo.com

WebSiteAddress:
http://www.blood.am/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Alfred Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | MELBOURNE |
| StreetAd | | PostalCode | 3004 |
| Region | | | |
| Address1 | Ronald Sawers Haemophilia Centre | | |
| Address2 | The Alfred Hospital | | |
| Address3 | Level 1, South Block | | |
| address4: | 55 Commercial Road | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tran | Huyen | Director |
| Ms. | McCarthy | Penny | Clinical Nurse Consultant |
| Ms. | Walsh | Megan | Clinical Nurse Consultant |
| Mr. | Coombs | Alex | Social Worker |
| Ms. | Findlay | Susan | Administrator/Clinic Coordinator |
| Ms. | Nevill | Kara | Clinical Nurse Consultant |
| Ms. | Polus | Abi | Physiotherapist |
| Ms. | Haley | Cathy | Physiotherapist |
| Ms. | Portnoy | Jane | Social Work |
| Ms. | Belleli | Debra | Data Manager |
| Mr. | Mullen | Frankie | Physiotherapist |

| | |
|---|---|
| phone 1: | 61-3-9076-2178 (Haemo nurses) |
| phone2: | |
| phone3: | |
| phone_work4 | 61-3-9076-2179 (Reception) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-3-9076-3021 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | haemophilia@alfred.org.au |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Calvary Mater Newcastle**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | NEWCASTLE |
| StreetAd | | PostalCode | 2310 |
| Region | | | |
| Address1 | Edith St. | | |
| Address2 | Locked Bag 7 | | |
| Address3 | Hunter Region Mail Service | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Seldon | Michael | Consultant Haemotologist |
| Ms. | Rodney | Dale | Clinical Nurse Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-2-4921-1240 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-2-4960-2136 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Dale.Rodney@calvarymater.org.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Canberra Hospital (The)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | GARRAN |
| StreetAd | | PostalCode | 2605 |
| Region | | | |
| Address1 | Haemophilia Centre, Haematology Dept. | | |
| Address2 | CRCC Building 19 Level 4 | | |
| Address3 | Yamba Drive | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pati | Nalini | Consultant Haematologist |
| Dr. | Pidcock | Michael | Director |
| Dr. | Crispin | Philip | Consultant Haematologist |
| Mr. | Slade | James | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-2-6244-2286 |
| cellular: | 61-481-013-323 |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-2-6244-2271 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hfact@austarmetro.com.au

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital at Westmead**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | SYDNEY |
| StreetAd | | PostalCode | 2145 |
| Region | | | |
| Address1 | Haematology Department | | |
| Address2 | Cnr Hawkesbury Road & Hainsworth Street | | |
| Address3 | WESTMEAD | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-2-9845-1138 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-2-9845-2041 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Julie.curtin@health.nsw.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fremantle Regional Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | FREMANTLE |
| StreetAd | | PostalCode | 6959 |
| Region | | | |
| Address1 | Fremantle Hospital | | |
| Address2 | P.O. Box 480 | | |
| Address3 | Alma Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Lochore | Sandra | CN |
| Dr. | Leahy | Michael F. | Consultant Haemotologist |
| Ms. | Tovey | Julie | CN |
| Ms. | Ricci | Christine | RN |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-8-9431-2210 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-8-9431-2881 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
julie.tovey@health.wa.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Lady Cilento Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | BRISBANE |
| StreetAd | | PostalCode | 4101 |
| Region | | | |
| Address1 | Lady Cilento Children's Hospital | | |
| Address2 | Queensland Paediatric Haemophilia Centre | | |
| Address3 | 501 Stanley Street, South Brisbane | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Brown | Simon | Consultant Haematologist |
| Mrs. | McCosker | Joanna | Clinical Nurse Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

LCCH-Haemophilia@health.qld.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mater Misericordiae Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | NEWCASTLE |
| StreetAd | | PostalCode | 2310 |
| Region | | | |
| Address1 | Edith St. | | |
| Address2 | Locked Bag 7 | | |
| Address3 | Hunter Region Mail Service | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Sheridan | Kay | |
| Dr. | Seldon | Michael | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-2-4921-1240 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-2-4960-2136 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ksheridan@doh.health.nsw.gov.au |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Perth Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | NEDLANDS |
| StreetAd | | PostalCode | 6909 |
| Region | | | |
| Address1 | Haematology/Oncology Department | | |
| Address2 | (Street address) 15 Hospital Avenue, NEDLANDS WA 6009 | | |
| Address3 | (Postal address) Locked Bag 2010 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Ching Lee | Siew | Haematology Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-8-9340-8682 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-8-9391-9842 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
james.price@health.wa.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Adelaide Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | ADELAIDE |
| StreetAd | | PostalCode | 5000 |
| Region | | | |
| Address1 | Oncology Day Centre | | |
| Address2 | Level 7 East Wing | | |
| Address3 | North Terrace | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tan | Chee Wee | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | Simon.Mcrae@health.sa.gov.au |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Brisbane & Women's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | BRISBANE |
| StreetAd | | PostalCode | 4029 |
| Region | | | |
| Address1 | Royal Brisbane and Women's Hospital | | |
| Address2 | Queensland Haemophilia Centre | | |
| Address3 | 4th Floor, Joyce Tweddell Building | | |
| address4: | Butterfield Street | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Spilsbury | Maureen | Advanced Social Worker - Haemophili |
| Ms. | Zeissink | Beryl | Clinical Nurse Consultant |
| Dr. | Rowell | John | Director of Haemophilia Centre |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-7-3646-5727 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-7-3646-4221 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

beryl_zeissink@health.qld.gov.au

WebSiteAddress:

http://www.health.qld.gov.au/haemophilia/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | MELBOURNE |
| StreetAd | | PostalCode | 3052 |
| Region | | | |
| Address1 | The Henry Ekert Haemophilia Treatment Centre | | |
| Address2 | Flemington Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Barnes | Chris | Director |
| Ms. | Furmedge | Janine | Haemophilia CNC |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-3-9345-5099 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-3-9349-1819 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

he.htc@rch.org.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Royal Darwin Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | TIWI / DARWIN |
| StreetAd | | PostalCode | 0812 |
| Region | | | |
| Address1 | Rocklands Drive | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kalro | Akahs | Consultant Haemotologist |
| Ms. | Dalkie | Susan | Data Manager |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-8-8944-8346 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-8-8922-8843 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Hobart Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | HOBART |
| StreetAd | | PostalCode | 7001 |
| Region | | | |
| Address1 | 48 Liverpool Street | | |
| Address2 | GPO Box 1061 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Starosta | Helen | Clinical Nurse Consultant |
| Dr. | Prasad | Ritam | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-3-6166-8045 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-3-6222-6767 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rhhpaedonc@dhhs.tas.gov.au

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Prince Alfred Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | SYDNEY |
| StreetAd | | PostalCode | 2050 |
| Region | | | |
| Address1 | Building 77, Level 5 | | |
| Address2 | 59 Missenden Rd | | |
| Address3 | Camperdown | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Waite | Clare | Clinical Nurse Specialist |
| Dr. | Dunkley | Scott | Director |
| Ms. | Mudge | Leonie | Social Worker |
| Mr. | Matthews | Stephen | Clinical Nurse Consultant |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-2-9515-7013 |
| cellular: | |
| phone_emergency: | |
| Fax: | 61-2-9515-6698 |
| fax work: | 61-2-9515-8946 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Stephen.matthews@sswahs.nsw.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sydney Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | SYDNEY |
| StreetAd | | PostalCode | 2031 |
| Region | | | |
| Address1 | Centre for Children's Cancer & Blood Disorders | | |
| Address2 | High St Randwick | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Dunne | Grainne | Nurse Consultant |
| Dr. | Russell | Susan | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-2-9382-1690Doctor |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-2-9382-1789 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Grainne.dunne@sesiahs.health.nsw.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **The Haemophilia and Haemostasis Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | MURDOCH |
| StreetAd | | PostalCode | 6961 |
| Region | | | |
| Address1 | Level 1 Cancer Centre | | |
| Address2 | Fiona Stanley Hospital | | |
| Address3 | 102-118 Murdoch Drive | | |
| address4: | Locked Bag 100, PALMYRA DC | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | P'ng | Stephanie | Haematology Consultant |
| Ms. | Baccala | Maria | Haemophilia Nurse Consultant |
| Ms. | McGregor | Claire | Hemophilia Clinical Nurse Consultant |

| | |
|---|---|
| phone 1: | (08) 61524137 |
| phone2: | (08) 61526527 |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-8-9224-8475 |
| fax work2: | (08) 61524138 |
| fax work3: | |

email work:

email work2:

Email:

Claire.McGregor@health.wa.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Women's and Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Australia | City | NORTH ADELAIDE |
| StreetAd | | PostalCode | 5006 |
| Region | | | |
| Address1 | Michael Rice Centre for Haematology/Oncology | | |
| Address2 | 72 King William Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Suppiah | Ram | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 61-8-8161-7411 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 61-8-8161-6567 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

AnneM.Jackson@health.sa.gov.au

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Blutzentrale Linz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Linz |
| StreetAd | | PostalCode | 4017 |
| Region | | | |
| Address1 | Österreichisches Rotes Kreuz, | | |
| Address2 | Landesverband Oberösterreich | | |
| Address3 | Krankenhaustr. 7 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schuster | Gerhard | Oberarzt |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-732-777-000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 43-732-777-000-210 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gerhard.schuster@blutz.o.redcross.or.at

WebSiteAddress:
http://www.o.roteskreuz.at

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Landesfrauen - und Kinderklinik Linz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Linz |
| StreetAd | | PostalCode | 4020 |
| Region | | | |
| Address1 | Krankenhausstr. 26-30 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schwarz | Rudolf | |
| Dr. | Schmitt | K. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-5-055463-24230 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
klaus.schmitt@gespag.at

WebSiteAddress:
http://www.kinderklinik-linz.at/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Landeskrankenhaus Dornbirn**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Dornbirn |
| StreetAd | | PostalCode | 6850 |
| Region | | | |
| Address1 | Kinderabteilung | | |
| Address2 | Lustenauerstraße 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zanier | Ulrike | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-5572-303-2390 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 43-5522-303-82390 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ulrike.zanier@dornbirn.at

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Landeskrankenhaus Klagenfurt**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Klagenfurt |
| StreetAd | | PostalCode | 9020 |
| Region | | | |
| Address1 | Feschnigstraße 11 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Payer | Robert | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-463-538-39500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | robert.payer@kabeg.at |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Landeskrankenhaus Salzburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Salzburg |
| StreetAd | | PostalCode | 5020 |
| Region | | | |
| Address1 | Kinderspital | | |
| Address2 | Children's Hospital - Salzburg | | |
| Address3 | Muellner Hausptstr. 48 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gamper | A. | Paediatrician |
| Dr. | Jones | R. | Paediatrician |
| Dr. | Jones | N.D. | Paediatrician |
| Dr. | Simma | Burkhard | |
| Dr. | Lang | Alois | |
| Dr. | Drexel | Heinz | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-662-4482-4776-2690 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | n.jones@salk.at |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Landeslklinikum St. Pölten**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | St. Pölten |
| StreetAd | | PostalCode | 3100 |
| Region | | | |
| Address1 | Abteilung f. Kinder-und Jugendheilkunde | | |
| Address2 | Propst-Führer Strasse 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Zwiauer | Karl | Head of Department, Prof. of Paediat |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-2742-9004-13521 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
karl.zwiauer@stpoelten.lknoe.at

WebSiteAddress:
http://www.stpoelten.lknoe.at/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medizinische Universität Wien**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Vienna |
| StreetAd | | PostalCode | A-1090 |
| Region | | | |
| Address1 | Medical University of Vienna | | |
| Address2 | Innere Medizin I, Ebene 6, Leitstelle 6i | | |
| Address3 | Waehringer Guertel 18-20 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Kyrle | Paul Alexander | Associate Professor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-1-40400-4497 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 43-1-40400-4030 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ingrid.pabinger@meduniwien.ac.at

WebSiteAddress:
http://www.haematologie-wien.at

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St. Anna Kinderspital Wien**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Vienna |
| StreetAd | | PostalCode | 1090 |
| Region | | | |
| Address1 | Kinderspitalgasse 6 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wank | Hans | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-01-4017-02022 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 43-01-401-7071 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hans.wank@stanna.at

WebSiteAddress:
http://www.stanna.at

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitaets - Kinderklinik Wien**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Vienna |
| StreetAd | | PostalCode | 1090 |
| Region | | | |
| Address1 | Waehringer Guertel 18-20 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Thom | Katharina | Pediatrician |
| | Oberndorfer | Michaela | Nurse Coordinator |
| Prof. | Male | Christoph | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-1-404003229 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 43-1-40400-3154 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

christoph.male@meduniwien.co.at

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinik Graz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Graz |
| StreetAd | | PostalCode | 8036 |
| Region | | | |
| Address1 | Medical University of Graz | | |
| Address2 | Division of Hematology | | |
| Address3 | Auenbruggerplatz 38 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bauer | Franz | |
| Dr. | Neumeister | Peter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-316-385-13277 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | peter.neumeister@medunigraz.at |
| WebSiteAddress: | www.medunigraz.at |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinik Graz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Graz |
| StreetAd | | PostalCode | 8036 |
| Region | | | |
| Address1 | Medical University of Graz | | |
| Address2 | Department of Pediatrics and Adolescent Medicine | | |
| Address3 | Auenbruggerplatz 38 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Muntean | Wolfgang | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-316-385-82636 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
wolfgang.mutean@medunigraz.at

WebSiteAddress:
www.medunigraz.at

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinik Innsbruck**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Innsbruck |
| StreetAd | | PostalCode | A-6020 |
| Region | | | |
| Address1 | Medical University Innsbruck | | |
| Address2 | Dept.of Pediatrics | | |
| Address3 | Anichstr. 35 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Streif | Werner | |
| Mr. | Reif | Christian | Medical Technical Assistant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-512-50423600 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 43-512-504-24934 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Werner.Streif@i-med.ac.at

WebSiteAddress:
http://www.gerinnung.at/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinik Innsbruck**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Austria | City | Innsbruck |
| StreetAd | | PostalCode | 6020 |
| Region | | | |
| Address1 | Medical University Innsbruck | | |
| Address2 | Anichstr. 35 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Feistritzer | Clemens | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 43-512-504-24035 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

clemens.feistritzer@i-med.ac.at

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bangabandhu Sheikh Mujib Medical University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Dhaka |
| StreetAd | | PostalCode | 1230 |
| Region | | | |
| Address1 | House#8, Road#7/C, Sector#3 | | |
| Address2 | Uttara | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Aziz | Md. | Chairman, Department of Hematolog |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 880-2-861-7118 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | azizfcps@yahoo.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bangabandhu Sheikh Mujib Medical University Hospital (BSMNU)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Dhaka |
| StreetAd | | PostalCode | 1000 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Shahbag | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Aziz | Abdul | Chairman, Department of Hematolog |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 88-02-8190907 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | azizfcps@yahoo.com |
| WebSiteAddress: | www.bsmmu.edu.bd |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Chittagong Medical College Hospital (CMCH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Chittagong |
| StreetAd | | PostalCode | 4203 |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | 57, KB Fazlul Kader road, | | |
| Address3 | Panchlaish, Chawkbazar | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Rabbani | Mohammad | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 880-31630179 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 880-31610022 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | drrabbani89@gmail.com |
| WebSiteAddress: | www.cmc.edu.bd |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dhaka Medical College Hospital (DMCH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Dhaka |
| StreetAd | | PostalCode | 1000 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | 8th & 9th Floor, DMCH-2 Building | | |
| Address3 | Dhaka Medical College Hospital, | | |
| address4: | Secretariat Road | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Biswas | Akhil Ranjon | Director, Department of Haematolog |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+880) 2-55165130 to 42, Ext. 40 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | akhil.biswas@yahoo.com |
| WebSiteAddress: | www.dmc.gov.bd |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dhaka Shishu Hospital (DSH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Dhaka |
| StreetAd | | PostalCode | 1207 |
| Region | | | |
| Address1 | Sher-e Bangla Nagar | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Selimuzzaman | Md. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 088-02-9104211 |
| cellular: | 01746-196039 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
selim_uzzaman@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Lab One Foundation**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Dhaka |
| StreetAd | | PostalCode | 1230 |
| Region | | | |
| Address1 | House # 08, Road # 12, | | |
| Address2 | Sector # 14, Uttara | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Shah | Salahuddin | Associate Professor of Haematology |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+88) 02-55095160 |
| cellular: | (+88) 01922117676 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | labone.org@gmail.com |
| WebSiteAddress: | www.labone.org.bd |

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mymensingh Medical College Hospital (MMCH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Mymensingh |
| StreetAd | | PostalCode | 2200 |
| Region | | | |
| Address1 | Mymensingh Medical College & Hospital | | |
| Address2 | Chorpara | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rahman | Habibur | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 01711-608586 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hrtarekmmc@gmail.com |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rajshahi Medical College Hospital (RMCH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bangladesh | City | Rajshahi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Room No. 3rd Floor, | | |
| Address2 | Rajshahi Medical College Hospital | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Miah | M. Morsed Zaman | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +880 1711 814 225 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

drzaman04@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Belarusian Centre for Paediatric Oncology and Haematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belarus | City | Minsk |
| StreetAd | | PostalCode | 223040 |
| Region | | | |
| Address1 | Lesnoe 2 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Aleinikova | Olga | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 375-172-654-049 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 375-172-654-049 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
aleinikova2004@mail.ru

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Homel Regional Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belarus | City | Homel |
| StreetAd | | PostalCode | 346041 |
| Region | | | |
| Address1 | Paediatric Hematology Department | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Iskrov | Igor Alexandrovitch | Hematologist |
| Dr. | Shumihina | Tatiana | Chief |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 375-232-485-562 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **A.Z. St. Jan AV Brugge-Oostende**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Brugge |
| StreetAd | | PostalCode | 8000 |
| Region | | | |
| Address1 | Dienst Hematologie | | |
| Address2 | Ruddershove 10 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lodewyck | Tom | |
| Dr. | Van Droogenbroeck | J. | |
| Dr. | Selleslag | D. | |
| Dr. | Van Hoof | A. | Hematology |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +32-50-452-320 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +32-50-452-593 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

achiel.vanhoof@azbrugge.be

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Antwerp University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Edegem |
| StreetAd | | PostalCode | 2650 |
| Region | | | |
| Address1 | Hemostasis Unit | | |
| Address2 | Department of Hematology | | |
| Address3 | Wilrijkstraat 10 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gadisseur | Alain | |
| Ms. | Bonnecroy | Marry | Haemostasis Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+32) 3-821-3779 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | (+32) 3-821-4301 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | alain.gadisseur@uza.be |
| WebSiteAddress: | www.uza.be |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **C.H.U. Brugmann U.L.B. (Adult)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Brussels |
| StreetAd | | PostalCode | 1020 |
| Region | | | |
| Address1 | Service d'Hématologie | | |
| Address2 | Place A. Van Gehuchten, 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Efira | André | |
| Dr. | Azerad | Marie-Agnès | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +32-2-477-3577 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +32-2-477-3529 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | andre.efira@chu-brugmann.be |
| WebSiteAddress: | http://www.chu-brugmann.be |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Liégeois du Traitement de l'Hémophilie (CLTH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Sart Tilman |
| StreetAd | | PostalCode | 4000 |
| Region | | | |
| Address1 | Unité de Thrombose-Hémostase | | |
| Address2 | CHU de Liège | | |
| Address3 | Avenue de l'Hôpital, 1 | | |
| address4: | 4000 Liège | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Minon | Jean-Marc | |
| Dr. | Dresse | Marie-Françoise | |
| Dr. | Vandenbosch | Kristel | |
| Dr. | Péters | Pierre | |
| Dr. | Francotte | Nadine | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 32-4-366 7535 |
| cellular: | |
| phone_emergency: | 32-4-225 6041 (CHR Citadelle) |
| Fax: | |
| fax work: | 32-4-366-7394 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

pierre.peters@chu.ulg.ac.be

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Cliniques universitaires Saint-Luc - Université Catholique d**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Brussels |
| StreetAd | | PostalCode | 1200 |
| Region | | | |
| Address1 | Service d'Hématologie | | |
| Address2 | Cliniques universitaires Saint-Luc | | |
| Address3 | 10 Avenue Hippocrate | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Hermans | Cedric | Adults |
| | Pothen | Dominique | Nurse Coordinator |
| Mme | Lannoy | Nathalie | Geneticist |
| Dr. | Eeckhoudt | Stéphane | Laboratory |
| Prof. | Vermylen | Christiane | Paediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 32-2-764-1785/1740 Adult |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 32-2-764-8959 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Cedric.Hermans@uclouvain.be

WebSiteAddress:
http://www.hemophilie-ucl.be

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Gent University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Gent |
| StreetAd | | PostalCode | 9000 |
| Region | | | |
| Address1 | De Pintelaan, 185 | | |
| Address2 | Hematology and Blood Bank | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Vantilborgh | Anna | Hematology |
| Dr. | Noens | Lucien | Department Head |
| Dr. | Mondelaers | Veerle | Pediatrician Hemato-Onco |
| Dr. | Devreese | Katrien | Hemostasis Lab |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +32-9-332-2111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +32-9-332-2737 |
| fax work2: | |
| fax work3: | +32-9-240-4048 |

email work:

email work2:

Email:
Lucien.Noens@uzgent.be

WebSiteAddress:
http://www.uzgent.be

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Universitaire des Enfants Reine Fabiola (Pediatric)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Brussels |
| StreetAd | | PostalCode | 1020 |
| Region | | | |
| Address1 | Avenue J.J. Crocq 15 | | |
| Address2 | Salle 60 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| M. | Leenders | B. | Hemophilia Nurse |
| Dr. | Lê | Phu Quoc | Assistant Head of the Haemato-Oncol |
| Dr. | Ferster | A. | Head of the Haemato-Oncology Clinic |
| Ms. | Liekendael | Linda | Hemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +32-2-477-3113 (outpatient) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 32-2-477-2678 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
alina.ferster@huderf.be

WebSiteAddress:
www.huderf.be

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitair Ziekenhuis Brussel**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Brussels |
| StreetAd | | PostalCode | 1090 |
| Region | | | |
| Address1 | Dienst Hematologie/Hemostase | | |
| Address2 | Laarbeeklaan 101 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jochmans | Kristin | |
| Dr. | De Waele | Marc | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +32-2-477-5071 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +32-2-477-5063 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | kristin.jochmans@uzbrussel.be |
| WebSiteAddress: | www.uzbrussel.be |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospitals Leuven**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Leuven |
| StreetAd | | PostalCode | B-3000 |
| Region | | | |
| Address1 | Haemophilia Treatment Center | | |
| Address2 | Herestraat 49 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| M. | Vandesande | Johan | Haemophilia nurse |
| Mrs. | Vander Elst | Katrin | Pediatri Haemophilia Nurse |
| Dr. | Peerlinck | Kathelijne | Director (Adults) |
| Dr. | Van Geet | Christel | Pediatrician |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 32-16-343-491 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 32-16-343-493 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemofilie@uzleuven.be

WebSiteAddress:
http://www.uzleuven.be/bloedingsenvaatziekten

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **ZNA Queen Paola Childrens Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Belgium | City | Antwerpen |
| StreetAd | | PostalCode | 2020 |
| Region | | | |
| Address1 | Paediatric Hemato-Oncology Department | | |
| Address2 | Lindendreef 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +32-3-280-2160 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +32-3-280-2133 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

philip.maes@zna.be

WebSiteAddress:

www.zna.be

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Especialidades Médicas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Angra dos Reis |
| StreetAd | | PostalCode | 23900-000 |
| Region | | | |
| Address1 | Praça General Ozório, 36 - Centro | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Delduque Kropf | Aline | Medical Techinician Responsable, He |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-24-3368-7350 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-24-3377-5903 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | alinekropf@yahoo.com.br |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hematologia de Sao Paulo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Paulo |
| StreetAd | | PostalCode | 01401-000 |
| Region | | | |
| Address1 | Av. Brigadeiro Luiz Antonio | | |
| Address2 | 2533, Jd. Paulista | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Rizzo Battistella | Linamara | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-11-3372-6611 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-11-3284-2575 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hematologia e Hemoterapia - Hemocentro de Campinas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Paulo |
| StreetAd | | PostalCode | 13083-878 |
| Region | | | |
| Address1 | Unidade de Hemofilia "Cláudio Luiz Pizzigatti Corrêa" | | |
| Address2 | Universidade Estadual de Campinas - UNICAMP | | |
| Address3 | Rua Carlos Chagas, 480 | | |
| address4: | Campinas | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Castro Ozelo | Margareth | Director |
| Dra. | Correa | Maria Elvira Pizzigat | Dental Surgeon |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-19-3521-8618 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | 55-19-3289-1089 |
| fax work3: | |

email work:

email work2:

Email:
margarethozelo@gmail.com

WebSiteAddress:
http://www.hemocentro.unicamp.br

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hematologia e Hemoterapia de Pernambuco**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Recife |
| StreetAd | | PostalCode | 52011-900 |
| Region | | | |
| Address1 | Rua Joaquim Nabuco, 171 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Araújo | Fátima | Hematologist |
| Dra. | Farias Bueno | Thelma Maria | Hematologist |
| Mrs. | Justino de Lyra | Rosilene | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-81-3182-4600 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-81-3416-4638 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemope@hemope.pe.gov.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hematologia e Hemoterapia de Santa Catarina - Hemo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Florianopolis |
| StreetAd | | PostalCode | 88015-240 |
| Region | | | |
| Address1 | Ave. Othon Gama D'eça, | | |
| Address2 | 756 Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Linhares | Denise | Hematologist and Director General |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-48-3251-9700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-48-3251-9742 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | dgerent@gmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hematologia e Hemoterapia do Paraná**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Curitiba |
| StreetAd | | PostalCode | 80060-220 |
| Region | | | |
| Address1 | Travessa João Prosdócimo, No. 145 | | |
| Address2 | Alto da XV | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Mitie Hashimoto | Viviane | Nurse |
| Dra. | Santos Lorenzato | Cláudia | Hematologist |
| Dra. | Kakitani Carbone | Edna | Médiaca Hematologista - Responsáve |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-41-3281-4000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | 55-41-3264-7029 |
| fax work3: | |

email work:

email work2:

Email:

hemepar@pr.gov.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hematologia e Hemoterapia do Piaui - HEMOPI**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Terezina |
| StreetAd | | PostalCode | 64.001-430 |
| Region | | | |
| Address1 | Rua 1o de maio no 235 centro/sul | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Mesquita Gonçalves | Rosa Hieuda | Nurse |
| Dra. | Pallis | Melissa | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-86-3221-8319 |
| cellular: | |
| phone_emergency: | 55-86-9452-4831 |
| Fax: | |
| fax work: | 55 86 3221-7600 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemopi@uol.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hemofilia do Hospital das Clínicas da FMUSP**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Paulo |
| StreetAd | | PostalCode | 05403-000 |
| Region | | | |
| Address1 | Hemocentro de Sao Paulo | | |
| Address2 | Av. Dr. Eneas de Carvalho Aguiar, 155 | | |
| Address3 | 1o andar | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Sandoval | Eliane | Nurse Coordinator |
| Dra. | Villaça | Paula | Medical Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-11-3061-5544 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-11-3085-2290 |
| fax work2: | 55-11-3088-8317 |
| fax work3: | 55 11 280 8317 |

email work:

email work2:

Email:
epnsandoval@yahoo.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro de Hemoterapia e Hematologia do Espirito Santo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Vitória |
| StreetAd | | PostalCode | 29047-105 |
| Region | | | |
| Address1 | Av. Marechal Campos, 1.468 | | |
| Address2 | Maruipe | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Tereza Garretto Botel | Maria | Nurse |
| Mrs. | Prezotti | Alessandra | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-27-3137-2461 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-27-3137-2455 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoes@saude.es.gov.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Estadual de Saúde Dr Armando de Sá Couto**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Teresópolis |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Rua José Augusto da Costa, s | | |
| Address2 | - Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Infantil Boldrini**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Campinas |
| StreetAd | | PostalCode | 13083-210 |
| Region | | | |
| Address1 | Rua Dr. Gabriel Porto | | |
| Address2 | 1270, Barão Geraldo | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pinheiro | Vitória | Hematologist |
| Sra. | Cunha Mello Rodrigu | Carmem | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-19-3787-5000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-19-3289-3571 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | carmen@boldrini.org.br |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundação Centro de Hemoterapia e Hematologia do Pará - Hemop**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Belém |
| StreetAd | | PostalCode | 66033-722 |
| Region | | | |
| Address1 | Trav. Padre Eutiquio, 2109 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Freitas | Rosilene | Nurse |
| Dra. | Bentes Fernandez | Iê | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-91-3242-9100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-91-3242-9100 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemopa@hemopa.pa.gov.br

WebSiteAddress:
http://www.hemopa.pa.gov.br/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundaçao de Hematologia e Hemoterapia de Bahia - HEMOBA**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Salvador |
| StreetAd | | PostalCode | 40155-150 |
| Region | | | |
| Address1 | Ave. Vasco da Gama s | | |
| Address2 | Rio Vermelho | | |
| Address3 | Complexo HGE/HEMOBA/CICAN | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Neves da Silva | Neuza Maria | Nurse |
| Dr. | Schittini Costa Streva | Anelisa | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-71-3116-5600 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoba@hemoba.ba.gov.br

WebSiteAddress:
http://www.hemoba.ba.gov.br/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundação de Hematologia e Hemoterapia do Estado de Rondônia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Porto Velho |
| StreetAd | | PostalCode | 76821-080 |
| Region | | | |
| Address1 | Rua Benedito de Souza Brito, s | | |
| Address2 | o | | |
| Address3 | Setor Industrial | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | do Carmo Fernandes | Maria | Nurse |
| Dr. | Torres Negraes | Ricardo | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-69-3216-5485 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
fhemeron@fhemeron.ro.gov.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundação Hemominas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Belo Horizonte |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Alameda Ezequiel Dias N 231 | | |
| Address2 | Santa Efigenia | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-31-3248-4500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-31-3248-4600 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
coordhbh@hemominas.mg.gov.br

WebSiteAddress:
http://www.hemominas.mg.gov.br

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemoacre - Hemocentro Coordenador do Estado do Acre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Rio Branco |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Avenida Getulio Vargas, 2787 | | |
| Address2 | Vila Ivonete | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-68-3228-1494 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-68-3228-1494 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
denys.fujimoto@ac.gov.br

WebSiteAddress:
http://www.ac.gov.br/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Coordenador do Distrito Federal - FHB**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Brasília |
| StreetAd | | PostalCode | 70.710-908 |
| Region | | | |
| Address1 | SMHN Quadra 03 Conjunto A Bloco 03 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chaves Machado | Ricardo | Hematologist |
| Dra. | Parodi | Adriana | Hematologist |
| Dra. | Swain | Melina | Hematologist Pediátrica/Manager |
| Dra. | MacDowell Soares | Beatriz | Diretora Presidente |
| Sra. | Faria Borges | Aline Elias | Nurse |
| Sr. | Pereira dos Santos | Belchior Marcelo | Nurse |
| Dra. | Gava | Roberta | Hematologist |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-61-3327-1671/ 3327-5659 |
| cellular: | |
| phone_emergency: | |
| Fax: | 55-61-3327-4442 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
coagulopatias@fhb.df.gov.br

WebSiteAddress:
http://www.hemocentro.df.gov.br

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Coordenador do Estado do Rio Grande do Sul**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Porto Alegre |
| StreetAd | | PostalCode | 90610-000 |
| Region | | | |
| Address1 | Ave. Bento Gonçalves, 3722 | | |
| Address2 | Partenon | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | de Fátima Rabaioli | Maria | Nurse |
| Dra. | Catelli | Dayenne Helene | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-51-3336-6755 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
maria-rabaioli@fepps.rs.gov.br

WebSiteAddress:
http://www.hemocentro.rs.gov.br

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Coordenador do Rio de Janeiro - HEMORIO**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Rio de Janeiro |
| StreetAd | | PostalCode | 20221-030 |
| Region | | | |
| Address1 | Instituto Estadual de Hematologia "Arthur de Siqueira Cavalcanti" | | |
| Address2 | Rua Frei Caneca , 8 - Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Renni | Marilia | Hematologist |
| Dra. | Fernandes Oliveira | Monica H.C. | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-21-2332-8620 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-21-2224-7030 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
diretoria@hemorio.rj.gov.br

WebSiteAddress:
http://www.hemorio.rj.gov.br/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Da Paraiba**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Joao Pessoa |
| StreetAd | | PostalCode | 58040-440 |
| Region | | | |
| Address1 | Departamento de Hematologia | | |
| Address2 | Laboratorio de Coagulaçao | | |
| Address3 | Av. Dom Pedro II, nº 1119 - Torre | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Saraiva Maia Costa | Irany | Nurse |
| Sra. | Sibele Figueiredo | Sandra | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-83-3218-7600 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55 83 2224754 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemocentroparaiba@yahoo.com.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Alagoas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Maceió |
| StreetAd | | PostalCode | 57010-300 |
| Region | | | |
| Address1 | Av. Jorge de Lima, 58 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Cícera Soares | Maria | Nurse |
| Dra. | Moura Galvão | Marta | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-82-3315-2106 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-82-315-2103 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoal@saude.al.gov.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Botucatu - HC - UNESP**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Botucatu |
| StreetAd | | PostalCode | 18618-000 |
| Region | | | |
| Address1 | Faculdade de Medicina de Ribiao Junior | | |
| Address2 | Distrito de Rubiao Junior, S | | |
| Address3 | o | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Deffune | Elenice | |
| Dr. | Zanini | José Mauro | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-14-3811-6041 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | sandra@hemato.epm.br |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Caruaru**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Caruaru |
| StreetAd | | PostalCode | 55012-040 |
| Region | | | |
| Address1 | Av. Osvaldo Cruz, | | |
| Address2 | S | | |
| Address3 | o - Mauricio de Nassau | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Morais Rodriques Tor | Maria José | Petrolina |
| Dra. | do Carmo Morais Rod | Maria | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-81-3182-4600 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | lusilva2108@yahoo.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Cascavel**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Cascavel |
| StreetAd | | PostalCode | 85806-380 |
| Region | | | |
| Address1 | Rue Avaetés, 370 | | |
| Address2 | Santo Onofre | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-45-3226-4549 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-41-3264-7029 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemoc-rh@sesa.pr.gov.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Goiás - Hemogo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Goiânia |
| StreetAd | | PostalCode | 74535-010 |
| Region | | | |
| Address1 | Av. Anhanguera, no. 5.195 | | |
| Address2 | Setor Coimbra | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Araújo | Joelma | Nurse |
| Mrs. | Vilela Gonçalves | Alexandra | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-62-3201-4570 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-62-3201-4585 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemocentro@saude.go.gov.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Londrina**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Londrina |
| StreetAd | | PostalCode | 86038-440 |
| Region | | | |
| Address1 | Rua Cláudio Donizeti Cavalliere | | |
| Address2 | 156, Jardim Aruba | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Fuziki | Cristina Akemi | Hematologist |
| Dr. | Saito | Mariza | Hematologist |
| Dra. | Célia Faune | Cristina | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-43-3371-2218 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-43-3371-2366 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemolon@uel.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Marilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Marilia |
| StreetAd | | PostalCode | 17519-050 |
| Region | | | |
| Address1 | Rua Lourival Freire, 240 - Fragata | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Fabron Jr. | Antonio | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-14-3402-1865 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-14-3433-0148 |
| fax work2: | 55-14-432-4974 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemocentro@famema.br |
| WebSiteAddress: | http://www.famema.br/hemocentro/ |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Maringá**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Maringa |
| StreetAd | | PostalCode | 870080-000 |
| Region | | | |
| Address1 | Av. Mandacaru, 1600 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | T. Higa | Tatiana | Hematologist |
| Dra. | S. Figueiredo | Francisca Angélica | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-44-3525-1102 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 54-44-2101-9154 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemomaringa@sesa.pr.gov.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Mato Grosso**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Cuiaba |
| StreetAd | | PostalCode | 78020-000 |
| Region | | | |
| Address1 | Rua 13 de Junho, 1055 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Thomas | Sylvia | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-65-3623-0044 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-65-3321-0351 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemo@ses.mt.gov.br

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Ribeirao Preto - Centro Regional de Hemoterapi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Ribeirão Preto |
| StreetAd | | PostalCode | 14051-140 |
| Region | | | |
| Address1 | Rua Tenente Catao Roxo, 2501 | | |
| Address2 | Monte Alegre | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Correia Oliveira de Ol | Luciana | Hematologist |
| Mrs. | Ap. de Souza Inácio | Rosimeire | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-16-2101-9311 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-16-2101-9309 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dimas@fmrp.usp.br

WebSiteAddress:
http://pegasus.fmrp.usp.br

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Roraima**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Boa Vista |
| StreetAd | | PostalCode | 69301380 |
| Region | | | |
| Address1 | Av. Brigadeiro Eduardo Gomes, | | |
| Address2 | s | | |
| Address3 | o Campus do Paricarana | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Lavor | Ângela | Nurse |
| Dr. | Navarro | Cibelle | Hematologist |
| Dra. | Rebouças | Regina Claudia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-95-2121-0864 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-95-3623-2634 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemoraima@yahoo.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de São José do Rio Preto**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | São José do Rio Preto |
| StreetAd | | PostalCode | 15091-240 |
| Region | | | |
| Address1 | Av. Jamil Ferez Kfuri, no. 80 | | |
| Address2 | Jd. Panorama | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Munholi | Andrea | Nurse |
| Dra. | Maria Fachini | Roberta | Hematologist |
| Dr. | Eduardo Miguel | Carlos | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-17-3201-5053 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-173201-5053 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemocentro@famerp.br

WebSiteAddress:
http://www.hospitaldebase.com.br

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Tocantins**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Palmas |
| StreetAd | | PostalCode | 77001-214 |
| Region | | | |
| Address1 | Av. 301 Norte cjto 02, lote 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Menonça Curado | Mirella | Hematologist |
| Sra. | Lima Pereira Cardoso | Maria Raimunda | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-63-3218-3285 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-63-3218-3284 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemocentro@saude.to.gov.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro de Uberlandia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Uberlandia |
| StreetAd | | PostalCode | 38405-322 |
| Region | | | |
| Address1 | Av. Levino de Souza, 1845 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ribeiro de Paiva | Paulo Henrique | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55343222-8801 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-34-3222-8887 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
udi.captacao@hemominas.mg.gov.br

WebSiteAddress:
www.hemominas.mg.gov.br

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro do Amapá**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Macapá |
| StreetAd | | PostalCode | 68900-000 |
| Region | | | |
| Address1 | Av. Raimundo Alvares da Costa, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Campos | Luciana | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-96-3212-6139 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-96-3212-6220 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemogab@speeds.com.br |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro do Amazonas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Manaus |
| StreetAd | | PostalCode | 69050-001 |
| Region | | | |
| Address1 | Av. Constantino Nery, | | |
| Address2 | No 4397 - Chapada | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | da Silva Assunção | Maria do Carmo | Nurse |
| Dra. | Chaves Pacheco | Ana Kedma | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-92-3655-0100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55 92 3656-2066 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoam@hemoam.org.br

WebSiteAddress:
http://www.hemoam.org.br/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro do Ceará**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Fortaleza |
| StreetAd | | PostalCode | 60431-084 |
| Region | | | |
| Address1 | Av. José Bastos, 3390 Rodolfo Teófilo | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | de Sousa Eulálio | Emmerson | Hematologist |
| Sra. | Moraes Martins | Micheli | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-85-3101-2296 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-85-3101-2307 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia@hemoce.ce.gov.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro do Mato Grosso do Sul**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Campo Grande |
| StreetAd | | PostalCode | 79004-310 |
| Region | | | |
| Address1 | Av. Fernando Correia da Costa, 1304 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Okumoto | Osnei | General Director |
| Dr. | Dalla Nora | Eliana | Coordinator |
| Dr. | Baseggio | Rosania | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-67-3312-1500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-67-312-1533 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemosul@fgi.gov.ms.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro do Rio Grande do Norte**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Natal |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Alexandrino de Alencar, 1800 | | |
| Address2 | Tirol | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-84-3232-6700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-84-3232-6703 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemodirecaogeral@rn.gov.br |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Chapecó**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Chapecó |
| StreetAd | | PostalCode | 89811-050 |
| Region | | | |
| Address1 | Rua São Leopaldo | | |
| Address2 | 391, Qd 1309, Esplanada | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Faggion | Juliana | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-49-3329-0550 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemoscch@unochapeco.rct-sc.br

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Criciúma**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Criciúma |
| StreetAd | | PostalCode | 88884-001 |
| Region | | | |
| Address1 | Av. Centenario, 1700 | | |
| Address2 | Sta. Bárbara | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Barbieri Lopes | Thiago | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-48-3433-6611 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-48-3433-6611 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemosc-cua@hemosc.org.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Governador Valaderes**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Governador Valaderes |
| StreetAd | | PostalCode | 35020-510 |
| Region | | | |
| Address1 | Rua Rui Barbosa | | |
| Address2 | 149 - Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pinto Santos | Ana Paula | Medical Clinic |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-33-3212-5800 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-33-3271-5850 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gov.captacao@hemominas.mg.gov.br

WebSiteAddress:
http://www.hemominas.mg.gov.br

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Joaçaba**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Joaçaba |
| StreetAd | | PostalCode | 89600-000 |
| Region | | | |
| Address1 | Av. XV de Novembro, | | |
| Address2 | 49, Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Calminati | Daniela | Nurse |
| Dr. | Silva Machado | Eduardo | Hematologist |
| Dr. | de Melo Carvalho | Ozenilda | Director |
| Dr. | Dobner | Soraya | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-49-3522-2811 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-49-3522-2811 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemosc-jba@hemosc.org.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Juiz de Fora**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Juiz de Fora |
| StreetAd | | PostalCode | 36015-370 |
| Region | | | |
| Address1 | Rua Barão de Cataguazes, s | | |
| Address2 | o | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Alaque Neto | Abraão Elias | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-32-3257-3100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-32-3257-3100 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jf.hemo@hemominas.mg.gov.br

WebSiteAddress:
http://www.hemominas.mg.gov.br

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Lages**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Lages |
| StreetAd | | PostalCode | 88501-310 |
| Region | | | |
| Address1 | Rua Felipe Schmidt | | |
| Address2 | 33, Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-49-3222-3922 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-49-3222-3922 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemosc-lgs@hemosc.org.br

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Montes Claros**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Montes Claros |
| StreetAd | | PostalCode | 39401-002 |
| Region | | | |
| Address1 | Rua Urbino Viano, 640 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Afonso Mota | Rosimere | Hematologist |
| Dr. | Imaculada Rabelo | Magali | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-38-3218-7819 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-38-3218-7849 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
moc.coordenacao@hemominas.mg.gov.br

WebSiteAddress:
http://www.hemominas.mg.gov.br

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Nova Friburgo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Nova Friburgo |
| StreetAd | | PostalCode | 28600-000 |
| Region | | | |
| Address1 | Rua General Osório, 324 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Damasceno da Silva | Leoneide | Hematologist |
| Dr. | Correa de Oliveira | Beatriz Alvarez | Hematologist |
| Mrs. | Braz Penna | Fabiola | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-22-2523-9000210 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-22-2523-9000 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hmrs@gigalink.com.br

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Pelotas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Pelotas |
| StreetAd | | PostalCode | 96015-140 |
| Region | | | |
| Address1 | Av. Bento Gonçalves | | |
| Address2 | 4569, Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Costa Nachtigal | Gilca | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55 53 3225-1002 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-53-3225-4022 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemopel@fepps.rs.gov.br

WebSiteAddress:
http://www.hemocentro.rs.gov.br

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Petrolina**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Petrolina |
| StreetAd | | PostalCode | 56304-909 |
| Region | | | |
| Address1 | Rua Pacifico de Luz | | |
| Address2 | S | | |
| Address3 | o, Centro | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pinto | Marcia Flávia | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-87-3866-6601 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemopepetrolina@ig.com.br

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Pouso Alegre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Pouso Alegre |
| StreetAd | | PostalCode | 37550-000 |
| Region | | | |
| Address1 | Rua Comendador Jose Garcia. 825 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Abboud Ibrahim | Abraão | Technical Management |
| Sra. | Pollini | Josiane Maria | Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-35-3449-9900 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-35-3449-9902 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hemominas.mg.gov.br

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de São Mateus**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | São Mateus |
| StreetAd | | PostalCode | 29930-000 |
| Region | | | |
| Address1 | Rua Otavarino Duarte Santos, | | |
| Address2 | s | | |
| Address3 | o | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Binou Matos | Fernanda Smith | Nurse |
| Dr. | Boroto | Makerly Aguiar | General Clinical |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-27-3767-4135 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemoeslinhares@gmail.com

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemocentro Regional de Uberaba**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Uberaba |
| StreetAd | | PostalCode | 38010-240 |
| Region | | | |
| Address1 | Rua Getulio Guarita, 250 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Soares | Sheila | Technical Management |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-34-3312-5077 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-34-3312-5077 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ura.gadm@hemominas.mg.gov.br

WebSiteAddress:
http://www.hemominas.mg.gov.br

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemonúcleo de Foz do Iguaçu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Foz do Iguaçu |
| StreetAd | | PostalCode | 85860-460 |
| Region | | | |
| Address1 | Av. Gramado, 364, Vila A de Itaipu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Giordane Ritt | Alessandra | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-45-3576-8020 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoc-rh@sesa.pr.gov.br

WebSiteAddress:
http://www.hemominas.mg.gov.br

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemonúcleo de Guarapuava**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Guarapuava |
| StreetAd | | PostalCode | 85015-000 |
| Region | | | |
| Address1 | Rua Afonso Botelho | | |
| Address2 | 134, Trianon | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sponholz Venske | Rubens | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-42-3622-2819 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-42-3622-1300 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemogrp@pr.gov.br |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemonúcleo de Ponta Grossa**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Ponta Grossa |
| StreetAd | | PostalCode | 84010-080 |
| Region | | | |
| Address1 | Rua General Osório | | |
| Address2 | Esquina com Coronel Dulcídio | | |
| Address3 | s | | |
| address4: | o | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Petito Laforga | Violete | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-42-323-1616 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemonpgo@sesa.pr.gov.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemonúcleo de Santa Casa de Sao Pauloo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Paulo |
| StreetAd | | PostalCode | 01223-001 |
| Region | | | |
| Address1 | Rua Marques Itaú no. 579 VI Buarque | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chiattone | Carlos Sérgio | Director |
| Mrs. | Silva | Vânia Maria B. | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-11-2176-72005979 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-11-3226-7086 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

dir.bs@santacasasp.org.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Brigadeiro, Unidade de Hemofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Paulo |
| StreetAd | | PostalCode | 01401-000 |
| Region | | | |
| Address1 | Av. Brigadeiro Luis Antonio, 2651 | | |
| Address2 | 3 andar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Foschi | Nivia Maria | Hematologist |
| Mrs. | Frigo | Daniela | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-11-3170-6290 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-11-3170-6120 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hmfbrigadeiro@ig.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Ferreira Machado - Hemocentro Regional de Campos do**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Campos de Goyatacazes |
| StreetAd | | PostalCode | 28050-120 |
| Region | | | |
| Address1 | Rua Rocha Leao, 02 - Caju | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Dias Vieira Junior | Ester | Hematologist |
| Sra. | Rangel de Amorim | Beatriz Chagas | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-22-2737-2500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-22-2732-2617 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemohfm@yahoo.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Sao Vicente de Paulo**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Bom Jesus de Itabapoana |
| StreetAd | | PostalCode | 28360-000 |
| Region | | | |
| Address1 | Rua Tenente José Teixeira, 473 - Centro | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Cavichinni | Roberta | Physical therapist |
| Dr. | de Oliveira Junior | Tácito Assis | Dentist |
| Dra. | Chalhub Oliveira | Sandra | Medical Technician Responsible, Hem |
| | Alberoni da Fonseca | Viviane | Nurse |
| Dr. | Figueiredo | Ugo Oliveira | Dentist |
| Dr. | Oliveira Neto | Francisco Assis | Director General |
| | | | |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-22-3833-9010240 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-22-3831-1312 |
| fax work2: | 55-22-3831-4015 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | s_chalhub@yahoo.com.br |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Instituto de Hemoterapia e de Atividades de Laboratorio Cent**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Aracaju |
| StreetAd | | PostalCode | 49095-300 |
| Region | | | |
| Address1 | Av. Trancredo Neves, s | | |
| Address2 | Centro Adm. Governador Augusto Franco | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Rocha | Adriana | Nurse |
| Dr. | Passos Menezes | Petruska | Psychologist |
| Dra. | Teles | Maria Inês | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-79-3259-3201 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemose@prodase.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Núcleo de Hematologia e Hemoterapia de Linhares**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Linhares |
| StreetAd | | PostalCode | 29900-000 |
| Region | | | |
| Address1 | Av. João Felipe Calmon | | |
| Address2 | 1305, Centro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Casagrande | Marciana | Nurse |
| Dr. | Emerich | Marli | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-27-3171-4361 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoeslinhares@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Núcleo de Hemoterapia da Regiao dos Lagos - Hemolagos**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Cabo Frio |
| StreetAd | | PostalCode | 28906-170 |
| Region | | | |
| Address1 | Rua Barao do Rio Branco, 72 - Passagem | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Santos Souza | Renata | Nurse |
| Dr. | Sant' Anna Santoro | Mário | Medical Technician Responsible - He |
| Dr. | Lohmann | Paulo | Clinical |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-22-2644-5076 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-22-2644-5076 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemolagos_cabofrio@yahoo.com.br

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Núcleo de Hemoterapia de Cachoeiro de Itapemerim**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Cachoeiro de Itapemerim |
| StreetAd | | PostalCode | 29308-020 |
| Region | | | |
| Address1 | Rua Anacleto Ramos | | |
| Address2 | 5555, Ferroviário | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Cezati | Gláucia | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-28-3526-6235 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

glauciacezati@hotmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Núcleo de Hemoterapia de Resende - Hospital Municipal de Eme**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Resende |
| StreetAd | | PostalCode | 27510-080 |
| Region | | | |
| Address1 | Av. Marcílio Dias, 800 - Jardim Jarisco | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mauro | | Director General |
| Dr. | Faria | Paulo Marcos | Medical Technician Responsible, Hem |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-24-2108-8342 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
auditoria@resende.unimed.com.br

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servico de Hemofilia da Universidade Federal de Sao Paulo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Paulo |
| StreetAd | | PostalCode | 04024-002 |
| Region | | | |
| Address1 | Unidade de Hemofila | | |
| Address2 | Rua Napoleao de Barros, 611 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Vrabic | Ana Claudia Acerbi | Nurse Coordinator |
| Dra. | Vallin Antunes | Sandra | Hematologist Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-11-5539-6829 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-11-5539-6829 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sandra.vallin23@unifesp.br

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Serviço Municipal de Hemoterapia de Macaé**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Macaé |
| StreetAd | | PostalCode | 27913-190 |
| Region | | | |
| Address1 | Rua Dr. Bueno, 40 - Centro | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Bitencourt Murta | Rosangela | Medical Technician Responsible, Hem |
| Sra. | Portella Freire | Suzana Almeida | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55-22-2772-5550 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55-22-2772-5550 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemoterapia@macae.gov.rj.br

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Supervisão de Hematologia e Hemoterapia do Maranhão - Hemoma**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Brazil | City | Sao Luiz |
| StreetAd | | PostalCode | 65040-450 |
| Region | | | |
| Address1 | R. 5 de Janeiro, s | | |
| Address2 | - Jordoa | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | S. Lisboa | Nadia Regina | Nurse |
| Dra. | Gonçalves | Ligia Maria | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 55 98 3216-1100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 55 98 3243-4157 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemomar_ma@yahoo.com.br

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinic of Paediatric Haematology and Oncology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Varna |
| StreetAd | | PostalCode | 9010 |
| Region | | | |
| Address1 | 1 Hristo Smirnenski Str. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Nikolaeva | Silvia | Nurse |
| Dr. | Peteva | Elina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-52-97-82-85 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-52-978-387 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kidshem@mail.bg

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **National Hospital for Treatment of Haemotological Diseases**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Sofia |
| StreetAd | | PostalCode | 1756 |
| Region | | | |
| Address1 | 6 Plovdivsko pole str | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Lissitchkov | Toshko | Head of Hematology and Transfusiolo |
| Dr. | Zarkova | Antoaneta Georgiev | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-2-9701-235 |
| cellular: | |
| phone_emergency: | 359-2-9701-115 |
| Fax: | |
| fax work: | 359-2-9701-235 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tlissitchkov@yahoo.com

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Pediatric Clinic - Department of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Pleven |
| StreetAd | | PostalCode | 5800 |
| Region | | | |
| Address1 | 8A Georgi Kotchev str. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kostova | Svetla | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-64-886-506 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-64-886-509 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematology_pleven@abv.bg

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Centre of Transfusiology and Haematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Stara Zagora |
| StreetAd | | PostalCode | 6000 |
| Region | | | |
| Address1 | 2 Stoletov Blvd. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Raicheva | Valentina | |
| Dr. | Stilianova | Maria | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-42-611-415 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-42-600-916 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rcth_st_zagora@abv.bg

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital "Dr. G. Stranski" - Pleven**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Pleven |
| StreetAd | | PostalCode | 5800 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | 8A Georgi Kotchev Str. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Penkova | Daniela | |
| Dr. | Antonov | Antonio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-64-886-392 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-64-886-507 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematology_pleven@abv.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Aleksandrovska**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Sofia |
| StreetAd | | PostalCode | 1431 |
| Region | | | |
| Address1 | Pediatric Clinic | | |
| Address2 | 1 Georgi Soffiiski Str. | | |
| Address3 | 2, Zdrave | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital St. Georgi - Plovdiv**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Plovdiv |
| StreetAd | | PostalCode | 4002 |
| Region | | | |
| Address1 | Pediatric Clinic of Haematology | | |
| Address2 | 15A Vasil Aprilov Str. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Stoyanova | Angelina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-32-602-252 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-32-602-481 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
delev@evrocom.net

WebSiteAddress:
http://www.unihosp.com

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital St. Georgi - Plovdiv**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Plovdiv |
| StreetAd | | PostalCode | 4002 |
| Region | | | |
| Address1 | Clinic of Haematology | | |
| Address2 | 15A Vasil Aprilov Str. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sapunarova | Katya | |
| Prof. | Goranov | Stefan | Head of Department |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-32-602-298 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-32-602-481 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kasapunarova@mail.bg

WebSiteAddress:
http://www.unihosp.com/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital St. Marina**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Bulgaria | City | Varna |
| StreetAd | | PostalCode | 9010 |
| Region | | | |
| Address1 | Department of Clinical Hematology | | |
| Address2 | 1, Hristo Smirnenski Str. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Stavrev | Nikolaj | |
| Dr. | Zhelyazkova | Antonina | Hematologist, main coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 359-52-30-28-51269 |
| cellular: | 359-898-667578 (Dr.Zhelyazhova |
| phone_emergency: | |
| Fax: | |
| fax work: | 359-52-302-935 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
a_zhelyazkova@yahoo.com

WebSiteAddress:
http://www.svetamarina.com/index.php

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Angkor Hospital for Children**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cambodia | City | Siem Reap |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | P.O. Box 50 | | |
| Address2 | Tep Vong (Achamean) Road & Oum Chhay Street, Svay Dangkum | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +855 (0) 63 963409 |
| cellular: | |
| phone_emergency: | |
| Fax: | +855 (0) 63 760452 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hengsing2003@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Pediatric Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cambodia | City | Phnom Penh |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Department A | | |
| Address2 | N° 100, Confederation de la Russie | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 855-12-764-575 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sophalces@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Pediatric Hematology Clinic / Dept. A**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cambodia | City | Phnom Penh |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | National Pediatric Hospital | | |
| Address2 | #100, Federation of Russia Blvd. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 012-764-575 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sophalces@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Douala General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cameroon | City | Douala |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hematology Department | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Yaounde Central Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cameroon | City | Yaoundé |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hematology Department | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ngo Sack | Françoise | Hematologist |
| Dr. | Chemegny Chetcha | Bernard | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nsackmakak@yahoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Yaounde University Teaching Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cameroon | City | Yaoundé |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Haematology and Transfusion Department | | |
| Address2 | Melen | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tayou Tagny | Claude Bernard | Biologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 237 2231 2103143 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 237 2231 4039 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sylvie.moudourou@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bleeding Disorders Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Winnipeg |
| StreetAd | | PostalCode | R3E 0Z2 |
| Region | | | |
| Address1 | Health Sciences Centre | | |
| Address2 | FE331-685 William Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Stoffman | Jayson | Pediatric Hematologist |
| Dr. | Houston | Donald | Adult Hematologist |
| Mrs. | Karasevich | Janice | |
| Dr. | McCusker | Patricia | Pediatric Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 204-787-2465 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 204-787-1743 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dzawadski@hsc.mb.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre de l'hémophilie de l'est du Québec**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Québec City |
| StreetAd | | PostalCode | G1J 1Z4 |
| Region | | | |
| Address1 | CHA Hopital de l'Enfant Jésus | | |
| Address2 | 1401, 18e Rue | | |
| Address3 | Room J-S067, Door D | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | van Neste | Catherine | Physiotherapist |
| Ms. | Dionne | Julie | Physiotherapist |
| Dr. | Demers | Christine | Director |
| Dr. | Cloutier | Stéphanie | Hematologist |
| Ms. | Néron | Hélène | Nurse Coordinator |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 418-649-5624 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of Eastern Ontario**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Ottawa |
| StreetAd | | PostalCode | K1H 8L1 |
| Region | | | |
| Address1 | Hematology Clinic | | |
| Address2 | 401 Smyth Road | | |
| Address3 | 6W/MDU | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Labrecque | Denise | Social Worker |
| | Degiovanni | Tammy | Infirmière directrice |
| Dr. | Klaassen | Robert | Clinical Director |
| Ms. | Elliott | Brenda | Physiotherapist |
| Ms. | Bissonnette | Diane | Nurse Coordinator |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 613-737-76002368 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 613-738-4846 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dbissonnette@cheo.on.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Sainte-Justine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Montreal |
| StreetAd | | PostalCode | H3T 1C5 |
| Region | | | |
| Address1 | Centre d'hémostase / Quebec Centre for Inhibitors of Coagulation | | |
| Address2 | 3175 chemin de la Côte Ste-Catherine | | |
| Address3 | First Floor, Ward 12 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Amesse | Claudine | Nurse Coordinator |
| Dr. | David | Michelle | Hematologist |
| Mme | Douesnard | Suzanne | Psychologist |
| Dr. | St-Louis | Jean | |
| Ms. | Lapointe | Chantal | Physiotherapist |
| Ms. | Tra | Caroline | Nurse Coordinator |
| Dr. | Winikoff | Rochelle | Physician |
| Mme | Meilleur | Claude | Nurse Coordinator for the Inhibitor C |
| Ms. | Houle | Yolaine | Social Worker |
| Mme | Bolano-Del Vecchio | Diana | Nurse |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 514-345-4931x 6031 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 514-345-7749 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

claudine_amesse@ssss.gouv.qc.ca

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Sainte-Justine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Montreal |
| StreetAd | | PostalCode | H3T 1C5 |
| Region | | | |
| Address1 | Centre d'hémostase / Quebec Centre for Inhibitors of Coagulation | | |
| Address2 | 3175 chemin de la Côte Ste-Catherine | | |
| Address3 | First Floor, Ward 12 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mme | Thibault | Catherine | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 514-345-4931x 6031 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 514-345-7749 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

claudine_amesse@ssss.gouv.qc.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHUS - Hôpital Fleurimont**

| | | | |
|---|---|---|---|
| Province | Quebec | | |
| Country | Canada | City | Sherbrooke |
| StreetAd | | PostalCode | J1H 5N4 |
| Region | | | |
| Address1 | 3001 - 12e Avenue Nord | | |
| Address2 | Hemophilia | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Castilloux | Jean-Francois | Co-Director, Hemotologist |
| Dr. | Charlebois | Janie | Co-Director, Pediatrician Hemotologis |
| Mrs. | Thompson | Marie-Hélène | Clinical Nurse Coordinator |
| Mrs. | Beaulieu | Christine | Physiotherapist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 819-346-1110 ext.14561 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 819-348-3855 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

marie-helene.thompson.ciussse-chus@ssss.gouv.qc.c

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. John Akabutu Centre for Bleeding Disorders - Adult Div.**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Edmonton |
| StreetAd | | PostalCode | T6G 1Z1 |
| Region | | | |
| Address1 | Adult Division | | |
| Address2 | Kaye Edmonton Clinic | | |
| Address3 | 3D Medicine | | |
| address4: | 11400 University Avenue | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Naqvi | Sania | Social Worker (Adults) |
| Dr. | Ritchie | Bruce | Medical Director (Adults) |
| Ms. | McCabe | Erin | Physiotherapist (Adults) |
| Ms. | Darrington | Hilary | Nurse Coordinator (Adults) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 780-407-6588 (Adults) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 780-407-2605 (Adults) |
| fax work2: | 780-407-8821 (Pediatrics) |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. John Akabutu Centre for Bleeding Disorders-Pediatric Div**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Edmonton |
| StreetAd | | PostalCode | T6G 2B7 |
| Region | | | |
| Address1 | Pediatric Division | | |
| Address2 | Stollery Children's Hospital | | |
| Address3 | 8440 112 St. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Greenslade | Haley | Social Worker |
| Dr. | Belletrutti | Mark | Medical Director |
| Ms. | Bauman | Heather | Nurse Coordinator |
| Ms. | Fong | Elia | Physiotherapist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 780-407-2654 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 780-407-8821 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hamilton Health Sciences Corporation**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Hamilton |
| StreetAd | | PostalCode | L8N 3Z5 |
| Region | | | |
| Address1 | Hemophilia Program | | |
| Address2 | Hamilton Health Sciences, McMaster Children's Hospital | | |
| Address3 | 1200 Main Street West | | |
| address4: | McMaster Division 3F Clinic | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chan | Anthony | Pediatric Hematologist |
| | Waterhouse | Linda | Social Worker |
| Ms. | Goldsmith | Rebecca | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 905-521-210073428 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 905-521-1703 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
decker@hhsc.ca

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Moncton |
| StreetAd | | PostalCode | E1C 6Z8 |
| Region | | | |
| Address1 | Horizon Health Network, Zone 1 | | |
| Address2 | 135 MacBeath Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Abdel Samad | Nizar | Co-Director |
| Mr. | Chase | Ernie | Social Worker |
| Mrs. | Daigle | Stephanie | |
| Dr. | Rubin | Sheldon | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 506-857-5465 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 506-857-5464 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dorine.belliveau@horizonNB.ca

WebSiteAddress:

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | St. John's |
| StreetAd | | PostalCode | A1B 3V6 |
| Region | | | |
| Address1 | Eastern Health, Janeway Site | | |
| Address2 | Rm 2J755 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | MacDonald | Jill | |
| Mrs. | Sheppard | Charlotte | Nurse Coordinator |
| Mr. | Dale | Clarke | |
| Mrs. | Jones Down | Colleen | |
| Dr. | Bowes | Lynette | Pediatric Medical Director |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 709-777-4388 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 709-777-4292 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
charlotte.sheppard@easternhealth.ca

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Program - Pediatric Division**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Vancouver |
| StreetAd | | PostalCode | V6H 3V4 |
| Region | | | |
| Address1 | Hematology/Oncology Clinic | | |
| Address2 | B315, 4480 Oak Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Crilly | Erica | |
| Ms. | De Marchi | Lawren | |
| Ms. | Woo | Celina | |
| Ms. | Hiew | Sally | Secretary |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 604-875-23455335 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 604-875-2533 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophilia_clinic@cw.bc.ca

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Program Adult Division**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Vancouver |
| StreetAd | | PostalCode | V6Z 1Y6 |
| Region | | | |
| Address1 | St. Paul's Hospital | | |
| Address2 | Burrard Building, Room 419 | | |
| Address3 | 1081 Burrard St. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Sheridan | Barbara | Clinical Coordinator |
| Ms. | Cave | Stacey | Physiotherapist |
| Dr. | Yenson | Paul | Staff Physician |
| Mrs. | Sims | Karen | Nurse Practitioner |
| Mrs. | Bech | Michelle | Nurse Practitioner |
| Mr. | Bartholomew | Claude | |
| Ms. | LeClair | Mireille | Social Worker |
| Prof. | Jackson | Shannon | Medical Director |
| M. | Candeloro | Alexia | Secretary |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 604-806-8855 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 604-806-8784 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
H&HClinics@providencehealth.bc.ca

WebSiteAddress:
https://www.hemophilia.providencehealthcare.org/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hereditary Bleeding Disorders Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Halifax |
| StreetAd | | PostalCode | B3H 2Y9 |
| Region | | | |
| Address1 | QEII Health Sciences Centre | | |
| Address2 | Rm 4020, Victoria Building | | |
| Address3 | 1276 South Park St. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Robinson | Katherine Sue | Medical Director |
| | Bellussi | Gail | Physiotherapist |
| Ms. | Palmer | Janice | Physiotherapist |
| Mrs. | Van Oosten | Sue | Nurse Coordinator |
| Ms. | Spencer | Janice | Social Worker |
| | | | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 902-473-5612 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 902-473-7596 |
| fax work2: | 902-473-4600 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | susan.vanoosten@cdha.nshealth.ca |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Maisonneuve-Rosemont**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Montreal |
| StreetAd | | PostalCode | H1T 2M4 |
| Region | | | |
| Address1 | 5415 boulevard L'Assomption | | |
| Address2 | Dept. d'Hématologie | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | St-Louis | Jean | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 514-252-3400 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 514-254-5094 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jean.st-louis.1@umontreal.ca

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital for Sick Children**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Toronto |
| StreetAd | | PostalCode | M5G 1X8 |
| Region | | | |
| Address1 | Hemophilia Program | | |
| Address2 | Hematology/Oncology Clinic | | |
| Address3 | 555 University Ave | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Blanchette | Victor | Director of Hemophilia Program |
| Ms. | Cottingham | Diana | Social Worker |
| Ms. | Bouskill | Vanessa | Nurse Practitioner |
| Dr. | Carcao | Manuel | Director of Hemophilia Program |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 416-813-5871 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 416-813-7701 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vanessa.bouskill@sickkids.ca

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **IWK Pediatric Bleeding Disorder Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Halifax |
| StreetAd | | PostalCode | B3K 6R8 |
| Region | | | |
| Address1 | IWK Health Centre | | |
| Address2 | 6th Floor Ambulatory Children's Site | | |
| Address3 | 5980 / 5850 University Avenue | | |
| address4: | P.O. Box 9700 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Jarock | Carolyn | Physiotherapist |
| Ms. | Hawes | Sue Ann | Nurse Coordinator |
| Ms. | Vaughan | Anne | Social Worker |
| Dr. | Price | Victoria | Pediatric Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 902-470-8752 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 902-470-7208 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sueann.hawes@iwk.nshealth.ca

WebSiteAddress:
http://www.iwk.nshealth.ca

# HTC list: Hit (CTRL-F) to search

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **London Health Sciences Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | London |
| StreetAd | | PostalCode | N6A 5W9 |
| Region | | | |
| Address1 | Victoria Hospital, Room B1-301 | | |
| Address2 | 800 Commissioners Road East | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Milne-Wren | Cindy | Social Worker |
| Ms. | Laudenbach | Lori | Nurse Practictioner |
| | | | |
| Dr. | Soumitra | Tole | Medical Director (Pediatric) |
| Mr. | Branov | Stefan | Social Worker |
| Ms. | Hildebrand | Diane | Laboratory Specialist |
| Dr. | Phua | Chai W. | Medical Director (Adult) |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 519-685-8500 53582 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 519-685-8543 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sworhp@lhsc.on.ca

WebSiteAddress:

http://www.lhsc.on.ca/About_Us/Bleeding_Disorder

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Montreal Children's Hospital Congenital Hemostasis Services**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Montreal |
| StreetAd | | PostalCode | H4A 3J1 |
| Region | | | |
| Address1 | 1001 Decarie | | |
| Address2 | Room B.RC.2238 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Warner | Margaret | |
| Ms. | Lafleche | Tania | Nurse Coordinator |
| Ms. | Hahn | Marion | Physiotherapist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 514-412-4420 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 514-412-4424 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tania.lafleche@muhc.mcgill.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Comprehensive Care Centre for Hemophilia and Hemost**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Ottawa |
| StreetAd | | PostalCode | K1H 8L6 |
| Region | | | |
| Address1 | The Ottawa Hospital, General Campus | | |
| Address2 | 501 Smyth Road | | |
| Address3 | Box 248, | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tinmouth | Alan | Medical Director |
| Mr. | Bougie | Simon | Physiotherapist |
| Mrs. | Lacasse | Lucie | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 613-737-8252 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 613-737-8157 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
llacasse@ottawahospital.on.ca

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Center Name **Saint John Regional Hospital**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Saint John |
| StreetAd | | PostalCode | E2L 4L2 |
| Region | | | |
| Address1 | Inherited Bleeding Disorder Clinic | | |
| Address2 | 400 University Avenue | | |
| Address3 | PO Box 2100 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Comeau | Terrance | Hematologist |
| Ms. | Robichaud | Alison | Physiotherapist |
| Dr. | Dolan | Sean | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 506-648-7286 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 506-648-7379 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

dlo@reg2.health.nb.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Saskatchewan Bleeding Disorders Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Saskatoon |
| StreetAd | | PostalCode | S7N 0W8 |
| Region | | | |
| Address1 | Royal University Hospital | | |
| Address2 | 103 Hospital Drive, Box 113 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sinha | Roona | Hematologist (Pediatric) |
| Dr. | Stammers | David | Hematologist (pediatric) |
| Dr. | Prokopchuk-Gauk | Oksana | Hematologist (adult) |
| Ms. | Schlosser | Tara | Clinical Nurse Coordinator |
| Dr. | Brose | Kelsey | Medical Director |
| Ms. | McLeod | Rachel | Nurse Coordinator |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 306-655-6504 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 306-655-6426 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

BleedingDisordersProgram.Sask@saskhealthauthorit

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **South Eastern Ontario Regional Inherited Bleeding Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Kingston |
| StreetAd | | PostalCode | K7L 2V7 |
| Region | | | |
| Address1 | Kingston General Hospital | | |
| Address2 | Douglas 3, Room 8-312 | | |
| Address3 | 76 Stuart St. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Purcell | Sherry | Nurse Coordinator |
| Mrs. | Walker | Catherine | Physiotherapist |
| Dr. | Lillicrap | David | Director |
| Dr. | Silva | Mariana | Pediatric Hematologist |
| Ms. | Borden | Madeleine | Social Worker |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 613-549-66664683 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 613-548-1356 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

purcells@kgh.kari.net

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Southern Alberta Pediatric Bleeding Disorders Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Calgary |
| StreetAd | | PostalCode | T3B 6A8 |
| Region | | | |
| Address1 | Alberta Children's Hospital | | |
| Address2 | 2888 Shaganappi Trail NW | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wright | Nicola | Hematologist |
| Mr. | Lui | Kevin | Physiotherapist |
| Mrs. | vanGunst | Sheri | Nurse Coordinator |
| Dr. | Leaker | Michael | Hematologist |
| Ms. | Niv | Hulda | Social Worker |
| Ms. | Brooks | Julia | Physiotherapist |
| Dr. | Steele | MacGregor | Medical Director |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 403-955-7352 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 4039557393 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sheri.vangunst@albertahealthservices.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Southern Alberta Rare Blood and Bleeding Disorders Comprehen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Calgary |
| StreetAd | | PostalCode | T2N 2T9 |
| Region | | | |
| Address1 | Foothills Medical Centre | | |
| Address2 | Unit 57B (Special Services Building) | | |
| Address3 | 1403 29th St. NW | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Spitzer | Carol | Nurse Coordinator |
| Dr. | Poon | Man-Chiu | Medical Director |
| Ms. | Ireland | Lezley | Social Worker |
| Dr. | Card | Robert | Hematologist |
| Ms. | Brown | Morna | Nurse Coordinator |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 403-944-4057 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 403-944-3220 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
morna.brown@calgaryhealthregion.ca

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **St. Michael's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Toronto |
| StreetAd | | PostalCode | M5B 1W8 |
| Region | | | |
| Address1 | Comprehensive Hemophilia Care Centre | | |
| Address2 | 30 Bond Street | | |
| Address3 | Room 4-169 Cardinal Carter North | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Floros | Georgina | Nurse Coordinator |
| Mr. | Lewis | Jordan | Social worker |
| Mrs. | Travas | Antonette | Data Manager |
| Mr. | Boma-Fischer | Laurence | Physiotherapist |
| Dr. | Sholzberg | Michelle | Medical Director |
| Dr. | Teitel | Jerome | Medical Director |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 416-864-5129 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 416-864-5127 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

florosg@smh.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sudbury Regional Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Sudbury |
| StreetAd | | PostalCode | P3B 0B3 |
| Region | | | |
| Address1 | 31 Alliston St | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Mansfield Smith | Linda | Social Worker |
| Mrs. | Graham | Nicole | Physiotherapist |
| Mrs. | Paradis | Elizabeth | Nurse Coordinator |
| Dr. | Gill | Kulwant | Medical Director |
| | | | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 705-523-7059 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 705-523-7077 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

eparadis@hrsrh.on.ca

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Thunder Bay Regional Health Science Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Canada | City | Thunder Bay |
| StreetAd | | PostalCode | P7B 6V4 |
| Region | | | |
| Address1 | Hemophilia Program | | |
| Address2 | 980 Oliver Rd. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Roberts | Karen | Nurse Coordinator |
| Ms. | Langen | Donna | Physiotherapist |
| Dr. | Laferriere | Nicole | Medical Director |
| Ms. | Syring | Janelle | Physiotherapist |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Barros Luco Trudeau**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 8900085 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Gran Avenida José Miguel Carrera Nº 3204 | | |
| Address3 | San Miguel | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-551-8235 ext. 3201 |
| cellular: | 56-9-9319-9822 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-2-551-5122 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

isabu_gu@chile.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Base Osorno**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Osorno |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Av. Dr. Guillermo Buhler  Nº 1765 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-64-259-220 |
| cellular: | 56-9-9641-5532 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-64-259-228 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

odetteamigo@yahoo.com

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Base Puerto Montt**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Puerto Montt |
| StreetAd | | PostalCode | 5507798 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Seminario S/N | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-65-261-171 |
| cellular: | 56-9-9647 1603 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-65-259-180 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

fcnc@telesur.cl

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Carlos Ibáñez del Campo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Linares |
| StreetAd | | PostalCode | 3582259 |
| Region | | | |
| Address1 | Avda. Brazil Nº 753 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-73-563-100 ext.477/131 |
| cellular: | 56-9-9315-4643 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
malm1234@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Carlos van Buren**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Valparaíso |
| StreetAd | | PostalCode | 2341131 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | San Ignacio 725 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-9-9917-4083 |
| cellular: | 56-9-9095-1685 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ximena_huerta_o@yahoo.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Victoria**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Victoria |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Pedro Darnell S/N. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-45-841-001 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

msmoncada@gamail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Del Salvador**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 7570808 |
| Region | | | |
| Address1 | Ave. Cuarto Centenario, 1187 | | |
| Address2 | Las Condes | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-575-3846 |
| cellular: | 56-9-9236-8284 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
donoscro@vtr.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Dr. Sótero del Rio**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 2 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Concha y Toro Nº 3459 | | |
| Address3 | Puente Alto | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lamas | José Luis | Hematólogo |

| | |
|---|---|
| phone 1: | 56-22-245-6678 |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-354-3273 |
| cellular: | 56-9-9318-3280 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
lamas0606@yahoo.es

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Ernesto Torres Galdames**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Iquique |
| StreetAd | | PostalCode | 1100608 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Héroes de la Concepción Nº 502 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-57-395-396 |
| cellular: | 56-9-9122-3065 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

jorpat2003@yahoo.com.ar

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Exequiel González Cortés**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 8910108 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Ramón Subercaseaux Nº 1528 | | |
| Address3 | San Miguel | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-460-5267 |
| cellular: | 56-9-9639-1041 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-2-460-5203 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
alfiez2868@yahoo.es

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Guillermo Grant Benavente**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Concepción |
| StreetAd | | PostalCode | 4070038 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | San Martin Nº 1436 | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-41-214-736 |
| cellular: | 56-9-9879-6118 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-41-233-293 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Gustavo Fricke**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Viña del Mar |
| StreetAd | | PostalCode | 2570017 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Alvarez Nº 1532 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-32-652-272 |
| cellular: | 56-9-9325-7566 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mclaudiacarmona@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Herminda Martín**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Chillán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Francisco Ramírez Nº 10 | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-42-212-266 |
| cellular: | 56-9-9441-7193 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-42-224834 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Juan Noé Crevani**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Arica |
| StreetAd | | PostalCode | 1000871 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Avenida 18 de Septiembre Nº 1000 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-58-229-200 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gardilciclenka@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Las Higueras**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Talcahuano |
| StreetAd | | PostalCode | 4270918 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Alto Horno Nº 777 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Calderón | Susana | |
| Dra. | Folatre | Isabel | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-41-584-488 |
| cellular: | 56-9-9830-8943 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-41-585-737 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mimiobando@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Luis Calvo Mackenna**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 12345 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Av. Antonio Varas Nº 360 | | |
| Address3 | Providencia | | |
| address4: | Escocia Nº 638 | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-575-5800, ext. 1864 |
| cellular: | 56-9-9824-1001 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-2-236-8529 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

emarzouka@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional Antofagasta**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Antofagasta |
| StreetAd | | PostalCode | 1270001 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Avenida Argentina Nº 1964 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-55-204-726 |
| cellular: | 56-9-9703-0098 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
makalobo@vtr.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional Coyhaique**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Coyhaique |
| StreetAd | | PostalCode | 5951801 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Jorge Ibar Nº 068 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-67-262-000 |
| cellular: | 56-9-9886-7113 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

carlos.vergara@drcolegiado.cl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional de Talca**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Talca |
| StreetAd | | PostalCode | 3460001 |
| Region | | | |
| Address1 | Calle 1 Nte. 1990 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-71-209-100 |
| cellular: | 56-9-9499-9554 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

gastonchristen@yahoo.es

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Regional de Temuco**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Temuco |
| StreetAd | | PostalCode | 4781151 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Manuel Montt Nº 115 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-45-296-100, ext. 624 |
| cellular: | 56-9-9919-6824 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-45-296-624 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mmunozmillan@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Regional Rancagua**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Rancagua |
| StreetAd | | PostalCode | 2841959 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Avda. Libertador Bernando O'Higgins Nº 611 | | |
| Address3 | Alameda Nº 611 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-72-207-324 |
| cellular: | 56-9-9742-3480 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-72-230-728 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

eduardoleopold@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Roberto del Rio**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Avda Profesor Zanartu Nº 1085 | | |
| Address3 | Independencia | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Cortez Salazar | Daniela | |
| Ms. | Soto Arellano | Verónica | Jefe Centro Hemoilia a |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-2575-7947 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
centro.hemofilia@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital San Borja Arriarán**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 8320000 |
| Region | | | |
| Address1 | Principe de Gales 8391 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-544-6208 |
| cellular: | 56-9-9232-6418 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-2-555-5343 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

fech2000cl@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San José**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Santiago |
| StreetAd | | PostalCode | 8380419 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Av. San José  Nº 1196 | | |
| Address3 | Independencia | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-2-383-2765 |
| cellular: | 56-9-9888-1844 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-2-383-2765 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

smellado@csm.cl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San José del Carmen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Copiapo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | O'Higgins esquina Vicuña S/N | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-52-471-250 |
| cellular: | 56-9-9441-6794 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nancycopi@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San Juan de Dios**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | San Fernando |
| StreetAd | | PostalCode | 3071379 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Negrete Nº 1401 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Kabalan | Paola | Hematóloga |
| Dra. | Maturana | María de la Luz | |
| Dr. | Barrientos | José Miguel | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-72-209-461 |
| cellular: | 56-9-9887-1560 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-72-209-502 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rodisot@123mail.cl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San Pablo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Coquimbo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Avenida Videla S/N | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-51-206-255 |
| cellular: | 56-9-9846-0744 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

vivianabarca@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Victor Ríos Ruíz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Chile | City | Los Angeles |
| StreetAd | | PostalCode | 4451055 |
| Region | | | |
| Address1 | Centro de Hemofilia | | |
| Address2 | Av. Ricardo Vicuña Nº 147 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Medina Martinez | Juan Carlos | Hemato-oncologo Adulto |
| Dra. | Medina Figueroa | Mirta | Hematóloga Pediatra |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 56-43-409-770 |
| cellular: | 56-9-9991-8042 |
| phone_emergency: | |
| Fax: | |
| fax work: | 56-43-409-638 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
memedina@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Anhui Provincial Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Hefei |
| StreetAd | | PostalCode | 230 001 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | 17 Lujiang Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-551-265-2797 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | Jingshen@mail.hf.ah.cn |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **First Affiliated Hospital of Xi'an Jiaotong**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Xi'an |
| StreetAd | | PostalCode | 710061 |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | No. 1 Jiankang Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-29-85324135 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-29-85324085 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

zhangmei@medmail.com.cn

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Guangdong Provincial People's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Guangzhou |
| StreetAd | | PostalCode | 510080 |
| Region | | | |
| Address1 | 106 Zhong Shan Er Road | | |
| Address2 | Department of Hematology | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Du | Xin | |
| | Chang | Yanjun | Nurse |
| Dr. | Zeng | Shuyan | Director |
| | Pang | Huanhuan | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-20-8382-781262122 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Zengsy@21cn.com

WebSiteAddress:
http://www.e5413.com/

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Guangzhou Hemophilia Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Guangzhou |
| StreetAd | | PostalCode | 510515 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Nanfang Hospital | | |
| Address3 | Southern Medical University | | |
| address4: | North Guangzhou Avenue, No. 1838 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Zhao | Jie | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-20-6278-7883 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-20-8728-0761 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jingsun.cn@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Clinic Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Tianjin |
| StreetAd | | PostalCode | 300020 |
| Region | | | |
| Address1 | Inst. of Hematology & Hospital of Blood Diseases | | |
| Address2 | Chinese Academy of Medical Sciences | | |
| Address3 | 288 Nanjing Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Ma | Boxia | |
| Dr. | Yang | Renchi | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-22-2390-9122 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-22-2390-9047 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
yangrenchi@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hubei Clinical and Research Center of Thrombosis and Hemosta**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Wuhan |
| StreetAd | | PostalCode | 430022 |
| Region | | | |
| Address1 | Union Hospital, Tongji Medical College | | |
| Address2 | Department of Hematology | | |
| Address3 | Huazhong University of Science and Technology | | |
| address4: | 1277 Jiefang Avenue | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Huafang | Wang | Physician |
| Dr. | Guo | Tao | Physician |
| | Fang | Yun | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-27-8572-6335 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-27-8572-6851 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | huyu1964@tom.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **National Taiwan University Hospital**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Taipei |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | No . 7 Chung-Shan South Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 886-22-356-2896 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 866-22-395-5072 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | smc@ha.mc.ntu.edu.tw |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Peking Union Medical College Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Dongcheng District |
| StreetAd | | PostalCode | 100730 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | 1# Shuaifuyuan, Wangfujing | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hua | Baolai | |
| Ms. | Li | Kuixing | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-10-6529-5020801 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-10-8806-8271 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | zhaoyq@pumch.cn |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Queen Mary Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Hong Kong |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Division of Haematology | | |
| Address2 | Pathology Department | | |
| Address3 | LG2, Block K Queen Mary | | |
| address4: | Hospital Pokfulam Road | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 852-2817-7565 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ccklam@ha.org.hk |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Research Section of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Guangzhou |
| StreetAd | | PostalCode | 510260 |
| Region | | | |
| Address1 | Second Affiliated Hospital of Guangzhou | | |
| Address2 | Medical College | | |
| Address3 | 250 Chang Gang East Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zelin | Liu | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-208-4411-1511578 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rui-Jin Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Shanghai |
| StreetAd | | PostalCode | 200025 |
| Region | | | |
| Address1 | Department of Hemostatis and Thrombosis | | |
| Address2 | Shanghai Second Medical University | | |
| Address3 | 197 Ruijin Road II | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Wang | Xuehua | |
| Prof. | Wang | Hong Li | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-21-6437-0045665547 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-21-6433-3548 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | wangxf6336@online.sh.cn |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Shandong Center of Hemophilia Diagnosis and Treatment**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Jinan |
| StreetAd | | PostalCode | 250014 |
| Region | | | |
| Address1 | Shandong Blood Center | | |
| Address2 | No. 22, Shanshi East Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zhang | XueQin | |
| Ms. | Teng | Bin | Head Nurse |
| | Li | Xin-Ye | Blood Center Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-531-81956928 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-531-82612514 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
zhangxs8@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **The Second Hospital of Shanxi Medical University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | China | City | Taiyuan |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Shanxi Medical University | | |
| Address3 | No. 382 Wuyi Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 86-351-336-5282 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 86-351-336-5282 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | yanglh1960@yahoo.com.cn |
| WebSiteAddress: | www.SEDEY.com |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Medico Imbanaco**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Sede Principal Centro Médico |
| StreetAd | | PostalCode | 11001 |
| Region | | | |
| Address1 | Centro de Excelencia (Certificado en el Modelo EFQM de la Excelencia) en Atenc | | |
| Address2 | Dirección: Carrera 38 Bis No. 5B2 - 04, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Guerrero | Hernando Martínez | Physician in Charge |
| Dr. | Ramirez Varela | Jorge Humberto | Physician in Charge |
| Dr. | Duque Gil | Jorge Enrique | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-2-682-1000 ext. 1700; 4107; 4 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 57-2-558-57-83 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemofilia@imbanaco.com.co

WebSiteAddress:
http://www.imbanaco.com/especialista/jorge-humb

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinica Infantil Colsubsidio**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bogotá |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Pediatric Hematology/Oncology Unit | | |
| Address2 | Calle 67, no.10-67, Cons. 309 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 571-254-4200 ext. 8309 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 571-235-2865 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mparist@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundación Santa Fé de Bogotá**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bogotá |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Asociación Médica de los Andes | | |
| Address2 | Avenida 9 #116-20 | | |
| Address3 | Consultorio #811 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-1-215-0737 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 57-1-214-6668 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | adolfollinas@cable.net.co |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de la Misericordia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bogotá |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Departamento de Hemato-Oncologia | | |
| Address2 | Avenida Caracas No 1-13 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Linares Ballesteros | Adriana | Hematologa |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-1-381-1970309 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 57-1-289-9592 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
silveriocast@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital de San Jose - Fundación Universitaria de Ciencias d**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bogotá |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Departmento de Hematologia | | |
| Address2 | Calle 10 No 18-75 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Solano | Maria Helena | Director of Hematology Service |
| Dra. | Casas | Claudia P. | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-1-353-8000 ext. 4 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 57-1-615-8600 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mhsolano@etb.net.co

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General de Medellín**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Medellín |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Carrera 48 #32-102 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-94-232-1000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mdgduqueq@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Ramón Gonzalez Valencia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bucaramanga |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro Regional de Hemofilia | | |
| Address2 | Banco Metropolitano de Sangre | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-76-346-110 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 57-76-346-988 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Integral IPS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Medellin |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Currera 44 #11 Sur 5 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-4-3267200 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | luzhmaria@hotmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **PROTEHOS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bucaramanga |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Programa para el Tratamiento y estudio de enfermedades hematológicas y Onc | | |
| Address2 | CAL (Clinica Carlos Ardila Lulle) | | |
| Address3 | Urbanización el Bosque | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Peña | Angela | Internista -Hematóloga |
| Dra. | Cardesa | Teresa | Pediatra-Hematóloga y Oncóloga |
| Sra. | Lopez | Claudia | Enfermera coordinadora |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-7-638-2828 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
claudiassosa@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitario de San Ignacio**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Colombia | City | Bogotá |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centro Javeriano de Oncologia | | |
| Address2 | Carrera 7 No. 40-62 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 57-1-288-6457 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 57-1-285-4101 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Centro Nacional de Hemofilia de Costa Rica**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Costa Rica | City | San José |
| StreetAd | | PostalCode | 10105 |
| Region | | | |
| Address1 | Hospital México | | |
| Address2 | Servicio de Hematología | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Sandoval Leal | Miriam | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 506-2232-8047 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 506-2232-8047 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU de Yopougon**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Côte d'Ivoire | City | Abidjan |
| StreetAd | | PostalCode | 21 |
| Region | | | |
| Address1 | Service hématologie Clinique | | |
| Address2 | B.P. 632 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 225-01-238-113 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
n_meite@yahoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Split Clinical Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Croatia | City | Split |
| StreetAd | | PostalCode | 21000 |
| Region | | | |
| Address1 | Pediatric Hematology | | |
| Address2 | Spinciceva 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kuljis | Dubravka | Pediatric Haematologist |
| Dr. | Skare | Ljubica | Haematologist |
| Dr. | Armanda | Visnsa | Pediatric Haematologist |
| Dr. | Lozic | Dominik | Haematologist |
| | Snjezana | Krpeta | Nurse Coordinator |
| Dr. | Culic | Srdjana | Pediatric Haemotologist |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 385-2-1556-111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 385-21-556-256 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

srdjana.culic@st.htnet.hr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital REBRO**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Croatia | City | Zagreb |
| StreetAd | | PostalCode | 41000 |
| Region | | | |
| Address1 | Croatian Hemophilia Centre | | |
| Address2 | Hematology Division, Internal Medicine Dept. | | |
| Address3 | Kispatic 12 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zupancic Salek | Silva | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 385-1-347-0548 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 385-1-332-4650 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

silva.zupancic-salek@zg.hinet.hr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Instituto de Hematologia e Inmunologia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cuba | City | Boyeros |
| StreetAd | | PostalCode | 10800 |
| Region | | | |
| Address1 | Centro de Referencia Nacional | | |
| Address2 | Apartado Postal 8070 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Ballester | José M. | Director |
| Ms. | Cao | Walkyria | Relaciones Internacionales |
| Prof. | Almagro | Delfina | Coordinadora de la atencion al hemof |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 537-643-8268 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 537-644-2334 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vanessa.casanova@octapharma.ch

WebSiteAddress:
http://www.sld.cu/sitios/ihi

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nicosia General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Cyprus | City | Nicosia |
| StreetAd | | PostalCode | 1474 |
| Region | | | |
| Address1 | Haematology Department/Haemophilia Thrombophilia Unit | | |
| Address2 | Korytsas Str. G | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Antoniades | Marios | Haemophilia and Thrombophilia Unit |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 357-22-603000 |
| cellular: | 357-99-566905 |
| phone_emergency: | |
| Fax: | |
| fax work: | 357-22-604348 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
elemar@cytanet.com.cy

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Departmen of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Usti nad Labem |
| StreetAd | | PostalCode | 400 01 |
| Region | | | |
| Address1 | Hospital Socialni pece 7 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Libiger | Jiri | M.D. |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 4204771124847am-12am |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 420-475-682-310 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jiri.libiger@mnul.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology - University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Plzen |
| StreetAd | | PostalCode | 304 60 |
| Region | | | |
| Address1 | Alej Svobody 80 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Slechtova | Jitka | M.D. |
| Dr. | Hajsmanova | Zdenka | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-377-104-991__7am-3:30pm |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
slechtova@fnplzen.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology and Blood transfusion**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Kolín 3 |
| StreetAd | | PostalCode | 280 00 |
| Region | | | |
| Address1 | Hospital Zizkova 146 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Chalupova | Dagmar | M.D. |
| Dr. | Muktar | Haruna | Consultant Haematologist |
| | Senigl | Vladimir | M.D |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 4203217563847am-3:30p |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

dagmar.chalupova@nemocnicekolin.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemato-oncology Department of University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Olomouc |
| StreetAd | | PostalCode | 775 20 |
| Region | | | |
| Address1 | I.P Pavlova 6 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+420) 588-443-296 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 420-585-852-505 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ambulancehok@fnol.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HEMACENTRUM Ltd.**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Plzen |
| StreetAd | | PostalCode | 326 00 |
| Region | | | |
| Address1 | Specialist Hematology Ambulance and Laboratory | | |
| Address2 | Francouzska tr. 2 a 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Martinkova | Ivana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-378-014-322-3 |
| cellular: | 420-736-535-251 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

martinkova.ivana@hemacentrum.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Ceske Budejovice**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Ceske Budejovice |
| StreetAd | | PostalCode | 370 01 |
| Region | | | |
| Address1 | Department of Paediatrics | | |
| Address2 | B. Nemcove 54 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Timr | Pavel | Consultant Haematologist |
| Dr. | Vonke | Ivan | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-387-876-355__7:30am-2pm |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

timr@nemcb.cz

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Institute of Hematology and Blood Transfusion**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Prague 2 |
| StreetAd | | PostalCode | 128 20 |
| Region | | | |
| Address1 | U nemocnice 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Salaj | Peter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-774-788-738__7am-3pm |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | salaj@uhkt.cz |
| WebSiteAddress: | www.uhkt.cz |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Masaryk Hospital Usti nad Labem**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Usti nad Labem |
| StreetAd | | PostalCode | 401 13 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Socialni pece 3316/12A | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Horakova | Katerina | |
| Dr. | Ullrychova | Jana | |
| Dr. | Prochazkova | Daniela | |
| Dr. | Vaskova | Alena | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-477-112-343__7am-3:30pm |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 420-475-682-310 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
daniela.prochazkova2@kzcr.eu

WebSiteAddress:
http://www.kzcr.eu

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Liberec |
| StreetAd | | PostalCode | 460 63 |
| Region | | | |
| Address1 | Department of Clinical Hematology | | |
| Address2 | Husova 10 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Walterova | Lenka | M.D. |
| Dr. | Frankova | Hana | M.D. consultant haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-485-312-514 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 485-312-028 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
lenka.walterova@nemlib.cz

WebSiteAddress:
www.nemlib.cz

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **UH Brno**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Brno |
| StreetAd | | PostalCode | 613 00 |
| Region | | | |
| Address1 | Centre for Thrombosis and Haemostasis | | |
| Address2 | Children's University Hospital | | |
| Address3 | Cernopolni 9 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Stelclova | Dagmar | |
| Dr. | Blatny | Jan | M.D. |
| Mrs. | Malaskova | Dana | |
| Dr. | Kohlerova | Svetlana | |
| Dr. | Fiamoli | Veronika | |
| Dr. | Zapletal | Ondrej | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420532234510 7am-3:30p |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jblatny@fnbrno.cz

WebSiteAddress:
www.fnbrno.cz

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **UH Ostrava**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Ostrava-Poruba |
| StreetAd | | PostalCode | 708 52 |
| Region | | | |
| Address1 | Blood Centre of University Hospital | | |
| Address2 | 17 listopadu 1790 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Cermakova | Zuzana | M.D. |
| Dr. | Hrdlickova | Radomira | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-597-374-465__7am-3pm |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 420-596-916-379 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
zuzana.cermakova@fno.cz

WebSiteAddress:
www.fno.cz

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Plzen |
| StreetAd | | PostalCode | 304 60 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Alej Svobody 80 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Votava | Tomas | |
| Dr. | Zdenka | Cerna | M.D. |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-377-104-666__7am-3:30pm |
| cellular: | |
| phone_emergency: | 420-377-104-690 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cernaz@fnplzen.cz

WebSiteAddress:
www.fnplzen.cz

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Hradec Kralove |
| StreetAd | | PostalCode | 500 05 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Sokolská 581 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hak | Jiri | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-495-833-491 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

J.Hak@seznam.cz

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital - IV th Internal Department - Haematolog**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Hradec Kralove |
| StreetAd | | PostalCode | 500 12 |
| Region | | | |
| Address1 | HTC - Heamophilia Treatment Centre | | |
| Address2 | Sokolská 581 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Maly | Jaroslav | |
| Dr. | Dulícek | Petr | M.D. |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-495-832-785__7am-3pm__ |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
petrdulicek@seznam.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Brno**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Brno |
| StreetAd | | PostalCode | 625 00 |
| Region | | | |
| Address1 | Dpt. of Clinical Hematology | | |
| Address2 | Unniversity Hospital | | |
| Address3 | Jihlavska 20 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Smejkal | Petr | Consultant Haematologist |
| Dr. | Penka | Miroslav | Head of Dpt. Clin. Haematology |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-532-233-061__non-stop |
| cellular: | |
| phone_emergency: | 420-532-233-061 |
| Fax: | |
| fax work: | 420-532-233-613 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
m.penka@fnbrno.cz

WebSiteAddress:
www.fnbrno.cz

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Motol**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Prague |
| StreetAd | | PostalCode | 150 06 |
| Region | | | |
| Address1 | Department of Paediatric Haematology and Oncology | | |
| Address2 | V Uvalu 64 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Komrska | Vladimir | M.D. |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-224-436-537 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

vladimir.komrska@fnmotol.cz

WebSiteAddress:

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Olomouc**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Olomouc |
| StreetAd | | PostalCode | 775 20 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | I.P. Pavlova 6 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Krcova | Vera | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-558-442-798 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

vera.krcova@fnol.cz

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **University Hospital Ostrava, Dept. of Paediatrics**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Czech Republic | City | Ostrava-Poruba |
| StreetAd | | PostalCode | 708 52 |
| Region | | | |
| Address1 | Unit of Haematology and Haematooncology | | |
| Address2 | 17 listopadu 1790 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Blazek | Bohumir | M.D. |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 420-597-373-631 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 420-597-37-3503 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bohumir.blazek@fno.cz

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Aarhus University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Denmark | City | Aarhus N |
| StreetAd | | PostalCode | DK-8200 |
| Region | | | |
| Address1 | The Department of Hematology, Blood Diseases | | |
| Address2 | Palle Juul-Jensens Boulevard 99 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Adamsen | Inger | Hemophilia Nurse |
| Dr. | Hvitfeldt Poulsen | Lone | Chief Physician |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +45 7845 5199 |
| cellular: | |
| phone_emergency: | +45 7845 0000 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haematologiskAfdelingRborger@auh.rm.dk

WebSiteAddress:
https://www.auh.dk/afdelinger/blodsygdomme/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Copenhagen University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Denmark | City | Copenhagen |
| StreetAd | | PostalCode | DK- 2100 |
| Region | | | |
| Address1 | The Department of Hematology, Clinic for Blood Diseases, 4222 | | |
| Address2 | Rigshospitalet | | |
| Address3 | Blegdamsvej 9 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Leinøe | Eva | |
| Dr. | Kampmann | Peter | |
| Dr. | Mourek | Jindrich | |
| | | | |
| Ms. | Clausen | Cecilie Maria Lüthje | Hemophilia Nurse |
| | | | |
| Dr. | Funding | Eva | |
| Dr. | Tølbøll Sørensen | Anne Louise | |
| Ms. | Schmidt | Bolette Bucholdtz | Hemophilia Nurse |
| Ms. | Dueholm | Sille Schou | Hemophilia Nurse |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +45 3545 2084 |
| cellular: | |
| phone_emergency: | +45 3545 1134 |
| Fax: | |
| fax work: | 45-3545-4772 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

https://www.rigshospitalet.dk/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Aarhus, Pediatrics**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Denmark | City | Aarhus N. |
| StreetAd | | PostalCode | DK-8200 |
| Region | | | |
| Address1 | Haemophilia Centre, Pediatrics | | |
| Address2 | Palle Juul-Jensens Boulevard 127 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mikkelsen | Torben Stamm | |
| Dr. | Hansen | Louise Lindholdt | |
| | Soelgaard Jensen | Camilla | Hemophilia Nurse |
| | Poulsen | Trine | Hemophilia Nurse |
| | Jessen | Mette Lauge Boel | Hemophilia Nurse |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +45 7845 1661 |
| cellular: | |
| phone_emergency: | +45 3071 5104 |
| Fax: | |
| fax work: | 45-8949-9039 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Center Name **Hospital Infantil Dr. Robert Reid Cabral**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Dominican Republic | City | Santo Domingo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Abraham Lincoln esq. Av. Independencia | | |
| Address2 | La Feria | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 809-533-1111 ext. 2084 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 809-533-8092 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

rosa_nievesp@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cruz Roja del Azuay**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Cuenca |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Borrero 653 y Presidente Córdova | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-9-401-6094 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital de Especialidades "Eugenio Espejo"**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Quito |
| StreetAd | | PostalCode | 15648 |
| Region | | | |
| Address1 | Av. Gran Colombia s | | |
| Address2 | y Yaguachi | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-2-223-0212 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hidalgophd@gmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Docente de la Policia Nacional, Guayaquil No. 2**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Guayaquil |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. De las Americas y Av. Perrone | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Ramirez Aspiazu | Francisca | Servicio de Hematologia |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-4-228-5150 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
frambern85@hotmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Pediátrico "Baca Ortiz"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Quito |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Colon y Av. 6 de Diciembre esquina | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-2-250-7645 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 593-2-222-2909 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mbarba303@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Pediátrico "Francisco Icaza Bustamante"**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Guayaquil |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Quito y Gómez Rendón (esquina) | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-4-245-2700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 593-2-452700 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

dramercymaldonadom@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional Ambato**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Ambato |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Montalvo y Rocafuerte | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-8-462-2262 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Rodríguez Zambrano**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Manta |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle 16 s | | |
| Address2 | Santa Marta (Vía San Mateo) | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-8-436-6776 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | remberto55@hotmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servicio de Hematología, Cruz Roja Ecuatoriana Sede Central**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ecuador | City | Quito |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle Antonio Elizalde E 4-31 y Gran Colombia | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 593-2-258-2481315 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 593-2-570-424 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

panchocevallos@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Abu El-Rish Pediatric Hospital - Cairo University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Kasr El-Eini Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-2-23642-6071 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

naglaaomar@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital Ain Shams University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hematology/Oncology Unit | | |
| Address2 | Abbasiah | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Elalfy | Mohsen | Prof. of Paediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-2-2283-9685 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 20-2-2285-5441 |
| fax work2: | 20-2-2685-2990 |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Egypt Children Hospital (Abou El Rish)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | H1 Organization | | |
| Address2 | El Kasr El Eini | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 02-23655-181 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

isissoliman@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **El Mansoura University Pediatric Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | El-Mansoura |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hematology Department | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-12-316-5302 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Emergency Unit for Blood Diseases (Egypt)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Red Crescent Building | | |
| Address2 | 29 El-Galaa Street | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-2-2574-2667 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 20-2-2336-4277 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nadiachl@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemostasis and Hemophilia Unit**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Assiut |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Assiut University Hospital | | |
| Address2 | Department of Clinical Pathology | | |
| Address3 | | | |
| address4: | | | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-88-2413-264 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 20-88-2333-327 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

esamelbeih@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Blood Transfusion Services**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | 12411 |
| Region | | | |
| Address1 | 51 Wezaret El Zeraa St. | | |
| Address2 | Giza | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Hamed | Soaad | Nursing Supervisor |
| | Awad | Salma | Physiotherapist |
| Dr. | Amoura M. | | Dentist |
| Dr. | Anwar | Nader | Quality Officer |
| Dr. | Tamer H. | | Dentist |
| Dr. | Eid | Khaled | HTC Director |
| Dr. | Moftah | Faten | General Manager |
| Dr. | Badr | Manal | Laboratory Supervisor |
| | | | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-237-613-117 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 20-237-613-124 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | faten@moftah.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Salam El Mohandesin Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 3 Syria Street, | | |
| Address2 | Mohandesin | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-2-3303-0501 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 20-2-3378-1208 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

gobran@link.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Shabrawichi Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Fenni Square - Dokki | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | El Ekiaby | Magdy | Head of Centre |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-2-3760-6444 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 20-2-3338-4679 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | bloodbank@egypt.com |
| WebSiteAddress: | http://www.bloodbank-egypt.com |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Vac Sera Hemophilia Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Egypt | City | Cairo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 51 Wizaret El-Ziraa Street | | |
| Address2 | Agguza | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 20-2-3761-1111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital del Seguro Social**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | El Salvador | City | San Salvador |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hospital de Oncologia | | |
| Address2 | 1 Calle Pte. Y 25 Av. Norte | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 503-271-0222 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

dragraciela.h@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Nacional de Niños Benjamín Bloom**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | El Salvador | City | San Salvador |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Edificio Plaza Med #312 Ave. Dr. Marx Block y Dr. Emilio Alvarez | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 503-229-89453 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

anagreyes@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Nacional Rosales**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | El Salvador | City | San Salvador |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | 25 Av. Norte y Final Calle Arce | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Franco Castillo | Ricardo Ernesto | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 503-222-6937 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 503-222-6937 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
medicoshr@unete.com.sv

WebSiteAddress:
http://www.mspas.gob.sv/hrosales

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Keren Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Eritrea | City | Keren |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 291-401012 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 291-401626 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Massawa Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Eritrea | City | Massawa |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone2: | |
| phone3: | |
| phone_work4 | 291-552530 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 291-541262 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **North Estonia Medical Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Estonia | City | Tallinn |
| StreetAd | | PostalCode | 13419 |
| Region | | | |
| Address1 | Hematology Department | | |
| Address2 | Sütiste tee 19 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Varik | Mirja | |
| Dr. | Vaide | Ines | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 372-6-172-172 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 372-6-172-170 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mirja.varik@regionaalhaigla.ee

WebSiteAddress:
http://www.regionaalhaigla.ee

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tallinn Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Estonia | City | Tallinn |
| StreetAd | | PostalCode | 11312 |
| Region | | | |
| Address1 | Tervise 28 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 372-6-977-242 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 372-6-977-143 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

korgulas@uninet.ee

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tartu University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Estonia | City | Tartu |
| StreetAd | | PostalCode | 51014 |
| Region | | | |
| Address1 | Department of Haematology and BMT | | |
| Address2 | Puusepa 8 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hein | Marju | |
| Dr. | Kaare | Ain | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 372-7-319-662 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 372-7-319-503 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ain.kaare@kliinikum.ee

WebSiteAddress:
http://www.kliinikum.ee

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Internal Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ethiopia | City | Addis Ababa |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Haematology/Hemophilia Treatment Center | | |
| Address2 | Tikur Anbessa Specialized Hospital | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Gebremedhin | Amha | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 251- 923-814681 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | amhagm@ethionet.et |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Gondar University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ethiopia | City | Gondar |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Hemophilia Treatment Center | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 251-912-013475 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

desalewm@yahoo.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital District of Helsinki and Uusimaa**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Helsinki |
| StreetAd | | PostalCode | HUS 00029 |
| Region | | | |
| Address1 | Coagulation Disorders | | |
| Address2 | Cancer Center | | |
| Address3 | Division of Hematology | | |
| address4: | P.O. Box 372 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lassila | Riitta | Professor |
| Prof. | Lehtinen | Anna-Elina | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-9-471- 73841 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 358-9-471-74504 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
riitta.lassila@hus.fi

WebSiteAddress:
www.hus.fi/hyytymishairioyksikko

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital District of Helsinki and Uusimaa**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Helsinki |
| StreetAd | | PostalCode | HUS 00029 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | P.O. Box 281 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mäkipernaa | Anne | Pediatric Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-50-4279367 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 358-9-471-74707 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
anne.makipernaa@hus.fi

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kuopio University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Kuopio |
| StreetAd | | PostalCode | FIN-70210 |
| Region | | | |
| Address1 | Puijon Sairaala | | |
| Address2 | Division of Hematology | | |
| Address3 | Puijonlaaksontie 2 | | |
| address4: | P.O. Box 100 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nousiainen | Tapio | Hematologist |
| Prof. | Riikonen | Pekka | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-17-173- 311 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

tapio.nousiainen@kuh.fi

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kuopio University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Kuopio |
| StreetAd | | PostalCode | KYS 70029 |
| Region | | | |
| Address1 | Department of Pediatrics and Adolescense | | |
| Address2 | Puijonlaaksontie 2 | | |
| Address3 | P.O. Box 100 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Riikonen | Pekka | Pediatric Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-17-172-443 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | pekka.riikonen@kuh.fi |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Oulu University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Oulu |
| StreetAd | | PostalCode | OYS 90029 |
| Region | | | |
| Address1 | Department of Hematolgoy and Oncology | | |
| Address2 | P.O. Box 20 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Harila-Saari | Arja | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-8-315-2011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 358-8-315-4801 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
timo.siitonen@ppshp.fi

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Oulu University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Oulu |
| StreetAd | | PostalCode | OYS 90029 |
| Region | | | |
| Address1 | Department of Pediatrics and Adolescense | | |
| Address2 | P.O. Box 23 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Mottonen | Merja | Pediatric Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-8-315-5210 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 358-8-315-5397 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

merja.mottonen@ppshp.fi

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tampere University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Tampere |
| StreetAd | | PostalCode | 33521 |
| Region | | | |
| Address1 | Unit of Clinical Haematology in the Department of Internal Medicine. | | |
| Address2 | Teiskontie 35 | | |
| Address3 | P.O. Box 2000 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Laine | Outi | Haematologist |
| Dr. | Arola | Mikko | Pediatric Haematologist |
| Dr. | Terävä | Venla | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-3-311-611 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 358-3-311-65314 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
outi.laine@pshp.fi

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Turku University Central Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Finland | City | Turku |
| StreetAd | | PostalCode | 20521 |
| Region | | | |
| Address1 | Hematology Department | | |
| Address2 | Kiinamyllynkatu 4-8 | | |
| Address3 | P.O. Box 52 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Vesanen | Marko | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 358-2-313-1416 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 358-2-313-3043 |
| fax work2: | 358-2-313-2416 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | marko.vesanen@tyks.fi |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **C.R.T.H. - CHU Charles Nicolle**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Rouen |
| StreetAd | | PostalCode | 76031 |
| Region | | | |
| Address1 | Institut de Biologie Clinique | | |
| Address2 | 1, rue de Germont | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Le Cam Duchez | Véronique | |
| Dr. | Chamouni | Pierre | |
| Dr. | Borg | Jeanne Yvonne | |
| Prof. | Vannier | Jean-Pierre | |
| Ms. | Savary | Isabelle | Infirmière Coordinatrice |
| Dr. | Schneider | Pascale | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-2-3288-8196 (Children) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-2-3288-0419 |
| fax work2: | 33-2-3288-0951 |
| fax work3: | |

email work:

email work2:

Email:
Jeanne-Yvonne.Borg@chu-rouen.fr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Centre de référence de la hémophilie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Limoges |
| StreetAd | | PostalCode | 87000 |
| Region | | | |
| Address1 | Service de Pédiatrie - Hôpital de la Mère et de l'Enfant | | |
| Address2 | 8 avenue Dominique Larrey | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Girault | Stephane | Practicien Hospitalier, Hématologue a |
| Dr. | Oudot | Caroline | Practicien Hospitalier, Coordonnateur |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-55-505-6795 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | caroline.oudot@chu-limoges.fr |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre de Référence de la Maladie de Willebrand**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Clamart |
| StreetAd | | PostalCode | 92141 |
| Region | | | |
| Address1 | Service d'Hématologie biologique | | |
| Address2 | Hôpital Antoine Béclère | | |
| Address3 | 157 rue de la Porte de Trivaux | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Veyradier | Agnès | Head of Centre |
| Dr. | Itzhar-Baikian | Nathalie | |
| Dr. | Fressinaud | Edith | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-145-374-295 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-146-324-055 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | agnes.veyradier@abc.aphp.fr |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Centre de Traitement de l'Hémophilie**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Lille |
| StreetAd | | PostalCode | 59037 |
| Region | | | |
| Address1 | Hématologie | | |
| Address2 | Hôpital Cardiologique | | |
| Address3 | Boulevard du Pr. Jules Leclercq | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Narboux | C. | |
| Dr. | Baillie | Sylviane | Nurse |
| Prof. | Goudemand | Jenny | Directrice du centre |
| Dr. | Beurrier | Philippe | |
| Dr. | Trillot | Nathalie | Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-3-2044-4842 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-3-2044-6850 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
j-goudemand@chru-lille.fr

WebSiteAddress:
http://www.chru-lille.fr

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre d'Hémophiles Adultes Amiens**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Amiens |
| StreetAd | | PostalCode | 80054 |
| Region | | | |
| Address1 | Laboratoire d'Hématologie | | |
| Address2 | Place Victor Pauchet | | |
| Address3 | Hôpital Nord | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mme | Sénéchale | Pascale | Nurse |
| Dr. | Voyer | Anne Lise | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-322-668-455 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-322-668-471 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cthadultes@chu-amiens.fr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre d'Hémophilie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Reims |
| StreetAd | | PostalCode | 51092 |
| Region | | | |
| Address1 | Hôpital Maison Blanche | | |
| Address2 | 45 rue Cognacq-Jay | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hézard | | |
| Dr. | Lartigue | | |
| Prof. | Nguyen | Philippe | Coordonnateur |
| Dr. | Pignon | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-326-784-653 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre d'Hémophilie de Tours**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Chambray-les-Tours |
| StreetAd | | PostalCode | 37170 |
| Region | | | |
| Address1 | CRTH Service d'Hématologie-Hémostase | | |
| Address2 | Hôpital Trousseau | | |
| Address3 | Route de Loches | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Valentin | Jean-Baptiste | |
| Dr. | Fimbel | Béatrice | |
| Prof. | Gruel | Yves | Coordonnateur |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-247-474-615 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-247-478-782 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gruel@med.univ-tours.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre hospitalier du Mans**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Le Mans |
| StreetAd | | PostalCode | 72037 |
| Region | | | |
| Address1 | 194 av. Rubillard | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Moreau | Philippe | Adult |
| Dr. | Tarral | | |
| Dr. | Pouille | Odile | Child |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | 33-243-434-343Adult |
| Fax: | |
| fax work: | 33-43-432-748 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Hospitalier Régional Félix Guyon**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Saint Denis la Réunion |
| StreetAd | | PostalCode | 97405 |
| Region | | | |
| Address1 | Hématologie pédiatrique | | |
| Address2 | Bellepierre | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 262-905-500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 262-905-502 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Hospitalier Universitaire de Brest**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Brest |
| StreetAd | | PostalCode | 29609 |
| Region | | | |
| Address1 | Centre Régional de traitement de l'hémophilie et des maladies hémorragiques - | | |
| Address2 | pathologies de l'hémostase et de la coagulation | | |
| Address3 | CHU Morvan | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mme | Pan-Petesch | Brigitte | Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-298-223-650 (secrétariat) |
| cellular: | |
| phone_emergency: | 33-298-347-033 |
| Fax: | |
| fax work: | 33-298-223-892 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
brigitte.pan-petesch@chu-brest.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Régional de traitement de l'Hémophilie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Strasbourg |
| StreetAd | | PostalCode | 67200 |
| Region | | | |
| Address1 | CHRU de Hautepierre | | |
| Address2 | 1 Avenue Molière | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lutz | Patrick | Pédiatre |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-388-12-83-71 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-388-12-71-25 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
albert.faradji@chru-strasbourg.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Regional de traitement de l'hémophilie de Franche Com**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Besançon |
| StreetAd | | PostalCode | 25020 |
| Region | | | |
| Address1 | EFS - 1 Blvd. Fleming | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bertrand | Marie-Anne | Coordonateur du CRTH |
| Dr. | Plouvier | Emmanuel | Pédiatrie |
| Prof. | Deconinck | Eric | Hématologie adultes |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-381-615-684 (secretariat) |
| cellular: | |
| phone_emergency: | 33-381-218-140 |
| Fax: | |
| fax work: | 33-381-615-660 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophilie-fcomte@chu-besancon.fr

WebSiteAddress:
http://www.chu-besancon.fr

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Régional de Traitement de l'Hémophilie de l'Enfant et**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Amiens |
| StreetAd | | PostalCode | 80054 |
| Region | | | |
| Address1 | Immuno-Hématologie et Oncologie Pédiatrique | | |
| Address2 | Centre Hospitalier Universitaire d'Amiens | | |
| Address3 | Hôpital Nord | | |
| address4: | Place Victor Pauchet | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pautard-Muchemblé | Brigitte | Head of department |
| Dr. | Li Thiao Te | Valérie | Assistant Medical Doctor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-322-667-634 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-322-668-284 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | pautard.brigitte@chu-amiens.fr |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre Régional de traitement des hémophiles**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Bordeaux |
| StreetAd | | PostalCode | 33035 |
| Region | | | |
| Address1 | Hôpital Pellegrin | | |
| Address2 | 1er étage du Tripode | | |
| Address3 | Place A. Raba-Léon - BP 24 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ferrer | Anne-Marie | |
| Dr. | Micheau | Maguy | |
| Dr. | Lauroua | Pierre | |
| Dr. | Guerin | Viviane | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-556-799-804 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
viviane.guerin@chu-bordeaux.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre régional de traitement des hémophiles**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Dijon |
| StreetAd | | PostalCode | 21000 |
| Region | | | |
| Address1 | Hôpital du Bocage | | |
| Address2 | Bâtiment Marion | | |
| Address3 | Rue du Professeur Marion | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Volot | Fabienne | Responsable de site |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-380-293-314 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-380-293-424 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
coagulopathie@chu-dijon.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre régional de traitement des maladies hémorragiques (CR**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Rennes |
| StreetAd | | PostalCode | 35033 |
| Region | | | |
| Address1 | CHU Pontchaillou | | |
| Address2 | 2, Rue Henri Le Guilloux | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mme | Bouvet | Nadine | Infirmière Coordonatrice |
| Dr. | Guillet | Benoît | Coordonnateur |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-29-928-2410 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-29-928-9213 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
crth@chu-rennes.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU de Nancy-Brabois**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Vandoeuvre-les-Nancy |
| StreetAd | | PostalCode | 54511 |
| Region | | | |
| Address1 | Centre  régional de Traitement des Hémophiles | | |
| Address2 | Hemostasis Laboratory | | |
| Address3 | University Hospital NANCY-Brabois | | |
| address4: | 4 rue du Morvan | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Martin | Michèle | |
| Mme | Chenuel | Céline | Infirmière coordinatrice |
| Dr. | Frotscher | Birgit | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-383-153-784 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-383-153-796 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
CRTH@chu.nancy.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU de Saint-Etienne**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Saint Etienne |
| StreetAd | | PostalCode | 42055 |
| Region | | | |
| Address1 | Hôpital Nord | | |
| Address2 | Laboratoire d'Hématologie | | |
| Address3 | Plateau biologique niveau 0 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Berger | | Child |
| Dr. | Tardi | | Adult |
| Dr. | Reynaud | Jacqueline | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-477-828-811Adult |
| cellular: | |
| phone_emergency: | 33-477-828-080Child |
| Fax: | |
| fax work: | 33-477-828-455 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jacqueline.reynaud@chu-st-etienne.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU La Timone - Hôpital d'enfants**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Marseille |
| StreetAd | | PostalCode | 13385 |
| Region | | | |
| Address1 | Service d'Hématologie Pédiatrique | | |
| Address2 | Centre d'Hémophiles (enfants/adultes) | | |
| Address3 | 264 Rue Saint-Pierre | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Morange | Pierre Emmanuel | |
| Dr. | Cohen | William | |
| Dr. | Falaise | Céline | |
| Dr. | Pouymayou | Katia | |
| Dr. | Roche | Martine | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-491-386-778 |
| cellular: | |
| phone_emergency: | 33-491-386-782nuit |
| Fax: | |
| fax work: | 33-491-424-621 |
| fax work2: | 33-491-384-989 |
| fax work3: | |

email work:

email work2:

Email:
crth.marseille@ap-hm.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **CHU Service Médecine Interne**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Fort de France, Martinique |
| StreetAd | | PostalCode | 97200 |
| Region | | | |
| Address1 | CRTH - Service 4D | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Brebion | Alain | |
| Dr. | Pierre-Louis | Serge | coordonnateur |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 596-552-445 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 596-758-451 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
crth-s.pierre-louis@wanadoo.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cité Hospitalière de la Miletrie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Poitiers |
| StreetAd | | PostalCode | 86021 |
| Region | | | |
| Address1 | 2, Rue de la Milétrie | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Boinot | Cartheribe | |
| Dr. | Duchemin | Jérôme | |
| Dr. | Benz-Lemione | E. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | 33-549-444-488Adult |
| Fax: | |
| fax work: | 33-549-443-859 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **CRTH et des autres maladies hémorragiques constitutionnelles**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Clermont-Ferrand |
| StreetAd | | PostalCode | 63003 |
| Region | | | |
| Address1 | CHU Estaing | | |
| Address2 | 1, place Lucie et Raymond Aubrac | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Marquès-Verdier | Alain | |
| | Jourdan | Magali | Nurse |
| Dr. | Lebreton | Aurélien | |
| Dr. | Cacheux | Victoria | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33 473 750 074 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-473-751-808 |
| fax work2: | 33-4-7362-5551 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | amarques-verdier@chu-clermontferrand.fr |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital A. Michalon**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Grenoble |
| StreetAd | | PostalCode | 38043 |
| Region | | | |
| Address1 | Laboratoire d'Hématologie | | |
| Address2 | 5ème étage - Unité E | | |
| Address3 | CHU de Grenoble | | |
| address4: | BP 217 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Polack | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-476-765-487 |
| cellular: | |
| phone_emergency: | 33-476-765-501 |
| Fax: | |
| fax work: | 33-476-765-935 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Bicêtre AP-HP**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Kremlin-Bicêtre |
| StreetAd | | PostalCode | 94270 |
| Region | | | |
| Address1 | Centre de Référence et de Traitement de l'Hémophilie | | |
| Address2 | 78 rue du Général Leclerc | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lambert | Thierry | Medical Director |
| Dr. | Rafowicz | Anne | Pediatrician |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-1-4521-3997 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophilie.bicetre@bct.ap-hop-paris.fr

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Cochin**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Paris |
| StreetAd | | PostalCode | 75014 |
| Region | | | |
| Address1 | Centre de traitement de l'hémophilie | | |
| Address2 | 27, rue du Faubourg Saint Jacques | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ounnoughene | Nadra | |
| Dr. | Stieltjes | Natalie | Medecin coordonnateur |
| Dr. | Roussel Robert | Valérie | Medecin |
| Mme | Michot | Jocelyne | Infirmiere coordonnatrice |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-1-5841-2013 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-1-5841-2010 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
natalie.stieltjes@cch.aphp.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital de Caen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Caen |
| StreetAd | | PostalCode | 14033 |
| Region | | | |
| Address1 | Centre d'Hémophiles | | |
| Address2 | Laboratoire d'Hématologie, Niveau 03 | | |
| Address3 | Centre de Prélèvements | | |
| address4: | Avenue de la Côte de Nacre | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Pr. | REPESSE | Yohann | Coordinator |
| Dr. | GILLET | Benjamin | Physician |
| Mr. | GUERIN | Nicolas | Nurse |

| | |
|---|---|
| phone 1: | In open hours: +33 2 31 06 4849 |
| phone2: | Night/Weekend: +33231063106 |
| phone3: | and ask for 66-50 |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +33-2-3106-4566 |
| fax work2: | |
| fax work3: | |

email work:
consult-labhemato@chu-caen.fr

email work2:

Email:
repesse-y@chu-caen.fr

WebSiteAddress:
https://www.chu-caen.fr/willebrand.html

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital de Chambery Centre d'Hémophiles**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Chambery |
| StreetAd | | PostalCode | 73011 |
| Region | | | |
| Address1 | 7e étage - bat Borstter Aile C Sud | | |
| Address2 | 8 Square Massalaz | | |
| Address3 | BP 1125 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gay | Valérie | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-4-79-96-50-00 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-4-79-96-56-53 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemovi@ch-chambery.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Edouard Herriot - CRTH**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Lyon |
| StreetAd | | PostalCode | 69437 |
| Region | | | |
| Address1 | Centre de référence de l'Hémophilie | | |
| Address2 | et autres Maladies Hémorragiques Constitutionnelles | | |
| Address3 | Pavillon E - 1er étage | | |
| address4: | Place d'Arsonval | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rugeri | Lucia | Hematologist |
| Mme | Guimaraes | Marie-Catherine | Secretary |
| Dr. | Meunier | Sandrine | Pediatric Hematologist |
| Dr. | Chamouard | Valerie | Pharmacist |
| Mme | Garcia | Angèle | Nurse |
| Dr. | Lienhart | Anne | Hematologist |
| Dr. | Dargaud | Yesim | Hematologist |
| Prof. | Négrier | Claude | Coordinator |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-472-117-365 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-472-117-340 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
claude.negrier@chu-lyon.fr

WebSiteAddress:

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Hôtel Dieu- CRTH**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Nantes |
| StreetAd | | PostalCode | 44093 |
| Region | | | |
| Address1 | Immeuble J. Monnet | | |
| Address2 | 30 Blvd Jean Monnet | | |
| Address3 | Place Alexis Ricordeau | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sigaud | Marianne | |
| Dr. | Trossaërt | Marc | Director |
| Dr. | Lefrançois | Armelle | |
| Dr. | Ternisien | Catherine | |
| Dr. | Fouassier | Marc | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-240-087-468 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-240-084-259 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | crth@chu-nantes.fr |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Mignot Centre d'Hémophiles**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Le Chesnay |
| StreetAd | | PostalCode | 78157 |
| Region | | | |
| Address1 | Centre Hospitalier de Versailles | | |
| Address2 | 177 rue de Versailles | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mme | Ferre | Emmanuelle | Nurse |
| Dr. | Peynet | Jocelyne | Medical Manager |
| Dr. | Bastenaire | Brigitte | Hemostasis laboratory |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-1-3963-8745 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-1-3963-8740 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jpeynet@ch-versailles.fr

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Necker- CRTH**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Paris |
| StreetAd | | PostalCode | 75743 |
| Region | | | |
| Address1 | 149 Rue de Sevres | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Achille | Aouba | |
| Dr. | Rothschild | Chantal | Head of Center |
| Mme | Makhloufi | Maliba | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-1-4449-5273 |
| cellular: | |
| phone_emergency: | 33-6-7067-5223 |
| Fax: | |
| fax work: | 33-1-4449-5756 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
laurent.frenzel@nck.aphp.fr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Purpan Centre Régional d'Hémophilie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Toulouse |
| StreetAd | | PostalCode | 31059 |
| Region | | | |
| Address1 | URM 3ieme étage | | |
| Address2 | Place Dr Baylac | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Claeyssens | Segolène | |
| Dr. | Thiercelin-Legrand | Marie Francoise | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-561-776-818 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33 561 777 177 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
claeyssens.s@chu-toulouse.fr

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Saint-Eloi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Montpellier |
| StreetAd | | PostalCode | 34295 |
| Region | | | |
| Address1 | Centre Régional de Traitement des Hémophiles | | |
| Address2 | 80 Avenue Augustin Fliche | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Codine | Philippe | Physiotherapist |
| Dr. | Donadio | Daniel | Haematologist |
| Prof. | Schved | Jean-François | Chief of the Hematology Department |
| Dr. | Navarro | Robert | Haematologist |
| Dr. | Biron-Andreani | Christine | Manager of the Hemophilia Centre |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-467-337-771 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-467-337-242 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
crth@chu-montpellier.fr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Simone Veil (GH Eaubonne-Montmorency)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Montmorency |
| StreetAd | | PostalCode | 95160 |
| Region | | | |
| Address1 | 1 rue Jean Moulin | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hassoun | Abel Alain | |

| | |
|---|---|
| phone 1: | (+33) 1 34 61 52 50 |
| phone2: | |
| phone3: | |
| phone_work4 | 33-1-34066190 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-1-34066188 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
elisabeth_sandjivy@shire.com

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **La Perle Cerdane**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Osséja |
| StreetAd | | PostalCode | 66760 |
| Region | | | |
| Address1 | Unité de Rééducation Fonctionnelle | | |
| Address2 | Spécialisée de l'Hémophilie | | |
| Address3 | 2, avenue du Carlit | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Dirat | Gérard | Médecin Chef |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-4-6830-7236 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-4-6830-7209 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | g.dirat@perlecerdane.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Laboratoire Hématologie-Immunologie CHU**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Pointe à Pitre, Guadeloupe |
| StreetAd | | PostalCode | 97110 |
| Region | | | |
| Address1 | CHU de Pointe à Pitre / Abymes | | |
| Address2 | route de Chauvel | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Beltan | Eric | |
| Dr. | Monthezin | Frederique | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 590-0590-89-12-70 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 590-0590-89-11-56 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
eric.beltan@chu-guadeloupe.fr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Service de Pédiatrie, Hôtel-Dieu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | France | City | Clermont-Ferrand |
| StreetAd | | PostalCode | 63003 |
| Region | | | |
| Address1 | Avenue Leon Malfreyt | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Doré | Eric | |
| Dr. | Gembara | Piotr | |
| Ms. | Barbin | Anne-Lise | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 33-473-750-009 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 33-473-750-010 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
e.dore@chu-clermontferrand.fr

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Batumi Republican Clinical Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Batumi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | A. Pushkin st. 164-Tbel Abuseridze st. 2 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mikeladze | Revaz | Hematologist |
| Dr. | Shamilishvili | Maiko | Hematologist |
| | Gogitidze | Nunu | Nurse |

| | |
|---|---|
| phone 1: | (+995) 99-584-406 |
| phone2: | (+955) 99-558-837 |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | (+995) 577-302-958 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | maia2180@mail.ru |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Institute of Hematology & Transfusiology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Tbilisi |
| StreetAd | | PostalCode | 0177 |
| Region | | | |
| Address1 | A. Kazbegi Av. 22 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Iosava | G. | |
| Dr. | Abashidze | Marina | |
| Dr. | Makhaldiani | Levan | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 995-32-394-926 |
| cellular: | |
| phone_emergency: | 995-599-77-33-40 |
| Fax: | |
| fax work: | 995-32-311-871 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

genadiiosava@hotmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **K. Eristavi National Center of Experimental and Clinical Surgery- Clinic "Akhali Sitsotskhle"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Tbilisi |
| StreetAd | | PostalCode | 0159 |
| Region | | | |
| Address1 | Lubljana St. 29 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chomakhidze | Konstantin | Hematologist |
| Dr. | Makhaldiani | Levan | Hematologist |
| Dr. | Nadiradze | Tamar | Pediatric Hematologist |
| Dr. | Ramishvili | Lia | Physiotherapist |
| Dr. | Khomasuridze | Romanoz | Doctor Coordinator |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | (+995) 597 002748 |
| phone2: | (+995) 599 773340 |
| phone3: | +995 599 930595 |
| phone_work4 | (+995) 593 180798 |
| cellular: | (+995) 599 100254 |
| phone_emergency: | (+995) 597 002748 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:
konstantine.chomakhidze@gmail.com

email work2:
levan.makhaldiani@gmail.com

Email:
tnadiradze@yahoo.com

WebSiteAddress:
likarami2001@gmail.com / romanoz1964@gmail.co

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **M. Iashvili Children's Central Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Tbilisi |
| StreetAd | | PostalCode | 0159 |
| Region | | | |
| Address1 | Georgian Fund of Pediatric Hematology | | |
| Address2 | Lubliana St. 2/6 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nadiradze | Tamar | Pediatric Hematologist |
| Dr. | Shengelaia | Asmat | |

| | |
|---|---|
| phone 1: | (+955) 577 100-833 |
| phone2: | |
| phone3: | |
| phone_work4 | (+995) 593 180-798 |
| cellular: | |
| phone_emergency: | (+995) 593 180-798 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | tnadiradze@yahoo.com |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medical Centre of Kutaisi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Kutaisi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Javakhishvili street N83a | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bibichadze | Khatuna | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 995-599-70-58-58 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

x-bibichadze@mail.ru

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **New Vision University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Tbilisi |
| StreetAd | | PostalCode | 0159 |
| Region | | | |
| Address1 | Lubliana St. 2/26 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Malkhaz | Pirpilashvili | Orthopedist |

| | |
|---|---|
| phone 1: | (+995) 599 578302 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | (+995) 599 578302 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:
mpirpilashvili@yahoo.com

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **O. Gudushauri National Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Georgia | City | Tbilisi |
| StreetAd | | PostalCode | 0159 |
| Region | | | |
| Address1 | Lubliana St. 18/20 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pirpilashvili | Malkhaz | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 995-32-531-180 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mpirpilashvili@yahoo.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Asklepios Hospital Stadtroda**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Stadtroda |
| StreetAd | | PostalCode | D-07641 |
| Region | | | |
| Address1 | Adult Haemophilia Center | | |
| Address2 | Internal Medicine | | |
| Address3 | Bahnhofstrasse 1 a | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-36428-56-10 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-36428-56-1474 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
g.syrbe@asklepios.com

WebSiteAddress:
http://www.asklepios.com

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Carl-Thiem-Klinikum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Cottbus |
| StreetAd | | PostalCode | 03048 |
| Region | | | |
| Address1 | Children's Clinic | | |
| Address2 | Dpt. Haematology | | |
| Address3 | Thiemstr. 111 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rettschlag | J | |
| Mrs. | Boeschow | Gundula | |
| Dr. | Holfeld | E. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-355-462-332 ext. 24Std. |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-355-462-176 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
p.onkologie@ctk.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Charité University Hospital - Berlin**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Berlin |
| StreetAd | | PostalCode | 10117 |
| Region | | | |
| Address1 | Charitéplatz 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Koscielny | Juergen | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-30-450-525-157 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-30-450-525-913 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gerinnungsambulanz@charite.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Charité University Hospital - Berlin**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Berlin |
| StreetAd | | PostalCode | 13353 |
| Region | | | |
| Address1 | Campus Virchow-Klinikum | | |
| Address2 | Children's Hospital Oncology/Haematology | | |
| Address3 | Augustenburger Platz 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Seeger | Karl | |
| Dr. | Schutze | B. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-30-450-566-004 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-30-450-566-903 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
susanne.holzhauer@charite.de

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Coagulation Center Rhein Ruhr**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Duisburg |
| StreetAd | | PostalCode | 47051 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Haematology and Transfusion Medicine | | |
| Address3 | Koenigstr. 13 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kappert | Günther | |
| Dr. | Rott | Hannelore | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00492033483360 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-203-348 336-36 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
susan.Halimeh@gzrr.de

WebSiteAddress:
http://www.gzrr.de

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. von Haunersches - Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Munich |
| StreetAd | | PostalCode | 80337 |
| Region | | | |
| Address1 | University München | | |
| Address2 | Lindwurmstrasse 4 | | |
| Address3 | Pediatric Hemophilia Centre | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bidlingmaier | Christoph | Physician |
| Ms. | Kügler | Bettina | Coordinator |
| Ms. | Schleiermacher | Anja | Social Worker |
| Dr. | Olivieri | Martin | Physician |
| Dr. | Hütker | Sebastian | Physician |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-89-5160-2811 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-89-5160-4453 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Karin.Kurnik@med.uni-muenchen.de

WebSiteAddress:
http://www.kinderspital.de

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **FÄ für Innere Medizin und Hämostaseologie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Leipzig |
| StreetAd | | PostalCode | 04289 |
| Region | | | |
| Address1 | Zentrum für Blutgerinnungsstörungen | | |
| Address2 | Labor Dr. Reising-Ackermann und Partner | | |
| Address3 | Strümpellstraße 40 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Scholz | Ute | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +49 341 6565-127 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +49 341 6565-128 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
u.scholz@labor-leipzig.de

WebSiteAddress:
www.gerinnungspraxis-leipzig.de

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia Centre Bremen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Bremen |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Klinikum Bremen Mitte | | |
| Address2 | St. Jürgen-Straße 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Buehrlen | Martina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-421-497-78338 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-421-497-1976329 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
martina.buehrlen@klinikum-bremen-mitte.de

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Helios-Clinic Erfurt GmbH**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Erfurt |
| StreetAd | | PostalCode | 99089 |
| Region | | | |
| Address1 | 4th Clinic for Internal Medicine | | |
| Address2 | Nordhäuser-Straße 74 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schubert | Christine | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | + 49 361/781 52 90 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

christine.schubert@helios-kliniken.de

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Center and Institute for Thrombosis & Hemostasis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Muenster |
| StreetAd | | PostalCode | 48143 |
| Region | | | |
| Address1 | Ambulanzzentrum an der Raphaelsklinik | | |
| Address2 | Praxis Dr. med. H. Pollmann | | |
| Address3 | Loerstrasse 19 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Bongert | Brigitte | Study Nurse |
| Dr. | Pollmann | Hartmut | Head - Hemophilia Center |
| Dr. | Siegmund | Berthold | Justitute for Thrombosis and Hemost |
| Ms. | Goehausen | Marianne | Hemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-251-620-420 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-251-620-4216 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ITH@haemophilie-zentrum.de

WebSiteAddress:
http://www.haemophilie-zentrum.de

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Center Medizinische Hochschule Hannover**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Hannover |
| StreetAd | | PostalCode | 30625 |
| Region | | | |
| Address1 | Dep. Haematology, Haemostasis, Oncology, and Stem Cells Transplant | | |
| Address2 | Children's Hospital | | |
| Address3 | Carl-Neuberg-Str.1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tiede | Andreas | |
| Ms. | Rietze | Monika | Nurse |
| Ms. | Luehr | Claudia | Nurse |
| Dr. | Sykora | Karl-Walter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-511-532-9222 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-511-532-169066 (Pediatric) |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | haemophiliezentrum@mh-hannover.de |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **J. W. Goethe University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Frankfurt am Main |
| StreetAd | | PostalCode | 60590 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Theodor-Stern-Kai 7 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Heller | Christine | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-69-6301-6334 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-69-6301-6491 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

christine.heller@kgu.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **J. W. Goethe University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Frankfurt am Main |
| StreetAd | | PostalCode | 60590 |
| Region | | | |
| Address1 | Haemophilia Care Center for Adults | | |
| Address2 | Haematology and Transfusion Medicine | | |
| Address3 | Theodor-Stern-Kai 7 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Miesbach | Wolfgang | |
| Dr. | Alesti | Rosa | |
| Dr. | Krekeler | Stefanie | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-69-6301-5051 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-69-6301-6738 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rosa.alesci@kgu.de

WebSiteAddress:
http://www.haemophiliezentrum-frankfurt.de

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Klinik für Innere Medizin II**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Jena |
| StreetAd | | PostalCode | D-07740 |
| Region | | | |
| Address1 | Adult Haematology and Onkology | | |
| Address2 | Erlanger Allee 101 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schilling | Kristina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-3641-93-242 60 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-3641-93-242 62 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kristina.schilling@med.uni-jena.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Klinikum Fürth**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Fürth |
| StreetAd | | PostalCode | 90766 |
| Region | | | |
| Address1 | Haematology | | |
| Address2 | Children's Hospital | | |
| Address3 | Jakob-Henle-Straße 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Klinge | Jens | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-911-7580.3001 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-911-7580-3001 |
| fax work2: | 49-911-7580-3022 |
| fax work3: | |

email work:

email work2:

Email:
jens.klinge@klinikum-fuerth.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Klinikum Südstadt Rostock**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Rostock |
| StreetAd | | PostalCode | 18059 |
| Region | | | |
| Address1 | Medical Klinik III | | |
| Address2 | Haematology and Onkology | | |
| Address3 | Südring 81 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Krammer-Steiner | Beate | |
| Dr. | Bruhn | Petra | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-381-4401-6100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

beate.steiner@kliniksued-rostock.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kooperationszentrum für Hämostaseologie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Jena |
| StreetAd | | PostalCode | D-07743 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Kochstraße 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kentouche | Karim | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-3641-93-8306 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-3641-93-83 48 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
karim.kentouche@med.uni-jena.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kurpfalz Hospital and Haemophilia Centre for Children and Ad**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Heidelberg |
| StreetAd | | PostalCode | 69123 |
| Region | | | |
| Address1 | Internal Medicine, Blood Coagulation Unit | | |
| Address2 | Comprensive Care Center | | |
| Address3 | Bonhoeffer Strasse 5 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lages | Peter | |
| Ms. | Giersdorf | Gabriele | Nurse |
| Dr. | Huth-Kühne | Angela | |
| Dr. | Staritz | Peter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-6221-884-004 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-6221-884-087 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
angela.huth-kuehne@kkh.srh.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ludwig-Maximilians University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Friedberg |
| StreetAd | | PostalCode | D 86316 |
| Region | | | |
| Address1 | Friedberg harthausen | | |
| Address2 | Am Steinberg 6 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Spannagl | Michael | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-89-5160-2226 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-89-5160-7556 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
michael.spannagl@med.uni-muenchen.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medical Klinik 5**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Nürnberg |
| StreetAd | | PostalCode | 90471 |
| Region | | | |
| Address1 | Haematology and Onkology | | |
| Address2 | Breslauer Straße 201 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wilhelm | Martin | |
| Dr. | Klier | Norbert | |
| Dr. | Sebiger | Renate | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-911-398-2939 Süd |
| cellular: | |
| phone_emergency: | 49-911-398-5239 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medical Practice**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Blaubeuren |
| StreetAd | | PostalCode | 89143 |
| Region | | | |
| Address1 | Praxis für Kinder-und Jugendmedizin | | |
| Address2 | Dr. Michael Sigl-Kraetzig | | |
| Address3 | Weilerstrasse 41 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sigl-Kraetzig | Michael | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-7344-8112 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-7344-4781 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sigl@gerinnungspraxis-ulm.de

WebSiteAddress:
http://www.gerinnungspraxis-ulm.de

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medizinische Universitatsklinik Freiburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Freiburg |
| StreetAd | | PostalCode | 79106 |
| Region | | | |
| Address1 | Abt. Klinische Chemie | | |
| Address2 | Hugstetterstraße 55 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-761-270 377 90 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-761-270 344 40 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ulrich.geisen@uniklinik-freiburg.de

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Olgahospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Stuttgart |
| StreetAd | | PostalCode | 70174 |
| Region | | | |
| Address1 | Child and Women's Health | | |
| Address2 | Kriegsbergstr. 62 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schilling | Freimut | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-711-278 727 40 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-711-278 724 62 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | f.schilling@klinikum-stuttgart.de |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Pratice for coagulation disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Magdeburg |
| StreetAd | | PostalCode | 39112 |
| Region | | | |
| Address1 | Halberstaedter Strasse 49 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Franke | Dirk | |
| Dr. | Schmidt | O | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-391-625-410 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-391-625-4116 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

franke-prax@t-online.de

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Praxis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Köln |
| StreetAd | | PostalCode | 50677 |
| Region | | | |
| Address1 | Internal 'Medicine, Hematology, Oncologiy | | |
| Address2 | Sachsenring 69 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Severin | Karl | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-221-931-822 0 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-221-931-822 9 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
severin@oncokoeln.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Praxis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Köln |
| StreetAd | | PostalCode | 50931 |
| Region | | | |
| Address1 | Transfusionsmedizin and Internal Medicine | | |
| Address2 | Aachener Straße 313 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kadar | Janos | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-221-99 51 50 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-221-420 68 76 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@transfusionsmedizin-koeln.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Praxis for Internal Medicine and Haematologie, Haemostaseolo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Dresden |
| StreetAd | | PostalCode | 01307 |
| Region | | | |
| Address1 | Arnoldstrasse 18 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wolf | T. | |
| Dr. | Wolf | Heiner | |
| Dr. | Illmer | Thomas | |
| | Kleinfeld | Antje | Nurse |
| | | | |
| | | | |
| | | | |
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| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-351-447 23 40 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-351-447 23 411 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hewolf@dgn.de |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Praxis und Labor zur**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Frankfurt am Main |
| StreetAd | | PostalCode | 60596 |
| Region | | | |
| Address1 | Haemostas-Frankfurt | | |
| Address2 | Gartenstrasse 134 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mahnel | Rene | |
| Dr. | Mondorf | Wolfgang | |
| Dr. | Mondorf | Christina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-69-605-0130 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-69-605-01320 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemostas-frankfurt@t-online.de

WebSiteAddress:
http://www.haemostas.de

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sonnen-Gesundheitszentrum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Munich |
| StreetAd | | PostalCode | 80331 |
| Region | | | |
| Address1 | Gemeinschaftspraxis | | |
| Address2 | Sonnenstraße 27 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schleef | Michael | Hematologist |
| Dr. | Krebs | Harald | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 089/18 94 666 - 0 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 089/18 94 666 - 11 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@sogz.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Städtisches Klinikum Braunschweig**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Braunschweig |
| StreetAd | | PostalCode | 38118 |
| Region | | | |
| Address1 | Gerinnungssprechstunde | | |
| Address2 | Children's Hospital | | |
| Address3 | Holwedestraße 16 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Eberl | Wolfgang | |
| Dr. | Sandvoss | Achim | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-531-595-14 24 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-531-595-14 00 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
w.eberl@klinikum-braunschweig.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinik Muenster**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Muenster |
| StreetAd | | PostalCode | 48149 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Albert-Schweitzer-Campus 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Krümpel | Anne | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-251-834-7783 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-251-834-7941 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
anne.kruempel@ukmuenster.de

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinik Muenster**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Muenster |
| StreetAd | | PostalCode | 48129 |
| Region | | | |
| Address1 | Haemophilia Care Center for Adults | | |
| Address2 | Albert-Schweizer-Straße 33 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mesters | Rolf | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-251-834-80-11 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-251-834-8745 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rolf.mesters@ukmuenster.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinikum Charité**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Berlin |
| StreetAd | | PostalCode | 13353 |
| Region | | | |
| Address1 | Charité | | |
| Address2 | Campus Virchow Klinikum Universitätsmedizin Berlin | | |
| Address3 | Augustenburger Platz 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Riess | Hanno | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-30-450-533-219 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-30-450-553901 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hanno.riess@charite.de

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsklinikum Freiburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Freiburg |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Mathildenstrasse 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Zieger | Barbara | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-761-270 43 000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-761-270 4582 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
barbara.zieger@uniklinik-freiburg.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Köln**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Köln |
| StreetAd | | PostalCode | 50924 |
| Region | | | |
| Address1 | Clinic I for medicine, Hematology | | |
| Address2 | Kerpener Strasse 62, Level 5 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hellmann | M. | |
| Prof. | Kreuzer | Karl-Anton | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-221-478 886 64 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-221-478 64 59 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

clemens-martin.wendtner@uk-koeln.ce

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University and Poliklinik**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Erlangen |
| StreetAd | | PostalCode | 91054 |
| Region | | | |
| Address1 | University Erlangen-Nurnberg | | |
| Address2 | Children's Hospital | | |
| Address3 | Loschgestrasse 15 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Topf | H.G. | |
| Dr. | Eckstein | Reinhold | |
| Dr. | Holter | Wolfgang | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-9131-85-33118 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-9131-853 -3113 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

wolfgang.holter@uk-erlangen.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Mainz |
| StreetAd | | PostalCode | 55101 |
| Region | | | |
| Address1 | Hamophiliezentrum | | |
| Address2 | Langenbeckstrasse 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Scharrer | Inge | Gerinnungsambulanz |
| Dr. | von Auer | Charis | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-6131-17-6004 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-6131-17-3449 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
inge.scharrer@unimedizin-mainz.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital Bonn**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Bonn |
| StreetAd | | PostalCode | 53127 |
| Region | | | |
| Address1 | Venusberg-Campus 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Marquardt | Natascha | |
| Dr. | Goldmann | Georg | |

| | |
|---|---|
| phone 1: | (+49) 228 28716719 |
| phone2: | |
| phone3: | |
| phone_work4 | 49-228-287-15188 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-228 287 147 83 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | johannes.oldenburg@ukb.uni-bonn.de |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital Carl-Gustav-Carus**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Dresden |
| StreetAd | | PostalCode | D-01307 |
| Region | | | |
| Address1 | Fetscherstr. 74 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Platzbecker | Uwe | |
| Prof. Dr. | Knoefler | Ralf | Hemophilia Treatment Centre Directo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-351-458-3487 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-351-458-5788 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ralf.knoefler@uniklinikum-dresden.de

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Duesseldorf**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Dusseldorf |
| StreetAd | | PostalCode | 40225 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Clinic for Pediatric Hematology, Oncology and Clinical Immunology | | |
| Address3 | Moorenstrasse 5 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Laws | Hans-Jürgen | Head |
| Dr. | Weinspach | Sebastian | |
| Ms. | Boxnic | Bianca | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-211-811-8590 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-211-811-6206 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
laws@med.uni-duesseldorf.de

WebSiteAddress:
www.uniklinik-duesseldorf.de/kinder-onkologie

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **University Hospital Duesseldorf**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Dusseldorf |
| StreetAd | | PostalCode | 40225 |
| Region | | | |
| Address1 | Department of Hemostasis and Transfusion Medicine | | |
| Address2 | Comprehensive Hemophilia Care Center | | |
| Address3 | Moorenstrasse 5 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bomke | Barbara | Senior Investigator |
| Dr. | Scharf | Rudiger | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-211-811-7473 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-211-811-6221 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Sekretariat-IHTM@med.uni-duesseldorf.de

WebSiteAddress:
http://www.uniklinik-duesseldorf.de/transfusionsme

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital Halle**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Halle |
| StreetAd | | PostalCode | D-06120 |
| Region | | | |
| Address1 | Klinik und Poliklinik für Innere Medizin IV | | |
| Address2 | Ernst-Grube-Str. 40 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wolf | Hans-Heinrich | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-345-557-2391 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-345-557-3366 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hans.wolf@medizin.uni-halle.de |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Halle**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Halle |
| StreetAd | | PostalCode | D-06120 |
| Region | | | |
| Address1 | Department of Paediatrics | | |
| Address2 | Ernst-Grube-Strasse 40 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mauz-Koerholz | Christine | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-345-557-3292 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-345-557-2389 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
christine.mauz-koerholz@medizin.uni-halle.de

WebSiteAddress:
http://www.medizin.uni-halle.de/kkh

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital Hamburg-Eppendorf**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Hamburg |
| StreetAd | | PostalCode | 20246 |
| Region | | | |
| Address1 | Department of Haematologie/Oncologie | | |
| Address2 | Coagulation clinic | | |
| Address3 | Martinistrasse 52 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Langer | Floian | |
| Dr. | Lentz | Bernd | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-40-7410-52453 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-40-7410-55193 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | langer@uke.de |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Leipzig**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Leipzig |
| StreetAd | | PostalCode | 04103 |
| Region | | | |
| Address1 | Department for Internal Medicine | | |
| Address2 | Haematology and Oncologie | | |
| Address3 | Johannisalle 32 A | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pfrepper | Christian | |
| Dr. | Braunert | Leanthe | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-341-97-130 50 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-341-97-130 59 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | haemotologie@medizin.uni-leipzig.de |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Leipzig**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Leipzig |
| StreetAd | | PostalCode | 04103 |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | Children's Hospital | | |
| Address3 | Liebigstrasse 20A | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Fischer | Lars | |
| Prof. | Lenk | Harald | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-341-972-6333 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-341-972-6099 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

harald.lenk@medizin.uni-leipzig.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital Magdeburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Magdeburg |
| StreetAd | | PostalCode | 39120 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Dept. of Ped. Hematology and Oncology | | |
| Address3 | Leipziger Strasse 44, House 10 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Aumann | Volker | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-391-672-4103 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-391-672-4252 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
volker.aumann@med.ovgu.de

WebSiteAddress:
http://www.med.uni-magdeburg.de/fme/zkh/klinik2

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Saarland - Hemophilia Comprehensive Care**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Homburg/Saar |
| StreetAd | | PostalCode | 66424 |
| Region | | | |
| Address1 | adults: Institut für Klinische Hämostaseologie und Transfusionsmedizin | | |
| Address2 | Kirrberger str. (Geb. 75) | | |
| Address3 | Kirrberger Str. (Geb. 9) | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Graf | Norbert | Pediatric Hemophilia, Director |
| Dr. | Schenk | Joachim | |
| Dr. | Heine | Sabine | Pediatric Hemophilia |
| Prof. | Eichler | Hermann | Adult Hemophilia, Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-6841-162 2533 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-6841-162 8453 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemostaseologie@uks.eu

WebSiteAddress:
http://www.uniklinikum-saarland.de/de

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Schleswig-Holstein**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Kiel |
| StreetAd | | PostalCode | 24105 |
| Region | | | |
| Address1 | Campus Kiel - II. Medicine Klinik | | |
| Address2 | Haematology and Onkology | | |
| Address3 | Michaelisstraße 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tappe | Ralf | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-431-597-5000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ralf.tappe@uksh.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Schleswig-Holstein**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Kiel |
| StreetAd | | PostalCode | 24105 |
| Region | | | |
| Address1 | Gerinnungszentrum Campus Kiel and Lübeck | | |
| Address2 | Institut für klinische Chemie | | |
| Address3 | Arnold-Heller-Straße 3 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Manner | Daniela | |
| Dr. | Nowak-Goettl | Ulrike | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-431-597-3225 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-431-597-4053 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
leagottl@uksh.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Ulm**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Ulm |
| StreetAd | | PostalCode | 89081 |
| Region | | | |
| Address1 | Department of Internal Medicine III | | |
| Address2 | Albert-Einstein-Allee 23 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-731-500-45699 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-731-500-45525 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sabine.struve@uniklinik-ulm.de

WebSiteAddress:

http://www.uniklinik-ulm.de/struktur/kliniken/inner

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Hospital Würzburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Wuerzburg |
| StreetAd | | PostalCode | 97080 |
| Region | | | |
| Address1 | Children's Hospital | | |
| Address2 | Josef-Schneider-Straße 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wiegering | V. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-931-2012-7728 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-931-2012-7798 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

wiegering_V@kinderklinik.uni-wuerzburg.de

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University Hospital Würzburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Wuerzburg |
| StreetAd | | PostalCode | 97080 |
| Region | | | |
| Address1 | 'Zentrallabor - Gerinnungszentrum - Hämophiliezentrum | | |
| Address2 | Oberdürrbacher Strasse 6 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Steigerwald | Udo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-931-201-45011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-931-201-645011 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
u.steigerwald@medizin.uni-wuerzburg.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Klinik Gießen und Marburg GmbH**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Gießen |
| StreetAd | | PostalCode | 35392 |
| Region | | | |
| Address1 | Haematology | | |
| Address2 | Adult | | |
| Address3 | Am Steg 40 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Fischer | Roland | |
| Prof. | Kemkes-Matthes | Bettina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-641-985 427 27 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-641-985 427 28 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bettina.kemkes-matthes@innere.med.uni-giessen.de

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Klinik Gießen und Marburg GmbH**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Gießen |
| StreetAd | | PostalCode | 35392 |
| Region | | | |
| Address1 | Haematology | | |
| Address2 | Children's Hospital | | |
| Address3 | Feulgenstraße 10-12 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Blütters-Sawatzki | Renate | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-641-985 434 00 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-641-985-435 19 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
renate.bluetters-sawatzki@paediat.med.uni-giessen.

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Klinik Tübingen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Tübingen |
| StreetAd | | PostalCode | 72076 |
| Region | | | |
| Address1 | Medical Klinik, Haematology and Onkology | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wiegand | Gesa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-7071-298 58 11 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-7071-298 58 04 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | gesa.wiegand@med.uni-tuebingen.de |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Medical Center Hamburg-Eppendorf**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Hamburg |
| StreetAd | | PostalCode | 20246 |
| Region | | | |
| Address1 | Department of Pediatric Hematology and Oncology | | |
| Address2 | Martinstrasse 52 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Schneppenheim | Reinhard | Professor of Pediatrics. Director Depa |
| | Fischer | Beate | Nurse |
| Dr. | Hassenpflug | Wolf | |
| Dr. | Schrum | Johanna | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-40-7410-58156 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-40-7410-54601 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
schneppenheim@uke.uni-hamburg.de

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University München**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Munich |
| StreetAd | | PostalCode | 80336 |
| Region | | | |
| Address1 | Medical Klinik Innenstadt | | |
| Address2 | Haematology and Transfusion Medicine | | |
| Address3 | Ziemssenstraße 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Spannagl | Michael | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-89-5160-2226 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-89-5160-7556 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | michael.spannagl@med.uni-muenchen.de |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Vivantes Klinikum im Friedrichshain**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Berlin |
| StreetAd | | PostalCode | 10249 |
| Region | | | |
| Address1 | Haemophilia Care Centre for Children and Adults | | |
| Address2 | Department for Internal Medicine | | |
| Address3 | Landsberger Allee 49 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Grosse | Katrin | |
| Dr. | Klamroth | Robert | Director |
| Mrs. | Rothe | Beatrice | Assistant Nurse |
| Dr. | Gottstein | S. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-30-13023-1623 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-30-13023-1313 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Robert.Klamroth@vivantes.de

WebSiteAddress:
http://www.haemophiliezentrum-berlin.de

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Werlhof-Institut MVZ**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Germany | City | Hannover |
| StreetAd | | PostalCode | 30159 |
| Region | | | |
| Address1 | Schillerstrabe 23 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Wermes | Cornelia | |
| Dr. | Von Depka-Prondzins | Mario | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 49-511-790-0179 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 49-511-790-0180 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mail@werlhof-institut.de

WebSiteAddress:
http://www.werlhof-institut.de

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Aghia Sophia Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Greece | City | Athens |
| StreetAd | | PostalCode | GR-115 27 |
| Region | | | |
| Address1 | Haemophilia Centre & Haemostasis Unit | | |
| Address2 | Thivon & Levedias Street, Goudi | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Stamati | I | Sister Coordinator |
| Dr. | Platokouki-Komitopo | H. | Director |
| Ms. | Pergantou | Helen | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 30-213-2013-756 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 30-210-779-6405 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemofil@paidon-aghiasofia.gr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Aristotle University of Thessaloniki**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Greece | City | Thessaloniki |
| StreetAd | | PostalCode | GR-546 42 |
| Region | | | |
| Address1 | Hippocration Hospital | | |
| Address2 | 2nd Propedeutic Dept of Medicine | | |
| Address3 | 49 Konstantinoupoleos St | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Vakalopoulou | Sofia | |
| Prof. | Garipidou-Vratskidou | Vasillia | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 30-2310-892-697 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 30-2310-992-834 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vgarypid@auth.gr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Aristotle University of Thessaloniki (Pediatric)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Greece | City | Thessaloniki |
| StreetAd | | PostalCode | GR-54642 |
| Region | | | |
| Address1 | Hippokration Hospital | | |
| Address2 | 1st Department of Pediatrics | | |
| Address3 | 49 Konstantinoupoleos St. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Gompakis | Nikolas | |
| Mrs. | Lakaki | Georgia | Haemophilia Nurse |
| Dr. | Teli | Aikaterini | |
| Dr. | Economou | Marina | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 30-2310-857111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 30-2310-857111 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
marina@med.auth.gr

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hippocration Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Greece | City | Athens |
| StreetAd | | PostalCode | 115 27 |
| Region | | | |
| Address1 | 1st Regional Blood Transfusion Centre | | |
| Address2 | Haemophilia Centre | | |
| Address3 | 114 Vasilissis. Sofixs | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Theodossiadis | George | Director |
| Dr. | Nomikou | Effrosyni | |
| Dr. | Tsevrenis | Vassilios | |
| Dr. | Bellia | Marianne | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 30-77-95-814 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 30-210-770-2959 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gdtheod@hippocratio.gr

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Laikon General Hospital of Athens**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Greece | City | Athens |
| StreetAd | | PostalCode | GR-115 27 |
| Region | | | |
| Address1 | Blood Center - Haemophilia Treatment Center | | |
| Address2 | 17, Agiou Thoma Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kouraba | Anna | |
| Dr. | Katsarou | Olga | Director |
| Mr. | Kelaidis | Lefteris | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 30-213-206-1004 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 30-213-206-1230 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
btchemoph@laiko.gr

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San Juan de Dios**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Guatemala | City | Guatemala City |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 1a ave. 10-50 Zona 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 502-225-30423 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Escuela**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Honduras | City | Tegucigalpa |
| StreetAd | | PostalCode | 2045 |
| Region | | | |
| Address1 | Ministerio de Salud | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Napky Osorio | Gerardo Said | Ortopedia Pediatrica |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 504-9982-3032 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Infantil Pediatrico/Hospital Escuela**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Honduras | City | Comayagüela |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Frente al centro médico hondureño | | |
| Address2 | Barrio la Granja. | | |
| Address3 | Apartado Postal No. 26 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (504) 99 86 03 38 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Leonardo Martinez**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Honduras | City | San Pedro Sula |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 8 Calle South-West | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 504-9450-1075 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Mario Catarino Rivas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Honduras | City | San Pedro Sula |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Col. Lomas del Potosí | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 504-9991-8122 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **AEK-Honved Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Budapest |
| StreetAd | | PostalCode | 1134 |
| Region | | | |
| Address1 | State Health Center | | |
| Address2 | Robert Karoly krt. 44 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Szelessy | Zsuzsanna | |
| Dr. | Rona-Tas | Agnes | |
| Dr. | Nemes | László | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-1-465-1800 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 36-1-465-1807 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
lnemes@hm.gov.hu

WebSiteAddress:
http://www.aek.gov.hu

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bacs-Kiskun Megyei Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Kecskemet |
| StreetAd | | PostalCode | H-6000 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Nyiri ut 38 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gurzo | Mihaly | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-76-516-700 / 6711 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gurzom@kmk.hu

WebSiteAddress:
http://www.kmk.hu

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Heim Pal Children Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Budapest |
| StreetAd | | PostalCode | H-1131 |
| Region | | | |
| Address1 | Madarász Viktor u. 22-24 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zombori | Marianna | |
| Dr. | Marosi | Aniko | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-1-450-3700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
drmarosi@freemail.hu

WebSiteAddress:
http://www.hpgyk.hu

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medical University of Debrecen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Debrecen |
| StreetAd | | PostalCode | 4032 |
| Region | | | |
| Address1 | 2nd Department of Medicine | | |
| Address2 | University of Debrecen | | |
| Address3 | Nagyerdei krt. 98. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schlammadinger | Agota | |
| Prof. | Boda | Zoltan | Head of Depertment |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-52-255152 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 36-52-314-410 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
zboda@unideb.hu

WebSiteAddress:
http://www.deoec.hu

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Medical University of Pecs (POTE)**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Pécs |
| StreetAd | | PostalCode | H-7624 |
| Region | | | |
| Address1 | 1st Department of Internal Medicine | | |
| Address2 | Ifjúság út 13 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Losonczy | Hajna | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-72-536-145 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 36-72-536-146 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Hajna.Losonczy@aok.pte.hu

WebSiteAddress:
http://www.pote.hu

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medical University of Szeged**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Szeged |
| StreetAd | | PostalCode | H-6720 |
| Region | | | |
| Address1 | Department of Transfusiology | | |
| Address2 | Pecsi u. 4/b | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Vezendi | Klara | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-62-544-963 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 36-62-545-908 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vekl@windowslive.com

WebSiteAddress:
http://www.szote.u-szeged.hu

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Szombathely |
| StreetAd | | PostalCode | H-9700 |
| Region | | | |
| Address1 | Horvath Boldizsar krt. 38 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jager | Rita | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-94-313-361 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | jager.rita@ovsz.hu |
| WebSiteAddress: | http://www.ovsz.hu |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Szolnok |
| StreetAd | | PostalCode | H-5000 |
| Region | | | |
| Address1 | Toszegi u. 21 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tomek | Agnes | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-56-503-782 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tomek.agnes@ovsz.hu

WebSiteAddress:
http://www.ovsz.hu/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Veszprem |
| StreetAd | | PostalCode | H-8200 |
| Region | | | |
| Address1 | Martirok u. 5 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gancsev | Mária | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-88-420-211 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 36-88-423-449 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
szabo.zsuzsanna@ovsz.hu

WebSiteAddress:
http://www.ovsz.hu/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Szekesfehervar |
| StreetAd | | PostalCode | H-8000 |
| Region | | | |
| Address1 | Seregelyesi ut 3 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Steiner | Zsuzsa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-22-340-061 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
steiner.zsuzsa@ovsz.hu

WebSiteAddress:
http://www.ovsz.hu/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Nyiregyhaza |
| StreetAd | | PostalCode | H-4400 |
| Region | | | |
| Address1 | Szent Istvan ut 68 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Fodor | Erzsebet | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-42-461-169 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | fodor.erzsebet@ovsz.hu |
| WebSiteAddress: | http://www.ovsz.hu/ |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Gyor |
| StreetAd | | PostalCode | H-9023 |
| Region | | | |
| Address1 | Magyar u. 8 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Voros | Katalin | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-96-411-975 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
voros.katalin@ovsz.hu

WebSiteAddress:
http://www.ovsz.hu

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Zalaegerszeg |
| StreetAd | | PostalCode | H-8900 |
| Region | | | |
| Address1 | Zarda u. 4 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Dancza | Timea | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-92-314-419 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dancza.timea@ovsz.hu

WebSiteAddress:
http://www.ovsz.hu/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Branch of the National Blood Service (OVSZ)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Sopron |
| StreetAd | | PostalCode | H-9400 |
| Region | | | |
| Address1 | Gyori u. 15 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ors | Judit | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-99-311-005 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 36-99-523-146 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sopron@ovsz.hu

WebSiteAddress:
http://www.ovsz.hu

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rethy Pal Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Bekescsaba |
| StreetAd | | PostalCode | H-5600 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Gyulai u. 18 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Erdodi | Erzsebet | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-66-441-411 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hema@freemail.hu

WebSiteAddress:
http://www.rethy.hu

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Semmelweis Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Miskolc |
| StreetAd | | PostalCode | H-3529 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Csabai kapu 9-11 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Radvanyi | Gaspar | |
| Dr. | Nagy | Zsolt | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-46-363-333 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gradvany.2bel@semmelweis-miskolc.hu

WebSiteAddress:
http://www.semmelweis-miskolc.hu/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St.István & St. László Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Budapest |
| StreetAd | | PostalCode | 1023 |
| Region | | | |
| Address1 | Department of Haematology and Stem Cell Transplantation | | |
| Address2 | Gyori ut 5-7 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-30-450-4483 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bodoimre@laszlokorhaz.hu

WebSiteAddress:
http://www.laszlokorhaz.hu

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Szent Borbala Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Hungary | City | Tatabanya |
| StreetAd | | PostalCode | H-2800 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Dozsa Gy. ut 77 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Dombi | Peter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 36-34-515-466 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.tatabanyakorhaz.hu

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Christian Medical College**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kanpur, Uttar Pradesh |
| StreetAd | | PostalCode | 208016 |
| Region | | | |
| Address1 | Indian Institute of Technology | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | John | Judy | Physiatrist |
| Dr. | Cherian | Vinoo | Orthopaedics |
| Dr. | Srivastava | Alok | |
| Prof. | Nair | Sukesh | Lab. Diagnosis |
| Mr. | Padankatti | Sanjeev | Occupational Therapist |
| Mrs. | Tilak | Merlyn | Lecturer |
| | | | |
| | | | |
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| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-416-228-2352 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-416-222-6449 |
| fax work2: | 91-416-223-2035 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | haemat@cmcvellore.ac.in |
| WebSiteAddress: | http://home.cmcvellore.ac.in |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. Ashwin Patel**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Ahmedabad |
| StreetAd | | PostalCode | 380 009 |
| Region | | | |
| Address1 | Sumurat Laboratories | | |
| Address2 | 404 Narayan Chamber | | |
| Address3 | Opp Havmor Restarant | | |
| address4: | Navarang pura. | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Hussaini | M.A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-79-2640-2972 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ghaa@sify.com |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. Divye Chhabra's Pathology Center & Blood Bank**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Dehra Dun |
| StreetAd | | PostalCode | 248 001 |
| Region | | | |
| Address1 | 35/1, Subhash Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chhabra | Divye | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-135-265-6804 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-0135-2654134 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
divyechhabra@rediffmail.com

WebSiteAddress:
http://www.chhabrapath.com

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Government District Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kerala |
| StreetAd | | PostalCode | 683101 |
| Region | | | |
| Address1 | Haemophilia Treatment Centre, District Hospital, | | |
| Address2 | Railway Station Rd, | | |
| Address3 | Aluva | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Vijayakumar | N. | Medical Officer Incharge |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +91 984727595 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.htcaluva.com

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Govt. Medical College and Hospital Jammu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Jammu |
| StreetAd | | PostalCode | 180 001 |
| Region | | | |
| Address1 | 938 A, Sector 9 | | |
| Address2 | Nanak Nagar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sharma | Manoj | |
| Mr. | Sharma | Jagdish | Secretary |
| Dr. | Dang | Haresh | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-0191-2436663 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 0191-2480963 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hsjc111@yahoo.co.in

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia DayCare Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | New Delhi |
| StreetAd | | PostalCode | 110002 |
| Region | | | |
| Address1 | Maulana Azad Medical College & Lok Nayak Hospital | | |
| Address2 | BSZ MArg | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Pushpa | Sister | |
| Dr. | Gupta | Naresh | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +91 11 23221922 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +91 11 23210861 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemophiliaindia@gmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Association AHMEDABAD**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Ahmedabad |
| StreetAd | | PostalCode | 380 001 |
| Region | | | |
| Address1 | Municipal Hospital's Buildings | | |
| Address2 | Chhipa Mavji's Pole, Mandvi's Pole | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Parmar | R.H. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 079-22174460 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ghaa1991@yahoo.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Pune**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Pune |
| StreetAd | | PostalCode | 411 019 |
| Region | | | |
| Address1 | Shop No.16&17, M.B. Classic, | | |
| Address2 | Ground Floor, Opp. Lohade Hospital, Telco Road | | |
| Address3 | Chinchwad | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Lilani | Rashid | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-20-2746-2221Office |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-20-2747-0555 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rash.lilani@rediffmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society - Salem Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Salem |
| StreetAd | | PostalCode | 636001 |
| Region | | | |
| Address1 | 87-B, Arunachala Asari Street, | | |
| Address2 | Next to City Union Bank ATM, | | |
| Address3 | TamilNadu | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Venkatasubramaniya | R.R | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +91 99944 56170 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91427331344 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | salem@hemophilia.in |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society (Lucknow)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Lucknow |
| StreetAd | | PostalCode | 226012 |
| Region | | | |
| Address1 | MD-30, Sector-D | | |
| Address2 | LDA Colony, Kanpur Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kumar | Ashutosh | President |
| Mr. | Manchanda | Vinay | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-522-2436-259 |
| cellular: | 91-941-503-3555 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vinaylucknow@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Agartala Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Agartala |
| StreetAd | | PostalCode | 799 -002 |
| Region | | | |
| Address1 | Sadhu Sadan | | |
| Address2 | Ramnagar Road No. 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-381-222-4815 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

agartala@hemophilia.in

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Angamaly Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Angamaly |
| StreetAd | | PostalCode | 683572 |
| Region | | | |
| Address1 | Vappalassery P.O. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Nettikkadan | Paul | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 0484-2452546 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-484-245-2646 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hsakerala@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Aurangabad Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Aurangabad |
| StreetAd | | PostalCode | 431 001 |
| Region | | | |
| Address1 | C/O Neha Clinic | | |
| Address2 | Bajaj Nagar, Pandharpur Walunj | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-240-255-4071 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

heamoaur@rediffmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Bangalore Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bangalore |
| StreetAd | | PostalCode | 56005 |
| Region | | | |
| Address1 | Basement (Physiotherapy Wing) | | |
| Address2 | Mahaveer Jain Hospital | | |
| Address3 | Millers Road, Vasanth Nagar | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Ramachander | Ranjana | General Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-080-222-08736 |
| cellular: | 09-341-954-440 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemophiliabanglore@yahoo.co.in |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Bareilly Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bareilly |
| StreetAd | | PostalCode | 262001 |
| Region | | | |
| Address1 | 57-52, Triveni Enclave, | | |
| Address2 | Near Karam Chari Nagar, Mini By Pass, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-0581-3291791 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ambrishkant_saxena@rediffmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Berhamapur**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Berhamapur |
| StreetAd | | PostalCode | 760 009 |
| Region | | | |
| Address1 | C/O Sashanka Sekhar Subudhi | | |
| Address2 | Near Kuthari Mandir, 2nd Lane | | |
| Address3 | Naveen Post Office | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Panda | Brindaban | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 09-937-523-006 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hfibrahmapur@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Bhadrak Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bhadrak |
| StreetAd | | PostalCode | 756 100 |
| Region | | | |
| Address1 | Subham Health Care and Research Centre | | |
| Address2 | Naya Bazar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Sahoo | Kamal Lochan | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-678-425-0804 |
| cellular: | 09-437-266-324 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bhadrakchapter@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Bhagalpur**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bhagalpur |
| StreetAd | | PostalCode | 812 001 |
| Region | | | |
| Address1 | Doctor's Quarter, old Hospital campus, | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kumar | Nirmal | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 0641-2400903 |
| cellular: | 09-431-422-803 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Bhopal Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bhopal |
| StreetAd | | PostalCode | 462 001 |
| Region | | | |
| Address1 | Q's Coaching Institute, 13 Fateh Garh | | |
| Address2 | New Old Gate of Hamidia Hospital | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nigam | Rajendra | |
| Dr. | Madhav | Ramesh | |
| Dr. | Maravi | Deepak | |
| Dr. | Malik | Shikha | |
| Dr. | Bharadwaj | V. | Executive Medical Director |
| Dr. | Qureshi | Siddiq | Vice President |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-755-242-7037 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemobpl1@rediffmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hemophilia Society Bhubaneshwar Chapter**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bhubaneswar |
| StreetAd | | PostalCode | 751 007 |
| Region | | | |
| Address1 | 578, Sahid Nagar | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Mohanty | Srichandan | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-674-254-7851 |
| cellular: | 09-437-446-287 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hfibbsr@rediffmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Bikaner**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Bikaner |
| StreetAd | | PostalCode | 334 001 |
| Region | | | |
| Address1 | Bikaner Medical Relief Society | | |
| Address2 | C/O. Madhu Store, Phar Bazaar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Pareekh | Devilal | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 0151-3209694 |
| cellular: | 09-928-063-716 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bmrsindia@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Calicut Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Calicut |
| StreetAd | | PostalCode | 673 002 |
| Region | | | |
| Address1 | Near AWH Medicals, Annie Hall Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Aboobacker | C.P. | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-495-272-0028 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | haemcalicut@gmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Chandigarh**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Chandigarh |
| StreetAd | | PostalCode | 160015 |
| Region | | | |
| Address1 | Regd. Office :#3239, | | |
| Address2 | Sector 15-D | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Singh | Harpreet | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-172-271-4896 |
| cellular: | 91-98140-13875 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
doctorchandigarh@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Chennai Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Chennai |
| StreetAd | | PostalCode | 600113 |
| Region | | | |
| Address1 | Comprehensive Care Centre | | |
| Address2 | Old Blood Bank Building | | |
| Address3 | Voluntary Health Service Centre | | |
| address4: | Taramani Road | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Parthasarathy | K. | Vice-President |
| Mr. | Sathyanarayanan | R. | Treasurer |
| Mrs. | Prabhakaran | Rajeswari | Secretary |
| Mr. | Subramanian | G. | Key-Person |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-984-172-6576 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-44-2835-2056 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hsmc1988@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Cochin Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Cochin |
| StreetAd | | PostalCode | 682 301 |
| Region | | | |
| Address1 | XX/142 D, Thripthi Apartments | | |
| Address2 | Flat No-A - 2nd Floor, Near Agasthya Medical Centre, | | |
| Address3 | Old Bus Stand | | |
| address4: | Thripunithura, | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-4842-774083 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hscc06@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Coimbatore Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Coimbatore |
| StreetAd | | PostalCode | 641015 |
| Region | | | |
| Address1 | 235,Kamarajar road, | | |
| Address2 | Varadharajapuram, | | |
| Address3 | Upplipalayam-po, | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Shantimala | | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-(0)422-262-7408 |
| cellular: | 91-999-492-8980 |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-44-824-0056 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemop@mdbsnl.net.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Cuddapah Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Cuddapah |
| StreetAd | | PostalCode | 5516310 |
| Region | | | |
| Address1 | 1/75, Chilamkur, | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-0856-327-6444 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hficuddapah@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Davangere**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Davangere |
| StreetAd | | PostalCode | 577004 |
| Region | | | |
| Address1 | # 1138, Behind KSFC, Ring Road, | | |
| Address2 | S. Nijalingappa Layout, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hanagavadi | Suresh | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-8192-231948 |
| cellular: | 91-934-100-4109 |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-8192-230038 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
khs_dvg@rediffmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Dehradun**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Dehradun |
| StreetAd | | PostalCode | 248 001 |
| Region | | | |
| Address1 | 15, East Canal Road, | | |
| Address2 | Kabul House, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Bhatia | Manish | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-971-971-0009 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hsdoon@gmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Delhi Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | New Delhi |
| StreetAd | | PostalCode | 110 065 |
| Region | | | |
| Address1 | Lions Hospital & Research Centre, | | |
| Address2 | Village Khizrabad | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-11-2692-9281 |
| cellular: | 981-852-7777 |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-11-2693-3281 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophiliasocietydelhi@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Dhule Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Dhule |
| StreetAd | | PostalCode | 424 1001 |
| Region | | | |
| Address1 | 3847/14, Moglai Lane No-6, | | |
| Address2 | Sakri Road, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nikumbha | Y.B. | |
| Dr. | Thakre | Ashok | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-920-929-9312 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

kale.harshal10@gamil.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Durgapur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Durgapur |
| StreetAd | | PostalCode | 713 209 |
| Region | | | |
| Address1 | Banglow No:- D-II, 10/2, | | |
| Address2 | Opp. CMERI Medical Dispensary, | | |
| Address3 | CMERI Colony, | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Roy | Ajoy Kurmar | Secretary |
| Mr. | Sen | D.D. | President |
| Mr. | Banerjee | Subhajit | Vice President (Dev.) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-343-260-3032 |
| cellular: | 91-947-464-0064 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | subhajitdc@hotmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Goa**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Goa |
| StreetAd | | PostalCode | 403521 |
| Region | | | |
| Address1 | House No - 1770 (Plot No 24) | | |
| Address2 | Journalist Colony | | |
| Address3 | Alto Porvorim, Bardez | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-950-302-1879 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mchohan@aslicharity.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Guwahati Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Guwahati |
| StreetAd | | PostalCode | 781 001 |
| Region | | | |
| Address1 | Kamarpatty Road, | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-361-251-1133 |
| cellular: | 91-986-402-3021 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophiliasociety@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Hubli**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Hubli |
| StreetAd | | PostalCode | 580023 |
| Region | | | |
| Address1 | House No. 215, Madhura Colony | | |
| Address2 | Keshawapur, Hubli | | |
| Address3 | Dist. Darwad | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Udayakumar | G. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-934-310-8027 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
udayakumar_canle@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Hyderabad Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Hyderabad |
| StreetAd | | PostalCode | 500 082 |
| Region | | | |
| Address1 | 6-3-903/4, Somajiguda | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Venkatanarayana | N. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-402-315-6776 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hshyd@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Indore Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Indore |
| StreetAd | | PostalCode | 452 001 |
| Region | | | |
| Address1 | 108-110 Manas Bhavan | | |
| Address2 | 11 R N T Marg. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Singhvi | Anil | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Jabalpur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Jabalpur |
| StreetAd | | PostalCode | 482 002 |
| Region | | | |
| Address1 | 284, Gol Bazar | | |
| Address2 | Near Dutta Mandir | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Gangrade | Kiran | |
| Dr. | Mishra | Sujay | |
| Dr. | Jamdar | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-761-312-528 |
| cellular: | 91-992-635-7454 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemojb@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Jaipur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Jaipur |
| StreetAd | | PostalCode | 302 020 |
| Region | | | |
| Address1 | 84/223, Madhyam Marg | | |
| Address2 | Mansarovar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Gupta | Mukesh | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-141-278-5571 |
| cellular: | 91-982-913-2770 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mukesh_gupta94@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Jamshedpur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Jamshedpur |
| StreetAd | | PostalCode | 831 001 |
| Region | | | |
| Address1 | Flat No. 205, 2nd Floor, | | |
| Address2 | Seagull Apartment | | |
| Address3 | 11/12, Sakchi Highway | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Hazra | Soumitra | |
| Dr. | Mukherjee | Amit | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-657-243-7268 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Kanpur**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kanpur |
| StreetAd | | PostalCode | 208 022 |
| Region | | | |
| Address1 | 1161, Ratanlal Nagar | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Dubey | Awack | |
| Mr. | Bhasin | Rajesh | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-0512-2300-197 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hsbhasin@satyam.net.in |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Karaikal Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Karaikal |
| StreetAd | | PostalCode | 609602 |
| Region | | | |
| Address1 | Plot No.17, 1 First Cross Road | | |
| Address2 | No.1 Teachers Nagar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Colombowala | Zulfikar | Secretary |
| Ms. | Amritalingam | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-989-454-3372 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
karaikal@hemophilia.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Kharagpur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kharagpur |
| StreetAd | | PostalCode | 721169 |
| Region | East | | |
| Address1 | C/o Anil Kumar Roy, | | |
| Address2 | Vill: Bikra, Post: Shyamsundarpur Patna, PS: Panskura, Dist: Purba Medinipur | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Mondal | Tarak | President |
| Mr. | Animesh | Roy | Secretary |

| | |
|---|---|
| phone 1: | 91-814-571-0901 |
| phone2: | 91-943-302-5178 |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | kharagpur@hemophilia.in |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Kolhapur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kolhapur |
| StreetAd | | PostalCode | 416 001 |
| Region | | | |
| Address1 | C/O. Dobholkar Charitable Hospital | | |
| Address2 | E-328, New Shahupuri | | |
| Address3 | Dobholkar corner, | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sabnis | V.S. | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-231-265-9273 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemokop@rediffmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Kolkata Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kolkata |
| StreetAd | | PostalCode | 700 099 |
| Region | | | |
| Address1 | Singhbari, Kalikapur, E.M. Bypass | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sarkar | A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-33-2426-3739 |
| cellular: | 91-98-30-5814-65 |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-33-2426-3739 / 8273 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hscc@vsnl.net |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Kunnamkulam Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kunnamkulam |
| StreetAd | | PostalCode | 680 519 |
| Region | | | |
| Address1 | 'Smrithi' Akkikavu, P.O. Karikkad Via | | |
| Address2 | Trissur Dist. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Raghunandan | E. | General Secretary |
| Dr. | Mathew | Jacob | Doctor in Charge |
| Mrs. | M. | Deepa | Office Secretary |
| Prof. | Gokuldas | N.N. | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-04885-280692 |
| cellular: | 91-09847-622366 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hskkm2002@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Kupwara**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Kupwara |
| StreetAd | | PostalCode | 193 224 |
| Region | | | |
| Address1 | Mr.Ahmed ali Saha (Pharmacist) | | |
| Address2 | S/o- Md.Haji Habibullah Saha, | | |
| Address3 | R/o- Gugloosa Pir Mohallah,Nakdoom Abad, Prehgam, | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-962-289-7904 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Ludhiana**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Ludhiana |
| StreetAd | | PostalCode | 141 003 |
| Region | | | |
| Address1 | H.No. 7536, Gali No.4, | | |
| Address2 | New Amar Nagar, Behind ATI College | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-161-253-3896 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Madurai Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Madurai |
| StreetAd | | PostalCode | 625 107 |
| Region | | | |
| Address1 | C/O Meenakshi Mission Hospital & Research Centre | | |
| Address2 | Lake Area, Malur road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Krishnamoorthi | P. | |
| Mr. | Manimaran | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-452-588-741 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

pkm_dr@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Manipal Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Manipal |
| StreetAd | | PostalCode | 576119 |
| Region | | | |
| Address1 | Prof. of Pathology Hematology Lab, | | |
| Address2 | Kasturba Medical College & Hospital, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-820-257-1201 |
| cellular: | 91-984-582-1201 |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-820-257-1934 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

manipalhemophilia@yahoo.co.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Mumbai Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Mumbai |
| StreetAd | | PostalCode | 400 012 |
| Region | | | |
| Address1 | Flat No. 205, 2nd floor | | |
| Address2 | Sai Apartment, 64, B, Swarajya Bhavan | | |
| Address3 | Bhagwan Rao Parelkar Marg, | | |
| address4: | Parel Village | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Gadhave | Balshiram | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-22-2415-8315 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mumbai@hemophilia.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Mysore Chapter(R)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Mysore |
| StreetAd | | PostalCode | 570012 |
| Region | | | |
| Address1 | Sree Kunj, 19/1, 3rd Block, 5th Main | | |
| Address2 | JL Puram | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mittal | SK | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-998-024-6400 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mysore@hemophilia.in |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Nagpur Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Nagpur |
| StreetAd | | PostalCode | 440 001 |
| Region | | | |
| Address1 | Lata Mangeshkar Hospital | | |
| Address2 | Paed OPD | | |
| Address3 | Y.M.C.A. Complex | | |
| address4: | Maharajbagh Road, Sitabuldi | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Sambre | Anuradha | Key Contact |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 09-712-243-4445 |
| cellular: | 91-937-066-60878 |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-712-274-7937 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
anusambre@yahoo.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Nashik Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Nashik |
| StreetAd | | PostalCode | 422005 |
| Region | | | |
| Address1 | Niramay Nursing Home, | | |
| Address2 | Adwait Colony, Sharanpur Road, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kulkarni | Ranjana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-253-257-5872 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nashik@hemophilia.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society of Trivandrum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Trivandrum |
| StreetAd | | PostalCode | 695024 |
| Region | | | |
| Address1 | T.C 29/1124(74/1977 New) House No-4 | | |
| Address2 | Devinagar, Palkulangara, Petah P.O | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | M.S. | Vishnu | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-471- 552-0911 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hsktvm@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Patiala**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Patiala |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | G - 39, N.P.H.C, Rajpura Colony | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Singh | Ravinder | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-941-792-3878 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Patna Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Patna |
| StreetAd | | PostalCode | 800 001 |
| Region | | | |
| Address1 | Hemophilia Hospital, | | |
| Address2 | Income Tax Crossing, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Shailendra | Kumar | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-612-220-5258 |
| cellular: | 91-943-101-1115 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
goodwork111@rediffmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Rajkot Chapter (Affiliated HFI)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Rajkot |
| StreetAd | | PostalCode | 360 005 |
| Region | | | |
| Address1 | Happy Home | | |
| Address2 | Kanak Road | | |
| Address3 | Opp. Fire Brigade | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kothari | Hiren | Orthapoedic Surgeon |
| Dr. | Popat | Yagnesh | Pediatric Physician |
| Mr. | Avashia | Kiran | Secretary |
| Mr. | Vora | Indubhai | President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-281-222-6233 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rajkot@hemophilia.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Ranchi Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Ranchi |
| StreetAd | | PostalCode | 834 001 |
| Region | | | |
| Address1 | Nand Nikunj, Shekhar Pathology | | |
| Address2 | 13, Ratu Road, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Jaiswal | Santosh Kumar | Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-651-2551254 |
| cellular: | 91-943-152-8931 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemophiliaranchi@rediffmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Rourkela Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Rourkela |
| StreetAd | | PostalCode | 769 012 |
| Region | | | |
| Address1 | Room No. 7, Purohit Market Complex | | |
| Address2 | Kachery Road | | |
| Address3 | Dist-Sundargarh | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Dash | R.S. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-661-2506662 |
| cellular: | 91-943-704-6662 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rdashavd@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Siliguri Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Siliguri |
| StreetAd | | PostalCode | 734 301 |
| Region | | | |
| Address1 | Nehru Road, Khalpara, | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Mitruka | Maniklal | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-353-252-6027 |
| cellular: | 91-943-405-3409 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophiliasiliguri@gmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Srinagar Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Srinagar |
| StreetAd | | PostalCode | 192 121 |
| Region | | | |
| Address1 | Near Asthana Sharif | | |
| Address2 | Namblabal,Pampore | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Masoodi | Mukhtar Ahmed | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-990-656-2111 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

drmuk7@gmail.com

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Surat chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Surat |
| StreetAd | | PostalCode | 395001 |
| Region | | | |
| Address1 | 4, Shiv Darshan Apartment | | |
| Address2 | Near Subhash Chowk | | |
| Address3 | Chanlagalli, Gopipura | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Jariwala | Ganesh | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-261-259-5880 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hscsurat@yahoo.co.in |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Thane Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Thane |
| StreetAd | | PostalCode | 400 601 |
| Region | | | |
| Address1 | E-43/8, Shreerang Society | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Apte | Yashwant | |
| Mr. | Nibandhe | Shrikant | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-22-254-18948 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Tinsukia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Tinsukia |
| StreetAd | | PostalCode | 786 125 |
| Region | | | |
| Address1 | C/O, Sonika, Daily Bazar, | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Dutta | Debasish | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-995-441-8733 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tinsukia@hemophilia.in

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Tirunelveli Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Tirunelveli |
| StreetAd | | PostalCode | 627 007 |
| Region | | | |
| Address1 | Peace Health Centre 48 | | |
| Address2 | H/5 Bypass Road near New Bus Stand, | | |
| Address3 | Near New Bus Stand | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Anburajan | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-944-261-2137 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-462-2579-889 |
| fax work2: | 91-462-5565-229 |
| fax work3: | |

email work:

email work2:

Email:
anburajandoctor@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Trichy Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Trichy |
| StreetAd | | PostalCode | 620 018 |
| Region | | | |
| Address1 | 18.A, Maduram Colony | | |
| Address2 | II cross Thillai Nagar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Sunderajan | Tara | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-431-276-0824 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
trichy@hemophilia.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Vadodara**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Vadodara |
| StreetAd | | PostalCode | 390 911 |
| Region | | | |
| Address1 | A-8, Riddhi Siddhi Society | | |
| Address2 | Manjalpur G. I. D. C. Road | | |
| Address3 | Manjalpur | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-265-264-9486 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bellan@satyam.net.in

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Varanasi Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Varanasi |
| StreetAd | | PostalCode | 221 007 |
| Region | | | |
| Address1 | Hemophilia Care Centre "ASHADEEP" | | |
| Address2 | SA-21/122-50, Madhukar Nagar, Ruppanpur (Natu) Sarnath Road, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Pandey | O.P. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-941-522-3214 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
varanasi@hemophilia.in

WebSiteAddress:
www.pwhcare.org

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Vijayawada Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Mangalagiri |
| StreetAd | | PostalCode | 522 503 |
| Region | | | |
| Address1 | 1-888 Station Road | | |
| Address2 | Ranga Nursing Home | | |
| Address3 | Guntur | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Prasad | Maganti | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vijayawada@hemophilia.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Vishakapatnam**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Vishakapatnam |
| StreetAd | | PostalCode | 530020 |
| Region | | | |
| Address1 | HSVC Adithtya Medical Complex | | |
| Address2 | Opp to KJH, OP Gate | | |
| Address3 | Maharanipet | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chandrasekharam | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-891-256-8649 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bvkvsp@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Society Warrangal Chapter**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Warrangal |
| StreetAd | | PostalCode | 506001 |
| Region | | | |
| Address1 | H.No. 2-5-248, Nakkllagutta, | | |
| Address2 | Hanumakonda | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Chander Rao | Ramesh | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-870-225-72886 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemowgl@gmail.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilic Society Panchkula**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Panchkula |
| StreetAd | | PostalCode | 134 113 |
| Region | | | |
| Address1 | The Hemophilic Patients Welfare Society Panchkula | | |
| Address2 | H. No:- 851, Sector - 10 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Singla | Rajat | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 91-946-383-36021 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hpws.pkl@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **K.G. Patel Children Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Vadodara |
| StreetAd | | PostalCode | 390 003 |
| Region | | | |
| Address1 | Karli Baug. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-265-246-3906 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 91-265-243-7569 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bellan@satyan.net.in

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Karnataka Hemophilia Care & Hematology Research Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Davangere |
| StreetAd | | PostalCode | 577004 |
| Region | | | |
| Address1 | 1138, Ring Road, Opposite Sanjeevini Hospital, | | |
| Address2 | S Nijalingappa Layout, | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hanagavadi | Suresh | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 08192-231948 |
| cellular: | 08722-209404 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
suresh@carehemophilia.com

WebSiteAddress:
www.carehemophilia.com

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **KEM hospital & ICMR-National Institute of Immunohaematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Mumbai |
| StreetAd | | PostalCode | 400012 |
| Region | | | |
| Address1 | 10th/ 13th floor, New Multistoreyed building, | | |
| Address2 | KEM hospital Campus, Parel, Mumbai. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kulkarni | Bipin | Head, Department of Hemostasis and |
| Dr. | S | Chandrakala | Professor, Seth GSMC and KEM hospit |
| Dr. | Patil | Rucha | Scientist, Department of Hemostasis |
| Dr. | Shah | Aditi | Assistant Professor, Seth GSMC and K |
| Dr. | Mohanty | Shubhranshu | Professor, Seth GSMC and KEM hospit |
| Dr. | Garale | Mahadeo | Professor, Seth GSMC and KEM hospit |
| Dr. | Pai | Nanda | Professor, Seth GSMC and KEM hospit |
| Dr. | Pawar | Shwetal | Professor, Seth GSMC and KEM hospit |
| Dr. | Patil | Kirti | Seth GSMC and KEM hospital (Physiot |
| Mrs. | Rahate | Akshata | Seth GSMC and KEM hospital (Nurse) |
| Mrs. | Shanbhag | Sharda | Department of Hemostasis and Thro |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-22-2413-6051 |
| cellular: | |
| phone_emergency: | 91-22-2413-60512142 |
| Fax: | |
| fax work: | 91-22-2413-8521 |
| fax work2: | |
| fax work3: | |

email work:
kulkarni.bipin@gmail.com

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **King George Medical College**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Lucknow |
| StreetAd | | PostalCode | 226 004 |
| Region | | | |
| Address1 | Department of Pathology | | |
| Address2 | 255 Ka/11 Manchanda Bhavan | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Husain | Nuzhat | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 94-522-226-8086 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
drnuzhathusain@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Post-Graduate Institute of Medical Education and Research**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | India | City | Chandigarh |
| StreetAd | | PostalCode | 160012 |
| Region | | | |
| Address1 | Sector-12 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Malhotra | Pankaj | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 91-172-274-75856680 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | medinst@pgi.chd.nic.in |
| WebSiteAddress: | |

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **A. Wahab Syahrani General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Kalimantan |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Jln. PMI Samarinda | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-541-742-055 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-541-741-793 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Banjarbaru General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Kalimantan |
| StreetAd | | PostalCode | 70711 |
| Region | | | |
| Address1 | Hemophilia Care Center | | |
| Address2 | Jl. Palang Merah No. 2, Banjarbaru | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ringoringo | Harapan Parlindunga | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-511-477-2380 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-511-478-0255 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hprspa@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. Kariyadi General Hospial**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Semarang |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Bangian Ilmu Kesehatan Anak | | |
| Address2 | JL. Dr. Sutomo No. 16 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-24-841-3476 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. M. Djamil General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Padang, Sumatera |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Bagian Ilmu Kesehatan Anak | | |
| Address2 | Jl. Perintis Kemerdekaan | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-751-37-913 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. Sutomo General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Surabaya |
| StreetAd | | PostalCode | 60286 |
| Region | | | |
| Address1 | Bagian Ilmu Kesehatan Anak | | |
| Address2 | Jl. Prof. Dr. Mustopo No. 6-8 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-31-550-1681 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-31-501-2237 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bambang@pediatrik.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dr. Wahidin Sudirohusodo General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Makasar - Sulawesi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Bagian IKA | | |
| Address2 | J. Perintis Kemerdekaan Km 11 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-411-584-461 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-411-590-629 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bikauh@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia and Transfusion Care Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Semarang |
| StreetAd | | PostalCode | 50141 |
| Region | | | |
| Address1 | Jl. Mgr. Sugiyo Pranoto No. 35 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Hartati | Sri | Nurse Coordinator |
| Dr. | Sudarmanto | Bambang | Pediatrician |
| Dr. | Setyati | Julia | Hemophilia Treatment |
| Dr. | Soemantri | Ag. | Director |
| Dr. | Suprapto | Rosiawati | Hemophilia Treatment |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-24-351-5050 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-24-355-6140 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | utdcpmi@yahoo.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Comprehensive Care Team**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Bandung |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Dr. Hasan Sadikin Bandung General Hospital | | |
| Address2 | Bagian Ilmu Kesehatan Anak FKUP/RSHS | | |
| Address3 | Jl. Pasteur no. 38 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-22-203-4426 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-22-203-5957 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

office@paediatry.jk.unpad.ac.id

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Comprehensive Care Team**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Jakarta Pusat |
| StreetAd | | PostalCode | 10430 |
| Region | | | |
| Address1 | Dr. Cipto Mangunkusumo General Hospital | | |
| Address2 | Jl. Diponegoro No. 71 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tulaar | Angela | |
| | Tjahjani | Sri | Dentist |
| Prof. | Tambunan | Karmel | Adult Hematologist/Oncologist |
| Prof. | Hutagalung | Errol | |
| Dr. | Saleh | Ifran | |
| | Sukrisman | Lugyanti | |
| Dr. | Widyawati | Ika | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-21-391-5738 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-21-391-5738 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemofilia_id@yahoo.com

WebSiteAddress:
http://www.hemofilia.or.id

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Muhammad Husein General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Palembang - Sumatera |
| StreetAd | | PostalCode | 30126 |
| Region | | | |
| Address1 | Bagian Ilmu Penyakit dalam | | |
| Address2 | Jl. Jend. Sudirman Km. 3,5 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-711-354-088 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-711-351-318 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Prof. Dr. Sardjito General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Yogyakarta |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Jl. Kesehatan No. 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-274-553-142 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-274-583-745 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ypohc@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Prof. R.D. Kandou General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Manado |
| StreetAd | | PostalCode | 95115 |
| Region | | | |
| Address1 | Bagian IKA | | |
| Address2 | Jl. Tanawongko Raya | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Mantik | Max | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-431-821-652 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-431-859-091 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
max_mantik@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tembakau Deli General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Indonesia | City | Medan, Sumatera |
| StreetAd | | PostalCode | 20111 |
| Region | | | |
| Address1 | Jl. Puri Hijau No. 15 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Aman | Adi Koesoema | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 62-61-415-5275 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 62-61-836-4895 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
adikoesoemaaman@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Esfahan Hemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iran, Islamic Rep. | City | Isfahan |
| StreetAd | | PostalCode | 81849 |
| Region | | | |
| Address1 | Seiedalshohada Hospital | | |
| Address2 | Khaiam Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hoorfar | Hamid | Director |
| Miss | Safi | Aazam | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 98311-2350210 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 98-311-236-3224 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hhoorfar@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iran, Islamic Rep. | City | Mashhad |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Sarvar Clinic | | |
| Address2 | 8 North 17 Shahrivar St. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 98-511-364-5013 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 98-511-366-6065 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

BadieeZ@mums.ac.ir

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iran, Islamic Rep. | City | Shiraz |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hematology & Oncology Department | | |
| Address2 | Ayatollah Dast-ghaib Hospital | | |
| Address3 | Hafez Avenue | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 98-2288-0646 |
| cellular: | |
| phone_emergency: | 98-917-112-3975 |
| Fax: | |
| fax work: | 98-711-229-8092 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

shiraz_hemophilia_center@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iran, Islamic Rep. | City | Sari |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Abo Ali Sina Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 98-151-226-3011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Imam Khomeini General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iran, Islamic Rep. | City | Tehran |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | P.O. Box 14185/144 | | |
| Address3 | Keshavarz Boulevard | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 98-21-919-2263 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 98-21-929-977 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

lak@sina.tums.ir

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Iranian Comprehensive Haemophilia Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iran, Islamic Rep. | City | Tehran |
| StreetAd | | PostalCode | 1415863675 |
| Region | | | |
| Address1 | 101, Felestin-Zartosht Cross | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bahoush | Gholam | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 98-21-8889-8742 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 98-21-8889-4743 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
grbahoush1968@gmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Treatment Center - Medical city**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iraq | City | Baghdad |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Medical City - Baghdad | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Salih | Afrah | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+964) 7901831778 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | afrahsalih@yahoo.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Centre of Hematology (Iraq)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Iraq | City | Baghdad |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Mustansiriyah University | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Al-Rahal | Nidal Karim | Assistant Professor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +964 7901585978 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | nidhalalrahal@yahoo.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cork University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ireland | City | Cork |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Wilton | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | O'Shea | Susan | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 0-21-454-6400 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 0-21-4920495 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hcd@hse.ie

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Coagulation Centre (N.C.C.)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ireland | City | Dublin |
| StreetAd | | PostalCode | 8 |
| Region | | | |
| Address1 | St. James's Hospital | | |
| Address2 | 1 James's Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 353-1-416-2141 (08:00-17:00) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 353-1-410-3570 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ncc@stjames.ie

WebSiteAddress:
http://www.stjames.ie/Departments/DepartmentsA-

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Our Lady's Children's Hospital Crumlin**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ireland | City | Dublin |
| StreetAd | | PostalCode | D12 V004 |
| Region | | | |
| Address1 | Cooley Rd, Crumlin | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 353-1-409-6100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 353-1-456-3041 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

beatrice.nolan@olhsc.ie

WebSiteAddress:

http://www.olhsc.ie/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University College Hospital - Galway**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Ireland | City | Galway City |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Newcastle Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 353-191-52 4222 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

maura.sweeney@hse.ie

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **The Israel National Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Israel | City | Ramat Gan |
| StreetAd | | PostalCode | 52621 |
| Region | | | |
| Address1 | Sheba Medical Center | | |
| Address2 | Tel Hashomer | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Martinowitz | Uri | Head |
| Dr. | Lubetsky | Aaron | |
| Prof. | Kenet | Gili | Pediatric Coagulation Service |
| Dr. | Lubochitz | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 972-3-535-7357 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 972-3-535-1806 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophil@bezeqint.net

WebSiteAddress:
http://www.sheba.co.il/h

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **A. Bianchi Bonomi Hemophilia and Thrombosis Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Milan |
| StreetAd | | PostalCode | 20122 |
| Region | | | |
| Address1 | Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico | | |
| Address2 | Via Pace, 9 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Peyvandi | Flora | Director |
| Dr. | Artoni | Andrea | Hematologist |
| Dr. | Biguzzi | Eugenia | Hematologist |
| Dr. | Santagostino | Elena | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-02-5503-5308 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-02-5503-2072 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
centroemofilia@gmail.com

WebSiteAddress:
http://www.fondazionebianchibonomi.it/centro

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Azienda Ospedaliero - Universitaria Careggi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Florence |
| StreetAd | | PostalCode | 50134 |
| Region | | | |
| Address1 | Agenzia per l'emofilia | | |
| Address2 | Centro Regionale Riferimento, Coagulapatie Congenite | | |
| Address3 | Viale G.B. Morgagni n. 85 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Linari | Silvia | |
| Dr. | Morfini | Massimo | Director |
| Dr. | Demartis | Francesco | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-055-7947587 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-055-794-7794 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
m.morfini@dac.unifi.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Azienda Universitaria Ospedaliera di Padova**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Padua |
| StreetAd | | PostalCode | 35128 |
| Region | | | |
| Address1 | Centro Emofilia di Padova | | |
| Address2 | Clinica Medica II | | |
| Address3 | Via Giustiniani 2 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Cella | Giuseppe | |
| Dr. | Zanon | Ezio | Medico |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-049-821-2659 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-049-821-8731 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ezio.zanon@unipd.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro di Coordinamento Regionale per le Emocoagulopatie**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Naples |
| StreetAd | | PostalCode | 80131 |
| Region | | | |
| Address1 | DACM | | |
| Address2 | Azienda Osp. Univ. "Federico II" | | |
| Address3 | Via S. Pansini, 5 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Cerbone | A.M. | |
| Prof. | Di Minno | Giovanni | Director |
| Dr. | Coppola | Antonio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-081-746-2317 |
| cellular: | |
| phone_emergency: | 39-081-746-2162 |
| Fax: | |
| fax work: | 39-081-546-6152 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
diminno@unina.it

WebSiteAddress:
http://www.emocoagulopatie-dmcs.unina.it/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro di Riferimento Regionale per l'emofilia e malattie emorragiche congenite**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Parma |
| StreetAd | | PostalCode | 43126 |
| Region | | | |
| Address1 | Dipartimento Medicina Generale e Specialistica - | | |
| Address2 | SSD Centro Hub Emofilia e Malattie Emorragiche Congenite – | | |
| Address3 | Azienda Ospedaliero-Universitaria di Parma | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Riccardi | Federica | |
| Dr. | Rivolta | Gianna Franca | |
| Dr. | Tagliaferri | Annarita | |
| Dr. | Matichecchia | Annalisa | |
| Dr. | Coppola | Antonio | |
| Dr. | Quintavalle | Gabriele | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +39 0521 703971 |
| cellular: | |
| phone_emergency: | +39 335 7435730 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
centroemofilia@ao.pr.it

WebSiteAddress:
https://www.ao.pr.it/curarsi/reparti-e-servizi-sanitar

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Pescara |
| StreetAd | | PostalCode | 65125 |
| Region | | | |
| Address1 | Dip. Ematologia | | |
| Address2 | Ospedale Civile dello Spirito Santo | | |
| Address3 | Via Fonte Romana, 8 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Davi | G. | |
| Dr. | Dragani | A. | |
| Mr. | Di Luzio | V. | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0854-252-501 |
| cellular: | |
| phone_emergency: | 39-0854-252-726 |
| Fax: | |
| fax work: | 39-0854-252-957 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ematologia.emostasi@ausl.pe.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Faenza |
| StreetAd | | PostalCode | 48018 |
| Region | | | |
| Address1 | Medicina Trasfusionale | | |
| Address2 | Presidio Ospedaliero Faenza | | |
| Address3 | V. le Stradone, 9 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Demmise | Calesini | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0546-601-143 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 30-0546-601-140 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
fa.trasfusionale@ausl.ra.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Turin |
| StreetAd | | PostalCode | 10126 |
| Region | | | |
| Address1 | Divisione Ematologia - Torino | | |
| Address2 | Ospedale Le Molinette | | |
| Address3 | Corso Bramante, 88 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-011-633-6729 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-011-633-6729 |
| fax work2: | 39-011-633-4441 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | gtamp@hotmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Vicenza |
| StreetAd | | PostalCode | 36100 |
| Region | | | |
| Address1 | Ospedale S. Bortolo | | |
| Address2 | Divisione Ematologia | | |
| Address3 | Viale F. Rodolfi 37 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tosetto | Alberto | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0444-753-679 |
| cellular: | |
| phone_emergency: | 39-0444-920-550 |
| Fax: | |
| fax work: | 39-0444-753-922 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cmet@ulssvicenza.it

WebSiteAddress:
http://www.hemato.ven.it

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Udine |
| StreetAd | | PostalCode | 33100 |
| Region | | | |
| Address1 | Centro Malattie Emorragiche & Trombotiche | | |
| Address2 | Azienda Ospedaliero - Universitaria di Udine | | |
| Address3 | Piazzale S. Maria Della Misericordia, 13 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Turello | Marina | |
| Dr. | Barillari | Giovanni | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0432-554488 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0432-552848 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
barillari.giovanni@aoud.sanita.fvg.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Ivrea |
| StreetAd | | PostalCode | 10015 |
| Region | | | |
| Address1 | Med. Trasfusionale | | |
| Address2 | Ospedali Riuniti | | |
| Address3 | Piazza della Credenza, 2 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Delios | Grazia | |
| Dr. | Girotto | Mauro | Centre Director |
| Dr. | Gattora | Eduardo | |
| Dr. | Di Bassiano | Francesco | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0125-414-289 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0125-641-154 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

transfusionale@asl.ivrea.to.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia - Palermo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Palermo |
| StreetAd | | PostalCode | 90144 |
| Region | | | |
| Address1 | Cattedra di Ematologia | | |
| Address2 | Universita di Palermo | | |
| Address3 | Azrenda Univ. Policlinico | | |
| address4: | Via del Vespro, 129 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Siragusa | Sergio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-091-655-4431 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-091-655-4402 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sergio.siragusa@tiscali.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia - Servizio Emostasi e Trombosi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Reggio Calabria |
| StreetAd | | PostalCode | 89123 |
| Region | | | |
| Address1 | Azienda Ospedaliera "Bianchi-Melacrino-Morelli" | | |
| Address2 | Ospedali Riuniti | | |
| Address3 | Via Melacrino | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Latella | C. | |
| | Condemi | R. | Nurse Coordinator |
| Dr. | Trapani Lombardo | V. | Director |
| Dr. | Sottilotta | Gianluca | Consultant Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0965-397-436 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0965-397-913 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
v.trapani.lombardo@tin.it

WebSiteAddress:
http://www.centroemofilia.it

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia - Servizio Emostasi e Trombosi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Catanzaro |
| StreetAd | | PostalCode | 88100 |
| Region | | | |
| Address1 | Azienda Ospedaliera "Pugliese-Ciaccio" | | |
| Address2 | Viale Pio X | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Santoro | Rita Carlotta | Interim Director |
| Dr. | Iannaccaro | P. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0961-883-296 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0961-883-296 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
centroemofiliacz@virgilio.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia - Trento**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Trento |
| StreetAd | | PostalCode | 38122 |
| Region | | | |
| Address1 | Ospedale S. Chiara | | |
| Address2 | Servizio di Immunoematologia e Trasfussione | | |
| Address3 | Largo Medaglie d'Oro, 9 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rossetti | Gina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0461-903-204 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0461-903-554 |
| fax work2: | 39-0461-186-0256 |
| fax work3: | |

email work:

email work2:

Email:
gina.rossetti@apss.tn.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia Bari "Policlinico II"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Bari |
| StreetAd | | PostalCode | 70124 |
| Region | | | |
| Address1 | Medicina Interna Universitaria "Cesare Frugoni" | | |
| Address2 | Azienda Ospedaliera Policlinico | | |
| Address3 | Piazza G. Cesare, 11 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-080-559-2788 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-080-547-8123 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | a.scaraggi@hemoph.uniba.it |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia Cesena**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Cesena |
| StreetAd | | PostalCode | 47023 |
| Region | | | |
| Address1 | Ospedale Bufalini | | |
| Address2 | Servizio Trasfusionale | | |
| Address3 | Viale Ghirotti, 286 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chicchi | Roberta | Dirigente Medico |
| Dr. | Santarelli | Rita | Direttore Servizio Medicina Trasfusio |
| Dr. | Negro | Pier Paolo | Dirigente Medico |
| Dr. | Roncarati | Umberto | Dirigente Medico |
| Dr. | Bagioni | Franco | Dirigente Medico |
| Dr. | Biguzzi | Rino | Dirigente Medico |
| Dr. | Danesi | Rita | Dirigente Medico |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0547-352-924 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0547-352-924 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | sit@ausl-cesena.emr.it |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia e Trombosi - Sassari**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Sassari |
| StreetAd | | PostalCode | 07100 |
| Region | | | |
| Address1 | ASL No. 1 Sassari | | |
| Address2 | Ospedale SS Annunziata | | |
| Address3 | Via E. De Nicola | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Piseddu | G. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-079-206-1518 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-079-206-1518 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
emofilia.trombosi@asl1ss.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia Pol. Pediatrico**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Turin |
| StreetAd | | PostalCode | 10126 |
| Region | | | |
| Address1 | Ospedale Regina Margherita | | |
| Address2 | Centro Trasfusionale | | |
| Address3 | Piazza Polonia 94 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Perugini | L. | |
| Dr. | Messina | Maria | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-011-313-5652 |
| cellular: | |
| phone_emergency: | 39-011-313-5653 |
| Fax: | |
| fax work: | 39-011-313-5589 |
| fax work2: | 39-011-313-5595 |
| fax work3: | |

email work:

email work2:

Email:

trasf@oirmsantanna.piemonte.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia Regionale**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Genova |
| StreetAd | | PostalCode | 16148 |
| Region | | | |
| Address1 | Instituto Giannina Gaslini | | |
| Address2 | Dipartimento di Ematologia ed Oncologia | | |
| Address3 | Largo Gerolamo Gaslini, 5 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Perutelli | Paolo | Biologist |
| Prof. | Molinari | Angelo | Director |
| Dr. | Banov | Laura | Clinical Consultant |
| Dr. | Acquila | Maura | Geneticist |
| Dr. | Amato | Stefano | Technician |
| Mr. | Marotta | Fernando | Technician |
| Dr. | Patrizia Bicocchi | Maria | Geneticist |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-010-563-6551day hospit |
| cellular: | |
| phone_emergency: | 39-010-563-6490Wards |
| Fax: | |
| fax work: | 39-010-563-6714 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

emofiliaetrombosi@ospedale-gaslini.ge.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emostasi e Trombosi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Cosenza |
| StreetAd | | PostalCode | 87100 |
| Region | | | |
| Address1 | Ospedale Civile Dell'Annunziata | | |
| Address2 | Via Felice Migliori, 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rossi | Vincenza | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0984-681-249 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0984-681-501 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | fildaniele@libero.it |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emostasi e Trombosi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Alessandria |
| StreetAd | | PostalCode | 15100 |
| Region | | | |
| Address1 | Dipartimento di Ematologia | | |
| Address2 | Azienda Ospedaliera SS. Antonio e Biagio | | |
| Address3 | Via Venezia 13 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Levis | A. | Director, Haematology Department |
| Dr. | Contino | Laura | Director, Treatment Centre |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0131-206-230 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0131-206-859 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
emostasi@ospedale.al.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emostasi e Trombosi - Reggio Emilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Reggio Emilia |
| StreetAd | | PostalCode | 42100 |
| Region | | | |
| Address1 | Dip. Area Medica I | | |
| Address2 | Arcispedale S. Maria Nuova | | |
| Address3 | Viale Umberto I, 50 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ghirarduzzi | A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0522-296-876 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0522-296-853 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ghirarduzzi.angelo@asmn.re.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Regionale Emostasi e Trombosi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Palermo |
| StreetAd | | PostalCode | 90134 |
| Region | | | |
| Address1 | Instituto Pediatria | | |
| Address2 | Ospedale ''G. Di Cristina'' | | |
| Address3 | Via Benedettini, 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gagliano | Fabio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-091-666-6014 |
| cellular: | |
| phone_emergency: | 39-091-666-6129 |
| Fax: | |
| fax work: | 39-091-421-630 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
giacomo.mancuso@tin.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Studi Emostasi e Trombosi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Ferrara |
| StreetAd | | PostalCode | 44100 |
| Region | | | |
| Address1 | Fisiopatologia della Coagulazione | | |
| Address2 | Istituto Patologia medica | | |
| Address3 | Corso Giovecca, 203 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Scapoli | G. | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0532-237-291 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0532-209-010 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
emotromb@yahoo.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Trasfusionale Olbia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Olbia |
| StreetAd | | PostalCode | 07026 |
| Region | | | |
| Address1 | Ospedale Civile di Olbia | | |
| Address2 | Viale Aldo Moro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lendini | M. | |
| Dr. | Zuccarelli | A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-07-895-0430 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ospedale-olbia@aslolbia.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinica Pediatrica de Marchi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Milan |
| StreetAd | | PostalCode | 20122 |
| Region | | | |
| Address1 | Clinica di Ematologia Pediatrica | | |
| Address2 | Universita di Milano | | |
| Address3 | Via Commenda 9 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Carnelli | Vittorio | Director, Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-02-5799-2461 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | Vittorio.carnelli@unimi.it |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dip. Ematologia - Clinica Pediatrica**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Brescia |
| StreetAd | | PostalCode | 25123 |
| Region | | | |
| Address1 | Piazzale Spedali Civili 1 | | |
| Address2 | Spedali Civili di Brescia | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Porta | Fulvio | |
| Dr. | Notarangelo | Lucia | |
| Dr. | Tettom | Katia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-030-399-5711 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-030-399-5041 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ematped@med.unibs.it

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Div. Ematologia Ospedale Ped. Bambino Gesu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Rome |
| StreetAd | | PostalCode | 00165 |
| Region | | | |
| Address1 | Piazza S. Onofrio, 4 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Ciaralli | I. | Nurse Coordinator |
| Dr. | Luciani | Matteo | chief of hemostasis and thrombosis c |
| Prof. | Locatelli | Franco | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-06-6859-12129 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-06-6859-2292 |
| fax work2: | 39-06-6859-2392 |
| fax work3: | |

email work:

email work2:

Email:
luciani@opbg.net

WebSiteAddress:
http://www.ospedalebambinogesu.it/portale/opbg.a

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Divisione Ematologia - Modena**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Modena |
| StreetAd | | PostalCode | 41100 |
| Region | | | |
| Address1 | Osp. Policlinico | | |
| Address2 | Centro Emofilia | | |
| Address3 | Via del Pozzo, 71 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Marietta | M. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-059-422-4640 |
| cellular: | |
| phone_emergency: | 39-059-422-2600 |
| Fax: | |
| fax work: | 39-059-422-4549 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
marietta@unimo.it

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Regional Reference Centre - Catania**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Catania |
| StreetAd | | PostalCode | 95123 |
| Region | | | |
| Address1 | Division of Clinical Hematology and Thalassemia Unit | | |
| Address2 | Hemophilia and Thrombosis Regional Reference Centre | | |
| Address3 | via Tindaro, 1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Colletta | Grazia | |
| Dr. | Guido | Giulia | |
| Dr. | Musso | Roberto | |
| Dr. | Cultrera | Dorina | |
| Dr. | Musso | Margaret | Hematology Specialist |
| Dr. | Rosso | Rosa Maria | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-095-743-5576 |
| cellular: | 39-33-071-8723 |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-095-743-5576 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

rmusso.ematol@tiscalinet.it

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale Consorziale - Policlinico I**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Bari |
| StreetAd | | PostalCode | 70124 |
| Region | | | |
| Address1 | Servizio di Coagulazione e Centro Emofilia | | |
| Address2 | Piazza Giullo. Cesare, 11 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-080-559-2928 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-080-559-3113 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

emocoag@cimedoc.uniba.it

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale Macerata - SIT**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Macerata |
| StreetAd | | PostalCode | 62100 |
| Region | | | |
| Address1 | Centro regionale di Emofilia | | |
| Address2 | Piazza Santa Lucia, 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Carloni | Maria Teresa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0733-257-331 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0733-233-470 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mtcarloni@asl9.marche.it

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale Niguarda Cà Grande**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Milan |
| StreetAd | | PostalCode | 20162 |
| Region | | | |
| Address1 | Thrombosis and Hemostasis Unit | | |
| Address2 | Piazza Ospedale Maggiore 3 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-02-6444 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-02-6444-3948 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

emostasi@ospedaleniguarda.it

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale Policlinico S Orsola Malpighi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Bologna |
| StreetAd | | PostalCode | 40138 |
| Region | | | |
| Address1 | U.O. Angiologia e Malattie della Coagulazione | | |
| Address2 | "Marino Golinelli" | | |
| Address3 | Via Albertoni, 15 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rodorigo | G. | |
| Dr. | Palareti | G. | Director |
| Dr. | Valdre | L. | |
| Ms. | Manzi | C. | Nurse |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale S. Luca - ASL Sa3**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Vallo della Lucania |
| StreetAd | | PostalCode | 84078 |
| Region | | | |
| Address1 | Via F. Cammarota | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Feola | G. | |
| Dr. | Catalano | A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0974-75-020 |
| cellular: | |
| phone_emergency: | 39-333-939-8489 |
| Fax: | |
| fax work: | 39-097-475-020 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
a.cat@simti.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale San Giovanni Bosco**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Naples |
| StreetAd | | PostalCode | 80144 |
| Region | | | |
| Address1 | Divisione di Ematologia | | |
| Address2 | Centro Emofilia e Trombosi | | |
| Address3 | Via F.M. Briganti 255 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Miraglia | E. | |
| Dr. | Rocino | Angiola | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-081-254-5299 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-081-254-5301 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ematoeumiranapoli@libero.it

WebSiteAddress:
http://www.ematologia.tbo.it

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ospedale San Maurizio**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Bolzano |
| StreetAd | | PostalCode | 39100 |
| Region | | | |
| Address1 | Ambulatorio Malattie Emorragiche e Trombotiche | | |
| Address2 | Via Lorenz Bochler, 5 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Billio | A. | |
| Dr. | Pescosta | N. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0471-908-388 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0471-908-382 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
abillio@hotmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Policlinico San Matteo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Pavia |
| StreetAd | | PostalCode | 27100 |
| Region | | | |
| Address1 | Centro Emofilia e Coag. Congenite | | |
| Address2 | Clinica Med. III | | |
| Address3 | Piazzale Golgi, 2 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Patrizia | Noris | M.D. |
| Dr. | Alessandro | Pecci | MD |
| Prof. | Gamba | Gabriella | Director |
| Dr. | Bertolinio | Giampiera | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0382-502-560174 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0382-526-223 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | gamba@smatteo.pv.it |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Presidio Osp. Ravenna**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Ravenna |
| StreetAd | | PostalCode | 48100 |
| Region | | | |
| Address1 | Centro Emofilia | | |
| Address2 | Centro Trasfusionale | | |
| Address3 | Via le Randi, 5 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Macchi | Silvia | |
| | Pilotti | Romea | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0544-285-575 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-054-285-751 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ra.trasfusionale@ausl.ra.it

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Serv. Ematologia e Trasfusioni**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Rome |
| StreetAd | | PostalCode | 00173 |
| Region | | | |
| Address1 | Università Tor. Vergata | | |
| Address2 | Via Orazio Raimondo | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Del Principe | U. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-06-5904-2485 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-06-591-7415 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servizio Immunologia e Trasfusione**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Piacenza |
| StreetAd | | PostalCode | 29100 |
| Region | | | |
| Address1 | Centro Emofilia | | |
| Address2 | Ospedale Civile | | |
| Address3 | Via Taverna, 49 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Arbasi | Mariacristina | |
| Dr. | Rossi | A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0523-337-970 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0523-302-397 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
a.rossi@ausl.pc.it

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servizio Malattie Emorragiche e Trombotiche**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Genoa |
| StreetAd | | PostalCode | 16147 |
| Region | | | |
| Address1 | Laboratorio Centrale Analisi | | |
| Address2 | Largo G. Gaslini 5 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Landolfi | R. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-06-3015-4438 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-06-3015-5915 |
| fax work2: | 39-06-3550-2775 |
| fax work3: | |

email work:

email work2:

Email:
rlandolfi@rm.unicatt.it

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servizio Trasfusionale**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Verona |
| StreetAd | | PostalCode | 37134 |
| Region | | | |
| Address1 | Ospedale Policlinico | | |
| Address2 | Pzza. L. Scuro, 10 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Franchini | Massimo | |
| Dr. | Gandini | Gorgio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-045-807-4321 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-045-807-4626 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
giorgio.gandini@mail.azosp.vr.it

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servizio Trasfusionale**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Castelfranco Veneto |
| StreetAd | | PostalCode | 31033 |
| Region | | | |
| Address1 | Centro Emofilia ''Emilio Tosatti'' | | |
| Address2 | Via Ospedale 18 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tagariello | G. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0423-732-336 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0423-732-337 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cuema1@ulssasolo.ven.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Unita Operativa di Ematologia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Latina |
| StreetAd | | PostalCode | 04100 |
| Region | | | |
| Address1 | Ospedale S. Maria Goretti | | |
| Address2 | Via V.G. Reni, 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Centra | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-0773-655-710 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-0773-655-718 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ematolt@tin.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Università degli Studi di Cagliari**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Cagliari |
| StreetAd | | PostalCode | 09100 |
| Region | | | |
| Address1 | Centro Emofilia | | |
| Address2 | Via Jenner | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Targhetta | Roberto | Direttore Centro Emofilia |
| Dr. | Aru | Anna Brigida | |
| Dr. | Locchi | M. | |
| Dr. | Valli | S. | |
| Dr. | Monni | M. | |
| Dr. | Ionta | A. | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-070-609-5659 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-070-609-5540 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

targhetta@tiscalinet.it

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Università degli Studi di Roma "La Sapienza"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Italy | City | Rome |
| StreetAd | | PostalCode | 00161 |
| Region | | | |
| Address1 | Dipartimento di Biotechnologie Cellulari ed Ematologia | | |
| Address2 | Sezione Ematologia | | |
| Address3 | Via Benevento 6 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mazzucconi | Maria Gabriella | |
| Dr. | Santoro | Cristina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-06-857-951 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-06-4424-1984 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mazzucconi@bce.uniroma1.it |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Montego Bay Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Jamaica | City | Montego Bay |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Cornwall Regional Hospital | | |
| Address2 | P.O. Box 900 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 876-952-5100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 876-952-5100 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of the West Indies**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Jamaica | City | Kingston 7 |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hemophilia Centre | | |
| Address2 | Haematology/Pathology UHWI | | |
| Address3 | Mona Campus | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 876-927-16202053 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 876-977-4704 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

gwharfe@cwjamaica.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Gunma University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Maebashi |
| StreetAd | | PostalCode | 371-8511 |
| Region | | | |
| Address1 | HemophiliaTreatment Centre | | |
| Address2 | 3rd Department of Internal Medicine | | |
| Address3 | 3-39-15 Showa-Machi | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nojima | Yoshihisa | Professor |
| Dr. | Ogawa | Yoshiyuki | Director |
| | ishizaki | Yoshimi | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 81-272-208-166 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 81-272-208-173 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

yo-ogawa@med.gunma-u.ac.jp

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nara Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Kashihara City |
| StreetAd | | PostalCode | 634-8522 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Nara Medical University | | |
| Address3 | 840 Shijo-cho | | |
| address4: | 1458-3 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Yada | Koji | Assistant Professor |
| Prof. | Shida | Yasuaki | Assistant Professor |
| Prof. | Shima | Midori | Professor |
| Prof. | Takeyama | Masahiro | Assistant Professor |
| Prof. | Nogami | Keiji | Associate Professor |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 81-744-29-8881 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 81-744-24-9222 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mshima@naramed-u.ac.jp

WebSiteAddress:
http://www.naramed-u.ac.jp/english/eng/hospital.h

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **North Kyushu Hemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Kitakyushu City |
| StreetAd | | PostalCode | 807-8555 |
| Region | | | |
| Address1 | Univ. of Occupational and Environmental Health, Japan | | |
| Address2 | Dept of Pediatrics | | |
| Address3 | 1-1 Iseigaoka, Yahatanishi-ku | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Ono | Orie | Nurse Coordinator |
| Prof. | Shirahata | Akira | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 81-93-603-16112409 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 81-93-691-9338 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

akira-S@med.uoeh-u.ac.jp

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ogikubo Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Tokyo |
| StreetAd | | PostalCode | 167-0035 |
| Region | | | |
| Address1 | The department of blood coagulation, Ogikubo Hospital | | |
| Address2 | 3-1-24 Imagawa, Suginami-ku | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kojima | Kenichi | Counsellor |
| Dr. | Katayama | Haruna | |
| Dr. | Suzuki | Takashi | Director |
| Dr. | Nagao | Azusa | |

| | |
|---|---|
| phone 1: | 81-3-3399-11013095 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | 81-3-3399-1107 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Shizuoka Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Shizuoka |
| StreetAd | | PostalCode | 420-8660 |
| Region | | | |
| Address1 | Division of Hematology and Oncology | | |
| Address2 | Shizuoka Children's Hospital | | |
| Address3 | 860 Urushiyama | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nara | Taemi | |
| Dr. | Horikoshi | Yasuo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 81-054-247-6251 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 81-054-247-6243 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | yhorikos@sch.pref.shizuoka.jp |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Teikyo University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Tokyo |
| StreetAd | | PostalCode | 173-8605 |
| Region | | | |
| Address1 | Department of Medicine | | |
| Address2 | 11-1, Kaga 2-Chome, Itabashi-Ku | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Kawasugi | Kazuo | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 81-3-3964-1211 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 81-3-5375-1308 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

kaz@med.teikyo-u.ac.jp

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tokyo Medical University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Japan | City | Shinjuku-ku |
| StreetAd | | PostalCode | 160-0023 |
| Region | | | |
| Address1 | Tokyo Shinjuku Hemophilia Centre | | |
| Address2 | Department of Laboratory Medicine | | |
| Address3 | Tokyo Medical University Hospital | | |
| address4: | 6-7-1 Nishi-shinnjuku | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Otaki | Manabu | |
| Dr. | Seita | Ikuo | |
| Dr. | Yamamoto | Yasuyuki | Associate Professor |
| Dr. | Hagiwara | Takeshi | Assistant Professor |
| Dr. | Yotsumoto | Mihoko | |
| Dr. | Muramatsu | Takashi | |
| Dr. | Suzuki | Takashi | Associate Professor |
| Dr. | Rymes | Nichola | Centre Director |
| | Vernal | Rebecca | Administrator |
| | | | |
| | | | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 81-3-3342-6111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 81-3-3340-5448 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

fukutake@tokyo-med.ac.jp

WebSiteAddress:

http://team.tokyo-med.ac.jp/rinsho/info/english.ht

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Al Bashir Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Jordan | City | Amman |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Thalassemia and Hemophilia Treatment Centre | | |
| Address2 | Jabal Ashrafieh - Crown Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Al-Nawaiseh | Maram | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +96264791000 (Doctors 7542) Op |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Zarqa Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Jordan | City | Zarqa |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Thalassemia and Hemophilia Treatment Centre | | |
| Address2 | Madinat Al-Sharq | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Khairi | Ahmad | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +96253758200 (Ext. 2151) Open |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Nairobi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Kenya | City | Nairobi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Kenyatta National Hospital | | |
| Address2 | Department of Hematology and Blood Transfusion | | |
| Address3 | College of Health Sciences | | |
| address4: | P.O. Box 19676-00202 | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 254-2-272-8414 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mwanda@africaonline.co.ke

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Chonnam National University Hwasun Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | |
| StreetAd | | PostalCode | 58128 |
| Region | | | |
| Address1 | 322, Seoyang-ro, Hwasun-eup,Hwasun-gun, Jeollanam-do | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Baek | Hee-Jo | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-61-379-7892 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | swan93@lycos.co.kr |
| WebSiteAddress: | http://www.cnuhh.com |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Chung-ang University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 06973 |
| Region | | | |
| Address1 | 102, Heukseok-ro,-Dongjak-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-2-1800-1114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.ch.cauhs.or.kr

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Daegu Catholic University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Daegu |
| StreetAd | | PostalCode | 42474 |
| Region | | | |
| Address1 | 33, 17-gil, Duryugongwon-ro, Nam-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Choi | Eun-Jin | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-53-1688-0077 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ejchoi2@cu.ac.kr |
| WebSiteAddress: | www.dcmc.co.kr |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Eulji University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Daejeon |
| StreetAd | | PostalCode | 35233 |
| Region | | | |
| Address1 | 95, Dunsanseo-ro, Seo-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Yoo | Chur-Woo | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-42-1899-0001 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ycwl@eulji.ac.kr |
| WebSiteAddress: | http://www.emc.ac.kr |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hanyang University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 04763 |
| Region | | | |
| Address1 | 222-1, Waggsimni-ro, Seondong-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Choi | Chung-Hyeok | Dept. of Orthopedics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-22-290-8114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | www.hyumc.com |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Inha University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Incheon |
| StreetAd | | PostalCode | 22332 |
| Region | | | |
| Address1 | 27, Inhang-ro, Jung-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kim | Soon Ki | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-32-890-2114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | pedkim@inha.ac.kr |
| WebSiteAddress: | http://www.inha.com |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Inje University Busan Paik Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Busan |
| StreetAd | | PostalCode | 47392 |
| Region | | | |
| Address1 | 75, Bokji-ro, Busanjin-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Park | Ji-Kyeong | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-51-890-6114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
pjk4285@hanmail.net

WebSiteAddress:
http://www.paik.ac.kr

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Korea Hemophilia Foundation Busan Clinic**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Busan |
| StreetAd | | PostalCode | 47012 |
| Region | | | |
| Address1 | 272, Gayadae-ro, Sasang-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Cho | Goon Jae | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-51-328-6611 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 82-51-328-6635 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
office@kohem.org

WebSiteAddress:
http://www.kohem.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Korea Hemophilia Foundation Gwangju Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Gwangju |
| StreetAd | | PostalCode | 61932 |
| Region | | | |
| Address1 | 66 Jukbongdae-ro, Seo-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hwang | Tai-Ju | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-62-351-6100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 82-62-351-6101 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | office@kohem.org |
| WebSiteAddress: | http://www.kohem.org |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Korea Hemophilia Foundation Seoul Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 06641 |
| Region | | | |
| Address1 | 70, Saimdang-ro, Seocho-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Choi | Yong-Mook | |
| Dr. | Yoo | Ki Young | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-2-3473-6100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 82-2-3473-6644 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | office@kohem.org |
| WebSiteAddress: | http://www.kohem.org |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kyung Hee University Hospital at Gangdong**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 05278 |
| Region | | | |
| Address1 | 892, Dongnam-ro, Gangdong-Gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Yoon | Hoi-Soo | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-2-440-7000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | www.khnmc.or.kr |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **KyungHee University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 02447 |
| Region | | | |
| Address1 | 23, KyungHeedae-ro, Dongdaemun-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Yoon | Hwi Joong | Dept. of Hemato-Oncology |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-2-958-8114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hwijyoo@khu.ac.kr |
| WebSiteAddress: | http://www.khuh.or.kr |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Presbyterian Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Jeollabuk-do |
| StreetAd | | PostalCode | 54987 |
| Region | | | |
| Address1 | 365, Seowon-ro, Wansan-gu, Jeonju | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Kim | Mi Kyung | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-63-230-8114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kmik7@hanmail.net

WebSiteAddress:
http://www.jesushospital.com

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Seoul National University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 03080 |
| Region | | | |
| Address1 | 101, Daehak-ro, Jongno-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Kim | In-Ho | Dept. of Hemato-Oncology |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-2-2072-2114 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | http://www.snuh.org |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ulsan University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Ulsan |
| StreetAd | | PostalCode | 44033 |
| Region | | | |
| Address1 | 877, Bangeojinsunhwando-ro, Dong-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Park | Sang-gyu | Dept. of Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-52-250-7222 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | sang@uuh.ulsan.kr |
| WebSiteAddress: | http://www.uuh.ulsan.kr |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Yonsei University Health System**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Korea, Rep. | City | Seoul |
| StreetAd | | PostalCode | 03722 |
| Region | | | |
| Address1 | 50-1, Yonsei-ro, Seodaemun-gu | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Yoo | Cheol-Ju | Dept. of Hemato-Oncology |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 82-2-1599-1004 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | cj@yuhs.ac |
| WebSiteAddress: | http://sev.iseverance.com |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Centre of Haematology Hospital Linizers**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Latvia | City | Riga |
| StreetAd | | PostalCode | LV-1006 |
| Region | | | |
| Address1 | Linezera Str. 6 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lejniece | Sandra | Head of National Centre of Haematol |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00-371-6704-0231 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00-371-6782-1154 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | lejniece@latnet.lv |
| WebSiteAddress: | http://www.aslimnica.lv |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Latvia | City | Riga |
| StreetAd | | PostalCode | LV-1004 |
| Region | | | |
| Address1 | Attn: Hematology | | |
| Address2 | Vienibas Gatve 45 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kovalova | Zhanna | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00-371-67-064-420 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00-371-67-064-473 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bs_nod20@bkus.lv

WebSiteAddress:
http://www.bkus.lv

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **American University of Beirut**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Lebanon | City | Beirut |
| StreetAd | | PostalCode | 1107 2020 |
| Region | | | |
| Address1 | P.O. Box 11-0236 | | |
| Address2 | Riad El-Solh | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Taher | Ali | Vice-President |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 961-01-744-464 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 961-01-5392-5802 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ataher@aub.edu.lb

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôtel Dieu de France**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Lebanon | City | Beirut |
| StreetAd | | PostalCode | 165191 |
| Region | | | |
| Address1 | Dept. of Pediatrics | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 961-1-613-027 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 961-1-613-273 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nini Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Lebanon | City | Tripoli |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | el Maarad Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 961-06-432-811 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hzakhour@lofirm.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kaunas Medical University Clinics**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Lithuania | City | Kaunas |
| StreetAd | | PostalCode | -50009 |
| Region | | | |
| Address1 | Dept. of Hematology | | |
| Address2 | Eiveniu str. 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Gerbutavicius | Rolandas | |
| Dr. | Leveckiene | Lina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 370-37-326954 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 370-37-326778 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hema@takas.lt

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Seamen's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Lithuania | City | Klaipeda |
| StreetAd | | PostalCode | LT-92288 |
| Region | | | |
| Address1 | Dept. of Oncohaematology/Haemophilia Centre | | |
| Address2 | Int. Medicine Clinic | | |
| Address3 | Liepojos 45 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gailiute | Neringa | |
| Dr. | Malciute | Ligita | |
| Ms. | Senuliene | Lina | Nurse Coordinator |
| Dr. | Jurgutis | Romualdas | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 370-46-385-381 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 370-46-385-381 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemofilcentras@jurlig.lt

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Vilnius University Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Lithuania | City | Vilnius |
| StreetAd | | PostalCode | LT-08406 |
| Region | | | |
| Address1 | Centre of hematology and oncology | | |
| Address2 | Santariskiu 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rageliene | Lina | |
| Dr. | Nemaniene | R. | |
| Dr. | Saulyte Trakymiene | Sonata | Medical doctor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 370-52-720-412 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 370-52-720-368 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

pedhem@vuvl.lt

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centar za Hemofilia, Institut za transfuziona medicina na RM**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Macedonia, FYR | City | Skopje |
| StreetAd | | PostalCode | 1000 |
| Region | | | |
| Address1 | Institute of Transfusion Medicine | | |
| Address2 | Vodnjanska, 17 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Velkova | Emilija | Director of Institute of Transfusion M |
| Ms. | Koneska | Rozana | Nurse |
| Dr. | Dejanova Ilijevska | Violeta | Head of HTC |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 389-23-113-611 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 389-231-33-611 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dejanova.v@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Blood Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Malaysia | City | Kuala Lumpur |
| StreetAd | | PostalCode | 50400 |
| Region | | | |
| Address1 | Jalan Tun Abdul Razak | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Binti Daud | Jamaliah | Sister |
| Dr. | Abu Amin | Noryati | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 603-2695-5581 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 603-2698-0701 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
faraizah@moh.gov.my

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Médico Nacional Manuel Ávila Camacho (Hospital San Jo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Puebla |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 2 norte 2004 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52.222.242.45.20 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clínica Hospital del ISSSTE de Uruapan Calle**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Michoacán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Estocolmo No. 688 Col. FOVISSSTE Municipio. De Uruapan | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 452 523-45-98 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
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email work:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Regional 110 IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Jalisco |
| StreetAd | | PostalCode | C.P. 44700 |
| Region | | | |
| Address1 | Circunvalación Oblatos No. 2208 | | |
| Address2 | Guadalajara | | |
| Address3 | Sector Libertad | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Martín Hernández Gu | Cesar | |

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| phone 1: | |
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| phone_work4 | |
| cellular: | |
| phone_emergency: | |
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email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Centro de Especialidades Médicas CEM**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Veracruz |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Avenida Adolfo Ruiz Cortinez 2903. Jalapa Enriquez Centro | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Centro Médico Nacional Adolfo Ruiz Cortinez UMAE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Veracruz |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Cuauhtémoc s-n esq. Icaso, Veracruz | | |
| Address2 | Ver. Dra. María Concepción Martínez Jiménez | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 228 1 25 26 07 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

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Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Civil de Guadalajara "Fray Antonio Alcalde" SSA**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Jalisco |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Salvador Quevedo y Zubieta No. 750 | | |
| Address2 | Col. La Perla | | |
| Address3 | Guadalajara | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 333 618-9362 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Civil de Guadalajara "Juan I. Menchaca" SSA**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Guadalajara |
| StreetAd | | PostalCode | C.P. 44360 |
| Region | | | |
| Address1 | Salvador Quevedo y Zubieta No. 750. | | |
| Address2 | Col. La Perla | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Toro Castro | José Luis | |
| Dra. | Isabela Taboada Mas | Bruna | |
| Dr. | Camacho | David | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 333 618-9362 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Civil de Morelia "Dr. Miguel Silva"**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Michoacán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle. Isidro Huarte esq. Samuel Ramos | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 01 443 312-01-02 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

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Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Especialidades CMN La Raza del IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Mexico |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calz. Vallejo y Av. Jacarandas s | | |
| Address2 | | | |
| Address3 | Col. La Raza | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52-55-724-59002052 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 52-55-5583-6418 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Especialidades No. 1 del IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Baja California |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Portes Gil No. 100 Esq. Juárez Zona rio tercera etapa del rio Tijuana | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 627-09-63 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Especialidades Unidad Médica de Alta Especialida**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Yucatán |
| StreetAd | | PostalCode | C.P. 97150 |
| Region | | | |
| Address1 | Calle 34 No.439 x 41 | | |
| Address2 | Ex Terrenos El Fénix, Col. Industrial | | |
| Address3 | Mérida | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | de Jesús Morales Adri | Javier | |
| Dra. | Miryam Zavala Cerva | Saida | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 999 9227802 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Pediatría CMN de Occidente del IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Guadalajara |
| StreetAd | | PostalCode | C.P. 44340 |
| Region | | | |
| Address1 | Belisario Domínguez No. 1000 | | |
| Address2 | Col. Independencia | | |
| Address3 | Sector Libertad | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Margarita Soto Padill | Janet | |
| Dr. | Garibaldi Covarrubias | Roberto | |
| Dr. | Toro Castro | José Luis | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 333 617-006031740 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Pediatría CMN SigloXXI del IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Mexico |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hematologia Pediatrica | | |
| Address2 | Av. Cuauhtemoc y Dr. Marquez Col. Doctores | | |
| Address3 | | | |
| address4: | | | |

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|---|---|---|---|
| phone 1: | | | |
| phone2: | | | |
| phone3: | | | |
| phone_work4 | 52-55-627-6900 | | |
| cellular: | | | |
| phone_emergency: | | | |
| Fax: | | | |
| fax work: | | | |
| fax work2: | | | |
| fax work3: | | | |
| email work: | | | |
| email work2: | | | |
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| WebSiteAddress: | | | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Rio Blanco**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Veracruz |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Rio Blanco Ver | | |
| Address2 | | | |
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WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General de Ensenada SSA**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Baja California |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Km 111 Carretera Transpeninsular s | | |
| Address2 | Ensenada | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 646-1767700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General de Especialidades No. 30 del IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Baja California |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Lerdo y calle F S-N Col Nueva Mexicali | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 686 555 51 50 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General de Occidente SSJ**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Zapopan |
| StreetAd | | PostalCode | C.P. 45170 |
| Region | | | |
| Address1 | Av. Zoquipan No. 1050 | | |
| Address2 | Col. Seatle. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Robles y | Ariana | |
| Dr. | Osuna | Antonio | |
| Dra. | García | Iris | |
| Dra. | Padilla Durón | Natalia | |
| Dr. | Best Aguilera | Carlos | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 333 03063006179 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General de Tijuana SSA**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Baja California |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle Centenario 10,851 | | |
| Address2 | Entre: Mexicali y Vía Rápida Oriente Zona Rio Tijuana | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52-664 684-007880 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Dr. Agustín O' Horan (SSA)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Yucatán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle 84-A Centro C.P. 97000 Mérida | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 999 9238711 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Regional de Veracruz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Veracruz |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 20 de noviembre s-n Veracruz | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 931 53 39 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Regional # 12 Lic. B. Juárez (IMSS)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Yucatán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Itzaez y Av. Colón Col. García Gineres | | |
| Address2 | Mérida | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 999 9250866 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Regional 46 IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Jalisco |
| StreetAd | | PostalCode | C.P. 44910 |
| Region | | | |
| Address1 | Lázaro Cárdenas No. 2093 Col. Morelos | | |
| Address2 | Sector Juárez | | |
| Address3 | Guadalajara | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Jacqueline Bañuelos | Ana | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 333 810-001031414 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

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Email:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Infantil De Mexico Dr. Federico Gómez**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Mexico |
| StreetAd | | PostalCode | 06720 |
| Region | | | |
| Address1 | Area de Hematologia | | |
| Address2 | Calle Dr. Marquez No. 162 | | |
| Address3 | Col. Doctores | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bello González | S. Abel | Jefe |
| Dr. | Marquez Vazquez | Jose Luis | |
| Sra. | Sánchez | Aída | Social Worker |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52-55-5228-98171438 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 52-55-5761-8974 |
| fax work2: | 52-55-5761-0270 |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Infantil de Morelia "Eva Sámano de López Mateos".**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Michoacán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Bosque Cuauhtémoc s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 443 312-25-20 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
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# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital ISSSTE de Morelia "Vasco de Quiroga"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Michoacán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle. Trabajadores de Agricultura s | | |
| Address2 | . | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 443 312-30-13 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
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email work:

email work2:

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WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital para el Niño Poblano**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Puebla |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Dirección: Blvd. Del Niño Poblano 5307 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52.222.404.90.04 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional "Valentín Gómez Farías" ISSSTE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Jalisco |
| StreetAd | | PostalCode | C.P. 45100 |
| Region | | | |
| Address1 | Av. Américas No. 203. Col. El Capullo | | |
| Address2 | Zapopan | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Carlos Aguilar | José | |
| Dr. | Mariscal Ibarra y | Ignacio | |
| Srta. | Rosalba Topete Gonz | Luz | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 333 633-141 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

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WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional de Zona No. 20 IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Baja California |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Blvd Días Ordaz S. Esq. Lázaro Cárdenas | | |
| Address2 | La Mesa Tijuana | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 629-63-50 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

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Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional de Zona. Num. 6**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Tamaulipas |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Blvd. Adolfo López Mateos s | | |
| Address2 | | | |
| Address3 | Cd. Madero Tamps | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 833 2 15 22 20 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

branguz@prodigy.net.mx

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional Mérida (ISSSTE)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Yucatán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle 7-A # 240 Col. Pensiones | | |
| Address2 | Mérida | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 999 9250402 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

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WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional No. 1 Morelia IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Michoacán |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | AV. Héroes de Nocupétaro s | | |
| Address2 | | | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 443 312-28-89 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Regional Puebla del ISSSTE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Puebla |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Dirección: 14 sur 4336 Col. Anzures | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52 222 245 6952 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

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Email:

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# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Instituto Nacional de Pediatria**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Mexico |
| StreetAd | | PostalCode | 04530 |
| Region | | | |
| Address1 | Av. Insurgentes Sur num 3700-C | | |
| Address2 | Area de Hematologia | | |
| Address3 | Banco de Sangre | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 52-55-606-6356307 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
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email work:

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# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Torre de Especialidades 71 del IMSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mexico | City | Coahuila |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Torreón | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
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email work:

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Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology and Endocrinology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mongolia | City | Ulaanbaatar |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | State Central Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 976-11-323857 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

saruul.tungalag@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dept. Molecular biology and Blood Genetic, School of Bio-Med**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mongolia | City | Ulaanbaatar city |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Room # 432, Zorig Str. 4, | | |
| Address2 | Health Science University of Mongolia | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Munkhuu | Purevdorj | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 976-99083575 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hsum-ac.mn/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Maternal and Child Research Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mongolia | City | Ulaanbaatar |
| StreetAd | | PostalCode | 976-11 |
| Region | | | |
| Address1 | Department of Cardiorheumatology and Hematology | | |
| Address2 | Bayangol District MCHRC | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Purevsuren | Tsermaa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 976-1-136-7740 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

purevsuren1960@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Center for Transfusiology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Mongolia | City | Ulaanbaatar |
| StreetAd | | PostalCode | 210648 |
| Region | | | |
| Address1 | Ministry of Health | | |
| Address2 | Peace Avenue 13, Sukhbaatar District | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tuya | Alimaa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 976-1-9928-4256 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 976-11-312-857 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
alimaatuya@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre de Référence de l'Hémophilie Nord**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Morocco | City | Rabat |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hôpital d'Enfants de Rabat | | |
| Address2 | Service d'Hématologie et Oncologie Pédiatrique | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +212 661 068 533 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +212 537 772 981 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

elkhorassani.mohamed@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre de Référence de l'Hémophilie Sud**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Morocco | City | Casablanca |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centre Hospitalier Ibn Rochd | | |
| Address2 | Hôpital d'Enfant | | |
| Address3 | Service de pédiatrie P. 3 (Hémato-Oncologie) | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 212-522-492-729 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 212-522-492-729 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
h.hadjkhalifa@chucasa.ma

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre de traitement de l'hemophilie (Adultes)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Morocco | City | Casablanca |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Centre Hospitalier Ibn Rochd | | |
| Address2 | Hôpital 20 Août 1953 | | |
| Address3 | Hemato-Oncologie | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 212-522-483-030 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 323-522-483-030 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Treatment Rotterdam (Adults) - Erasmus MC**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Rotterdam |
| StreetAd | | PostalCode | 3015 GD |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Nt - 474 | | |
| Address3 | Dr. Molewaterplein 40 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Ortelee | M. | Nurse |
| Dr. | Jansen | A.J.G | Doctor |
| Dr. | Kruip | M.J.H.A. | Doctor |
| Mrs. | Balkestein | F.J. | Nurse |
| Mrs. | Mulders | G. | Nurse practitioner |
| Dr. | Croles | F.N. | |
| Prof. Dr. | Leebeek | F.W.G. | Doctor |
| | | | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +31(0)107040113 |
| cellular: | |
| phone_emergency: | +31(0)107040145 ask for the He |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemofilie@erasmusmc.nl

WebSiteAddress:
http://www.erasmusmc.nl/hemofiliebehandelcentru

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Treatment Rotterdam (Pediatrics) - Erasmus MC**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Rotterdam |
| StreetAd | | PostalCode | 3015 CN |
| Region | | | |
| Address1 | EMC Sophia Kinderziekenhuis | | |
| Address2 | Sk-2252 | | |
| Address3 | Wytemaweg 80 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. Dr. | Huijssen-Huisman | E.J. | Doctor |
| Mrs. Dr. | de Pagter | P.J. | Doctor |
| Mrs. Dr. | Cnossen | Marjon | Doctor |
| Mrs. | Andeweg | S. | Nurse |
| Mrs. Dr. | van Ommen | C.H. | Doctor |
| Mrs. | Van der Velden | C. | Nurse practitioner |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +31(0)612945960 |
| cellular: | |
| phone_emergency: | +31(0)107040145 ask for the pedi |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kinderhemofilie@erasmusmc.nl

WebSiteAddress:
http://https://www5.erasmusmc.nl/nl-nl/specialism

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Amsterdam: Academisch Medisch Centrum, Amsterdam**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Amsterdam |
| StreetAd | | PostalCode | 1105 AZ |
| Region | | | |
| Address1 | Meibergdreef 9 | | |
| Address2 | A3-341 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Coppens | M. | Adults |
| Dr. | Tan | M. | Adults |
| Prof. Dr. | Fijn Van Draat | C.J. | Pediatrics |
| Dr. | Gouw | S. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 31-20-566-5964 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemofilie@amc.uva.nl

WebSiteAddress:
https://www.amc.nl/hbc

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Den Haag: HagaZiekenhuis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Den Haag |
| StreetAd | | PostalCode | 2545 CH |
| Region | | | |
| Address1 | Locatie Leyenburg | | |
| Address2 | Leyweg 275 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Lorsheijd | Manja | Nurse |
| Dr. | Ypma | P.F. | Doctor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +31(0)702102620 |
| cellular: | |
| phone_emergency: | +31(0)702105664 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemotologie@hagaziekenhuis.nl

WebSiteAddress:
www.hagaziekenhuis.nl

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Eindhoven Adults: Máxima Medisch Centrum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Eindhoven |
| StreetAd | | PostalCode | 5631 BM |
| Region | | | |
| Address1 | Hemophilia Treatment Center Eindhoven | | |
| Address2 | Ds. Th. Fliednerstraat 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Luijten | Sylvia | Nurse |
| Dr. | Nieuwenhuizen | Laurens | Internist-Hematologist |
| Dr. | Tick | L.W. | Internist-Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +31(0)408885320 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hbc@mmc.nl

WebSiteAddress:
http://www.mmc.nl

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Eindhoven Pediatrics: Máxima Medisch Centrum (MMC)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Veldhoven |
| StreetAd | | PostalCode | 5504 DB |
| Region | | | |
| Address1 | MMC Locatie Veldhoven | | |
| Address2 | De Run 4600 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | van Gils | Hanneke | Nurse |
| Dr. | Donker | Albertine | Pediatric-hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 0031 (0)408888270 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hanneke.van.gils@mmc.nl

WebSiteAddress:
www.mmc.nl

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Groningen: Universitair Medisch Centrum (UMCG)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Groningen |
| StreetAd | | PostalCode | 9713 GZ |
| Region | | | |
| Address1 | Hanzeplein 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Meijer | Karina | Hematologist Adults |
| Mrs. | Zijlstra-Jansen | M. | Hemophilia Nurse Pediatrics |
| Dr. | Hooimeijer | Louise | Hematologist Pediatrics |
| Mrs. | Voskuilen | Marja | Nurse Specialist Hemophilia Adults |
| Mrs. | Yspeerd | Femke | Nurse Consultant Hemophilia Adults |
| Dr. | Mäkelburg | Anja | Hematologist Adults |
| Mrs. | Margreet | Jansen | Nurse Consultant Hemophilia Pediatri |
| Dr. | Stein-Wit | Marjet | Hematologist Pediatrics |
| Mrs. | Douma | Minke | Hemophilia Nurse Pediatrics |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | +31 (0)50 3616161 |
| phone2: | +31 (0)50 3612791 (Adults) |
| phone3: | +31 (0)50 3612740 (Pediatrics) |
| phone_work4 | |
| cellular: | |
| phone_emergency: | +31 (0)50 3616161 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:
hemofilie@onco.umcg.nl (Adults)

email work2:
kinderhematologie@umcg.nl (Pediatrics)

Email:
hemofilie@onco.umcg.nl

WebSiteAddress:
www.hematologiegroningen.nl

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Leiden: Leids Universitair Medisch Centrum (LUMC)**

| | | | |
|---|---|---|---|
| Province | Zuid-Holland | | |
| Country | Netherlands | City | Leiden |
| StreetAd | | PostalCode | 2333 ZA |
| Region | | | |
| Address1 | Albinusdreef 2 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | den Exter | P.L. | Adults |
| Dr. | Eikenboom | H.C.J. | Adults |
| | | | |
| Dr. | Mohseny | A.B. | Pediatrics |
| Ms. | de Graaf | E.M. | Advanced Nurse Practitioner – Adults |
| Dr. | Smiers | F.J.W. | Pediatrics |
| | | | |
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|---|---|
| phone 1: | +31715296111 (24/7, haemo Dr. |
| phone2: | +31715296372 (ANP adults) |
| phone3: | +31715261850 (HTC) |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | internegeneeskunde@lumc.nl |
| WebSiteAddress: | www.lumc.nl/hemofilie |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Maastricht: Maastrichts Universitair Medisch Centrum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Maastricht |
| StreetAd | | PostalCode | 6202 AZ |
| Region | | | |
| Address1 | P. Debeyelaan 25 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Granzen | B. | Pediatrics |
| | van Rooy | Katrien | Hemophilia Nurse |
| Dr. | Beckers | E.A.M. | Adults |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +31(0)433874797 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hbc@mumc.nl

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Nijmegen: Radboudumc**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Nijmegen |
| StreetAd | | PostalCode | 6525 GA |
| Region | | | |
| Address1 | Geert Grooteplein Zuid 10 | | |
| Address2 | Route 498 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Verhoeven | R. | Nurse Specialist Adults |
| Ms. | Amtar | M. | Nurse Specialist Adults |
| Mrs. | Wanroij | J | Nurse specialist adults |
| Mrs. | Liem | Corinne | Haemophilia Nurse children |
| Dr. | Laros-van Gorkom | B.A.P. | Adults Medical Director |
| Dr. | Brons | Paul | Pediatrics Medical Director |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +31(0)243610243 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
consulentenhemofilie@radboudumc.nl

WebSiteAddress:
http://www.umcn.nl/Zorg/Afdelingen/Hematologie/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Utrecht: Van Creveldkliniek, Universitair Medisch Centrum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Utrecht |
| StreetAd | | PostalCode | 3584 CX |
| Region | | | |
| Address1 | Heidelberglaan 100 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Yvonne | Kops | Nurse |
| Mrs. | Menninga | Karen | Nurse |
| Prof. Dr. | Schutgens | Roger | adults |
| Dr. | Bartels | Marije | pediatrics |
| Dr. | Fischer | Kathelijn | pediatrics |
| Mrs. | Suijker | Monique | pediatrics |
| Mrs. | Lek | Bernadette | social worker |
| Dr. | Timmer | Merel | Physiotherapist |
| | | | |
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|---|---|
| phone 1: | +31 88 755 84 50 |
| phone2: | +31 88 755 55 55 (UMC Utrecht) |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +31 88 755 54 38 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
VCK-secretariaat@umcutrecht.nl

WebSiteAddress:
www.vancreveldkliniek.nl

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC Utrecht: Van Creveldkliniek, Universitair Medisch Centrum**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Netherlands | City | Utrecht |
| StreetAd | | PostalCode | 3584 CX |
| Region | | | |
| Address1 | Heidelberglaan 100 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| | | | |
|---|---|---|---|
| ---- | Last Name: | First Name: | Title: |
| Dr. | van Vulpen | Lize | Adults |
| Dr. | Hovinga | Idske Kremer | Pediatrics |
| Dr. | van Galen | Karin | Adults |
| Dr. | van der Valk | Paul | Adults |
| Mrs. | Uitslager | Nanda | Advanced Nurse Practitioner |
| Dr. | van Beers | Ward | Adults |
| Mrs. | van Bergen | Gea | nurse |
| Mrs | Brands | Veerle | nurse |
| Mrs | Greevenbroek | Willie van | nurse |
| | | | please continue to the next page... |
| | | | |

| | |
|---|---|
| phone 1: | +31 88 755 84 50 |
| phone2: | +31 88 755 55 55 (UMC Utrecht) |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +31 88 755 54 38 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | VCK-secretariaat@umcutrecht.nl |
| WebSiteAddress: | www.vancreveldkliniek.nl |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Auckland City Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | New Zealand | City | |
| StreetAd | | PostalCode | 1142 |
| Region | | | |
| Address1 | Private bag 92 024 | | |
| Address2 | 2 Park Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Brasser | Mary | Haemophilia Nurse Specialist |
| Dr. | Teague | Lochie | Paediatrics |
| Dr. | Ockelford | Paul | Adults |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 64-9-307-4949 ext. 25285 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 64-9-307-2864 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
AKHaem@adhb.govt.nz

WebSiteAddress:
http://www.adhb.govt.nz

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Christchurch Hospital Haemophilia Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | New Zealand | City | |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Haemostasis Service | | |
| Address2 | Level 1 | | |
| Address3 | Christchurch Hospital Outpatients Building | | |
| address4: | 2 Oxford Terrace | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Fawcett | Kathryn | Nurse Specialist |
| Dr. | Cross | Siobhan | Haematologist (Paediatrics) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 64-3-364-1246 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | 64-3-364-1153 |
| fax work3: | |

email work:

email work2:

Email:
kathryn.fawcett@cdhb.health.nz

WebSiteAddress:
http://www.cdhb.govt.nz

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dunedin Public Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | New Zealand | City | |
| StreetAd | | PostalCode | 9054 |
| Region | | | |
| Address1 | Haematology-Oncology Service | | |
| Address2 | Dunedin Public Hospital | | |
| Address3 | Private Bag 1921 | | |
| address4: | 201 Great King Street | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Faed | James M. | Director |
| Ms. | Halford | Steph | Adults |
| Ms. | Hagglund | Claire | Paediatric |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 64-3-474-09996364 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 64-3-470-9513 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jim.faed@healthotago.co.nz

WebSiteAddress:
http://www.otagodhb.govt.nz/Portal.asp

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Midland Regional Haemophilia Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | New Zealand | City | |
| StreetAd | | PostalCode | 3240 |
| Region | | | |
| Address1 | Waikato Hospital | | |
| Address2 | Pembroke St. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bell | Julie-Anne | Consultant Haematologist |
| Ms. | Hayes | Maureen | CNS Haemostasis/Haemophiliat |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 64-7-839-8899 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 64-7-839-8733 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
maureen.hayes@waikatodhb.health.nz

WebSiteAddress:
http://www.waikatodhb.health.nz

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Hemophilia Treatment Centre

Center Name **Palmerston North Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | New Zealand | City | |
| StreetAd | | PostalCode | 4440 |
| Region | | | |
| Address1 | P.O. Box 2056 | | |
| Address2 | 50 Ruahine Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 64-6-350-8550 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 64-6-350-8568 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Bart.baker@midcentraldhb.govt.nz

WebSiteAddress:

http://www.midcentraldhb.govt.nz

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Wellington Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | New Zealand | City | |
| StreetAd | | PostalCode | 6021 |
| Region | | | |
| Address1 | Haematology Department | | |
| Address2 | Haematology Oncology Centre | | |
| Address3 | Riddiford St. | | |
| address4: | Private Bag 7902 | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | (+64) 4 806 2100 |
| phone2: | |
| phone3: | |
| phone_work4 | 64-4-385-5567 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 64-4-385-5984 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

huib.buyck@ccdhb.org.nz

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Servicio Nacional de Sangre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Nicaragua | City | Managua |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Cruz Roja Nicaraguense | | |
| Address2 | Reparto Belmonte | | |
| Address3 | Km. 7 Carretera Sur | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 505-265-1406 ext. 1202 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 505-265-1406 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
directorcns@humanidad.org.ni

WebSiteAddress:
http://www.nicaragua.cruzroja.org

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Abuja National Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Nigeria | City | Abuja |
| StreetAd | | PostalCode | 234 |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | Central District, Plot 132 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 234-803-311-4417 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ocheogbe@yahoo.com |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Haematology and Blood Transfusion**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Nigeria | City | Kano |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Aminu Kano Teaching Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gwarzo | Dalha | Consultant Haematologist |
| Prof. | Sagir | Ahmed | Professor of Haematology |

| | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Haematology and Blood Transfusion**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Nigeria | City | Benin city |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | University of Benin Teaching Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Awodu | Omolade | Consultant Haematologist |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia Foundation of Nigeria South East HTC**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Nigeria | City | Ituku Ozalla |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | University of Nigeria Teaching Hospital | | |
| Address2 | Department of Haematology and Immunology | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nwagha | Theresa | Coordinator |

| | |
|---|---|
| phone 1: | +2349097179161 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | sehtc@haemo.org.ng |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Lagos University Teaching Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Nigeria | City | |
| StreetAd | | PostalCode | 101014 |
| Region | | | |
| Address1 | Department of Hematology and Blood Transfusion | | |
| Address2 | Lagos University Teaching Hospital | | |
| Address3 | Idi-Araba, Surulere | | |
| address4: | PMB 12003, Marina, Lagos | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Adeyemo | Titi | |

| | |
|---|---|
| phone 1: | +234 802 320 8590 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 234-1-862-865 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | taadeyemo@cmul.edu.ng |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Comprehensive Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Norway | City | Oslo |
| StreetAd | | PostalCode | N-0424 |
| Region | | | |
| Address1 | Oslo University Hospital, Rikshospitalet | | |
| Address2 | Post Box 4950 Nydalen | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Holme | Pål Andre | Adults |
| Dr. | Glosli | Heidi | Pediatrics |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +47 23075340 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +47 23075340 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sjeldnediagnoser@ous-hf.no

WebSiteAddress:
http://www.sjeldnediagnoser.no/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Section of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Norway | City | Oslo |
| StreetAd | | PostalCode | 0027 |
| Region | | | |
| Address1 | Medical Department A | | |
| Address2 | Rikshospitalet | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Brinch | Lorentz | |
| Dr. | Tjonnfjord | Geir | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 47-23-07-00-00 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 47-23-07-24-61 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Oman | City | Muscat |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Ministry of Health | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
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| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

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Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sultan Qaboos University Hospital (SQUH)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Oman | City | Muscat |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Al-Khoudh | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
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| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Benazir Bhutto Hospital Rawalpindi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Rawalpindi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Benazir Bhutto Hospital | | |
| Address2 | Muree road near Chandni Chowk | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zeeshan | Raana | Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 345 541 0096 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

raanazeeshan.RZ@gmail.com

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bolan Medical College Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Quetta |
| StreetAd | | PostalCode | 87300 |
| Region | | | |
| Address1 | Bolan University Of Medical And Health Sciences | | |
| Address2 | Brewery Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hanif | Mohammad | Hematologist |
| Prof. Dr. | Kapoor | Chandi | Hematologist |
| Prof. Dr. | Samad | Nadeem Samad | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 81-9213070 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
principal@bmc.edu.pk

WebSiteAddress:
www.bmc.edu.pk

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital - Lahore**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Lahore |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Main Boulevard Gulberg, | | |
| Address2 | Nishtar Town | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ahmad | Aliyah | Hematologist |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | 00 92 (0) 335 413 4153 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fatimid Foundation**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Karachi |
| StreetAd | | PostalCode | 74800 |
| Region | | | |
| Address1 | 393, Britto Road | | |
| Address2 | Garden East | | |
| Address3 | Sindh | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hussain | Shabneez | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 21-3225-3323 |
| cellular: | |
| phone_emergency: | |
| Fax: | 92-21-3225-7356 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
shabneezhussain@fatimid.org

WebSiteAddress:
www.fatimid.org

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fouji Hospital Rawalpindi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Rawalpindi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Fouji Foundation Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Maqbool | Norman | Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 0321 500 1111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | drnmaqbool@gmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **General Teaching Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Lahore |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Ferozpur Road, near Chungi, Amar Sidhu Ismail Nagar | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hamid | Ambreen | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 344 661 7705 |
| cellular: | |
| phone_emergency: | 00 92 (0) 306 446 6699 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hayatabad Medical Complex [Hemotology Department]**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Peshawar |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Phase-IV, Hayatabad | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Masood | Shahtaj | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 333 9118 335 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | shahtajmasood@yahoo.com |
| WebSiteAddress: | www.hemophilia.org.pk |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Holy Family Hospital Rawalpindi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Rawalpindi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Holy Family Hospital Satellite Town | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ali | Qasim | Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 0300 956 2425 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
qasim212@hotmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HPWS Lahore-HTC**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Lahore |
| StreetAd | | PostalCode | 54000 |
| Region | | | |
| Address1 | 10-A Jail Road, Inside Chughtai Medical Center | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sohail | Shahla | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 42 35717632 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dr.shahlasohail@gmail.com

WebSiteAddress:
www.hpws.org.pk

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HPWS Multan-HTC**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Multan |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Chughtai Medical Center, | | |
| Address2 | Khan Medical City Nishtar Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ahmed | Imran | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ibaloch777@gmail.com

WebSiteAddress:
www.hpws.org.pk

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HPWS Rawalpindi-HTC**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Rawalpindi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hemophilia Patients Welfare Society Rawalpindi | | |
| Address2 | Thallassimia House 1st Floor, Opposite Rawalpindi Medical College | | |
| Address3 | Tipu road Moti Mehel | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Zafar | Tahira | |
| Mr. | Abbassi | Alamgir Khan | HTC-Coordinator |
| Dr. | Zafar | Lubna | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 332 8733220 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
aagkhan81@gmail.com

WebSiteAddress:
https://hpwsrwp.org.pk

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HTC in Chughtai Lab**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Lahore |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 7-Jail Road, Main Gulberg | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Imran | Ayisha | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 0092-42-3571-0262 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ayeshaimran@yahoo.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Husaini Blood Bank**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Karachi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Plot ST-02, Qalandaria Chowk, | | |
| Address2 | North Nazimabad, Block T | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Ali | Asad | CEO |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 213 6789010-19 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 92-21-3223-7735 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@husaini.org

WebSiteAddress:
www.husaini.org

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Indus Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Karachi |
| StreetAd | | PostalCode | 75190 |
| Region | | | |
| Address1 | Plot C-76, Sector 31/5, | | |
| Address2 | Opposite Darussalam Society Korangi Crossing | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jamal | Saba | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 21 351 127 09-17 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
crd@tih.org.pk

WebSiteAddress:
www.indushospital.org.pk

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Insititute of Blood Disease & Bone Marrow Transplan**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Karachi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | ST 2/A Block 17 Gulshan-e-Iqbal | | |
| Address2 | KDA Scheme 24 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+92) 21-34824250-3 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 92-21-34821504 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.nibd.edu.pk

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Pakistan Institute of Medical Sciences (PIMS)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Islamabad |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 3, G-8/3 G 8/3 G-8 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Anwaar | Tazeen | Incharge Children |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 301 264 8589 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00-9251-484-1228 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

tazeen.anwar@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Quid E Azam International Hopital Rawalpindi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Rawalpindi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Quid E Azam International Hopital | | |
| Address2 | Golra Mor | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Aslam | Khalid | Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 0300 854 4284 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
aslamsan@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Services Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Pakistan | City | Lahore |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Ghaus-ul-Azam, Jail Rd, Shadman | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Asma | Asma | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 92 (0) 334 996 2218 |
| cellular: | |
| phone_emergency: | 00 92 (0) 316 404 6982 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Thalassemia & Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Palestine | City | Gaza |
| StreetAd | | PostalCode | 972 |
| Region | | | |
| Address1 | Palestine Avenir Foundation | | |
| Address2 | Al-Jala'a Street "Al-Jala'a Tower" | | |
| Address3 | P.O. Box 5160 | | |
| address4: | Omar Al-Mukhtar Post Office | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 972-8-284-6100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 972-8-284-6100 |
| fax work2: | 972-8-284-4101 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | thahemce@palnet.com |
| WebSiteAddress: | http://www.phelesteen.net/hemophilia |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital del Niño**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Panama | City | Ciudad de Panamá |
| StreetAd | | PostalCode | 4087 |
| Region | | | |
| Address1 | Jose Renan Esquivel | | |
| Address2 | Servicio de Farmacia | | |
| Address3 | Avenida Balboa y Calle 34 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Moreno R. | Bélgica | Jefa de Hemato-Oncologia y Banco de |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 507-512-9809239, 234 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 507-261-2454 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
belgica_moreno@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Alberto Sabogal Sologuren**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Callao |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle Colina 1081 | | |
| Address2 | Bellavista | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-1-429-8376 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mzcolquicocha06@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Almenara - EsSalud**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Lima |
| StreetAd | | PostalCode | LIMA 13 |
| Region | | | |
| Address1 | Departamento de Patologia Clinica - Servicio de Hematologia, | | |
| Address2 | Av. Grau 800 - La victoria | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-1-324-2983 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 51-1-324-2968 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | reyzamd@yahoo.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Edgardo Rebagliati Martins - EsSalud**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Lima |
| StreetAd | | PostalCode | LIMA11 |
| Region | | | |
| Address1 | Av. Domingo Cueto 490 | | |
| Address2 | Jesus Maria | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Durand Salinas | Zoila | Enfermera coordinadora |
| Dra. | Chumpitaz Anchiraico | Gloria | Hematologa Jefe |
| Dr. | Carlos Balcazar | Juan | Medico traumatologo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 511-265-4959 |
| cellular: | 511-995-192159 |
| phone_emergency: | |
| Fax: | |
| fax work: | 511-265-4959 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gloria225chumpittaz@yahoo.com

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Instituto de Salud del Niño**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Lima |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | MINSA | | |
| Address2 | Avenida Brasil #600 | | |
| Address3 | Brena | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-1-330-0066 ext. 277 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 51-1-332-2011 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

marinaapf@yahoo.com

WebSiteAddress:

http://www.isn.gob.pe/index1.php

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Nacional Almanzor Aguinaga Ascencio-Es Salud**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Lambayeque |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Plaza de la Seguridad Social s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-74-237776 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 51-74-225230 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
pedro.peterone99@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Nacional Carlos Seguin Escobedo - EsSalud**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Arequipa |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle Peral y Filtro S/N | | |
| Address2 | Cercado | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-54-214-110 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 51-54-221-158 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

wiquinonesch@yahoo.es

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Nacional Cayetano Heredia III-Es Salud**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Piura |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Avenida Independencia s. Casilla, | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-73-342648 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

pcannata@speddy.com.pe

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Nacional Dos de Mayo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Peru | City | Lima |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Parque de la Medicina s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-1-999-443-987 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

nalur@ec-red.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Brokenshire Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Philippines | City | Davao City |
| StreetAd | | PostalCode | 8000 |
| Region | | | |
| Address1 | Mindanao Hemophilia and Bleeding Disorder Treatment Center | | |
| Address2 | Madapo Hill | | |
| Address3 | Davao del Sur | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ong | Jeannie | Consultant Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 63-82- 3053525 x 4502 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
adjenong@yahoo.com

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Perpetual Succour Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Philippines | City | Cebu City |
| StreetAd | | PostalCode | 6000 |
| Region | | | |
| Address1 | Hemophilia Center of Cebu | | |
| Address2 | Gorordo Ave | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+63) 9173230119 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Philippine Children's Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Philippines | City | Quezon City |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Cancer and Hematology Center | | |
| Address2 | Mezzanine | | |
| Address3 | Quezon Avenue | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 63-2-9246601-25334/314 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cancerandhema@pcmc.gov.ph

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Philippine General Hospital - Section of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Philippines | City | Manila |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 2/F, Medical Research Laboratory | | |
| Address2 | University of the Philippines-Philippine General Hospital | | |
| Address3 | Taft Ave, Ermita, | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 63-2-55484003225 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Philippine Hemophilia Foundation Inc.**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Philippines | City | Santa Cruz, Manila |
| StreetAd | | PostalCode | 1014 |
| Region | | | |
| Address1 | Unit 1T, Tower 5 | | |
| Address2 | Avida Towers San Lazaro | | |
| Address3 | Felix Huertas Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Krakow |
| StreetAd | | PostalCode | 31-501 |
| Region | | | |
| Address1 | Medical College of the Jagiellonian University | | |
| Address2 | Kopernika 17 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Jonczyk | Halina | Nurse |
| Prof. | Skotnicki | Aleksander | |
| Dr. | Zdziarska | Joanna | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-12-424-76-00 |
| cellular: | |
| phone_emergency: | 48-12-424-76-33 |
| Fax: | |
| fax work: | 48-12-424-74-26 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
alekskot@hemat.cm-uj.krakow.pl

WebSiteAddress:
http://cm-uj.krakow.pl/hematologia/

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology - Gdansk**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Gdansk |
| StreetAd | | PostalCode | 80-952 |
| Region | | | |
| Address1 | University Medical School | | |
| Address2 | Debinki 7 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mital | Andrzej | |
| Prof. | Hellmann | A. | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-58-349-2230 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-58-349-2233 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
klhem@amg.gda.pl

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology - Katowice**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Katowice |
| StreetAd | | PostalCode | 40-027 |
| Region | | | |
| Address1 | University Medical School | | |
| Address2 | ul. Dabrowskiego 25 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Najda | Jacek | |
| Dr. | Kyrcz-Krzemien | Slawomira | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-32-256-2858 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-32-255-4985 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia@spskm.katowice.pl

WebSiteAddress:
http://www.spskm.katowice.pl/kliniki/lkh/lkh.html

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology - Lodz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Lodz |
| StreetAd | | PostalCode | 93-510 |
| Region | | | |
| Address1 | University Medical School | | |
| Address2 | Copernicus Memorial Hospital | | |
| Address3 | Ciolkowskiego 2 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Chojnowski | Krzysztof | Deputy |
| Dr. | Trelinski | Jacek | Deputy |
| Prof. | Robak | Tadeusz | Head of the Department |
| Ms. | Rygas | Barbara | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-42-689-5191 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-42-680-5192 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
robaktad@csk.umed.lodz.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology - Lublin**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Lublin |
| StreetAd | | PostalCode | 20-081 |
| Region | | | |
| Address1 | HaematoOncology Dpt | | |
| Address2 | Medical University of Lublin | | |
| Address3 | Staszica 8 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Dmoszynska | A. | Head of Department |
| Dr. | Hus | Iwona | Assistant Professor |
| Dr. | Górska | Magdalena | Assistant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-81-534-5468 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-81-534-5605 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia@hen.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Hematology - Wroclaw**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Wroclaw |
| StreetAd | | PostalCode | 50-367 |
| Region | | | |
| Address1 | University Medical School | | |
| Address2 | Pasteura 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Podolak-Dawidziak | Maria Helena | |
| Prof. | Kuliczkowski | Kazimierz | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-71-784-2576 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-71-784-0112 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
1111@hemat.am.wroc.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Internal Medicine and Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Poznan |
| StreetAd | | PostalCode | 61-833 |
| Region | | | |
| Address1 | J. Strusia Hospital | | |
| Address2 | Szkolna 8/12 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Dorna | V. | Nurse Coordinator |
| Dr. | Kruger | W. | |
| Dr. | Bober | M. | |
| Dr. | Siminska | D. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-61-852-7611 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-61-852-7611 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

haemostasis@interia.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Paediatrics, Haematology and Oncology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Warsaw |
| StreetAd | | PostalCode | 00-576 |
| Region | | | |
| Address1 | University Medical School | | |
| Address2 | Marszalkowska 24 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sikorska | Anna | |
| Prof. | Matysiak | Michal | Head |
| Prof. | Klukowska | Anna | Head of Haemophilia Centre |
| Dr. | Makowska | Wioletta | |
| Dr. | Gwozdowska | Adela | |
| Dr. | Laguna | Pawel | Contact Doctor |
| | Chelchowska | Halina | Nurse Coordinator |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-22-522-7419 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-22-621-5362 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

skazy@litewska.edu.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Pediatric Oncology and Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Krakow |
| StreetAd | | PostalCode | 30-633 |
| Region | | | |
| Address1 | University Children's Hospital in Krakow | | |
| Address2 | ul. Wielicka 265 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Balwierz | Walentyna | |
| Dr. | Pietrys | Danuta | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-12-658-2011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-12-658-0261 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Pediatrics, Hematology and Oncology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Lublin |
| StreetAd | | PostalCode | 20-093 |
| Region | | | |
| Address1 | University Medical School | | |
| Address2 | Chodzki 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Woznica-Karczmarz | Irena | |
| Prof. | Kowalczyk | Jerzy | |
| Dr. | Malek | Urszula | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-81-718-5452 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-81-747-7220 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemped@dsk.lublin.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Pediatrics, Oncology, Hematology & Diabetology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Lodz |
| StreetAd | | PostalCode | 91-738 |
| Region | | | |
| Address1 | Medical University of Lodz | | |
| Address2 | Sporna 36/50 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kostrzewska | Magdalena | |
| Prof. | Mlynarski | Wojciech | |
| | Zalewska-Szewczyk | Beata | |
| | Wegner | Olga | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-42-617-7750 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-42-617-7798 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

wojciech.mlynarski@umed.lodz.pl

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Institute of Hematology and Transfusion Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Warsaw |
| StreetAd | | PostalCode | 0776-02-01 |
| Region | | | |
| Address1 | Center for Hemophilia Treatment | | |
| Address2 | 14 I. Gandhi Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Owczarska | Katarzyna | |
| Ms. | Nast | Beata | Nurse |
| Dr. | Stefanska | Ewa | |
| Dr. | Wasilewski | Robert | |
| Dr. | Jurek | Slawomir | |
| Ms. | Baran | Beata | Lab Coordinator |
| Dr. | Buczma | Anna | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-22-349-6158 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48-22-349-6159 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jwindyga@ihit.waw.pl

WebSiteAddress:
http://en.ihit.ntx.pl/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Wojewódzka Poradnia Hematologiczna - Katowice**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Poland | City | Katowice |
| StreetAd | | PostalCode | 40-038 |
| Region | | | |
| Address1 | Out-patient clinic | | |
| Address2 | ul. Powstanców 31 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Baranski | A. | |
| Dr. | Holowiecki | Jerzy | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 48-32-209-11-36 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 48- 32-255-32-42 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sekretariat@zwps.pl

WebSiteAddress:

http://www.zwps.home.pl/zwps/poradnia_hematolo

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar Alto Minho SA**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Viana do Castelo |
| StreetAd | | PostalCode | 4901-858 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Estrada de Santa Luzia | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jorreto | Miguel | Director |
| Dr. | Calaza | Carlos | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-258-802-100 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-258-829-094 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.ulsam.min-saude.pt

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar Cova da Beira, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Covilhã |
| StreetAd | | PostalCode | 6200-251 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Quinto do Alvito | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Martinez Marcos | Jorge | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-275-330-000 ext: 12801 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jmartinez@chcbeira.min-saude.pt

WebSiteAddress:
www.chcbeira.pt

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar de Coimbra**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Coimbra |
| StreetAd | | PostalCode | 3040-853 |
| Region | | | |
| Address1 | Hospital dos Covões | | |
| Address2 | Dept. of Hematology | | |
| Address3 | São Martinho do Bispo | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Salvado | Ramon | |
| Dr. | Tomás | Jorge | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-239-800-100 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-239-810-070 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia@chc.min-saude.pt

WebSiteAddress:
www.chc-hematologia.org

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar de Coimbra - Pediatric Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Coimbra |
| StreetAd | | PostalCode | 3000-076 |
| Region | | | |
| Address1 | Av. Bissaya Barreto Celas | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Tomás | Jorge | Director |
| Dra. | Sevivas | Teresa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-239-480-300 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-239-810-070 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia@chc.min-saude.pt

WebSiteAddress:
www.chc.min-saude.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar de Lisboa Central, EPE (only adults)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Lisbon |
| StreetAd | | PostalCode | 1150-199 |
| Region | | | |
| Address1 | Hospital de S. José | | |
| Address2 | Dept. of Imuno-Hemotherapy (Blood Service) | | |
| Address3 | Rua António José Serrano | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Antunes | Margarida | |
| Dr. | Santos | Alexandra | |
| Dra. | Espírito Santo | Deonilde | Director |
| Dra. | Diniz | Maria João | |
| Dra. | Dias | Maria | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-218-841-736 (Direct) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-218-841-058 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sec.imuno1@chlc.min-saude.pt

WebSiteAddress:
www.chlc.min-saude.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar de Lisboa Central, EPE (only children)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Lisbon |
| StreetAd | | PostalCode | 1169-045 |
| Region | | | |
| Address1 | Hospital Dona Estefânia | | |
| Address2 | Dept. of Imuno-Hemoterapia | | |
| Address3 | Rua Jacinto Marto | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Maia | Raquel | |
| Dra. | Kjollerstrom | Paula | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-213-126-622 (Direct) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hematologia.ped@chlc.min-saude.pt

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar de Setúbal, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Setúbal |
| StreetAd | | PostalCode | 2900-446 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Rua Camilo Castelo Branco | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Varela | Teresa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-265-549-000 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-265-522-020 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
imunohemoterapia@chs.min-saude.pt

WebSiteAddress:
www.hsb-setubal.min-saude.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar do Barlavento Algarvio, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Portimão |
| StreetAd | | PostalCode | 8500-338 |
| Region | | | |
| Address1 | Serviço de Hematologia | | |
| Address2 | Sítio do Poço Seco | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Rey | Carmen | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-282-450-300 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-282-450-340 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Centro Hospitalar do Porto, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Porto |
| StreetAd | | PostalCode | 4099-001 |
| Region | | | |
| Address1 | Hospital de Santo António | | |
| Address2 | Largo Prof. Abel Salazar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Coutinho | Jorge | Director |
| Dra. | Morais | Sara | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-226-050-200 ext. 4202 (ex-CI |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-226-004-808 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.hgsa.pt

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar Lisboa Norte, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Lisbon |
| StreetAd | | PostalCode | 1649-035 |
| Region | | | |
| Address1 | Hospital de Santa Maria | | |
| Address2 | Depart. of Imuno-Hemotherapy | | |
| Address3 | Av. Prof. Egas Moniz | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Rodrigues | Fátima | |
| Dra. | Catarino | Cristina | |
| Dr. | Pereira | Artur | |
| Dr. | Beleza | Álvaro | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-217-805-184 (Direct) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-217-805-610 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
alvaro.beleza@chln.min-saude.pt

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Hospitalar Tondela - Viseu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Viseu |
| StreetAd | | PostalCode | 3504-509 |
| Region | | | |
| Address1 | Av. Rei D. Duarte | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Costa | Marina | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-232-420-500 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-232-420-591 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sih@hstviseu.min-saude.pt

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Amato Lusitano**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Castelo Branco |
| StreetAd | | PostalCode | 6000-085 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Av. Pedro Álvares Cabral | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Pires | Raquel | Nurse |
| Dr. | Araújo | Luís Francisco | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 51-272-000-272 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-272-000-765 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemoterapia@hal.min-saude.pt

WebSiteAddress:
www2.ulscb.min-saude.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Central do Funchal**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Funchal |
| StreetAd | | PostalCode | 9000-514 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Av. Luís de Camões | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Freitas | Bruno | Director |
| Mr. | Gonçalves | Elias | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-291-705-600 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-291-742-545 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jbrunofreitas@sesaram.pt

WebSiteAddress:
www.sesaram.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Faro, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Faro |
| StreetAd | | PostalCode | 8000-386 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Rua Leão Penedo | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Caetano | Gonçalo | |
| Dra. | Rocha | Elsa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-289-891-100 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-289-002-025 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

secsih@hdfaro.min-saude.pt

WebSiteAddress:

www.hdfaro.min-saude.pt

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital de Nossa Senhora do Rosário**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Barreiro |
| StreetAd | | PostalCode | 2830-094 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Av. Movimento das Forças Armadas | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Bilro | Joaquina | Director |
| Dra. | Batista | Fátima | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-212-147-300 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-212-147-330 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
imuno.dir@hbarreiro.min-saude.pt

WebSiteAddress:
www.chbm.min-saude.pt

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de S. Marcos**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Braga |
| StreetAd | | PostalCode | 4701-965 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Largo Eng. Carlos Amarante | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Calheiros | Madalena | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | Work: 351-253-027-000 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.hsmbraga.min-saude.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de São João**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Porto |
| StreetAd | | PostalCode | 4200-319 |
| Region | | | |
| Address1 | Dept. of Imuno-Hemotherapy | | |
| Address2 | Alameda Prof. Hernani Monteiro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Lopes | Manuela | |
| Dra. | Carmo Koch | Maria | Director |
| Dr. | Carvalho | Manuela | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-225-512-100 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-225-074-299 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.sih.hsj.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Distrital da Horta**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Horta |
| StreetAd | | PostalCode | 9900-038 |
| Region | | | |
| Address1 | Serviço de Sangue | | |
| Address2 | Estrada Príncipe Alberto do Mónaco | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Maduro | Filomena | |
| Mr. | Rosa | Daniel | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-292-201-000 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-292-293-144 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital do Divino Espírito Santo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Ponta Delgada |
| StreetAd | | PostalCode | 9500-153 |
| Region | | | |
| Address1 | Serviço de Hematologia | | |
| Address2 | Largo 5 de Outubro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Fraga | Cristina | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-296-203-000 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-296-203-090 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia@hdes.pt

WebSiteAddress:
www.hdes.pt

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital do Espírito Santo, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Évora |
| StreetAd | | PostalCode | 7000-811 |
| Region | | | |
| Address1 | Serviço de Sangue | | |
| Address2 | Largo Senhor da Pobreza s/n | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Guz | Madalina | |
| Dr. | Ferro | Francisco | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-266-740-100 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-266-740-124 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.hevora.min-saude.pt

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital do Santo Espírito da Ilha Terceira, EPER**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Angra do Heroísmo |
| StreetAd | | PostalCode | 9700-049 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia (includes Pediatric Services) | | |
| Address2 | Canada do Breado | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Nunes | Madalena | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-295-403-200 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-295-403-271 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
servico.sangue@hseah.org

WebSiteAddress:
www.hseit.pt

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Hospital Dr. José Maria Grande**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Portalegre |
| StreetAd | | PostalCode | 7301-853 |
| Region | | | |
| Address1 | Hospital Distrital de Portalegre | | |
| Address2 | Serviço de Imuno-Hemoterapia | | |
| Address3 | Av. de Santo António, Apartado 234 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rachid | Abdul | Pediatrics |
| Dra. | Mamede | Margarida | Pharmaceutical |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-245-301-000 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.ulsna.min-saude.pt

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Garcia da Orta, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Almada |
| StreetAd | | PostalCode | 2801-951 |
| Region | | | |
| Address1 | Serviço de Pediatria | | |
| Address2 | Av. Torrado da Silva Pragal | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Tavares | Ana | |
| Dr. | Franco | João | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-212-727-100 (General) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-212-727-123 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.hgo.pt

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Infante D. Pedro, EPE**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Aveiro |
| StreetAd | | PostalCode | 3814-501 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Av. Dr. Artur Ravara | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Borges | Lúcia | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-234-378-300 ext: 377 or 315 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-234-378-395 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.hip.min-saude.pt

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital José Joaquim Fernandes**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Portugal | City | Beja |
| StreetAd | | PostalCode | 7800-309 |
| Region | | | |
| Address1 | Serviço de Imuno-Hemoterapia | | |
| Address2 | Rua Dr. António Fernando Covas Lima | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Norte | Cláudia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 351-284-310-200 ext: 1701 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 351-284-318-311 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

www.hbeja.min-saude.pt

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Coltea Clinical Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Bucharest |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | B-dul I. C. Bratianu nr. 1, Sector 3 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-021-387-41-01 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Emergency Clinical Hospital for Children "Louis Turcanu"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Timisoara |
| StreetAd | | PostalCode | 300011 |
| Region | | | |
| Address1 | University of Medicine and Pharmacy | | |
| Address2 | Str. Iosif Nemoianu Nr. 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Urtila | Patricia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-256-295-977 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 40-256-295-978 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mserban@spitalcopiitm.ro |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Emergency Clinical Hospital Craiova**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Craiova |
| StreetAd | | PostalCode | 200642 |
| Region | | | |
| Address1 | Clinica pediatrie II | | |
| Address2 | Str. Tabaci nr. 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Polixena | Stancu | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-0251-502-202 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Emergency Clinical Hospital Sf. Spiridon Iasi**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Iasi |
| StreetAd | | PostalCode | 700111 |
| Region | | | |
| Address1 | Str. Bd. Independentei nr. 1, cod | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Burcoveanu | Ileana Cristina | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-023-221-7781 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Emergency Clinical Hospital Tg-Mures**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Targu-Mures |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Clinica Pediatrie I | | |
| Address2 | Clinica Medicala I Hematologie | | |
| Address3 | Str. Gheorghe Marinescu nr. 50 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Oltean | Galafteon | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-0265-212-111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Fundeni Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Bucharest |
| StreetAd | | PostalCode | 050713 |
| Region | | | |
| Address1 | Soseaua Fundeni 258 | | |
| Address2 | Sector II | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-021-318-04-00 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hematology Institute Prof. Dr. I. Chiricuta**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Cluj-Napoca |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Str. B-dul 21 Decembrie nr. 34-36 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-0264-592-766 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Municipal Clinic Hospital Dr. Gavril Curteanu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Oradea |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Str. Corneliu Coposu nr. 12 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-0359-803-800 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Municipal Hospital Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Timisoara |
| StreetAd | | PostalCode | 300079 |
| Region | | | |
| Address1 | Str. Ghe. Dima nr. 5 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hortensia | Ionita | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 40-0256-432-886 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Institute for Transfusional Hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Romania | City | Bucharest |
| StreetAd | | PostalCode | 050786 |
| Region | | | |
| Address1 | 2-8 Constantin Caracas St., district 1, Bucharest | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | (+40) 0756088200 |
| phone2: | |
| phone3: | |
| phone_work4 | 031-425-1231 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | luminita_rusen@hotmail.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kirov Regional Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Russian Federation | City | Kirov |
| StreetAd | | PostalCode | 610027 |
| Region | | | |
| Address1 | Kirov Research Institute of | | |
| Address2 | Hematology and Blood Transfusion | | |
| Address3 | Krasnoarmeyskaya St., 72 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chernova | Tatyana | Chief of the Hemophilia Centre |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 7-8332-541770 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 7-8332-549-731 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | ip-gem@medstat.kirov.ru |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Moscow Children's Hematology Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Russian Federation | City | Moscow |
| StreetAd | | PostalCode | 105077 |
| Region | | | |
| Address1 | Verhniaja Pervomayskaya St, 48/15 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Svirin | Pavel | |
| Dr. | Shiller | Ekaterina | |
| Dr. | Vdovin | Vladimir | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 7-495-465-2319 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 7-495-465-2319 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | hemcentr@mail.ru |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Research Hematology Centre of Russian Academy of Me**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Russian Federation | City | Moscow |
| StreetAd | | PostalCode | 125167 |
| Region | | | |
| Address1 | 4, Noviy Zykovsky pr. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Zorenko | Vladimir | Director |
| Dr. | Karpov | Evgeniy | Director of Surgery Dept. |
| Prof. | Plyushch | Olga | Director of Hemophilia Centre |
| Ms. | Lobodina | Anna | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 7-495-612-4960 (Hemophilia Cen |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 7-495-612-2053 |
| fax work2: | 7-095-212-2053 |
| fax work3: | |

email work:

email work2:

Email:
v.zorenko@mail.ru

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St. Petersburg Hemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Russian Federation | City | St. Petersburg |
| StreetAd | | PostalCode | 190000 |
| Region | | | |
| Address1 | Gorokhovaya str. 6 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Andreeva | Tatiana | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 7-812-315-4871 |
| cellular: | +7 911 777 31 16 |
| phone_emergency: | |
| Fax: | |
| fax work: | 7-812-312-8243 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
spbhemophilia@mail.ru

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **The Pathology Hemostasis Diagnostic and Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Russian Federation | City | Barnaul |
| StreetAd | | PostalCode | 656045 |
| Region | | | |
| Address1 | Lapidevskogo str. 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mamaev | Andrey | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +7 3852 689880 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +7 3852 689880 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | amamaev@yandex.ru |
| WebSiteAddress: | |

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Hemophilia Treatment Centre

Center Name **King Abdulaziz University Jeddah**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Saudi Arabia | City | Jeddah |
| StreetAd | | PostalCode | 21589 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | P.O. Box 80215 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 966-2-640-1000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 966-2-606-0200 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **King Faisal Specialist Hospital & Research Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Saudi Arabia | City | Riyadh |
| StreetAd | | PostalCode | 11211 |
| Region | | | |
| Address1 | Department of Hematology/Oncology | | |
| Address2 | MBC # 53 | | |
| Address3 | P.O. Box 3354 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 966-1-442-3937 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | 966-1-442-4280 |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre National de Transfusion Sanguine - Dakar**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Senegal | City | Dakar |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | B.P. 5002 | | |
| Address2 | Dakar - Fann | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Diop | Saliou | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 221-33-869-86-66 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 221-824-95-30 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
saliou2_diop@hotmail.com

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **Blood Transfusion Institute of Serbia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Belgrade |
| StreetAd | | PostalCode | 11000 |
| Region | | | |
| Address1 | Svetog Save 39 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Jankovic | Gordana | Social Worker |
| Dr. | Mikovic | Danijela | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 381-11-2455-838 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 381-11-2458-328 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
danijelamikovic@yahoo.com

WebSiteAddress:
http://www.nbti.org.rs

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Hemophilia Treatment Centre

Center Name **Clinic of Hematology, Clinical Center Nis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Nis |
| StreetAd | | PostalCode | 18000 |
| Region | | | |
| Address1 | Bulevar Dr. Zorana Djindjica 48 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Vucic | Miodrag | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-18-4222-794 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-18-4222-552 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.kcnis.rs/index.php/klinike/37-klinike/kli

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinic of Hematology, Clinical Centre Kragujevac**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Kragujevac |
| StreetAd | | PostalCode | 34 000 |
| Region | | | |
| Address1 | Zmaj Jovina 30 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Djurdjevic | Predrag | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-34-505-054 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-34-372-252 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.kc-kg.rs/organizacija/klinike/klinika-za-h

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinic of Hematology, Clinical Centre of Serbia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Belgrade |
| StreetAd | | PostalCode | 11000 |
| Region | | | |
| Address1 | Koste Todorovica 2 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Elezovic | Ivo | Head of National Hemophilia Commit |
| Dr. | Miljic | Predrag | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-11-366 -3399 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-11-366-3399 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.kcs.ac.rs/index.php/klinike/klinika-za-he

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinic of Hematology, Clinical Centre Vojvodine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Novi Sad |
| StreetAd | | PostalCode | 21000 |
| Region | | | |
| Address1 | Hajduk Veljkova 1 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rajic | Nebojsa | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-21-484-3645 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-21-529-244 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rajicns@sbb.rs

WebSiteAddress:
http://www.kcv.rs/rsCIR/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Institute for Child and Youth Health Care Vojvodine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Novi Sad |
| StreetAd | | PostalCode | 21000 |
| Region | | | |
| Address1 | Hajduk Veljkova 10 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Konstantinidis | Nada | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-21-488-0417 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-21-520-436 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | nada.konstantinidis@gmail.com |
| WebSiteAddress: | http://www.izzzdiov.org/ |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mother and Child Health Care Institute of Serbia "Dr Vukan**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Belgrade |
| StreetAd | | PostalCode | 11000 |
| Region | | | |
| Address1 | Radoja Dakica 8 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Micic | Dragan | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 381-11-3108-245 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 381-11-3108-245 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
majkaidete@ptt.yu

WebSiteAddress:
http://www.imd.org.rs

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Pediatric Clinic, Clinical Centre Kragujevac**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Kragujevac |
| StreetAd | | PostalCode | 34 000 |
| Region | | | |
| Address1 | Zmaj Jovina 30 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Igrutinovic | Zoran | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-34-505-175 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-34-370-213 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.kc-kg.rs/organizacija/klinike/klinika-za-p

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Pediatric Internal Clinic, Clinical Centre Nis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Nis |
| StreetAd | | PostalCode | 18000 |
| Region | | | |
| Address1 | 'Bulevar Dr. Zorana Djindjica 48 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kostic | Gordana | Head of Hemophilia Treatment Centr |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-18-4234-190 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-18-4231-550 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.kcnis.rs/index.php/klinike/16-klinike/64-

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Serbia | City | Belgrade |
| StreetAd | | PostalCode | 11000 |
| Region | | | |
| Address1 | Department of Hematology and Oncology | | |
| Address2 | Tirsova 10 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Janic | Dragana | Head of Hemophilia Treatment Centr |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 00 381-11- 2060-691 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00 381-11 362-1413 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | dr.janic@eunet.rs |
| WebSiteAddress: | http://www.udk.bg.ac.rs/ |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **KK Women's and Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Singapore | City | Singapore |
| StreetAd | | PostalCode | 229899 |
| Region | | | |
| Address1 | 100 Bukit Timah Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lam | Joyce | Consultant |

| | |
|---|---|
| phone 1: | (+65) 63941039 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Joyce.Lam.CM@kkh.com.sg

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Singapore General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Singapore | City | Singapore |
| StreetAd | | PostalCode | 169608 |
| Region | | | |
| Address1 | Haemophilia Centre | | |
| Address2 | Department of Haematology & Pathology | | |
| Address3 | Outram Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Yeam | Shin Yen | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 65-6321-3844 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 65-6588-3552 |
| fax work2: | 65-6224-9221 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | yeam.shin.yen@sgh.com.sg |
| WebSiteAddress: | http://www.sgh.com.sg |

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Clinic of Pediatric oncology and hematology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovakia | City | Banská Bystrica |
| StreetAd | | PostalCode | 974 09 |
| Region | | | |
| Address1 | Children´s Faculty Hospital | | |
| Address2 | Nam. L. Svobodu 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Bubanska | Eva | MD, PhD, Head |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 421-48-472-6509 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 421-48-413-4813 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ebubanska@dfnbb.sk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dept. of Hematology and Oncohematology (Adults)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovakia | City | Kosice |
| StreetAd | | PostalCode | 040 66 |
| Region | | | |
| Address1 | University Hospital | | |
| Address2 | Trieda SNP 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Dulova | Ingrid | |
| Dr. | Galoova | Natalia | Head |
| Dr. | Feketeova | Jaroslava | |
| Dr. | Svorcová | Erika | |
| Dr. | Trebunova | Kamila | |
| Prof. | Tothova | Elena | PhD, Director |
| | | | |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 421-55-644-5415 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | erikasv@centrum.sk |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Center of Hemostasis and Thrombosis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovakia | City | Martin |
| StreetAd | | PostalCode | 036 59 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | University Hospital | | |
| Address3 | Kollárova 2 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kubisz | Peter | DrSc., Director |
| Prof. | Dobrotová | Miroslava | PhD (Adults) |
| Dr. | Plamenová | Ivana | (Pediatrics) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 421-903-731-387 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 421-43-413-2061 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hema@jfmed.uniba.sk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Hemophilia Center - Bratislava**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovakia | City | Bratislava |
| StreetAd | | PostalCode | 85107 |
| Region | | | |
| Address1 | (Adults and Children) | | |
| Address2 | Dept. of Hematology and Transfusion Medicine | | |
| Address3 | University Hospital, Antolska 11 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jankovicova | Denisa | |
| Dr. | Prigancova | Tatiana | |
| Prof. | Batorova | Angelika | PhD, Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 421-2-6353-1453 |
| cellular: | |
| phone_emergency: | 421-9-05241-354 |
| Fax: | |
| fax work: | 421-2-6353-2167 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

batorova@hotmail.sk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Center of Hemostasis and Thrombosis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovakia | City | Banská Bystrica |
| StreetAd | | PostalCode | 975 17 |
| Region | | | |
| Address1 | F.D.Roosevelt´s Hospital | | |
| Address2 | Nam. L. Svobodu 1 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Cellarova | Erika | Deputy Head |
| Dr. | Wild | Alexander | Head |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 421-48-441-3510 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 421-48-413-4049 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
awild@nspbb.sk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Klinicni Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovenia | City | Ljubljana |
| StreetAd | | PostalCode | SL-1000 |
| Region | | | |
| Address1 | Department of Hematology, Internal Clinic | | |
| Address2 | Zaloska 7 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Preloznik Zupan | Irena | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 386-1-522-4945 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 386-1-522-2722 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dusan.andoljsek@kclj.si

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nacionalni Center R Slovenije za Hemofilijo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Slovenia | City | Ljubljana |
| StreetAd | | PostalCode | SL-1000 |
| Region | | | |
| Address1 | Bohoriceva 20 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Benedik Dolnicar | Majda | Pediatrician Hemato-oncologist |
| Dr. | Andoljsek | Dusan | Intern Hematologist |
| Dr. | Zupan Preloznik | Irena | Intern Hematologist |
| Dr. | Kitanovski | Lidija | Pediatrician Hemato-oncologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 386-1-522-9294 |
| cellular: | |
| phone_emergency: | 386-1-5224-055 |
| Fax: | |
| fax work: | 386-1-522-9294 |
| fax work2: | 386-1-522-4037 |
| fax work3: | |

email work:

email work2:

Email:
majda.benedik-dolnicar@mf.uni-lj.si

WebSiteAddress:
http://www.drustvo-hemofilikov.si

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bloemfontein Haemophilia Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Bloemfontein |
| StreetAd | | PostalCode | ZA-9300 |
| Region | | | |
| Address1 | c/o Department of Haematology | | |
| Address2 | University of the Free State | | |
| Address3 | PO Box 339 (G2) | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Lekoeneha | Kabi | Haemophilia Nurse |
| Dr. | Haupt | Leriska | (Adults) |
| Prof. | Stones | David | (Children) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-51-405-3069 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hauptl@ufs.ac.za

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Frere Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | East London |
| StreetAd | | PostalCode | 5200 |
| Region | | | |
| Address1 | East London Hospitals Complex | | |
| Address2 | Paediatrics Treatment Centre | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Knox | Patricia | |
| Dr. | Mathew | Rema | Paediatric |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-43-709-2511 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-43-709-2077 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

rema.mathew@impilo.ecprov.gov.za

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Groote Schuur Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Cape Town |
| StreetAd | | PostalCode | 7925 |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | E5 Clinic, Private Bag X4 | | |
| Address3 | Anzio Road | | |
| address4: | (Main Road, Observatory) | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | McDonald | Andrew | Director / Haematology Consultant |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-21-404-3084/3077 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-21-404-3088 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
anne-louise.cruickshank@uct.ac.za

WebSiteAddress:
http://www.haemophilia.org.za

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Johannesburg Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Johannesburg |
| StreetAd | | PostalCode | 2000 |
| Region | | | |
| Address1 | Comprehensive Haemophilia Care Clinic | | |
| Address2 | Private Bag X39 | | |
| Address3 | Jubilee Road, Parktown | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mahlangu | Johnny | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-11-488-3294 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-11-488-4152 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

krielsc@medicine.wits.ac.za

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kimberley Provincial Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Kimberley |
| StreetAd | | PostalCode | 8301 |
| Region | | | |
| Address1 | Corner Lyndhurst and Du Toitspan Road | | |
| Address2 | Belgravia | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-53-802-9111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-86-672-1579 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

jpjooste@mweb.co.za

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **KZN Comprehensive Haemophilia Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Durban |
| StreetAd | | PostalCode | 4000 |
| Region | | | |
| Address1 | King Edward VIII Hospital | | |
| Address2 | Sydney Road | | |
| Address3 | Congella | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Nkosi | Phumele | Haemophilia Sister |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-31-360-3680 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-31-260-4388 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

rapitin@ukzn.ac.za

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nelson Mandela Academic Complex**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Mthatha |
| StreetAd | | PostalCode | 5099 |
| Region | | | |
| Address1 | P O Box 52764 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Taragonsky | J | |
| Prof. | Ogunswayo | Basil | |
| Mr. | Khanyile | Rosemary | Haemophilia Sister |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27 47 5024612 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jat@telkomsa.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Polokwane Provincial Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Polokwane |
| StreetAd | | PostalCode | 0699 |
| Region | | | |
| Address1 | Corner of Dorp and Hospital Streets | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27 15 2875043 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27 15 2975443 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

cjsutton@mweb.co.za

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Potchefstroom Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Potchefstroom |
| StreetAd | | PostalCode | 2531 |
| Region | | | |
| Address1 | Cnr Chris Hani & Truis Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Mofulatsi | Dorah | Haemophilia Sister |
| Dr. | Radebe | Moosa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27 18 2934627 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | cmradebe@gmail.com |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Provincial Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Port Elizabeth |
| StreetAd | | PostalCode | 6006 |
| Region | | | |
| Address1 | Buckingham Road | | |
| Address2 | Central | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-41-392-3335 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-84-444-5087 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

drn@cameron.co.za

WebSiteAddress:

http://www.haemophilia.org.za/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Red Cross Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Cape Town |
| StreetAd | | PostalCode | 7700 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | Klipfontein Road | | |
| Address3 | Rondebosch | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hendricks | Marc | |
| Dr. | Desai | Farieda | Paediatric Haematology/Oncology |
| Dr. | Davidson | Alan | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-21-658-5297 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-21-689-1287 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
farieda.desai@uct.ac.za

WebSiteAddress:
http://www.haemophilia.org.za

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rob Ferreira Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Nelspruit |
| StreetAd | | PostalCode | 1211 |
| Region | | | |
| Address1 | R40 Barberton Road | | |
| Address2 | Mpumalanga | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 013 7416213 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Steve Biko Academic Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Pretoria |
| StreetAd | | PostalCode | 0001 |
| Region | | | |
| Address1 | Private Bag X169 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Potgieter | J. | |
| Prof. | Opperman | Johan C. | |
| Mr. | Mnguni | T. | Haemophilia sister |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-12-3542251 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

johancp@up.ac.za

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tygerberg Hospital, Ward G3**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Parow |
| StreetAd | | PostalCode | 7505 |
| Region | | | |
| Address1 | Private Bag X3 | | |
| Address2 | Francie Van Zyl Drive | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Uys | Ronelle | Medical Officer |
| Dr. | Dippenaar | A. | Consultant |
| Ms. | Bantam | Elize | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-21-938-4564 Direct |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 27-21-938-9138 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

fijima@mweb.co.za

WebSiteAddress:

http://www.haemophilia.org.za

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tygerberg Hospital, X-Block**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | South Africa | City | Parow |
| StreetAd | | PostalCode | 7505 |
| Region | | | |
| Address1 | Private Bag X3 | | |
| Address2 | Francie Van Zyl Drive | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sissolak | G. | |
| Dr. | Bassa | F. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 27-21-938-5888 |
| cellular: | |
| phone_emergency: | 27-84-580-0073 |
| Fax: | |
| fax work: | 27-21-938-5896 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sissolak01@telkomsa.net

WebSiteAddress:
http://www.haemophilia.org.za

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Complejo Asistencial de Palencia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Palencia |
| StreetAd | | PostalCode | 34005 |
| Region | | | |
| Address1 | Avda. Donantes de Sangre s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Cantalejo | Rosa | |
| Dr. | Alonso | José Maria | |
| Dr. | Ortega | Fernando | Jefe del Servicio |
| | Andrés | Rosa | Enfermera supervisora |
| Dra. | Pérez | Ma. Teresa | |
| Dr. | Sanz | Miguel Angel | |
| Dr. | Pérez | Sonia | |
| Dra. | Martín | Sonia | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-979-167-000 ext. 7123 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-979-167-014 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vortega@hrcr.sacyl.es

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Complejo Hospitalario de Jaen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Jaen |
| StreetAd | | PostalCode | 23006 |
| Region | | | |
| Address1 | Hospital Médico - Quirurgico | | |
| Address2 | Avda. del Ejército Español, 10 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | del Mar Nieto Herna | Maria | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-300-800082117 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-327-5803 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Complejo Hospitalario de Orense**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Orense |
| StreetAd | | PostalCode | 32005 |
| Region | | | |
| Address1 | Ramón Puga, 54 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Golpe | J. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-838-5510 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-838-5551 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Complejo Hospitalario Xeral-Calde**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Lugo |
| StreetAd | | PostalCode | 27004 |
| Region | | | |
| Address1 | Doctor Severo Ochoa, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-229-6000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-229-6291 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.xeral-calde.org

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Complexo Hospitalario Universitario A Coruña**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | La Coruña |
| StreetAd | | PostalCode | 15006 |
| Region | | | |
| Address1 | Servicio de Hematologia y Hemoterapia | | |
| Address2 | Xubias de Arriba, 84 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Batlle | Javier | Chairman |
| Dra. | López Fernández | María Fernanda | |
| Dra. | Vale López | Ana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-117-8241 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-110-0983 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Francisco.Javier.Batlle.Fonrodona@sergas.es

WebSiteAddress:

http://www.canalejo.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Bierzo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Ponferrada |
| StreetAd | | PostalCode | 24400 |
| Region | | | |
| Address1 | C/ Médicos sin frontera, 7 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sanz | Carmen Aguilera | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-987-45-52-00 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-987-45-53-00 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
caguilera@hbrzosacyl.es

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Clínico y Provincial**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Barcelona |
| StreetAd | | PostalCode | 08036 |
| Region | | | |
| Address1 | Unidad de Hemofilia | | |
| Address2 | Servicio de Hemoterapia y Hemostasia | | |
| Address3 | Villarroel 170 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Monteagudo | J. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-93-2275-439 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-93-227-9369 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
monteaugu@clinic.ub.es

WebSiteAddress:
http://www.hospitalclinic.org

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Hemophilia Treatment Centre

Center Name **Hospital de Cabueñes**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Gijón |
| StreetAd | | PostalCode | 33203 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Cabueñes s | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Fernández Garcia | Joaquín | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-533-6333 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-536-7169 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Cruces**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Vizcaya |
| StreetAd | | PostalCode | 48903 |
| Region | | | |
| Address1 | Plaza de Cruces, 12 | | |
| Address2 | San Vincente de Barakaldo | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Chacon | Juana Maria | |
| Dra. | Iruin Irulegiu | Gemma | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-94-600-6088 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-94-600-6172 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jchacon@hcrn.osakidetza.net

WebSiteAddress:
http://www.hospitalcruces.com

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Gran Canaria "Dr Negrin"**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Las Palmas de Gran Canaria |
| StreetAd | | PostalCode | 35020 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Barranco de la Ballena s | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Molero Labarta | Teresa | Directora, Jefe de Servicio |
| Dra. | Balda Aguirre | Ignazia | Experta en Hemofilia |
| Dr. | Del Mar Perera | Maria | Experta en Hemofilia |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-92-845-0486 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-92-844-9450 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tmollab@gobiernodecanarias.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de la Santa Creu i Sant Pau**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Barcelona |
| StreetAd | | PostalCode | 08025 |
| Region | | | |
| Address1 | Unitat d'Hemostàsia i Trombosi | | |
| Address2 | Servei d'Hematologia | | |
| Address3 | Mas Casanovas, 90 | | |
| address4: | Bloc A, planta 1 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mateo | Jose | Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34 93 5537153 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | jmateo@santpau.cat |
| WebSiteAddress: | http://www.santpau.cat |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital De León**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Leon |
| StreetAd | | PostalCode | 24071 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Altos de Nava s | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Redondo | Carmen | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-723-7400 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-723-3322 |
| fax work2: | 34-98-722-2312 |
| fax work3: | |

email work:

email work2:

Email:
mredondoe@aehh.org

WebSiteAddress:
http://www.hospitaldeleon.com

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital del Rio Hortega**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Valladolid |
| StreetAd | | PostalCode | 47010 |
| Region | | | |
| Address1 | Rondilla de Santa Teresa, 9 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Garcia Frade | L.J. | Head of Hematology Department |
| Dr. | Tortosa Cavero | Juan | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-342-040020451 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-333-1566 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | jgarciafra@aehh.org |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Donostia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | San Sebastián |
| StreetAd | | PostalCode | 20014 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Edificio Amara | | |
| Address3 | Dr. Beguiristain, s | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-943-007000 ext.3464 |
| cellular: | 34-600-766530 |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-943-365-451 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

javier.carrerahernani@osakidetza.net

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Yagüe**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Burgos |
| StreetAd | | PostalCode | 09005 |
| Region | | | |
| Address1 | Avenida del Cid, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-94-728-1810 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-94-728-1829 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
drprieto@hotmail.com

WebSiteAddress:
http://www.hgy.es

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Infanta Cristina**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Badajoz |
| StreetAd | | PostalCode | 06080 |
| Region | | | |
| Address1 | Avda. de Elvas, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Vaca | Ramon | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-92-421-8100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-92-427-4979 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hospitalbadajoz.org

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Juan Ramon Jimenez**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Huelva |
| StreetAd | | PostalCode | 21005 |
| Region | | | |
| Address1 | Ronda Norte, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Amian Martínez | Antonio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-201-0000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-901-6053 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Materno Infantil**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Malaga |
| StreetAd | | PostalCode | 29011 |
| Region | | | |
| Address1 | CL Avda. Arroyo de los Ángeles s/n | | |
| Address2 | Málaga | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-103-0200 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-103-0245 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

dilia_brito@hotmail.com

WebSiteAddress:

http://www.carloshaya.net

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Miguel Servet**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Zaragoza |
| StreetAd | | PostalCode | 50009 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Paseo Isabel la Católica, 1-3 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lucia | J.F. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-97-676-5546 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-97-676-5545 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jluciac@medynet.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Reina Sofia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Córdoba |
| StreetAd | | PostalCode | 14004 |
| Region | | | |
| Address1 | Avda. Menéndez Pidal, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Velasco | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-701-0202 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-701-0202 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hospitalreinasofia.org

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital San Millan-San Pedro**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Logroño |
| StreetAd | | PostalCode | 26004 |
| Region | | | |
| Address1 | Autonomía de la Rioja, 3 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Martin | Angeles | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-94-129-4500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-94-129-4515 |
| fax work2: | 34-941-297-538 |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hsanmillan.es

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Sant Joan de Déu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Esplugues de Llobregat (Barcel |
| StreetAd | | PostalCode | 08950 |
| Region | | | |
| Address1 | Trastornos de la coagulación y la hemostasia en niños | | |
| Address2 | Hematología Pediátrica | | |
| Address3 | Passeig Sant Joan de Déu 2 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Berrueco | Rubén | Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rberrueco@sjdhospitalbarcelona.org

WebSiteAddress:
www.sjdhospitalbarcelona.org

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Torrecárdenas**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Almeria |
| StreetAd | | PostalCode | 04009 |
| Region | | | |
| Address1 | Paraje de Torrecádenas s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gimenez Garrido | Francisco | |
| Dra. | Villegas Maldonado | Gracia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-001-6415 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-001-6108 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hematologia.cht.hto.sspa@juntadeandalucia.es

WebSiteAddress:
http://www.juntadeandalucia.es/servicioandaluzdes

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Txagorritxu**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Vitoria |
| StreetAd | | PostalCode | 01009 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Calle José Atxotegui, s | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Pérez Clausel | Carlos | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-94-524-2600 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-94-522-3440 |
| fax work2: | 34-945-007-382 |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hospitaltxagorritxu.org

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Central de Asturias (HUCA)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Oviedo |
| StreetAd | | PostalCode | 33006 |
| Region | | | |
| Address1 | Unidad de Trombosis y Hemostasia | | |
| Address2 | Servicio de Hematología y Hemoterapia | | |
| Address3 | Celestino Villamil s | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Ramón Corte Buelga | José | |
| | Fernández Rodríguez | Angeles | |
| | Fernández Fernández | Pilar | Enfermera |
| Dra. | Soto Ortega | Inmaculada | Medico Adjunto |
| Dra. | Rodriguez Pinto | Carmen | Jefe de Servicio |
| | Fernández Urgellés | Manuel | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-510-800038311 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-510-8753 |
| fax work2: | 34-98-510-8015 |
| fax work3: | |

email work:

email work2:

Email:
inmaculada.soto@sespa.princast.es

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Donostia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Donostia-San Sebastian |
| StreetAd | | PostalCode | 20014 |
| Region | | | |
| Address1 | Calle/ Dr. Beguiristain s/n | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Aguirre | Arantxa | Médico de referencia |
| Dra. | Araiz | María | Jefa del Servicio |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 943007000 ext: 3550 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario la Fe**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Valencia |
| StreetAd | | PostalCode | 46009 |
| Region | | | |
| Address1 | Unidad de Hemostasia y Trombosis | | |
| Address2 | Avda. del Campanar, 21 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Haya | Saturnino | Médico hematólogo |
| Sra. | Perales | Angeles | Enfermera |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-96-386-8752 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-96-197-3052 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sbonanad@gmail.com

WebSiteAddress:
http://www.dep7.san.gva.es

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario La Paz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Madrid |
| StreetAd | | PostalCode | 28046 |
| Region | | | |
| Address1 | Hemostasis and Thrombosis Unit. | | |
| Address2 | Paseo de la Castellana 261. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Álvarez-Román | Maria | Consultant Hematologist |
| Dra. | Martín-Salces | Mónica | Consultant Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-91-207-1945 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-91-727-7226 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
talvarezroman@gmail.com

WebSiteAddress:
http://www.madrid.org/hospitallapaz/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Nuestra Señora de la Candelaria - DFR**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Santa Cruz de Tenerife |
| StreetAd | | PostalCode | 38010 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Carretera del Rosario, s | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Darias | Francisco | Nurse Supervisor |
| Dra. | Dorta del Castillo | Ma del Rosario | Nurse Supervisor |
| Dra. | Marrero Santos | Carmen | Facultativo |
| Dr. | Mendoza | Antonio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-922-60-22-24 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-922-60-07-32 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hunsc.hematolo@canarias.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Puerta del Mar**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Cadiz |
| StreetAd | | PostalCode | 11009 |
| Region | | | |
| Address1 | Avenida Ana de Viya, 21 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Martorell | Javier | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-600-2050 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-600-2297 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hpm.sspa@juntadeandalucia.es

WebSiteAddress:
http://www.hupm.com

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Salamanca**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Salamanca |
| StreetAd | | PostalCode | 37007 |
| Region | | | |
| Address1 | P° de San Vicente 58-182 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Alberca | Ignacio | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-92-329-1110 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-92-329-1131 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
igalbsi@gugu.usal.es

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Virgen de la Arrixaca**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Murcia |
| StreetAd | | PostalCode | 30120 |
| Region | | | |
| Address1 | Ctra. Madrid - Cartagena, s | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Majado Martinez | Maruja | Jefe de Seccion |
| Dr. | Tamayo Jover | Manuel | Jefe de Seccion |
| Dr. | Morales Lazaro | Alfonso | Jefe de Servicio |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-96-836-950029712 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-96-836-9776 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mariano.guerrero@carm.es

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Valdecilla**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Santander |
| StreetAd | | PostalCode | 39011 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Avda. de Valdecilla, s | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Sedano | C. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-94-220-2520 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-94-220-2655 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemsbc@humv.es

WebSiteAddress:
http://www.humv.es/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Vall d'Hebron**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Barcelona |
| StreetAd | | PostalCode | 08035 |
| Region | | | |
| Address1 | Unitat Hemofilia | | |
| Address2 | (Hospital Traumatologia) | | |
| Address3 | Passeig Vall d'Hebron, 119-129 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gironella | Merche | Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-932-746-207 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-932-749-027 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mgironel@vhebron.net

WebSiteAddress:
http://www.vhebron.es

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Virgen de las Nieves**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Granada |
| StreetAd | | PostalCode | 18014 |
| Region | | | |
| Address1 | Servicio de Hematologia-Hemoterapia | | |
| Address2 | Avda. de las Fuerzas Armadas, 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Gutierrez Pimentel | Josefa | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-802-0268 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-802-0602 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.hvn.es

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Virgen del Camino**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Pamplona |
| StreetAd | | PostalCode | 31008 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Calle Irunlarrea, 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Oyarzabal | Francisco | |
| Dra. | Paloma | Maria Jose | |
| Dra. | Redondo Izal | Margarita | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-94-810-9400 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-94-817-0515 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.navarra.es

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Virgen del Rocio**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Sevilla |
| StreetAd | | PostalCode | 41013 |
| Region | | | |
| Address1 | Unidad de Hemofilia Hospital Universitario | | |
| Address2 | Virgen del Rocio Avd. | | |
| Address3 | Avda. Manuel Siurot, s | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nuñez | Ramiro | |
| Dra. | Perez Garrido | Rosario | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-95-501-2223 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-95-501-2224 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nvrosario.perez.garrido.sspa@juntadeandalusia.sp

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Xeral-Cies de Vigo**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Spain | City | Vigo |
| StreetAd | | PostalCode | 36204 |
| Region | | | |
| Address1 | Servicio de Hematologia | | |
| Address2 | Pizzaro, 22 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Gonzalez Bonllosa | Rosario | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 34-98-681-6000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 34-98-681-6029 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.sergas.es

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Karapitiya Teaching Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sri Lanka | City | Galle |
| StreetAd | | PostalCode | 80000 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Hrimbura Cross Rd | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mohotti | Malani | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 091 2 232267 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
GAJABAMOHOTTI@YAHOO.COM

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Lady Ridgeway Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sri Lanka | City | Colombo |
| StreetAd | | PostalCode | 0800 |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | DR DANISTER DE SILVA MAWATHA | | |
| Address3 | Colombo 8 | | |
| address4: | Western Province | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jayatilaka | M.M. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 94-11-269-3711/13 ext.313/237 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 94-11-268-6859 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
MMJMALA@GMAIL.COM

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **National Hospital of Sri Lanka**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sri Lanka | City | Colombo |
| StreetAd | | PostalCode | 01000 |
| Region | | | |
| Address1 | DEPARTMENT OF HEMATOLOGY | | |
| Address2 | COLOMBO 10. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Jayarathne | Baddika | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 94-11-269-1111 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sudan | City | Madani |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Madani Paediatric Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Elhaj | Nafisa | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Khartoum Teaching Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sudan | City | Khartoum |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Faculty of Medicine, University of Khartoum, POBox 102 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Salman | Ikhlas | Nurse |
| Mr. | Mustafa | Ahmed Omer Ibrahi | Laboratory technologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 249120134163 |
| cellular: | 249(0)912254335 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Karolinska Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sweden | City | Stockholm |
| StreetAd | | PostalCode | SE-17176 |
| Region | | | |
| Address1 | Coagulation Unit | | |
| Address2 | Department of Hematology | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Lundberg | Lars-Goran | |
| Dr. | Holmström | Margareta | Director Adults |
| Ms. | Svennefalk | Malin | Nurse |
| Dr. | Agren | Anna | |
| Dr. | Petrini | Pia | (Children) |
| Mrs. | Elfvinge | Petra | Nurse |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 46-8-5177-3373 |
| cellular: | |
| phone_emergency: | 46-8-5177-5120Peds. |
| Fax: | |
| fax work: | 46-8-5177-5084 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

pia.petrini@karolinska.se

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Malmo University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sweden | City | Malmo |
| StreetAd | | PostalCode | SE-20502 |
| Region | | | |
| Address1 | University of Lund | | |
| Address2 | Malmo Centre for Thrombosis and Haemostasis | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Ljung | Rolf C. R. | Pediatrician |
| Prof. | Berntorp | Erik | Director |
| Dr. | Benoni | Goran | Orthopaedic Surgeon |
| Dr. | Astermark | Jan | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 46-40-332-392 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 46-40-336-255 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
erik.berntorp@med.lu.se

WebSiteAddress:
http://www.koagulationscentrum.umas.se

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sahlgrenska University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Sweden | City | Gothenburg |
| StreetAd | | PostalCode | SE-41345 |
| Region | | | |
| Address1 | Medicine, Sahlgrenska | | |
| Address2 | Department of Hematology and Coagulation Disorders | | |
| Address3 | Coagulation Centre | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Radulovic | Vladimir | |
| Dr. | Baghaei | Fariba | Director |
| Dr. | Damgaard | Michael | Pediatrician |
| Ms. | Jurander | Nina | Haemophilia nurse |
| Dr. | Olsson | Anna | |
| Ms. | Myrin-Westesson | Linda | Hemophilia Nurse |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 46-31-342-1000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 46-31-820-269 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

fariba.baghaei@vgregion.se

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Centre Hospitalier Universitaire Vaudois (CHUV) Lausanne**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Lausanne |
| StreetAd | | PostalCode | CH-1011 |
| Region | | | |
| Address1 | Paediatric and Adult Units at CHUV | | |
| Address2 | Rue du Bugnon 46 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mattia | Rizzi | Head (Paediatric Unit) |
| Prof. Dr. | Duchosal | Michel | (Adults Unit) |
| Dr. | Beck-Popovic | Maja | |
| Prof. | Lorenzo | Alberio | (Adults Unit) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | (+41) 79 556 62 37 (Pediatrics) |
| Fax: | |
| fax work: | (+41) 21 314 92 95 |
| fax work2: | (+41) 21 314 05 03 |
| fax work3: | |

email work:

email work2:

Email:
Lorenzo.Alberio@chuv.ch

WebSiteAddress:
https://www.chuv.ch/fr/hematologie/hem-home/pa

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ente Ospedaliero Cantonale (Adult)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Bellinzona |
| StreetAd | | PostalCode | 6501 |
| Region | | | |
| Address1 | Abteilung Hämatologie | | |
| Address2 | Via Ospedale | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gerber | Bernhard | |
| Dr. | Stüssi | Georg | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+41) 91 811 94 92 (on-call hemat |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | bernhard.gerber@eoc.ch |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ente Ospedaliero Cantonale (Pediatrics)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Bellinzona |
| StreetAd | | PostalCode | 6501 |
| Region | | | |
| Address1 | Via Ospedale | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Brazzola | Pierluigi | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+41) 91 811 94 81 (Outpatient Cli |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | pierluigi.brazzola@eoc.ch |
| WebSiteAddress: | www.coagulazione.ch |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **HFR Fribourg - hôpital cantonal**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Fribourg |
| StreetAd | | PostalCode | 1708 |
| Region | | | |
| Address1 | Service d'hémato-oncologie | | |
| Address2 | Chemin des Pensionnats 2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Levrat | Emmanuel | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

emmanuel.levrat@h-fr.ch

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hôpital des Enfants (HUG)**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Genève |
| StreetAd | | PostalCode | CH-1205 |
| Region | | | |
| Address1 | Unité d'Hématologie-Oncologie Pédiatrique | | |
| Address2 | Rue Willy Donzé, 6 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nava | Tiago | |
| Dr. | Mattiello | Veneranda | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | (+41) 79 553 48 04 (on-call hemat |
| Fax: | |
| fax work: | 41-22-382-4720 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
veneranda.mattiello@hcuge.ch

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital du Valais - Institut Central**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Sion |
| StreetAd | | PostalCode | 1950 |
| Region | | | |
| Address1 | Service d'Hématologie | | |
| Address2 | Av. Grand-Champsec 86 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Goodyer | Matthew | |
| Dr. | Kaiser | Julie | |
| Dr. | Frossard | Valérie | |
| Dr. | Lovey | Pierre-Yves | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | pyves.lovey@hopitalvs.ch |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpitaux Universitaires de Genève (HUG)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Genève |
| StreetAd | | PostalCode | 1205 |
| Region | | | |
| Address1 | Hôpitaux Universitaires Genève | | |
| Address2 | Service d'angiologie et d'hémostase | | |
| Address3 | 4, rue Gabrielle-Perret-Gentil | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Fontana | Pierre | Head of the Haemostasis Unit |
| M. | Cassini | Alessandro | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 41-22-372-97-54 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-22-372-98-91 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Pierre.Fontana@hcuge.ch

WebSiteAddress:
http://hemophilie.hug-ge.ch/

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Inselspital Bern**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Bern |
| StreetAd | | PostalCode | 3010 |
| Region | | | |
| Address1 | Polyclinic for Hematology | | |
| Address2 | Bettenhochhaus BHH U1, Room 114 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kremer Hovinga | Johanna | |
| Dr. | Wieland | Anna | |
| Prof. | Angelillo-Scherrer | Anne | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-31-632-9366 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
johanna.kremer@insel.ch

WebSiteAddress:
www.haemophilie.insel.ch

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Inselspital Bern (Pediatric Clinic)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Bern |
| StreetAd | | PostalCode | CH-3010 |
| Region | | | |
| Address1 | Department of Pediatric Hematology/Oncology | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kartal-Kaess | Mutlu | |
| Dr. | Rössler | Jochen | Head of Department |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+41) 31 632 94 95 (secretary) |
| cellular: | |
| phone_emergency: | (+41) 31 632 93 72 (evening/wee |
| Fax: | |
| fax work: | 41-31-632-0463 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jochen.roessler@insel.ch

WebSiteAddress:
http://www.kinderkliniken.insel.ch

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kantonspital Aarau**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Aarau |
| StreetAd | | PostalCode | 5001 |
| Region | | | |
| Address1 | Clinic for Pediatric Hematology/Oncology | | |
| Address2 | Tellstr. 25 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Scheinemann | Katrin | |
| Dr. | Klein-Franke | Andreas | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

katrin.scheinemann@ksa.ch

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kantonsspital Aarau - Center for Adults**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Aarau |
| StreetAd | | PostalCode | CH-5001 |
| Region | | | |
| Address1 | Hämatologie | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Heizmann | Marc | |
| Dr. | Sarinayova | Svetlana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-62-838-5399 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
marc.heizmann@ksa.ch

WebSiteAddress:
www.ksa.ch

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kantonsspital Graubünden**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Chur |
| StreetAd | | PostalCode | 7000 |
| Region | | | |
| Address1 | Paediatric Hematology/Oncology and Department of Internal Medicine (Adults) | | |
| Address2 | Loëstrasse 170 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Malär | Reta | |
| Dr. | Jeker | Raphael | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | (+41) 81 256 61 11 (main number |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | reta.malaer@ksgr.ch |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kinderspital Luzern**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Luzern |
| StreetAd | | PostalCode | CH-6000 |
| Region | | | |
| Address1 | Hematology/Oncology | | |
| Address2 | Spitalstrasse | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schilling | Freimut | |
| Dr. | Eisenreich | Bernhard | |
| Dr. | Koustenis | Elisabeth | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | + 41 41 205 11 11 (Pediatrics) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-41-205-3190 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
freimut.schilling@luks.ch

WebSiteAddress:
http://www.luks.ch

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Luzerner Kantonsspital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Luzern |
| StreetAd | | PostalCode | CH-6000 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Wuillemin | Walter A. | Head |
| Dr. | Raddatz | Pascale | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | + 41 (0) 41 205 13 85 (days) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-41-205-2197 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | walter.wuillemin@luks.ch |
| WebSiteAddress: | http://www.luks.ch |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ostschweizer Kinderspital St. Gallen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | St. Gallen |
| StreetAd | | PostalCode | CH-9006 |
| Region | | | |
| Address1 | Center for Hematology and Oncology | | |
| Address2 | Claudiusstrasse 6 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Greiner | Jeanette | |
| Dr. | Hengartner | Heinz | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | +41 (0) 79 816 88 29 |
| Fax: | |
| fax work: | 41-71-243-71-52 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
heinz.hengartner@kispisg.ch

WebSiteAddress:
http://www.kispisg.ch

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätskinderspital beider Basel (UKBB)**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Basel |
| StreetAd | | PostalCode | 4056 |
| Region | | | |
| Address1 | Hematology / Oncology | | |
| Address2 | Spitalstrasse 33 | | |
| Address3 | Postfach | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Diesch | Tamara | |
| Dr. | von der Weid | Nicolas | |
| Dr. | Tanriver | Ursula | |
| Prof. Dr. | Kühne | Thomas | |
| Dr. | Schifferli | Alexandra | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | (+41) 61 704 12 13 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nicolas.vonderweid@ukbb.ch

WebSiteAddress:
http://www.ukbb.ch

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitäts-Kinderspital Zurich**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Zurich |
| StreetAd | | PostalCode | CH-8032 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Steinwiesstrasse 75 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. Dr. | Schmugge | Markus | Head of Department Hematology |
| Dr. | Kroiss | Sabine | |
| Prof. Dr. | Albisetti | Manuela | Head of Hemophilia Center |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | + 41 (0) 44 266 73 07 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-44-266-7171 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
manuela.albisetti@kispi.uzh.ch

WebSiteAddress:
http://www.kispi.unizh.ch

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsspital Basel**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Basel |
| StreetAd | | PostalCode | 4031 |
| Region | | | |
| Address1 | Hematology - Adult Unit | | |
| Address2 | Petersgraben 4 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schmidlin | Nadine | |
| Dr. | Martinez | Maria | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 41-61-265-4450 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
maria.martinez@usb.ch

WebSiteAddress:
http://www.labormedizin-uhbs.ch/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätsspital Zürich**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | Zurich |
| StreetAd | | PostalCode | CH-8091 |
| Region | | | |
| Address1 | Department of Hematology | | |
| Address2 | Rämistrasse 100 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hegemann | Inga | |
| Dr. | Studt | Jan-Dirk | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | + 41 (0) 44 255 3782 |
| cellular: | |
| phone_emergency: | + 41 (0) 79 356 95 62 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | + 41 44 255 4568 |

email work:

email work2:

Email:
inga.hegemann@usz.ch

WebSiteAddress:
http://www.haematologie.usz.ch

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Zentrum für Labormedizin St. Gallen**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Switzerland | City | St. Gallen |
| StreetAd | | PostalCode | 9001 |
| Region | | | |
| Address1 | Frohbergstrasse 3 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Graf | Lukas | |
| Prof. Dr. | Korte | Wolfgang | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

wolfgang.korte@zlmsg.ch

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **International Hemophilia Training Center - Bangkok**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Thailand | City | Bangkok |
| StreetAd | | PostalCode | 10400 |
| Region | | | |
| Address1 | Mahidol University | | |
| Address2 | Faculty of Medicine, Ramathibodi Hospital | | |
| Address3 | Rama VI Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Sri-Udomporn | Nantana | (Pediatric Dentist) |
| Prof. | Chuansumrit | Ampaiwan | Director (Pediatric Hematologist) |
| Miss | Wongwerawattanako | Pakawan | Nurse |
| Dr. | Suwannurak | Montol | (Dentist) |
| Prof. | Angchaisuksiri | Pantep | (Adult Hematologist) |
| | | | |
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| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 66-2-201-1749 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 66-2-201-1748 |
| fax work2: | 66-2-201-1850 |
| fax work3: | |

email work:

email work2:

Email:

wpakawan@hotmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centre de traitement des hémophiles de Tunis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Tunisia | City | Tunis |
| StreetAd | | PostalCode | 1008 |
| Region | | | |
| Address1 | Hôpital Aziza Othmana (HAO) | | |
| Address2 | Centre de Traitement des Hémophiles | | |
| Address3 | Département d'Hématologie Clinique | | |
| address4: | 1 Place du Gouvernement | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Gouider | Emna | Médecin Responsable du CTH |
| Mme | Zhara | Kaouther | Physiothérapeute, coordinatrice du C |
| Prof. | Meddeb | Balkis | Chef de service d'Hématologie Cliniqu |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 216-71-568-228 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 216-71-568-228 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | balkismeddeb@voila.fr |
| WebSiteAddress: | |

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Universitaire Farhat Hached**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Tunisia | City | Sousse |
| StreetAd | | PostalCode | 4000 |
| Region | | | |
| Address1 | Service d'Hématologie | | |
| Address2 | Rue Ibn El Jazzar | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ben Youssef | Yosra | |
| | Zahra | K'mira | |
| Dr. | Zaier Zayani | Monia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 216-73-219-501 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
abkhelif@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpital Universitaire Hédi Chaker**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Tunisia | City | Sfax |
| StreetAd | | PostalCode | 3027 |
| Region | | | |
| Address1 | Emna City Hedi Nouira | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kammoun | Rania | Physiothérapeute |
| Dr. | Kassar | Olfa | Hématologue |
| Prof. | Lourimi | Moez | Directeur de service d'Hématologie d |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 216-74-240-549 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 216-74-240-549 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
olfajemal@yahoo.fr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Akdeniz University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Antalya |
| StreetAd | | PostalCode | 07070 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Hematology Unit | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Boger | Hayriye | Nurse |
| Prof. | Undar | Levent | |
| Prof. | Yesilipek | Akif | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-242-249-6520 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-242-227-4320 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
yesilipek@akdeniz.edu.tr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ankara University, Faculty of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Ankara |
| StreetAd | | PostalCode | 06100 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Division of Pediatric Hematology | | |
| Address3 | Cebeci | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Uysal | Zamrut | |
| Dr. | Ileri | Talia | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-312-362-30306635 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-312-362-0581 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | kemahli@medicine.ankara.edu.tr |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cerrahpasa Medical School**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Istanbul |
| StreetAd | | PostalCode | 34303 |
| Region | | | |
| Address1 | University of Istanbul | | |
| Address2 | Dept of Pediatrics, Hematology Unit | | |
| Address3 | Cerrahpasa Tip Fak. | | |
| address4: | Qocuk Klinigi Cerrahpasa | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Yildiz | Inci | |
| Prof. | Celkan | Tiraje | |
| | Yantri | Leman | Nurse |
| Dr. | Apak | Hilmi | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-212-414-3182 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-212-588-3102 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
inciyil@istanbul.edu.tr

WebSiteAddress:
http://www.istanbul.edu.tr

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cukurova University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Adana |
| StreetAd | | PostalCode | 01230 |
| Region | | | |
| Address1 | Department of Pediatrics | | |
| Address2 | Division of Pediatric Hematology | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kilinc | Yurdanur | Director |
| | Cam | Leyla | Nurse Coordinator |
| Prof. | Sasmaz | Hatice Ilgen | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-322-338-60603117 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-322-338-6906 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kyurdnur@mail.cu.edu.tr

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ege University Medical School**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Izmir |
| StreetAd | | PostalCode | TR-35100 |
| Region | | | |
| Address1 | Ege Hemophilia Center | | |
| Address2 | Ege University Hospital | | |
| Address3 | Children's Hospital Hematology Unit | | |
| address4: | Bornova-Izmir | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Isin | Raziye | Nurse |
| Prof. | Kavakli | Ramazan Kaan | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-232-390-1017 |
| cellular: | |
| phone_emergency: | 90-532-627-5964 |
| Fax: | |
| fax work: | 90-232-347-1898 |
| fax work2: | 90-232-388-9900 |
| fax work3: | |

email work:

email work2:

Email:
kaan.kavakli@ege.edu.tr

WebSiteAddress:
http://www.hedef-tr.org

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Gazi University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Ankara |
| StreetAd | | PostalCode | 06500 |
| Region | | | |
| Address1 | Dept. of Pediatrics, Hematology Unit | | |
| Address2 | Besevler | | |
| Address3 | Konya Asfalti | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kaya | Zuhre | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-312-213-49706025 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-312-213-4970 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
turkiz@gazi.edu.tr

WebSiteAddress:
http://www.gazi.edu.tr

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Göztepe Educational Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Istanbul |
| StreetAd | | PostalCode | 34722 |
| Region | | | |
| Address1 | Pediatric Clinic | | |
| Address2 | Göztepe - Kadikoy | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-216-566-40002031 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-216-566-9559 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

cetintim@hotmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hacettepe University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Ankara |
| StreetAd | | PostalCode | 06100 |
| Region | | | |
| Address1 | Dept of Internal Medicine, Hematology Unit | | |
| Address2 | Sihhiye | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Buyukasik | Yahya | |
| Prof. | Haznedaroglu | Ibrahim | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-312-305-1543 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-312-311-4246 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Istanbul University Hemophilia Comprehensive Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Istanbul |
| StreetAd | | PostalCode | 34093 |
| Region | | | |
| Address1 | Istanbul Universitesi Onkoloji Enstitusu, Capa | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Koc | Basak | Pediatric Hematology/Oncology |
| Prof. | Zulfikar | Bulent | Pediatric Hematocology/Oncolology |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +90212 414 2434 (ext:34212) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | +90212 534 8078 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bulent.zulfikar@istanbulmedicare.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Istanbul University Oncology Institute**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Istanbul |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Department of Pediatric Hematology/Oncology | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-212-414-24-34 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bzulfikar@superonline.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Istanbul University, Istanbul School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Istanbul |
| StreetAd | | PostalCode | 34390 |
| Region | | | |
| Address1 | Istanbul Tip Fakultesi, Cocuk Klinigi | | |
| Address2 | Millet Caddesi, CAPA | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Unuvar | Aysegul | PEDIATRIC HEMATOLOGY |
| Dr. | Devecioplu | Omer | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-212-414-200031662 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-212-414-2215 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
aunuvar@istanbul.edu.tr

WebSiteAddress:
http://www.itf.istanbul.edu.tr

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Karadeniz Technical University Medical School**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Trabzon |
| StreetAd | | PostalCode | 61080 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Hematology Unit | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-462-377-5367 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-462-325-0518 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
eovali@superonline.com

WebSiteAddress:
http://www.ktu.edu.tr/

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Okmeydani Educational Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Istanbul |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Pediatric Hematology-Oncology Clinic | | |
| Address2 | Okmeydam - Sisly | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-212-221-77771361 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 90-212-221-7800 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Osmangazi University Medical School**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Turkey | City | Eskisehir |
| StreetAd | | PostalCode | 26480 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | Hematology Unit | | |
| Address3 | Meselik | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Akay | Mutem Olga | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 90-222-229-14-11 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | zgulbas@superonline.com |
| WebSiteAddress: | http://www.ogu.edu.tr |

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dubai Health Authority**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Arab Emirates | City | Dubai |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Rashid Hospital | | |
| Address2 | Hematology Department | | |
| Address3 | P.O. Box 4545 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 971-4-219-2147 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bprasannan@dha.gov.ae

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dubai Health Authority**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Arab Emirates | City | Dubai |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Al Wasl Hospital | | |
| Address2 | Pediatric department | | |
| Address3 | PO BOX 9115 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Al-Hussain | Mahmoud | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 971-4-219-3000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

maalhussain@dha.gov.ae

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sheikh Khalifa Medical City**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Arab Emirates | City | Abu Dhabi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | P.O. Box 51900 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 971-2-610-2000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tawam Hospital Al Ain**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Arab Emirates | City | Al Ain |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Affiliated with Johns Hopkins USA | | |
| Address2 | P.O. BOX 15258 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 971-3-767-7444 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

smilesaif@hotmail.com

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Aberdeen Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Aberdeen |
| StreetAd | | PostalCode | AB25 2ZN |
| Region | | | |
| Address1 | Aberdeen Royal Infirmary | | |
| Address2 | Foresterhill | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Forrest | Louise | Haemophilia Sister |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-8454-566-00053357/94 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1224-840-714 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

joanrae@nhs.net

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Barts Health Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | E1 1BB |
| Region | | | |
| Address1 | Haemophilia Centre | | |
| Address2 | 2nd Floor | | |
| Address3 | Central Tower | | |
| address4: | Whitechapel Road | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Maposa | Wandai | Haemophilia Charge Nurse |
| Ms. | Osias | Arlene | Haemophilia Sister |
| Ms. | Sager | Robin | Haemophilia Sister |
| Dr. | Pasi | John | Director |
| Mr. | Hardy | Steve | Department Secretary |
| Ms. | Hay | Claire | |
| Ms. | Khanum | Ruksana | Administration Assistant |
| Ms. | Anderson | Vikki | |
| Ms. | Rahman | Rotna | Department Secretary |
| Mr. | Patel | Vishal | Locum Physio |
| | | | |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-20-7377-7455 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemophiliacentre@bartsandthelonson.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Basingstoke Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Basingstoke |
| StreetAd | | PostalCode | RG24 9NA |
| Region | | | |
| Address1 | North Hampshire Hospital | | |
| Address2 | Uplands House | | |
| Address3 | Aldermaston Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rangarajan | Savita | Centre Director and Consultant Haem |
| Dr. | Everington | Tamara | |
| Dr. | Mangles | Sarah | |
| Ms. | Phillott | Anica | Nurse Manager |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1256-314-793 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1256-313-420 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Haemophilia.Centre@hhft.nhs.uk

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bath Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bath |
| StreetAd | | PostalCode | BA1 3NG |
| Region | | | |
| Address1 | Royal United Hospital Trust | | |
| Address2 | Combe Park | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Knechtli | C.J.C. | |
| Dr. | Wexler | S. A. | Consultant Haemotologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1225-824-155 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1225-461-044 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bedford Associate Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bedford |
| StreetAd | | PostalCode | MK42 9DJ |
| Region | | | |
| Address1 | Bedford General Hospital (Trust) | | |
| Address2 | Kempston Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Howes | D.T. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1234-792-145 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Belfast Children's Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Belfast |
| StreetAd | | PostalCode | BT12 6BE |
| Region | | | |
| Address1 | Hematology Unit | | |
| Address2 | Royal Belfast Hospital for Sick Children | | |
| Address3 | 180 Falls Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Cairns | Carole | Consultant Haematologist |
| Dr. | Macartney | Christine | Centre Director |
| Dr. | Mitchell | Bethany | Consultant Haematologist |
| Ms. | Diamond | Fionnuala | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +44-28-9615-0282 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-28-9063-4781 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

fionnualadiamond@belfasttrust.hscni.net

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Birmingham Paediatric Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Birmingham |
| StreetAd | | PostalCode | B4 6NH |
| Region | | | |
| Address1 | Birmingham Children's Hospital NHS Trust | | |
| Address2 | Steelhouse Lane | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
| | | | |
| Dr. | Motwani | Jayashree | Consultant Paediatric Haematologist |
| Dr. | Lancashire | Jonathan (Ray) | Consultant Paediatric Haematologist |
| Dr. | Patel | Jesel | Consultant Paediatric Haematologist |
| | Lawson | Natalie | Haemophilia Specialist Nurse |
| | Reynolds | Katy | trainee Advanced Nurse Practitioner |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | 07879 111368 |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

bwc.haemophilia@nhs.net

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Blackburn Royal Infirmary**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Blackburn |
| StreetAd | | PostalCode | BB2 3LR |
| Region | | | |
| Address1 | Bolton Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Newsome | D. A. | |
| Mrs. | McCaffrey | O. | |
| Mrs. | Partington | M. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1254-263-555 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1254-687-310 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bournemouth and Poole Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bournemouth |
| StreetAd | | PostalCode | BH7 7DW |
| Region | | | |
| Address1 | Royal Bournemouth Hospital | | |
| Address2 | Castle Lane East | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone2: | |
| phone3: | |
| phone_work4 | 44-1202-704-790 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1202-448-659 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

alison.worsley@poole.nhs.uk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bradford Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bradford |
| StreetAd | | PostalCode | BD9 6RJ |
| Region | | | |
| Address1 | Bradford Royal Infirmary | | |
| Address2 | Duckworth Lane | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ackroyd | Samuel | Haemophilia Director |
| Ms. | Kaur | Sukjinder | Sister (Paeds) |
| Mrs. | Smith | Susan | Specialist Nurse (Adult) |
| Mrs. | Brooks | Linda | Specialist Nurse (Paeds) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1274-542-200 |
| cellular: | |
| phone_emergency: | 44-1274-382-311 Children |
| Fax: | |
| fax work: | 44-01274-382-680 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sam.ackroyd@bradfordhospitals.nhs.uk

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bristol Haemostasis and Thrombosis Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bristol |
| StreetAd | | PostalCode | BS2 8ED |
| Region | | | |
| Address1 | Bristol Haematology and Oncology Centre | | |
| Address2 | Horfield Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Clark | A. | Consultant Haematologist |
| Ms. | Franklin | Emma | Haemophilia Clinical Nurse Specialist |
| Ms. | Horton | Michelle | Haemophilia Clinical Nurse Specialist |
| Dr. | Mumford | Andrew | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-117-342-3470 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-117-342-4036 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
michelle.horton@UHBristol.nhs.uk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Center Name **Bristol Royal Hospital for Children**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bristol |
| StreetAd | | PostalCode | BS2 8BJ |
| Region | | | |
| Address1 | Haematology Day Beds | | |
| Address2 | Upper Maudlin Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Farrell | Anna | Paediatric Haemophilia Nurse Speciali |
| Dr. | Tunstall | Oliver | Consultant Paediatric Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-117-342-8721 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-117-342-8628 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

anna.farrell@ubht.swest.nhs.uk

WebSiteAddress:

http://www.ubht.nhs.uk

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cambridge Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Cambridge |
| StreetAd | | PostalCode | CB2 2QQ |
| Region | | | |
| Address1 | Addenbrookes NHS Trust | | |
| Address2 | Hills Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gattens | Mike | Paediatric Haematologist |
| Dr. | Bradbury | Myles | Paediatric Haematologist |
| Mrs. | Hayman | Emma | Specialist Haemophilia Nurse |
| Dr. | Baglin | T. | Director |
| Mr. | Lawrence | Kingsley | Haemophilia Nurse |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1223-257-039 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1223-217-017 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

kingsley.lawrence@addenbrookes.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cardiff - Arthur Bloom Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Cardiff |
| StreetAd | | PostalCode | CF14 4XN |
| Region | | | |
| Address1 | University Hospital of Wales | | |
| Address2 | Heath Park | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Loran | Christine | Haemophilia Nurse Manager |
| Dr. | Collins | Peter | Centre Director |
| Dr. | Alikhan | Raza | Consultant Haematologist |
| Dr. | Rayment | Rachel | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-2920-743-403 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-29-2074-8226 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Carlisle Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Carlisle |
| StreetAd | | PostalCode | CA2 7HY |
| Region | | | |
| Address1 | Cumberland Infirmary | | |
| Address2 | New Town Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | O'Brien | H. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1228-523-4444512 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1228-814-831 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Hugh.O'Brian@ncumbria-acute.nhs.uk

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Chelmsford Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Chelmsford |
| StreetAd | | PostalCode | CM1 7ET |
| Region | | | |
| Address1 | Broomfield Hospital | | |
| Address2 | Court Road | | |
| Address3 | Broomfield | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Baugh | O.H.A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1245-514-160 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1245-514-077 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Chichester Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Chichester |
| StreetAd | | PostalCode | PO19 6SE |
| Region | | | |
| Address1 | St. Richards Hospital | | |
| Address2 | Spitalfield Lane | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Janes | S. | Director, Consultant Haematologist |
| Dr. | Stross | Paul | Consultant Haematologist |
| Ms. | Ballantyne | Claire | Clinical Nurse Specialist |
| Dr. | Wilson | Jamie | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1243-831415 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1243-831-413 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sarah.janes@wsht.ns.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Colchester Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Colchester |
| StreetAd | | PostalCode | CO4 5JL |
| Region | | | |
| Address1 | Colchester General Hospital | | |
| Address2 | Turner Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Tonkin | J. | Nurse Consultant |
| Dr. | Hamblin | M.T. | Consultant Haematologist |
| Dr. | Campbell | G. | Consultant Haematologist |
| Dr. | Wood | M.E. | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1206-742-357 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1206-744-915 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Conquest Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | St Leonards on Sea |
| StreetAd | | PostalCode | TN37 7RD |
| Region | | | |
| Address1 | The Ridge | | |
| Address2 | 2nd Floor, Cancer Building | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Beard | J. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1424-758-022 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Coventry Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Coventry |
| StreetAd | | PostalCode | CV2 2DX |
| Region | | | |
| Address1 | Walsgrave Hospital NHS Trust | | |
| Address2 | Clifford Bridge Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chapman | Oliver | Consultant Haematologist |
| Ms. | Sedgwick | Doreen | Haemophilia/Haematology Clinical N |
| Ms. | Khan | Naseem | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-247-696-5394 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-247-6968-798 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
doreensedgwick@uhcw.nhs.uk

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Derby Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Derby |
| StreetAd | | PostalCode | DE1 2QY |
| Region | | | |
| Address1 | Derbyshire Royal Infirmary | | |
| Address2 | Haematology Department | | |
| Address3 | London Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | McKernan | Angela | |
| Dr. | Mitchell | D.C. | |
| Ms. | Jobling | Alison | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1332-787-973 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1332-787-974 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dundee Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Dundee |
| StreetAd | | PostalCode | DD1 9SY |
| Region | | | |
| Address1 | Ninewells Hospital and Medical School | | |
| Address2 | Ninewells Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| M. | Newman | Lee | Adult Haemophilia Nurse |
| Ms. | Caird | Angela | Data Manager |
| Dr. | Kerr | Ron | Hemophilia Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1382-632-225 (Adults) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1382-632-492 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ronkerr@nhs.net

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Eastbourne Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Eastbourne |
| StreetAd | | PostalCode | BN21 2UD |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | Eastbourne District General Hospital | | |
| Address3 | Kings Drive | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Grace | R.J. | Consultant Haematologist |
| Dr. | Sahu | Satyajit | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1323-413-417 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1323-414-927 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gover.pamela@esht.nhs.uk

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Edinburgh Haemophilia & Thrombosis Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Edinburgh |
| StreetAd | | PostalCode | EH16 4SA |
| Region | | | |
| Address1 | Royal Infirmary of Edinburgh | | |
| Address2 | 51 Little France Crescent | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hook | Susan | |
| Dr. | Thomas | Angela | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-131-242-1270 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-131-242-1275 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rie.haemophilia@luht.scot.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Epsom and St. Helier NHS Trust**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Carshalton |
| StreetAd | | PostalCode | SM5 1AA |
| Region | | | |
| Address1 | Wrythe Lane | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Behrens | J. | Director |
| Ms. | Short | S. | Haematology Nurse |
| Dr. | Rice | Katherine | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-20-8644-4343 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-208-641-6450 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

katherine.rice@epsom-sthelier.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Exeter Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Exeter |
| StreetAd | | PostalCode | EX2 5DW |
| Region | | | |
| Address1 | Royal Devon & Exeter Hospital | | |
| Address2 | Barrack Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Coppell | Jason | Director of Haemophilia Centre |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1392-411-6112468 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1392-406-212 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Frimley Park Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Frimley |
| StreetAd | | PostalCode | GU16 7UJ |
| Region | | | |
| Address1 | Frimley Park Hospital NHS Trust | | |
| Address2 | Portsmouth Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Alton | Peter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1276-604-604 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1276-604-924 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Glasgow Royal Infirmary**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Glasgow, United Kingdom |
| StreetAd | | PostalCode | G4 0SF |
| Region | | | |
| Address1 | Haemophilia Centre (Adult) | | |
| Address2 | Ward 1, Ground Floor, Medical Block | | |
| Address3 | 84 Castle Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bagot | C | Co-Director |
| Mrs. | Wick | P | Nurse Specialist |
| Ms. | McDougall | Ishbel | Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-141-211-4840 |
| cellular: | |
| phone_emergency: | 44-141-211-4840 |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

gri.haemophiliacentre@ggc.scot.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Great Ormond Street Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | WC1N 3JH |
| Region | | | |
| Address1 | Great Ormond Street Hospital for Children NHS Trust | | |
| Address2 | Great Ormond Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Bladen | Melanie | Physiotherapist |
| Ms. | Henderson | Lesley | Nurse Specialist |
| Dr. | Khair | Kate | Nurse Consultant |
| Dr. | Mathias | Mary | Consultant |
| Dr. | Liesner | Ri | Centre Director |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-20-7829-8846nurses |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-20-7829-8872 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

khairk@gosh.nhs.uk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia Centre of Bangor**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Bangor |
| StreetAd | | PostalCode | LL57 2PW |
| Region | | | |
| Address1 | Alaw Unit | | |
| Address2 | Ysbyty Gwynedd | | |
| Address3 | Penrhosgarnedd | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Edge | Laura | Day Unit Sister |
| Dr. | Hamilton | Melinda | Consultant Haematologist - Treatmen |
| | Bale | Nerys | Hemophilia Specialist Nurse |
| Dr. | Seale | Jim | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1248-384-263 (day) |
| cellular: | |
| phone_emergency: | 44-1248-384-945(night) |
| Fax: | |
| fax work: | 44-1248-384-505 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jim.seale@nww-tr.wales.nhs.uk

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Haemophilia Treatment Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Gillingham |
| StreetAd | | PostalCode | ME7 5NY |
| Region | | | |
| Address1 | Medway Maritime Hospital | | |
| Address2 | Windmill Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hayes | John Paul L.A. | |
| Dr. | Andrews | Vivienne | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1634-830-0005234 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 01634-825-182 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hammersmith Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | W12 0HS |
| Region | | | |
| Address1 | 2nd Floor, Cancer Building | | |
| Address2 | Hammersmith Hospital | | |
| Address3 | 150 Ducane Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hutchinson | Wendy | |
| Ms. | Alavian | Sharon | Clinical Nurse Specialist |
| Dr. | Laffan | Michael | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-208-383-4345 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1208-383-4755 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sflynn@hhnt.nhs.uk

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hillingdon Hospital NHS Trust**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Uxbridge |
| StreetAd | | PostalCode | UB8 3NN |
| Region | | | |
| Address1 | Haemophilia Centre | | |
| Address2 | Pield Heath Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Poonawala | Gail | Haemophilia Nurse |
| Dr. | Jan-Mohamed | R. | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1895-279-231 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1895-279-931 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Huddersfield Royal Infirmary Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Huddersfield |
| StreetAd | | PostalCode | HD3 3EA |
| Region | | | |
| Address1 | Haematology Department | | |
| Address2 | Lindley | | |
| Address3 | Acre Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Braithwaite | J.B. | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1484-482-550 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1484-546-144 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jane.braithwaite@cht.nhs.uk

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hull Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Hull |
| StreetAd | | PostalCode | HU3 2JZ |
| Region | | | |
| Address1 | Regional Centre for Haemostasis, Immunology and Allergy | | |
| Address2 | Hull and East Yorkshire NHS Trust | | |
| Address3 | Hull Royal Infirmary | | |
| address4: | Anlaby Road | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Fenwick | Jeanette | Specialist Nurse |
| Mrs. | Gladstone | Katherine | Specialist Nurse |
| Ms. | Woods | Pippa | Specialist Nurse |
| Dr. | Carter | Christopher | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1482-675-986 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1482-607739 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

sylvia.balyen@hey.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Inverness Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Inverness |
| StreetAd | | PostalCode | IV2 3UJ |
| Region | | | |
| Address1 | Raigmore Hospital | | |
| Address2 | Old Perth Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Murray | W. | Director |
| Ms. | Worsley | Carol | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1463-704-0004259 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1463-705-878 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
carol.worsley@haht.scot.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ipswich Hospital NHS Trust**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Ipswich |
| StreetAd | | PostalCode | 1P4 5PD |
| Region | | | |
| Address1 | Heath Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chalmers | Isobel | Centre Director |
| Dr. | Whalley | Ioana | Centre Director |
| Ms. | Kaznika | Sharon | Haemophilia Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1473-703-718 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1473-703-720 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
isobel.chalmers@ipsh-tr.anglex.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Jersey General Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | St Helier |
| StreetAd | | PostalCode | JE1 3QS |
| Region | | | |
| Address1 | Haematology Department, | | |
| Address2 | General Hospital | | |
| Address3 | Gloucester Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mattock | Chris | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 01534442597 (Haematology) |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 01534442883 (Haematology) |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

c.mattock@health.gov.je

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kent and Canterbury Haemophilia Comprehensive Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Canterbury |
| StreetAd | | PostalCode | CT1 3NG |
| Region | | | |
| Address1 | Kent and Canterbury Hospital | | |
| Address2 | Ethelbert Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Stephensen | David | Haemophilia Physiotherapist |
| Dr. | Roughly | Catherine | Consultant Haematologist |
| Ms. | Davies | Karen | Haemostasis Sister |
| Dr. | Elliot | Kim | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1227-783 157 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1227-783-158 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ekh-tr.haemophilia@nhs.net

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kettering Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Kettering |
| StreetAd | | PostalCode | NN16 8UZ |
| Region | | | |
| Address1 | General Hospital | | |
| Address2 | Rothwell Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kelsey | H.C. | Consultant Haematologist |
| Dr. | Longmuir | Karyn | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1536-492-000 switchboard |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1536-491-448 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

helen.kelsey@kgh.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kingston Upon Thames Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Kingston Upon Thames |
| StreetAd | | PostalCode | KT2 7QB |
| Region | | | |
| Address1 | Kingston Hospital | | |
| Address2 | Galsworthy Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | McHugh | Patrick | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-208-546-77112042 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-208-547-0887 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Leeds Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Leeds |
| StreetAd | | PostalCode | LS9 7TF |
| Region | | | |
| Address1 | St. James' University Hospital | | |
| Address2 | Level 03, Bexley Wing | | |
| Address3 | Beckett Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Horn | Lishel | Consultant Haematologist, Adults |
| Ms. | Garside | Sarah | Haematology Nurse Specialist, Childre |
| Ms. | Westoby | Angela | Haemophilia Nurse Specialist, Adults |
| Dr. | Richards | E.M. | Consultant Paediatric Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-113-206-7426 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Leicester Haemophilia Comprehensive Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Leicester |
| StreetAd | | PostalCode | LE1 5WW |
| Region | | | |
| Address1 | Haemostasis and Thrombosis Unit | | |
| Address2 | Osborne Building | | |
| Address3 | Royal Infirmary | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gooding | Richard | Consultant Haematologist |
| Dr. | Myers | Bethan | Consultant Haematologist |
| Ms. | O'Connell | Sarah | Lead Nurse/Sister |
| Ms. | Arnold | Emma | CNS |
| Ms. | Tadd | Libby | CNS/Paediatric lead |
| Dr. | Strong | Jane | Consultant Haematologist |
| | | | |
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| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-116-258-6500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-116-258-6120 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Lewisham Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | SE13 6LH |
| Region | | | |
| Address1 | University Hospital, Lewisham | | |
| Address2 | High Street | | |
| Address3 | Lewisham | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Tombs | Carole | |
| Dr. | Mir | Naheed | Consultant |
| Dr. | Thanigaikimar | Murugaiyan | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-208-333-3000 Ext 6248 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-208-333-3006 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Lincoln County Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Lincoln |
| StreetAd | | PostalCode | LN2 5QY |
| Region | | | |
| Address1 | Haemophilia Centre | | |
| Address2 | Greetwell Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Lovett | Clare | Haemophilia Nurse |
| Dr. | Myers | Bethany | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1522-573-731 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1522-573-757 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Liverpool Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Liverpool |
| StreetAd | | PostalCode | L7 8XP |
| Region | | | |
| Address1 | Roald Dahl Haemostasis and Thrombosis Unit | | |
| Address2 | Prescot Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Keaney | Jayne | Specialist Nurse |
| Mrs. | Kay-Jones | Clare | Specialist Nurse |
| Prof. | Toh | C. H. | Centre Director |
| Dr. | Martlew | V.J. | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-151-706-3391 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-151-706-5904 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rdht@rlbuht.nhs.uk

WebSiteAddress:
http://www.rlbuht.nhs.uk/rdht

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Liverpool Paediatric Haemophila Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Liverpool |
| StreetAd | | PostalCode | L12 2AP |
| Region | | | |
| Address1 | Alder Hey Children's Hospital | | |
| Address2 | Eaton Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Benfield | Catherine | Haemophilia Nurse Specialist |
| Ms. | Mackett | Nichola | Nurse Specialist |
| Dr. | Keenan | Russell | Consultant Paediatric Consultant |
| Ms. | Barton | Linda | Staff Nurse |
| Ms. | Smith | Louise | Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-151-252-5079 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-151-252-5197 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
catherine.benfield@alderhey.co.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Luton & Dunstable Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Luton |
| StreetAd | | PostalCode | LU4 0DZ |
| Region | | | |
| Address1 | Luton & Dunstable Hospital NHS Trust | | |
| Address2 | Lewsey Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Thompson | D.S. | Consultant Haematologist |
| Dr. | Flora | H. | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1582-497-214 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1582-497-214 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dan.thompson@ldh.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Manchester Children's Haemophilia Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Manchester |
| StreetAd | | PostalCode | M13 9WL |
| Region | | | |
| Address1 | Manchester Royal Infirmary, Haemophilia Unit, Ward 84 | | |
| Address2 | Oxford Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | McDermott | Rachel | Haemophilia Sister |
| Dr. | Grainger | John | Paediatric Consultant Haematologist |
| Dr. | Grainger | John | Centre Director |
| Sr. | Thind | Sharon | Clinical Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-161-701-8410 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-161-701-8410 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Sharon.thind@mft.nhs.uk

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Manchester Comprehensive Care Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Manchester |
| StreetAd | | PostalCode | M13 9WL |
| Region | | | |
| Address1 | Manchester Royal Infirmary | | |
| Address2 | Oxford Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Keagan | Jason | Research Nurse |
| Ms. | Openshaw | Meg | Counsellor/Nurse Specialist |
| Ms. | Woodage | Rachel | Haemophilia Nurse Specialist |
| Ms. | Mohn | Paula | Haemophilia Nurse Specialist |
| Dr. | Hay | Charles | Centre Director |
| | | | |
| | | | |
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| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-161-276-4810 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-161-276-4814 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemophilia@manchester.ac.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mayday Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Thornton Heath |
| StreetAd | | PostalCode | CR7 7YE |
| Region | | | |
| Address1 | Mayday University Hospital | | |
| Address2 | Mayday Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Maitland | J.A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-208-401-3026 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-208-401-3126 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Middlesborough Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Middlesborough |
| StreetAd | | PostalCode | TS4 3BW |
| Region | | | |
| Address1 | The James Cook University Hospital | | |
| Address2 | Marton Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chandler | J.E. | Consultant Haematologist |
| Dr. | Dang | R. | Consultant Haematologist |
| Dr. | Wood | A. | Consultant Haematologist |
| Dr. | Plews | R.D. | Consultant Haematologist |
| | | | |
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| | | | |
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| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1642-854-139 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1642-854-31 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Milton Keynes Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Milton Keynes |
| StreetAd | | PostalCode | MK6 5LD |
| Region | | | |
| Address1 | Dept. of Haematology | | |
| Address2 | Milton Keynes Hospital NHS Foundation Trust | | |
| Address3 | Standing Way, Eaglestone | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hanley | John | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1908-660-0333430 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1908-243-502 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Newcastle Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Newcastle Upon Tyne |
| StreetAd | | PostalCode | NE1 4LP |
| Region | | | |
| Address1 | Royal Victoria Infirmary | | |
| Address2 | Queen Victoria Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Talks | Kate | Centre Co-Director |
| Ms. | Vowles | Julie | Senior Haemophilia Nurse Specialist |
| Dr. | Hanley | John | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-191-282-4170 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-191-282-0814 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

brenda.buzzard@nuth.northy.nhs.uk

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **Norfolk & Norwich Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Norwich |
| StreetAd | | PostalCode | NR4 7UY |
| Region | | | |
| Address1 | Norfolk & Norwich University Hospital | | |
| Address2 | Colney Lane | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hutchings | Amanda | Specialist Nurse |
| Dr. | Turner | Gillian | Consultant Haematologist |
| Dr. | Krishnamurthy | Suchi | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1603-646-750 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1603-286-918 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hamish.lyall@nnuh.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **North Devon Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Barnstaple |
| StreetAd | | PostalCode | EX31 4JB |
| Region | | | |
| Address1 | North Devon District Hospital | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Coppell | Jason | |
| Ms. | Williams | Sally | Haematology Secretary |
| Ms. | Bowyer | Melanie | Haematology Specialist Nurse |
| Dr. | Ruell | Jackie | |
| Dr. | Ngu | Loretta | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1271-322-322 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1271-349-185 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

SallyJ.Williams@nhs.net

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **North Midlands Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Stoke on Trent |
| StreetAd | | PostalCode | ST4 6QG |
| Region | | | |
| Address1 | C/0 Ward 202, | | |
| Address2 | University Hospital of North Midlands NHS Trust, | | |
| Address3 | Royal Stoke University Hospital | | |
| address4: | Newcastle Road | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Chandra | D. | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1782-715-4444631 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1782-555-286 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Northampton Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Northampton |
| StreetAd | | PostalCode | NN1 5BD |
| Region | | | |
| Address1 | Northampton General Hospital NHS Trust | | |
| Address2 | Cliftonville | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Steele | A. | Sister |
| Dr. | Swart | S. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1604-347-005839 |
| cellular: | |
| phone_emergency: | 44-1604-634-700 Ext 5319 (Child) |
| Fax: | |
| fax work: | 44-1604-235-933 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Northern Ireland Haemophilia Centre - Adults**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Belfast |
| StreetAd | | PostalCode | BT9 7AB |
| Region | | | |
| Address1 | Belfast City Hospital | | |
| Address2 | Bridgewater Suite, C Floor | | |
| Address3 | Lisburn Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Benson | Gary | Haemophilia Centre Director |
| Mrs. | Manson | Helen | Haemophilia Sister |
| Dr. | McCauley | Chris | Consultant Haematologist |
| Dr. | Neill | Charlene | Coagulation Specialty Doctor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | +44-28-9504-0666 (Out of Hours) |
| Fax: | |
| fax work: | +44-28-9615-9957 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

HaemophiliaNurses@belfasttrust.hscni.net

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **Nottingham Comprehensive Care Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Nottingham |
| StreetAd | | PostalCode | NG7 2UH |
| Region | | | |
| Address1 | Queens Medical Centre | | |
| Address2 | Clifton Boulvard | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Massingham | Anne | Clinical Nurse Specialist |
| Dr. | Dolan | Gerry | Haemophilia Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-115-970-9994 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-115-970-9186 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Oxford Haemophilia & Thrombosis Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Oxford |
| StreetAd | | PostalCode | OX3 7LJ |
| Region | | | |
| Address1 | Churchill Hospital | | |
| Address2 | Old Road | | |
| Address3 | Headington | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Keeling | David | Consultant Haematologist and Co-Dir |
| Dr. | Curry | Nicola | Consultant Haematologist and Co-Dir |
| Mrs. | Burke | Joanne | Advanced Nurse Practioner |
| Dr. | Shapiro | Susie | Consultant Haematologist and Co-Dir |
| Mrs. | Coutts | Kayleen | Advanced Nurse Practioner |
| Ms. | Eales | Marie | Advanced Paediatric Nurse Practioner |
| Ms. | Pool | Sarah | Advanced Paediatric Nurse Practioner |
| Dr. | Bhatnagar | Neha | Consultant Paediatric Haemotologist |
| Dr. | Hall | Georgina | Consultant Paediatric Haemotologist |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1865-225-316 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1865-225-608 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
haemophilia.reception@ouh.nhs.uk

WebSiteAddress:
http://oxford-haematology.org.uk/clinical-services/h

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Peterborough Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Peterborough |
| StreetAd | | PostalCode | PE3 6DA |
| Region | | | |
| Address1 | Peterborough Hospital Trust | | |
| Address2 | Thorpe Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Thornborough | C. | Clinical Nurse Specialist |
| Dr. | Fairham | S.A. | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1733-441-733 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1733-678-579 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
fairham.sam@pbh-tr.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Plymouth Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Plymouth |
| StreetAd | | PostalCode | PL6 8DH |
| Region | | | |
| Address1 | Derriford Hospital | | |
| Address2 | Derriford Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Thomas | Wayne | Consultant Haematologist |
| | Malinowski | Jan | Haemophilia & Bleeding disorders Nu |
| Dr. | Nokes | Tim | Director of Haemophilia Centre & Con |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1752-792-433 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1752-792-400 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tim.nokes@phnt.swest.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Portsmouth Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Portsmouth |
| StreetAd | | PostalCode | PO6 3LY |
| Region | | | |
| Address1 | Queen Alexandra Hospital | | |
| Address2 | B level Haemotology out Patient Department | | |
| Address3 | Southwick Hill Rd | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Yeaman | Jane | Haemophilia Nurse Specialist |
| Dr. | Hirri | Hussain M. | Consultant Haematologist, Director |
| Mrs. | Hayward | Heather | Administrator/Secretary |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +44 239228 6228 (Nurse Specialis |
| cellular: | |
| phone_emergency: | +44 239228 3344 (Children) |
| Fax: | |
| fax work: | +44 239228 6227 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jane.yeaman@porthosp.nhs.uk

WebSiteAddress:
www.haemophilianetwork.org

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Hemophilia Treatment Centre

Center Name **Royal Free Hospital NHS Trust**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | NW3 2QG |
| Region | | | |
| Address1 | Katharine Dormandy Haemophilia Centre & Thrombosis Centre | | |
| Address2 | Royal Free Hospital | | |
| Address3 | Pond Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Chowdary | Pratima | Centre Director |
| Dr. | McLaughlin | Paul | Haemophilia Specialist Physiotherapis |
| Prof. | Chowdary | Pratima | Haemophilia Lead Doctor |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | +44 207 830 2068 (9am-5pm Mo |
| cellular: | |
| phone_emergency: | |
| Fax: | +44 207 472-6759 |
| fax work: | +44 207 472-6759 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Gwent Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Newport |
| StreetAd | | PostalCode | NP20 2UB |
| Region | | | |
| Address1 | Haematology Department | | |
| Address2 | Cardiff Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Moffat | E.H. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1633-234-482 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1633-222-957 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.gwent-tr.wales.nhs.uk

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Center Name **Royal Hampshire County Hospital**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Winchester |
| StreetAd | | PostalCode | SO22 5DG |
| Region | | | |
| Address1 | Romsey Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | James | C.M. | Royal Hampshire County Hospital |
| Ms. | Brockless | K. | |
| Dr. | Mainwaring | C. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1962-824-700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1962-853-449 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Hospital for Children**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Glasgow |
| StreetAd | | PostalCode | G51 4TF |
| Region | | | |
| Address1 | Haemophilia Centre | | |
| Address2 | Ward 2B | | |
| Address3 | 1345 Govan Road | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Reside | Patricia | Data Manager |
| Dr. | Chalmers | Elizabeth | Consultant Haematologist |
| Ms. | Docherty | Lyn | Haemophilia Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-141-452-4630 |
| cellular: | |
| phone_emergency: | 44-141-452-4451 |
| Fax: | |
| fax work: | 44-141-232-7858 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
elizabeth.chalmers@ggc.scot.nhs.uk

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Hospital Wolverhampton Hospitals Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Wolverhampton |
| StreetAd | | PostalCode | WV10 0QP |
| Region | | | |
| Address1 | New Cross Hospital | | |
| Address2 | Wednesfield Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Turner | S. | |
| Dr. | MacWhannell | A. | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1902-307-999 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1902-643-104 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Lancaster Infirmary**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Lancaster |
| StreetAd | | PostalCode | LA1 4RP |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | Ashton Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Bethel | Julie | Nurse |
| Dr. | Kozlowski | Christina | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1524-583-739direct |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1524-583-568 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

christina.l.kozlowski@rli.mbht.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Royal Sussex County Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Brighton |
| StreetAd | | PostalCode | BN2 5BE |
| Region | | | |
| Address1 | Haematology Department | | |
| Address2 | Eastern Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Duncan | John | Consultant Haematologist |
| Ms. | Musiol | Monica | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1273-664-658 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1273-664-792 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
John.Duncan@bsuh.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Salisbury District Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Salisbury |
| StreetAd | | PostalCode | SP2 8BJ |
| Region | | | |
| Address1 | Odstock Road | | |
| Address2 | Odstock | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Dear | Roy | |
| Dr. | Everington | Tamara | Haemophilia Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1722-336-2622066 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1722-333-933 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Tamara.Everington@salisbury.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sheffield Children's Hospital Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Sheffield |
| StreetAd | | PostalCode | S10 2TH |
| Region | | | |
| Address1 | Roald Dahl Paediatric Haematology Centre | | |
| Address2 | Sheffield Children's Hospital | | |
| Address3 | Western Bank | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Vora | Ajay | Paediatric Haematologist |
| Mrs. | Vidler | Vicky | Clinical Nurse Specialist |
| Dr. | Payne | Jeanette | Director |
| Dr. | Welch | Jenny | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-114-271-7329 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-114-276-2289 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vicky.vidler@sch.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Sheffield Haemophilia and Thrombosis Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Sheffield |
| StreetAd | | PostalCode | S11 8RN |
| Region | | | |
| Address1 | 36 Wilson Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Farnsworth | Joy | Senior Haemophilia Nurse |
| Dr. | Van Veen | Joost | Consultant Haematologist |
| Dr. | Hampton | Eddie | Consultant Haematologist |
| Prof. | Makris | Michael | Director |
| Dr. | Maclean | Rhona | Consultant Haematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-114-271-3211 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-114-271-3856 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
hemophilia@sth.nhs.uk

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Southampton Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Southampton |
| StreetAd | | PostalCode | SO16 6YD |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | Southampton General Hospital | | |
| Address3 | Tremona Road - Main Point 8 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Taylor | Liz | Lead Haemostasis Nurse Specialist |
| Ms. | Bell | Trish | Haemophilia Nurse |
| Dr. | Kazmi | Rashid | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-2380-794-047 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-2380-794-143 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Southend Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Westcliff-on-Sea |
| StreetAd | | PostalCode | SS0 0RY |
| Region | | | |
| Address1 | Southend Hospital | | |
| Address2 | Prittlewell Chase | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Kelaher | Samantha | |
| Dr. | Eden | H. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1702-221-364 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1702-221-300 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St George's Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | SW17 0QT |
| Region | | | |
| Address1 | St George's Hospital | | |
| Address2 | Jenner Wing | | |
| Address3 | Blackshaw Road | | |
| address4: | Tooting | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Palidis | Maria | Paediatric Consultant |
| Ms. | Sexton | Julia | Paediatric Clinical Nurse Specialist |
| Dr. | Austin | Steven | Centre Director |
| Ms. | Brown | Clare | Data Manager |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-208-725-0763 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-208-725-5442 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
clare.brown@stgeorges.nhs.uk

WebSiteAddress:
www.sghaemophilia.org

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **St Mary's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | W2 1NY |
| Region | | | |
| Address1 | Haemophilia Treatment Centre | | |
| Address2 | Praed Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Schlebak | | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-207-886-1179 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-207-886-6809 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St Thomas Haemophilia Reference Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | SE1 7EH |
| Region | | | |
| Address1 | St Thomas Hospital | | |
| Address2 | Lambeth Palace Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Stanley | Jenna | Clinical Nurse Specialist |
| Ms. | Mitchell | Julia | |
| Dr. | Thomsosn | Graeme | Associate Specialist |
| Ms. | Devlin | Leanne | |
| Mr. | Sunner | Tony | Quality and Governance Manager |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-207-188-2781 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-207-401-3215 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

http://www.c4ht.com

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Swansea Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Swansea |
| StreetAd | | PostalCode | SA2 8QA |
| Region | | | |
| Address1 | Singleton Hospital | | |
| Address2 | Sketty | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Al-Ismail | Saad | Director, Consultant Haematologist |
| Ms. | Thomas | Jane | Clinical Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1792-205-6665648 |
| cellular: | |
| phone_emergency: | 44-1792-285-363 (adults) |
| Fax: | |
| fax work: | 44-1792-285-024 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
saad.al-ismail@swansea-tr.wales.nhs.uk

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Taunton Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Taunton |
| StreetAd | | PostalCode | TA1 5DA |
| Region | | | |
| Address1 | Musgrove Park Hospital | | |
| Address2 | Haematology Department | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Hicks | Angela | Haematology Specialist Nurse |
| Dr. | Davies | S. | Centre Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1823-342-294 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1823-271-023 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Truro (Treliske) Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Truro |
| StreetAd | | PostalCode | TRI 3LJ |
| Region | | | |
| Address1 | Royal Cornwall Hospital | | |
| Address2 | Treliske | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Creagh | Desmond | Consultant and Haemophilia Director |
| Dr. | Blundell | Julie | Consultant Haematologist |
| | Johns | Sarah | Haemophilia Nurse Specialist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1872-252-501 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1872-253-237 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

desmond.creagh@rcht.cornwall.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University College London Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | London |
| StreetAd | | PostalCode | WCIE 6DB |
| Region | | | |
| Address1 | University College London Hospital | | |
| Address2 | Grafton Way | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Machin | S.J. | Director |
| Ms. | Dorman | Jude | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1207-380-9884 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1207-380-9886 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **West Midlands Region Adult Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Birmingham |
| StreetAd | | PostalCode | B15 2TH |
| Region | | | |
| Address1 | University Hospital Birmingham NHS Trust | | |
| Address2 | Queen Elizabeth Hospital | | |
| Address3 | Edgbaston | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Miss | Chamberlain | Helen | |
| Mrs. | Dunkley | Tracey | Clinical Nurse Specialist |
| Dr. | Wilde | Jonathan T. | Director |
| Mrs. | Green | Pam | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-121-371 4995 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-121-371 4989 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jonathan.wilde@uhb.nhs.uk

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **Worthing Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | Worthing |
| StreetAd | | PostalCode | BN11 2DH |
| Region | | | |
| Address1 | Park Avenue | | |
| Address2 | Lyndhurst Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rist | C.L. | Director |
| Dr. | O'Driscoll | A. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1903-205-1115567 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1903-285-045 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

colin.rist@wash.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **York Haemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United Kingdom | City | York |
| StreetAd | | PostalCode | 78HE |
| Region | | | |
| Address1 | York District Hospital | | |
| Address2 | Willington Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Howard | M.R. | Director |
| Ms. | Steele | S. | Haemophilia Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 44-1904-631-3135586 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 44-1904-453-894 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Akron Children's Hospital - Beeghly Campus**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Boardman |
| StreetAd | | PostalCode | 44512 |
| Region | | | |
| Address1 | Hemostasis and Thrombosis Center | | |
| Address2 | 6505 Market Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hord | Jeffrey | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 330-746-9522 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 330-746-9523 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jhord@chmca.org

WebSiteAddress:
http://www.akronchildrens.org/htc

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Akron Children's Hospital - Main Campus**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Akron |
| StreetAd | | PostalCode | 44308-1062 |
| Region | | | |
| Address1 | Hemostasis and Thrombosis Center | | |
| Address2 | 1 Perkins Sq | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Boehlefeld | Irene | Nurse Educator |
| Mrs. | Miller | Elizabeth | Nurse Coordinator/Practitioner |
| Mrs. | Thomas | Christine | Nurse Clinician |
| Dr. | Hord | Jeffrey | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 330-543-8904 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 330-543-3220 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
emiller@chmca.org

WebSiteAddress:
http://www.akronchildrens.org/htc

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ann & Robert H Lurie Children's Hospital of Chicago**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Chicago |
| StreetAd | | PostalCode | 60611 |
| Region | | | |
| Address1 | Comprehensive Bleeding Disorders Program | | |
| Address2 | 225 E. Chicago Ave, #30 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Gamerman | Susan | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 312-227-4814 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 312-227-9372 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sgamerman@luriechildrens.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Arizona Hemophilia and Thrombosis Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Tucson |
| StreetAd | | PostalCode | 85724-1501 |
| Region | | | |
| Address1 | 1515 N. Campbell Ave., room 4915 | | |
| Address2 | PO Box 245024 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Moreno | Vivian | FNP |
| Ms. | Gilmore | Debbie | Program Coordinator/Senior Data Ma |
| Dr. | Krishnadasan | Ravi | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 520-626-0213 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 520-626-7077 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cdoner@email.arizona.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Center Name **Arkansas Children's Hospital**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Little Rock |
| StreetAd | | PostalCode | 72202 |
| Region | | | |
| Address1 | Hematology/Oncology | | |
| Address2 | 800 Marshall Street, 5th Floor | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Stine | Kimo | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 501-364-5961 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 5013645953 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

lharris2@uams.edu

WebSiteAddress:

http://www.archildrens.org

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Backus Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Savannah |
| StreetAd | | PostalCode | 31403-3089 |
| Region | | | |
| Address1 | 4700 Waters Avenue | | |
| Address2 | P.O. Box 23089 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gonzales | Cynthia | Director |
| Mrs. | Cygan | Mary Lou | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 912-658-3895 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 912-350-7680 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

cyganma1@memorialhealth.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bleeding Disorder Center of Alaska**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Anchorage |
| StreetAd | | PostalCode | 99508-4627 |
| Region | | | |
| Address1 | 3851 Piper Street, Suite U-1401 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Palmatier | John | Executive Director |
| Ms. | Groller | Kyme | Nurse Coordinator |
| Dr. | Schulz | Laura | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 907-212-6711 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 907-212-6710 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
alaskahemo@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bloodworks Northwest**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Seattle |
| StreetAd | | PostalCode | 98101 |
| Region | | | |
| Address1 | Washington Center for Bleeding Disorders | | |
| Address2 | 701 Pike Street, Ste. 1900 Seattle, WA 98101, United States | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Kruse-Jarres | Rebecca | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 206-614-1200 (24/7) - Adult |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 206-614-1178 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@wacbd.org

WebSiteAddress:
https://wacbd.org/

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Boston Hemophilia Center at Boston Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Boston |
| StreetAd | | PostalCode | 02115 |
| Region | | | |
| Address1 | Division of Hematology/Oncology | | |
| Address2 | Fegan 723 | | |
| Address3 | 300 Longwood Avenue | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Croteau | Stacy | Hematobiologist |
| Ms. | Quint | Kate | Social Worker |
| Ms. | D'Angelo | Loren | Pedictric Nurse Practitioner |
| Ms. | McNamara | Debra | Primary Contact |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 617-355-6101 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 617-730-0641 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dmcnamara2@partners.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Boston Hemophilia Center at Brigham and Women's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Boston |
| StreetAd | | PostalCode | 02115 |
| Region | | | |
| Address1 | Division of Hematology | | |
| Address2 | 75 Francis Street | | |
| Address3 | BWH Mid Campus-3 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Parnes | Aric | Hematologist |
| Dr. | Neufeld | Ellis | Director |
| Ms. | McNamara | Debra | Primary Contact |
| Ms. | Mitchell | Christine | Social Worker |
| Ms. | Temoczko | Paula | Adult Nurse Practitioner |
| | | | |
| | | | |
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| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 617-732-5844Adult |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 617-732-5706 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dmcnamara2@partners.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Bronson Pediatric Hematology/Oncology**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Kalamazoo |
| StreetAd | | PostalCode | 49007 |
| Region | | | |
| Address1 | 601 John Street | | |
| Address2 | Suite M 005 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Inverso | Nancy | Program Coordinator |
| Dr. | Elliott | Katharina | Pediatric Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 269-341-6350 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 269-341-8580 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ninverso@wmcc.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cardeza Foundation Hemophilia and Thrombosis Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Philadelphia |
| StreetAd | | PostalCode | 19107 |
| Region | | | |
| Address1 | Thomas Jefferson University Hospital | | |
| Address2 | The Jefferson Building | | |
| Address3 | 1015 Chestnut Street | | |
| address4: | Suite 1020 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Oliphant | Norma | Administrative Assistant, Study Coord |
| Dr. | McKenzie | Steven | M.D., Ph.D.Director. |
| | Drelich | Douglass | MD. Co-Director |
| Mrs. | Miller | Kay | RN, BS. Assistant Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Cascade Hemophilia Consortium**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Ann Arbor |
| StreetAd | | PostalCode | 48104 |
| Region | | | |
| Address1 | 210 East Huron | | |
| Address2 | Suite C2 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Sparrow | William | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 734-996-3300 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 734-996-5566 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
tbrent@cascadehc.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Center for Bleeding and Thrombotic Disorder**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | St. Louis |
| StreetAd | | PostalCode | 63110 |
| Region | | | |
| Address1 | HTC Adult Program | | |
| Address2 | St. Louis University Hospital, West Pavillion | | |
| Address3 | 3635 Vista Avenue, 3rd floor | | |
| address4: | Suite 103 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Berger | William | |
| Ms. | Bagato | Judy A. | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 314-577-6168 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 314-268-5643 |
| fax work2: | 314-776-2287 |
| fax work3: | |

email work:

email work2:

Email:
kudvagc@slu.edu

WebSiteAddress:
http://www.slu.edu

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Central Virginia Center for Coagulation Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Richmond |
| StreetAd | | PostalCode | 23298-0461 |
| Region | | | |
| Address1 | Virginia Commonwealth University | | |
| Address2 | P.O. Box 980461 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Massey | Gita | Director, Pediatrics |
| Dr. | Barrett | John Christian | Director, Adults |
| Ms. | Nolte | Melinda | Primary Contact |
| Mr. | Kuhn | Jan | Nurse Coordinator |
| | | | |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 804-827-3306 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 804-692-0291 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
menolte@mail1.vcu.edu

WebSiteAddress:
www.vcuhealth.org/cvccd

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 39-075-578-4100 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 39-075-578-4100 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | emofilia@unipg.it |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Charleston Area Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Charleston |
| StreetAd | | PostalCode | 25304 |
| Region | | | |
| Address1 | Memorial Division | | |
| Address2 | 3200 MacCorkle Ave S.E. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | O'Suoji | Chibuzo | Pediatric Hematologist |
| Dr. | Jubelirer | Steven | Director and Adult Hematologist |
| Ms. | Arden | Donna | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 304 388-8896 |
| cellular: | |
| phone_emergency: | 304 388-8380 |
| Fax: | |
| fax work: | 304-388-9668 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Donna.Arden@camc.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Cancer and Blood Disorders Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Columbia |
| StreetAd | | PostalCode | 29203 |
| Region | | | |
| Address1 | SC HTC | | |
| Address2 | 7 Medical Park Drive | | |
| Address3 | Suite 7215 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | McRedmond | Kevin P | Director |
| Ms. | Meldau | Jennifer | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 803-434-3533 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 803-434-3112 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jennifer.meldau@palmettohealth.org

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital and Clinics of Minnesota**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Minneapolis |
| StreetAd | | PostalCode | 55404 |
| Region | | | |
| Address1 | 2525 Chicago Ave. South | | |
| Address2 | Suite 4150 | | |
| Address3 | Mail Stop 32-4150 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Leonard | Nicole | Registered Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 612-813-6681 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 612-813-6325 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nicole.leonard@childrensmn.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Children's Hospital Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Cincinnati |
| StreetAd | | PostalCode | 45229-3026 |
| Region | | | |
| Address1 | Hemophilia and Thrombosis Treatment Center | | |
| Address2 | Division of Hematology/Oncology | | |
| Address3 | MLC 11013 | | |
| address4: | 3333 Burnet Ave | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Thompson | Jacqueline | Clinic Nurse |
| Dr. | Gruppo | Ralph | Director |
| Ms. | Mays | Molly | Physical Therapist |
| Ms. | Kilbane | Lynn | Nurse Coordinator |
| Ms. | Chambers | Anne | Nurse Coordinator |
| Ms. | Hoelle | Susan | Nurse Coordinator |
| Ms. | Moore | Carrie | Nurse Educator |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 513-636-7243 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 513-636-5599 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

susan.hoelle@cchmc.org

WebSiteAddress:

http://www.cincinnatichildrens.org

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of Central California**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Madera |
| StreetAd | | PostalCode | 93636 |
| Region | | | |
| Address1 | Hematology/Oncology | | |
| Address2 | 9300 Valley Children's Place | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Mignacca | Robert | Director |
| Ms. | Patterson | Frances | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 559-353-5480 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 5593535095 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
fpatterson@childrenscentralcal.org

WebSiteAddress:
http://www.childrenscentralcal.org

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of Los Angeles**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Los Angeles |
| StreetAd | | PostalCode | 90027 |
| Region | | | |
| Address1 | Hemostasis and Thrombosis Center | | |
| Address2 | 4650 Sunset Boulevard | | |
| Address3 | Box# 54 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Viscariello | Michael | Social Worker |
| Dr. | Gomperts | Edward | Hematologist |
| Mrs. | Leung | Wendy | Nurse Practitioner |
| Dr. | Hofstra | Thomas | Hematologist |
| Dr. | Young | Guy | Director |
| Ms. | McGinty | Kathleen | Nurse Coordinator |
| Mrs. | Narasaki | Kerri | Physical Therapist |
| Ms. | Donkin | Jennifer | Nurse Practitioner |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 323-361-4141 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 323-636-6655 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

kmcginty@chla.usc.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of Michigan**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Detroit |
| StreetAd | | PostalCode | 48201 |
| Region | | | |
| Address1 | Hemostasis & Thrombosis Center | | |
| Address2 | 3901 Beaubien Blvd. | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Merritt | Danna | Project Social Worker |
| Mrs. | Frey | Mary Jane | Nurse Coordinator |
| Dr. | Chitlur | Meera B. | Hemophilia/Hemostatis Program |
| Dr. | Rajpurkar | Madhvi | Hematologist |
| Dr. | Callaghan | Michael | Hematologist |
| Dr. | Ozgonenel | Bulent | Hematologist |
| | | | |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 313-745-5515 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 313-745-5237 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mfrey2@dmc.org |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of Oakland**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Oakland |
| StreetAd | | PostalCode | 94610-4131 |
| Region | | | |
| Address1 | Hematology Department | | |
| Address2 | 747 Fifty-Second Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Jett | Debbie | Registered Nurse |
| Dr. | Matsunaga | Alison | Director |
| Mr. | Riddel | James | Program Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 510-428-3853 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 510-597-7189 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
djett@mail.cho.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of Orange County**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Orange |
| StreetAd | | PostalCode | 92868 |
| Region | | | |
| Address1 | Department of Hematology/Oncology | | |
| Address2 | 455 South Main St | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nugent | Diane | Director |
| Mrs. | Hernandez | Grace | Physical Therapist |
| Ms. | McDaniel | Marianne | Nurse |
| | Puthenveetil | Geetha | MD |
| Mr. | Shedarowich | Kenneth | |
| Ms. | Bennett | Mitzi | Social Worker |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 714-532-8762 |
| cellular: | |
| phone_emergency: | 866-833-2811Adult/Ped |
| Fax: | |
| fax work: | 714-532-8771 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mmcdaniel@choc.org

WebSiteAddress:
http://www.choc.org

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Children's Hospital of Philadelphia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Philadelphia |
| StreetAd | | PostalCode | 19104 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | 34th Street & Civic Center Boulevard | | |
| Address3 | Suite 439 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Manno | Catherine | Director |
| Mrs. | Butler | Regina | Nurse |
| | Raffini | Leslie | Medical Director |
| Ms. | Mattia | Mary Louise | Program Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 215-590-2198 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 215-590-3992 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

butler@email.chop.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Children's Hospital of Philadelphia Specialty Care Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Voorhees |
| StreetAd | | PostalCode | 08043 |
| Region | | | |
| Address1 | Hemophilia Program | | |
| Address2 | 1012 Laurel Oak Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Randall | Jennifer | Nurse Coordinator |
| Ms. | Wask | Donna | Social Worker |
| Dr. | Travis | Susan | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 856-435-7502 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 856-627-2183 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Schock@email.chop.edu

WebSiteAddress:

http://www.chop.edu/consumer/index.jsp

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Hospital of The King's Daughters**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Norfolk |
| StreetAd | | PostalCode | 23507 |
| Region | | | |
| Address1 | Bleeding Disorders Center of Hampton Roads | | |
| Address2 | Division of Hematology / Oncology | | |
| Address3 | 601 Children's Lane | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Werner | Eric J | Director |
| Ms. | Stewart | Kim | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 757-668-7613 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 757-668-7811 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kstewart@chkd.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Children's National Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Washington |
| StreetAd | | PostalCode | 20010 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | 111 Michigan Ave NW | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hennessey | Carole | Nurse Coordinator |
| Ms. | Guelcher | Chris | Nurse Coordinator |
| Ms. | Mallow-Harford | Sommer | Social worker |
| Ms. | Collins | Jo | Clinical Research Coordinator |
| Dr. | Guerrera | Michael | Hematologist |
| Dr. | Kapoor | Eena | Physical Therapist |
| | | | |
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| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 202-476-2140 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 202-476-2490 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

cguelche@cnmc.org

WebSiteAddress:

www.dcchildrens.com

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Rehabilitation Services - Birmingham**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Birmingham |
| StreetAd | | PostalCode | 35233-2328 |
| Region | | | |
| Address1 | 1600 7th Ave. South, Suite 422 | | |
| Address2 | PO Drawer 2328 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Willis-McCullough | Martina | Nurse Coordinator |
| Dr. | Godby | Kelly | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 205-638-5900 |
| cellular: | |
| phone_emergency: | 205-638-9100 (Pediatrics) |
| Fax: | |
| fax work: | 205-638-5920 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
martina.willis-mccullough@rehab.alabama.gov

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Rehabilitation Services - Huntsville**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Huntsville |
| StreetAd | | PostalCode | 35805 |
| Region | | | |
| Address1 | 3000 Johnson Rd SW | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Watts | Raymond | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 205-518-8650 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 205-518-9702 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | rwatts@peds.uab.edu |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Rehabilitation Services - Mobile**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Mobile |
| StreetAd | | PostalCode | 36604-1512 |
| Region | | | |
| Address1 | 1610 Center Street, Suite A | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Jackson | Dianna | Nurse Coordinator |
| Dr. | Wilson | Felicia | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 334-479-8617 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 334-450-5037 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
djackson@rehab.state.al.us

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Rehabilitation Services - Montgomery**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Montgomery |
| StreetAd | | PostalCode | 36111-0586 |
| Region | | | |
| Address1 | 602 South Lawrence St. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | McLaughlin | Kim | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 334-293-7132 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 334-293-7373 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kmclaugh@alabama.gov

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Children's Rehabilitation Services - Opelika**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Opelika |
| StreetAd | | PostalCode | 36801 |
| Region | | | |
| Address1 | 516 West Thomason Circle | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Watts | Raymond | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 205-939-9285 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 334-749-3530 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rwatts@peds.uab.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Christiana Care Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Newark |
| StreetAd | | PostalCode | 19718 |
| Region | | | |
| Address1 | Hemophilia Program, L-214 | | |
| Address2 | Christiana Hospital | | |
| Address3 | 4755 Ogletown-Stanton Road | | |
| address4: | Box 6001 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Lankiewicz | Michael | Physician Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 302-733-3542 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 302-733-3679 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dcebenka@christianacare.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **City of Hope National Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Duarte |
| StreetAd | | PostalCode | 91010-3012 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | 1500 Duarte Rd | | |
| Address3 | Pediatric Dept. 4th Fl. MOB | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Pullens | Lisa | Nurse Coordinator |
| Dr. | Ewing | Nadia | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 626-301-8858 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 626-301-8978 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

lpullens@coh.org

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Comprehensive Bleeding Disorders Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Peoria |
| StreetAd | | PostalCode | 61614 |
| Region | | | |
| Address1 | 4727 N. Sheridan Rd. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Redington | John | Executive Director |
| Ms. | Witter | Dina | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 1-888-322-8670 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 309-688-0917 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@compbleed.com

WebSiteAddress:
www.compbleed.com

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Comprehensive Center for Bleeding Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Milwaukee |
| StreetAd | | PostalCode | 53201-2178 |
| Region | | | |
| Address1 | Blood Center of SE Wisconsin | | |
| Address2 | 8733 Watertown Plank Road | | |
| Address3 | P.O. Box 2178 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Cornale | Bridgit | Nurse Coordinator |
| Dr. | Moss | Sheryl | Home Care Coordinator |
| Mrs. | Robbins | Sheri | Social Worker and Financial Counselo |
| Dr. | Gill | Joan | Director |
| Ms. | Volkmann | Jane | Manager/Social Worker |
| Ms. | Haar | Jodi | Nurse Coordinator |
| | | | |
| | | | |
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| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 414-257-2424 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 414-937-6580 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Comprehensive Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Chapel Hill |
| StreetAd | | PostalCode | 27599-7016 |
| Region | | | |
| Address1 | UNC Chapel Hill | | |
| Address2 | Comprehensive Hemophilia Diagnostic and Treatment Center | | |
| Address3 | 3rd Floor Physicians Office Building | | |
| address4: | 170 Manning Drive / CB 7016 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Nielsen | Brenda | Nurse |
| Ms. | Griles | Tracy | Center Coordinator |
| Dr. | Key | Nigel | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 919-966-4736 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 919-962-8224 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

brenda_nielsen@med.unc.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Connecticut Children's Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Hartford |
| StreetAd | | PostalCode | 06106 |
| Region | | | |
| Address1 | Hematology/Oncology | | |
| Address2 | Suite 2 J | | |
| Address3 | 282 Washington St. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hagstrom | J. Nathan | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 860-545-9630 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 860-545-9622 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nhagstr@ccmckids.org

WebSiteAddress:
www.ccmckids.org

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Cook Children's Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Fort Worth |
| StreetAd | | PostalCode | 76104 |
| Region | | | |
| Address1 | Dept. of Hematology/Oncology | | |
| Address2 | 901 Seventh Avenue | | |
| Address3 | Suite 220 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Torres | Marcela | Director, Hematology |
| Dr. | Sanders | Joann | Director, Bleeding Disorders |
| Ms. | Zappa | Susan | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 682-885-4007 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 682-885-1712 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

susan.zappa@cookchildrens.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dartmouth Hitchcock Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Lebanon |
| StreetAd | | PostalCode | 03756 |
| Region | | | |
| Address1 | One Medical Center Drive | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ornstein | Deborah | Director |
| Ms. | McKernan | Laurel | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 603-650-5486 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 603-650-6786 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
laurel.mckernan@hitchcock.org

WebSiteAddress:
http://www.cancer.dartmouth.edu/hemophilia/inde

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Dayton Children's Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Dayton |
| StreetAd | | PostalCode | 45404-1815 |
| Region | | | |
| Address1 | West Central Ohio Hemophilia Treatment Center | | |
| Address2 | One Children's Plaza | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hibner | Sandy | Resource Nurse |
| Dr. | French | James | Director |
| Ms. | Duffy | Nancy | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 937-641-5877 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 937-641-5878 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
duffyn@childrensdayton.org

WebSiteAddress:
http://www.childrensdayton.org/

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Department of Public Health and Social Services**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Hagatna |
| StreetAd | | PostalCode | 96932 |
| Region | | | |
| Address1 | Dept of Public Health/Social Services | | |
| Address2 | Medical Social Services | | |
| Address3 | P.O. Box 2816 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Brandshagan | William | Program Administrator |
| Ms. | Besebes | Barbara | Nurse Coordinator |
| Ms. | Zabala | Roselie V. | Program Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 671-735-7304 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 671-735-7103 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | rosalie.zabala@dphss.guam.gov |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **DMC Karmanos Cancer Institute**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Detroit |
| StreetAd | | PostalCode | 48201 |
| Region | | | |
| Address1 | Comprehensive Center for Bleeding Disorders and Thrombosis | | |
| Address2 | 4100 John R - 4 Hudson Webber | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Mauchline | Sharon | RN |
| Mrs. | Ososki | Rosanne | RN, MSN, NP |
| Ms. | Johnson | Floretta | MSW |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 313-745-7690 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 313-993-0295 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rososki@dmc.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **East Tennessee Comprehensive Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Knoxville |
| StreetAd | | PostalCode | 37920-6999 |
| Region | | | |
| Address1 | University of Tennessee Medical Center | | |
| Address2 | Physician's Office Building | | |
| Address3 | 1928 Alcoa Highway | | |
| address4: | Suite 214, Building B | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Hanna | Wahid | Medical Director |
| Ms. | Hitch | Denise | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 865-305-9170 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 865-305-9876 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dhitch@utmck.edu

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Emory/CHOA Comprehensive Hemophilia Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Atlanta |
| StreetAd | | PostalCode | 30322 |
| Region | | | |
| Address1 | Emory/CHOA Comprehensive Bleeding Disorders Program - Adults and Pediatric | | |
| Address2 | 2015 Uppergate Drive | | |
| Address3 | Suite 426F | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Tyson | Kesley | |
| Dr. | Bennett | Carolyn | |
| Ms. | Bryant | Pam | Associate Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 404-727-1608 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 404-727-3681 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
pamela.bryant@emory.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Galveston Hemophilia Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Galveston |
| StreetAd | | PostalCode | 77555-0565 |
| Region | | | |
| Address1 | University of Texas Medical Branch, Adult Hematology/Oncology | | |
| Address2 | Department of Internal Medicine | | |
| Address3 | 301 University Boulevard | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Alperin | Jack | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 409-772-1165 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 409-772-3533 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jalperin@utmb.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **George Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Providence |
| StreetAd | | PostalCode | 02903 |
| Region | | | |
| Address1 | Rhode Island Hospital | | |
| Address2 | Potter, Room 159 | | |
| Address3 | 593 Eddy Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Montcrieff | Caitlin | Clinical Nurse Specialist |
| Dr. | Sprinz | Philippa | Director |
| Ms. | Marte | Raysa | Program Assistant |
| Mrs. | Aldrich | Brenda | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 401-444-8250 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 401-444-6104 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
baldrich@lifespan.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Georgetown University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Washington |
| StreetAd | | PostalCode | 20007 |
| Region | | | |
| Address1 | Lombardi Cancer Center | | |
| Address2 | Division of Hematology/Oncology | | |
| Address3 | 3800 Reservoir Road, NW | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kessler | Craig | Director, Hematology Services |
| Ms. | Francis | Carolyn | Nurse Practitioner, Hematology Servi |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 202-687-0117 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 202-687-0440 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

kesslerc@gunet.georgetown.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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Hemophilia Treatment Centre

Center Name **Gulf States Hemophilia and Thrombophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Houston |
| StreetAd | | PostalCode | 77030 |
| Region | | | |
| Address1 | 6655 Travis Street, Suite 400 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Escobar | Miguel | Medical Director |
| Mr. | Womack | Mack | Nurse Coordinator |
| Mrs. | Trujillo | Marisela | Administrative Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 713-500-8375 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 713-500-8364 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
marisela.trujillo@uth.tmc.edu

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Gundersen Lutheran**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | LaCrosse |
| StreetAd | | PostalCode | 54601 |
| Region | | | |
| Address1 | Pediatric Cancer & Blood Disorders | | |
| Address2 | 1900 South Avenue, E Bldg, 2nd Fl | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Peters | Antoinette | Director, Adults |
| Ms. | Mix | Kathy | Nurse Coordinator |
| Dr. | Ettinger | Robert | Director, Pediatric Hem/Onc |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 608-782-730051210 |
| cellular: | |
| phone_emergency: | 1-800-362-7567Peds |
| Fax: | |
| fax work: | 608-775-1205 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ampeter2@gundluth.org

WebSiteAddress:
http://www.gundluth.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Helen DeVos Children's Coagulation Disorders Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Grand Rapids |
| StreetAd | | PostalCode | 49503 |
| Region | | | |
| Address1 | 100 Michigan Street, NE, MC, #85 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Sandon-Kleiboer | Elizabeth | Nurse Coordinator |
| Dr. | Mitchell | Deanna | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 616-391-2033 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 6163919266 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
elizabeth.sandon-kleiboer@spectrum-health.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia and Thrombosis Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Denver |
| StreetAd | | PostalCode | 80045 |
| Region | | | |
| Address1 | University of Colorado - Anschutz Medical Campus | | |
| Address2 | 13199 East Montview Blvd, Ste 100 | | |
| Address3 | Mail Stop F416 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Ng | Chris | Pediatric Hematologist |
| Dr. | Stabler | Sally | Hematologist (Adults) |
| Dr. | Manco-Johnson | Marilyn | Medical Director/Hematologist Pediat |
| Dr. | Branchford | Brian | Pediatric Hematologist |
| Dr. | Goldenberg | Neil | Hematologist Pediatric and Young Ad |
| Mrs. | Casey | Amber | Nurse Clinician |
| Dr. | Warren | Beth | Pediatric Hematologist |
| Dr. | Buckner | Tyler | Hematologist (Adults) |
| Ms. | Hurdstrom | Kim | Nurse Clinician |
| Ms. | Mashburn | Christine | Nurse Clinician |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 303-724-0169 |
| cellular: | |
| phone_emergency: | 1-720-848-0000 (Adults) |
| Fax: | |
| fax work: | 303-724-0947 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nancy.spomer@ucdenver.edu

WebSiteAddress:
http://medschool.ucdenver.edu/htc

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia and Thrombosis Center of Hawaii**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Honolulu |
| StreetAd | | PostalCode | 96826 |
| Region | | | |
| Address1 | Kapi'olani Medical Center | | |
| Address2 | 1319 Punahou Street | | |
| Address3 | Pediatric Ambulatory Unit, 2nd Floor | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Medeiros | Desirée | Director |
| Ms. | Chun | Jennifer | President |
| Ms. | Omatsu | Dee Ann | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 808-528-8551 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 808-528-8005 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

DeeAnnO@kapiolani.org

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Center of Central Pennsylvania**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Hershey |
| StreetAd | | PostalCode | 17033 |
| Region | | | |
| Address1 | Hershey Medical Center | | |
| Address2 | 500 University Drive | | |
| Address3 | P.O. Box 850, Mail Code H-042 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Eyster | M Elaine | Director |
| Ms. | Michael | Lisa | Social Worker |
| Ms. | Farrell | Colleen | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 717-531-7468 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 717-531-0647 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
lmichael@hmc.psu.edu

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Center of Western New York, Inc.**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Buffalo |
| StreetAd | | PostalCode | 14209-1880 |
| Region | | | |
| Address1 | 936 Delaware Ave. Ste 300 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Menza | Lynn | Nurse Coordinator |
| Dr. | Petruzzi | Mary Jane | Medical Director, Pediatrics |
| Dr. | Ragni | Margaret | Director & President |
| Ms. | Graham | Anne | |
| Ms. | Standish | Diane | Mental Health Professional |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 716-896-2470 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 716-218-4010 |
| fax work2: | 716-218-4000 |
| fax work3: | |

email work:

email work2:

Email:
lreger@hemoctr.com

WebSiteAddress:
http://www.hemophiliawny.com

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Clinic of West Michigan Cancer Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Kalamazoo |
| StreetAd | | PostalCode | 49007 |
| Region | | | |
| Address1 | 200 N. Park Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Inverso | Nancy | Program Coordinator |
| Dr. | Berger | Mitchell | Director, Adult Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 269-373-7479 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 269-384-8625 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
inverson@bronsonhg.org

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia of Georgia, Inc.**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Sandy Springs |
| StreetAd | | PostalCode | 30350-2237 |
| Region | | | |
| Address1 | 8607 Roberts Drive | | |
| Address2 | Suite 150 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 770-518-8272 x215 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 770-518-3310 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kadroze@HOG.org

WebSiteAddress:
http://www.hog.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hemophilia Outreach Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Green Bay |
| StreetAd | | PostalCode | 54311-5622 |
| Region | | | |
| Address1 | 2060 Bellevue Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Street | Kay | Nurse Coordinator |
| Ms. | Armbruster | Deborah | Director |
| Ms. | Ammerman | Kathleen | Interim Director |
| Ms. | Nuskiewicz | Audrey | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 920-965-0606 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 920-965-0607 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kays@hemophiliaoutreach.org

WebSiteAddress:
http://www.hemophiliaoutreach.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Henry Ford Health System**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Detroit |
| StreetAd | | PostalCode | 48202-2689 |
| Region | | | |
| Address1 | K-13 Hematology / Oncology | | |
| Address2 | 2799 West Grand Boulevard | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Lambing | Angela | Nurse Coordinator |
| Dr. | Kuriakose | Philip | Director |
| Ms. | Kachalsky | Ellen | Social Worker |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 313-916-3790 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 313-916-9047 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ekach11@hfhs.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital of the University of Pennsylvania**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Philadelphia |
| StreetAd | | PostalCode | 19104 |
| Region | | | |
| Address1 | Penn Hemophilia & Thrombosis Program | | |
| Address2 | 3rd floor Dulles | | |
| Address3 | 3400 Spruce Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Morris | Dyanne | Hemophilia Nurse Coordinator |
| Dr. | Konkle | Barbara | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 215-615-8008 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 215-243-6596 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
morrisd@uphs.upenn.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Hurley Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Flint |
| StreetAd | | PostalCode | 48503-5993 |
| Region | | | |
| Address1 | Hemophilia Treatment Center, 6W | | |
| Address2 | One Hurley Plaza | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Adams | Paul T. | MD, Adult Director |
| Dr. | Onwuzurike | Nkechi | MD, Pediatric Director |
| Ms. | Scherrer | Tammy | RN |
| Ms. | Ruff | Jo Ann | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 800-257-9432Toll free |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 810-262-6750 |
| fax work2: | 810-262-6750 |
| fax work3: | |

email work:

email work2:

Email:

jruff1@hurleymc.com

WebSiteAddress:

http://www.hurleymc.com/?id=682&sid1

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Idaho Regional Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Boise |
| StreetAd | | PostalCode | 83705 |
| Region | | | |
| Address1 | 4696 Overland Road, Suite 234 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Sandmeyer | Nick | Nurse |
| Dr. | Chang | Eugenia | Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 208-344-4476 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 2083813172 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sandmeyn@slrmrc.org

WebSiteAddress:
www.idahoblood.org

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Indiana Hemophilia and Thrombosis Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Indianapolis |
| StreetAd | | PostalCode | 46260 |
| Region | | | |
| Address1 | 8326 Naab Rd. | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Maahs | Jennifer | Nurse Coordinator |
| Dr. | Shapiro | Amy | Medical Director |
| Ms. | Zielinski | Nancy | Administrative Staff |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 317-871-0000207 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 317-871-0010 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nzielinski@ihtc.org

WebSiteAddress:
http://www.ihtc.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Intermountain Hemophilia and Thrombosis Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Salt Lake City |
| StreetAd | | PostalCode | 84113 |
| Region | | | |
| Address1 | 100 N Mario Capecchi Dr | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Marlette | Renee | FNP-BC, Program Coordinator |
| Ms. | Haven | Penni | Nurse Coordinator |
| Dr. | Yaish | Hassan | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | 801-662-1000Peds. |
| Fax: | |
| fax work: | 801-662-4838 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
heidi.lane@hsc.utah.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **James Graham Brown Cancer Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Louisville |
| StreetAd | | PostalCode | 40202 |
| Region | | | |
| Address1 | University of Louisville | | |
| Address2 | Hemophilia Treatment Center | | |
| Address3 | 529 South Jackson Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Golladay | Katie | Care Coordinator |
| Mrs. | Ashby | Patricia | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 502-562-2902 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 502-333-6906 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Patricia.ashby@louiville.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Johns Hopkins All Children's Hospital - St. Petersburg**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | St. Petersburg |
| StreetAd | | PostalCode | 33701 |
| Region | | | |
| Address1 | 601 Fifth Street South, Suite 302 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Mills | Katie | |
| Ms. | Cardenas | Mary Ann | RN, Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 727-767-4931 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 727-767-4379 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mcarden4@jhmi.edu |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Johns Hopkins All Children's Hospital - Tampa**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Tampa |
| StreetAd | | PostalCode | 33612 |
| Region | | | |
| Address1 | 12220 Bruce B Downs Blvd | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Arvelo | Lourdes | |
| Dr. | Ayala | Irmel | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 813-631-5001 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 813-631-5098 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
iayala1@jhmi.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Johns Hopkins University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Baltimore |
| StreetAd | | PostalCode | 21205 |
| Region | | | |
| Address1 | 1125 Ross | | |
| Address2 | 720 Rutland Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Underland | Trish | Nurse Coordinator |
| Dr. | Casella | James F | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 410-614-0834 |
| cellular: | |
| phone_emergency: | 410-232-9037Peds. |
| Fax: | |
| fax work: | 410-502-5114 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

punderl11@jhmi.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kansas City Regional Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Kansas City |
| StreetAd | | PostalCode | 64108 |
| Region | | | |
| Address1 | The Children's Mercy Hospital | | |
| Address2 | 2401 Gillham Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Foote | Katie | Social Worker |
| Dr. | Carpenter | Shannon | |
| Ms. | Wolf | Norma | Program Manager |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 816-802-1231 |
| cellular: | |
| phone_emergency: | 816-404-4000Adults |
| Fax: | |
| fax work: | 816-346-1336 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
njwolf@cmh.edu

WebSiteAddress:
http://www.childrens-mercy.org/

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Lehigh Valley Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Bethlehem |
| StreetAd | | PostalCode | 18017 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | 2545 Schoenersville Rd, 3rd Fl | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Barron II | Lloyd | Director |
| Ms. | Hams | Arnette | RN |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 484-884-2080 |
| cellular: | |
| phone_emergency: | 610-402-8999 Peds |
| Fax: | |
| fax work: | 484-884-2088 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
arnette.hams@lvh.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Long Island Jewish Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | New Hyde Park |
| StreetAd | | PostalCode | 11040-1402 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | Oncology Institute, Room 358 | | |
| Address3 | 27005 76th Ave | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Gormly | Laura | LCSW-R, ACSW, DCSW, Social Worker |
| Ms. | Pece | Christine | Nurse Coordinator |
| Ms. | Bosch | Peggy | RN |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 718-470-7380 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 718-347-8903 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
lipton@lij.edu

WebSiteAddress:
http://www.nslij.com/body.cfm?id=4380&plinkID=6

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Louisiana Center for Bleeding and Clotting Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | New Orleans |
| StreetAd | | PostalCode | 70112-2632 |
| Region | | | |
| Address1 | 1430 Tulane Ave | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Nadau duTreil | Frances | Social Worker |
| Ms. | Wulff | Karen | Nurse Coordinator |
| Dr. | Leissinger | Cindy | Director |
| Mrs. | Belteau | Jennifer | Administrator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 504-780-4339 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 504-988-3508 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kwulff@tulane.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Maine Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Scarborough |
| StreetAd | | PostalCode | 04074-9308 |
| Region | | | |
| Address1 | Maine Hemophilia and Thrombosis Center | | |
| Address2 | 100 US Route 1, Unit 104 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Boyd | Marjorie | MD, Director & Hematologist Adult P |
| Mr. | Roy | Glen | Hemophilia Nurse |
| Dr. | Rossi | Anne | MD, Associate Medical Director, Pedi |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 207-885-7683 |
| cellular: | |
| phone_emergency: | 207-885-7565Peds. |
| Fax: | |
| fax work: | 207-885-7684 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
royn@mail.mmc.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mary M. Gooley Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Rochester |
| StreetAd | | PostalCode | 14621-3043 |
| Region | | | |
| Address1 | 1415 Portland Avenue | | |
| Address2 | Suite 500 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kouides | Peter | Medical and Research Director |

| | |
|---|---|
| phone 1: | 585-922-5700 |
| phone2: | 585-922-4490 |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | 585-922-5775 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
eric.iglewski@rochesterregional.org

WebSiteAddress:
www.hemocenter.org

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mayo Comprehensive Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Rochester |
| StreetAd | | PostalCode | 55905 |
| Region | | | |
| Address1 | 200 First Street SW | | |
| Address2 | Mayo 10-55E | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Warad | Deepti | Pediatric Director |
| Dr. | Pruthi | Rajiv | Medical Director |
| Ms. | Eckerman | Amy | RN Care Coordinator |
| Ms. | Inman | Dawn | RN Care Coordinator |
| Ms. | Otto | Melinda | |
| Ms. | Rusk | Dawn | RN Care Coordinator |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 1-800-344-7726 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 507-538-6803 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | eckerman.amy@mayo.edu |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Medical College of Georgia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Augusta |
| StreetAd | | PostalCode | 30912-3125 |
| Region | | | |
| Address1 | Dept of Adult Hematology/Oncology | | |
| Address2 | 1120 15th Street | | |
| Address3 | BAA-5407 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hall | Marva | Nurse |
| Dr. | Natarajan | Kavita | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Medical College of Georgia - Pediatric Hemophilia Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Augusta |
| StreetAd | | PostalCode | 30912 |
| Region | | | |
| Address1 | Dept. of Pediatric Hematology/Oncology | | |
| Address2 | 1446 Harper Street BG-2013 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Crenshaw | Valerie | Nurse |
| Dr. | Ameri | Afshin | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 706-721-3626 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 706-721-2643 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
vcrensha@mcg.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **MeritCare Hospital DBA Roger Maris Cancer Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Fargo |
| StreetAd | | PostalCode | 58122 |
| Region | | | |
| Address1 | Hemophilia & Thrombosis Treatment Center | | |
| Address2 | 820 Fourth Street North | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kobrinsky | Nathan | Director |
| Ms. | Kirkeby | Kathy | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 701-234-7544 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 701-234-7577 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nathan.kobrinsky@meritcare.com

WebSiteAddress:
http://www.meritcare.com

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Michigan State University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | East Lansing |
| StreetAd | | PostalCode | 48823 |
| Region | | | |
| Address1 | Comprehensive Center for Bleeding Disorders | | |
| Address2 | 2900 Hannah Blvd. | | |
| Address3 | Room 202 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Carlson | Laura | Nurse Coordinator |
| Dr. | Scott-Emuakpor | Ajovi | |
| Prof. | Kulkarni | Roshni | Director, Pediatrics |
| Dr. | Penner | John | Director, Adults |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 517-353-9385 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 517-355-8312 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Roshni.Kulkarni@hc.msu.edu

WebSiteAddress:
www.cbcd.chm.msu.edu

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Mount Sinai School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | New York |
| StreetAd | | PostalCode | 10029 |
| Region | | | |
| Address1 | Regional Comprehensive Hemophilia Treatment Center | | |
| Address2 | 19 East 98th Street, Suite 9D | | |
| Address3 | Box 1078 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Miller | Susan | Program Administrator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 212-241-8782 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 212-722-6079 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
susan.miller@mountsinai.org

WebSiteAddress:
http://www.mountsinai.org/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nationwide Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Columbus |
| StreetAd | | PostalCode | 43205 |
| Region | | | |
| Address1 | Hemostasis & Thrombosis Center | | |
| Address2 | Division of Hematology/Oncology | | |
| Address3 | 630 Children's Drive | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Lupia | Claudia | Nurse Clinician |
| Mrs. | Biega | Charmaine | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 614-722-8876 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 614-722-3271 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
claudia.lupia@nationwidechildrens.org

WebSiteAddress:
http://www.NationwideChildrens.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nebraska Regional Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Omaha |
| StreetAd | | PostalCode | 68198-7680 |
| Region | | | |
| Address1 | Department of Internal Medicine | | |
| Address2 | 987680 Nebraska Medical Center | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Hanlon | Elizabeth | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 402 559-4000 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Nemours Children's Clinic**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Jacksonville |
| StreetAd | | PostalCode | 32207 |
| Region | | | |
| Address1 | Division of Pediatric Hematology/Oncology | | |
| Address2 | 807 Children's Way | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Picciano | Cristin | Social Worker |
| Ms. | Zippel | Missy | RN, Coordinator |
| Dr. | Gauger | Cynthia Anne | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 904-697-3789 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 904-697-3790 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mzippel@nemours.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **New England Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Worcester |
| StreetAd | | PostalCode | 01655 |
| Region | | | |
| Address1 | UMassMemorial Hospital, H8-783 | | |
| Address2 | 55 Lake Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Racine | Melissa | Nurse Coordinator |
| Dr. | Keuker | Christopher | Pediatric Hematologist |
| Dr. | Brettler | Doreen | Medical Director |
| Ms. | Geary | Peg | Regional Coordinatorr |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 1-800-955-8252 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 508-334-6294 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

peg.geary@umassmemorial.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Center Name **New York-Presbyterian / Weill Cornell Medical College**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | New York |
| StreetAd | | PostalCode | 10065 |
| Region | | | |
| Address1 | Comprehensive Center for Hemophilia and Coagulation Disorders | | |
| Address2 | 525 East - 68th Street, Room P-695 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Tulgar | Taner | Administrative aid |
| Dr. | Laurence | Jeffrey | Adult Hematologist |
| Dr. | Desancho | Maria | Adult Hematologist |
| Dr. | McGuinn | Catherine | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 212-746-3400 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 212-746-8986 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemophilia@med.cornell.edu

WebSiteAddress:

http://www.cornellpediatrics.org/hemophilia

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Newark Beth Israel Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Newark |
| StreetAd | | PostalCode | 07112 |
| Region | | | |
| Address1 | Comprehensive Hemophilia Treatment Center | | |
| Address2 | 201 Lyons Ave at Osborne Terrace | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Cohen | Alice J. | Director |
| Ms. | Kandl | Phyllis | Program Manager |
| Ms. | White | Ellen | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 973-926-6511 |
| cellular: | |
| phone_emergency: | 973-926-7161Peds. |
| Fax: | |
| fax work: | 973-391-0048 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

pkandl@sbhcs.com

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **North Texas Comprehensive Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Dallas |
| StreetAd | | PostalCode | 75235-7701 |
| Region | | | |
| Address1 | Children's Medical Center | | |
| Address2 | Hematology/Oncology Clinic | | |
| Address3 | 1935 Medical District Dr | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Buchanan | George | Pediatric Hematologist |
| Dr. | Journeycake | Janna | Director |
| Dr. | Crary | Shelley | Pediatric Hematologist |
| Dr. | Neunert | Cindy | Pediatric Hematology |
| Ms. | Davis | Jennifer | Nurse Coordinator |
| | Jones | Jennie | RN, CPNP |
| Dr. | Anderson | Alice | Physical Therapist |
| Ms. | Spencer | Kim | Pediatric Nurse Practitioner |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 214-456-2379 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 214-456-5097 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jbjones@childrens.com

WebSiteAddress:
http://www.childrens.com/ccbd/

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Northern Regional Bleeding Disorder Center at Munson Medical**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Traverse City |
| StreetAd | | PostalCode | 49684 |
| Region | | | |
| Address1 | 1105 Sixth Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Rushlow | David | Program Coord./Social Worker |
| Ms. | Wischman | Susan | |
| Ms. | Hall | Margaret | |
| Dr. | Witkop | Michelle | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 231-935-7227 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 231-935-6582 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
drushlow@mhc.net

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Northwest Ohio Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Toledo |
| StreetAd | | PostalCode | 43606 |
| Region | | | |
| Address1 | Northwest Ohio Hemophilia center | | |
| Address2 | Conrad Jobst Tower suite 860 | | |
| Address3 | 2109 Hughes Drive | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Ohler | Sue | Nurse Coordinator |
| Dr. | Stein | Dagmar | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 419-291-2210 |
| cellular: | |
| phone_emergency: | 419-473-3200 |
| Fax: | |
| fax work: | 419-479-3258 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
sue.ohler@promedica.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Northwestern University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Chicago |
| StreetAd | | PostalCode | 60611 |
| Region | | | |
| Address1 | Northwestern Center for Bleeding Disorders | | |
| Address2 | 645 N. Michigan Ave. | | |
| Address3 | #1020 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Kalhagen | Lindsey | PA (clotting) |
| Ms. | Boska | Iwona | Nurse Coordinator (Clotting) |
| Dr. | Zakarija | Anaadriana | Director |
| Dr. | Martin | Karlyn | |
| Ms. | Harris | Sandy | Nurse Coordinator (Bleeding) |
| Dr. | Stein | Brady | |
| Dr. | Green | David | Research |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 312-695-0990 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 312-695-7814 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Norton Kosair Children's Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Louisville |
| StreetAd | | PostalCode | 40202 |
| Region | | | |
| Address1 | 200 E. Chestnut Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bertalone | Salvatore | Director |
| Ms. | Burnett | Diane | Nurse Coordinator |
| Dr. | Balasa | Vinod | Clinical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 502-629-7751 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 502-629-7784 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

diane.burnett@louisville.edu

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ohio State University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Columbus |
| StreetAd | | PostalCode | 43210 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | M-414 Startling Loving Hall | | |
| Address3 | 320 W 10th Ave | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Bruner | Theresa | Nurse Coordinator |
| Dr. | Kraut | Eric | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 614-293-8183 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 614-293-3799 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
theresa.bruner@osumc.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Oklahoma Center for Bleeding and Clotting Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Oklahoma City |
| StreetAd | | PostalCode | 73104 |
| Region | | | |
| Address1 | OU Children's Physicians Building | | |
| Address2 | JEC, suite 10000, rm 10079 | | |
| Address3 | 1200 North Phillips Ave. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Stevens | Beverly | RN BSN, Nurse Coordinator |
| Dr. | Sexauer | Charles | Medical Director |
| Ms. | Stone | Kathy | Administrative Director |
| Mrs. | Walker | Jessica | Nurse |
| Dr. | Khan | Omar | Physician |
| | | | |
| | | | |
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| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 405-271-3661 |
| cellular: | |
| phone_emergency: | 405-271-4876Peds |
| Fax: | |
| fax work: | 405-271-3756 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
beverly-stevens@ouhsc.edu

WebSiteAddress:
http://www.oumedicine.com

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Orthopaedic Institute for Children**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Los Angeles |
| StreetAd | | PostalCode | 90007-2664 |
| Region | | | |
| Address1 | 403 W Adams Blvd | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Osorio | Linda | Administrative Director |
| Dr. | Silva | Mauricio | Orthopaedic Surgeon |
| Dr. | Quon | Doris | Director |
| Dr. | Bailey | Cindy | Senior Physical Therapist |
| Mr. | Chan | Christopher | Nurse Coordinator |
| Prof. | Kasper | Carol | Director, Emeritus |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 213-742-1402 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
losorio@mednet.ucla.edu

WebSiteAddress:
http://www.ortho-institute.org

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Phoenix Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Phoenix |
| StreetAd | | PostalCode | 85016 |
| Region | | | |
| Address1 | Hemophilia Center | | |
| Address2 | 1919 East Thomas Road | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Smith | Patricia | MN, Adult Nurse Coordinator |
| Dr. | Shah | Sanjay | MD |
| Dr. | Knoll | Christine | MD, HTC Medical Director |
| Ms. | Wagner | Lori | Clinical Program Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 602-546-0920 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 602-546-0276 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
lwagner@phoenixchildrens.com

WebSiteAddress:
http://www.phoenixchildrens.com

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Providence Sacred Heart Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Spokane |
| StreetAd | | PostalCode | 99220 |
| Region | | | |
| Address1 | Pediatric Hematology/ Oncology Center | | |
| Address2 | 101 West 8th Street | | |
| Address3 | PO Box 2555 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Foster-Fausett | Jennifer | Nurse Coordinator |
| Dr. | Felgenhaur | Judy | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 509-474-2777 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 509-474-6222 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Judy.Felgenhaur@providence.org

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Puerto Rico Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | San Juan |
| StreetAd | | PostalCode | 00936 |
| Region | | | |
| Address1 | University of Puerto Rico School of Medicine | | |
| Address2 | Department of Pediatrics | | |
| Address3 | GPO Box 5067 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Ortiz | Idith | Assistant Director |
| Dr. | Santiago-Borrero | Pedro | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 1-787-777-35357013,7014 |
| cellular: | |
| phone_emergency: | 1-787-777-35357194 |
| Fax: | |
| fax work: | 1-787-751-5812 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
idortiz@rcm.upr.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rady Children's Hospital, San Diego**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | San Diego |
| StreetAd | | PostalCode | 92123 |
| Region | | | |
| Address1 | Hemophilia Program | | |
| Address2 | 3020 Children's Way | | |
| Address3 | MC. 5081 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Farrow | Katherine | Nurse Coordinator |
| Ms. | Keese | Kate | Nurse Practitioner |
| Dr. | Lovejoy | Amy | HTC Director |
| Ms. | Lee | Candace | Nurse Coordinator |
| Ms. | Ehrlich | Lee | Physical Therapist |
| Ms. | Palacios | Diane | Social Worker |
| | | | |
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| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 858-966-7918 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 858-966-8963 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
kfarrow@rchsd.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rainbow Babies and Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Cleveland |
| StreetAd | | PostalCode | 44106 |
| Region | | | |
| Address1 | University Hospitals Health System | | |
| Address2 | Pediatric Hematology | | |
| Address3 | Mail Stop 6054 | | |
| address4: | 11100 Euclid Avenue | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Hopewell | Steve | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 216-844-4888 |
| cellular: | |
| phone_emergency: | 216-844-1512, Adults |
| Fax: | |
| fax work: | 216-844-5431 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
steve.hopewell@uhhs.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Regional Comprehensive Hemophilia Center at Albany**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Albany |
| StreetAd | | PostalCode | 12208 |
| Region | | | |
| Address1 | Albany Medical College | | |
| Address2 | 47 New Scotland Ave. | | |
| Address3 | MSX 43, Hematology, A52 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Brennan | Mary | Nurse Coordinator |
| Dr. | Porter | Joanne | Medical Director |
| Mrs. | Peart | Maria | RN |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 518-262-5827 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 518-262-6320 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
peartm@mail.amc.edu

WebSiteAddress:
http://www.amc.edu/patient/services/hemophilia/in

# HTC list: Hit (CTRL-F) to search

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Rush Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Chicago |
| StreetAd | | PostalCode | 60612-3833 |
| Region | | | |
| Address1 | Section of Pediatric Hematology/Oncology | | |
| Address2 | Suite 718 PBI | | |
| Address3 | 1725 West Harrison Street | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Valentino | Leonard | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 312-563-2554 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 312-563-2317 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ataylor@rush.edu

WebSiteAddress:
http://www.rush.edu/why_blood_clots@rush.edu

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **Seattle Children's Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Seattle |
| StreetAd | | PostalCode | 98105 |
| Region | | | |
| Address1 | 4800 Sand Point Way NE | | |
| Address2 | PO Box C5371 | | |
| Address3 | Hematology/Oncology 6D-1 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Kelley | Maia | Nurse Coordinator |
| Dr. | Matthews | Dana C. | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 206-987-2106 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 206-987-3946 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
dana.matthews@seattlechildrens.org

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **South Dakota Center for Blood Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Sioux Falls |
| StreetAd | | PostalCode | 57117-5039 |
| Region | | | |
| Address1 | Sanford Children's Specialty Clinic | | |
| Address2 | 1600 W. 22nd St. | | |
| Address3 | P.O. Box 5039 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Tobin | Erin | Nurse Coordinator |
| Dr. | Sprehe | Michael | Director |
| Ms. | Wagner | KayeLyn | MD |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 605-333-1585 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 605-333-1944 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
WAGNERKA@sanfordhealth.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **South Texas Comprehensive Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | San Antonio |
| StreetAd | | PostalCode | 78207 |
| Region | | | |
| Address1 | Christus Santa Rosa Children's Hospital | | |
| Address2 | 333 North Santa Rosa Street | | |
| Address3 | 8th Floor | | |
| address4: | Room B8208 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | Amerson | Patricia | MSN, RN, PNP |
| Mr. | Moczygemba | Daryl | Nurse Coordinator |
| Ms. | Denver | Stacy | Nurse Practitioner |
| Ms. | Ocampo | Rosario | Administrative Assistant |
| Ms. | Cobb | Kathleen | Research Nurse |
| Ms. | Groves | Debra | Physiotherapist |
| Dr. | Britton | Howard | Medical Director |
| Ms. | Carpenter | Shannon | Assistant Medical Director |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 210-704-2862 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 210-704-2418 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
amerson@uthscsa.edu

WebSiteAddress:
http://www.hemophiliaregion6.org

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **St Michael's Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Newark |
| StreetAd | | PostalCode | 07102 |
| Region | | | |
| Address1 | Nadeene Brunini Comprehensive Hemophilia Care Center | | |
| Address2 | 111 Central Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Guron | Gunwant | Director, Adults |
| Ms. | Veljkovic | Helma | Nurse Coordinator |
| Ms. | Pietsch | Terri | Primary Contact |
| Ms. | Joseph | Dominique | Nurse Coordinator |
| Dr. | Desposito | Franklin | Director, Pediatrics |
| | | | |
| | | | |
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| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 973-877-5615 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 973-877-5466 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

terrip@cathedralhealth.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St. Jude Children's Research Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Memphis |
| StreetAd | | PostalCode | 38105 |
| Region | | | |
| Address1 | 262 Danny Thomas Place | | |
| Address2 | Mail Stop 800 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Reiss | Ulrike | Director |
| Ms. | Grant | Robin | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 901-595-2097 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Robin.Grant@stjude.org

WebSiteAddress:
http://www.stjude.org

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **St. Luke's Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Boise |
| StreetAd | | PostalCode | 83712 |
| Region | | | |
| Address1 | 190 East Idaho Street | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| | | | |
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| | |
|---|---|
| phone 1: | 208-381-2782 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | www.slhs.org |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Stanford University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Palo Alto |
| StreetAd | | PostalCode | 94304-1812 |
| Region | | | |
| Address1 | Division of Hematology/Oncology | | |
| Address2 | 1000 Welch Rd. | | |
| Address3 | Suite 300 | | |
| address4: | Mail Code 5798 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Lea | Judith | Primary Contact |
| Dr. | Glader | Bertil E. | Director |
| Ms. | Zoland | Jeanmarie | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 650-497-8953 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jzoland@lpch.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Stroger Hospital of Cook County**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Chicago |
| StreetAd | | PostalCode | 60612-3723 |
| Region | | | |
| Address1 | 1900 W Polk St | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Matthew | Lilly | Pediatrics Director |
| Dr. | Telfer | Margaret | Director |
| Mr. | Johnson | Robert E. | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 312-864-4167 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 312-864-9002 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rjohnson2@ccbhs.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **SUNY Upstate Medical University - Adult Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Syracuse |
| StreetAd | | PostalCode | 13210 |
| Region | | | |
| Address1 | Regional Oncology Center | | |
| Address2 | 750 East Adams Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | McCue Donnery | Gail | Nurse Coordinator |
| Dr. | Kennedy | Gloria | Director |
| Ms. | Leshko | Karen | Social Worker |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 315-464-8225 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 315-464-8206 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

donneryg@upstate.edu

WebSiteAddress:

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **SUNY Upstate Medical University - Pediatric Program**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Syracuse |
| StreetAd | | PostalCode | 13210 |
| Region | | | |
| Address1 | c/o Center for Children with Cancer and Blood Disorders | | |
| Address2 | 750 East Adams Street | | |
| Address3 | Room 5400 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Williams | Amy | Social Worker |
| Ms. | Groth | Diane | Nurse Coordinator |
| Dr. | Coyle | Thomas | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 315-464-5294 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 315-464-7238 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
grothd@upsate.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ted R. Montoya Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Albuquerque |
| StreetAd | | PostalCode | 87131-5311 |
| Region | | | |
| Address1 | Pediatrics | | |
| Address2 | MSC 10 5590 | | |
| Address3 | 1 University of New Mexico | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Jones | Jane Ellen | Nurse Coordinator |
| Mrs. | Montoya | Rose | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 505-272-6420 |
| cellular: | |
| phone_emergency: | 1-800-866-7257 |
| Fax: | |
| fax work: | 505-272-8699 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rmontoya@salud.unm.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Texas Children's Hemophilia & Thrombosis Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Houston |
| StreetAd | | PostalCode | 77030 |
| Region | | | |
| Address1 | 6621 Fannin, 14th Floor | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Stark | Aleida | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 832-822-1480 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 832-825-1453 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
acstark@txccc.org

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **The Bleeding and Clotting Disorders Institute**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Peoria |
| StreetAd | | PostalCode | 61614 |
| Region | | | |
| Address1 | 427 W Northmoor Rd | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Stephens | Dana | Nurse Practitioner |
| Dr. | Roberts | Jonathan | Associate Medical Director and Resea |
| Dr. | Madden | Renee | Assistant Medical Director |
| Dr. | Tarantino | Michael | MD, Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 309-692-5337 |
| cellular: | |
| phone_emergency: | |
| Fax: | 309-693-3913 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
info@ilbcdi.org

WebSiteAddress:
www.ilbcdi.org

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **The Brody School of Medicine at East Carolina University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Greenville |
| StreetAd | | PostalCode | 27834-4354 |
| Region | | | |
| Address1 | Pediatric Hematology / Oncology | | |
| Address2 | 600 Moye Blvd. | | |
| Address3 | PCMH 288 West | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Daeschner | Charles | Director |
| | Vick | Lauren | Social Worker |
| Ms. | Gordon | Diana | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 252-744-5384 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 252-744-8199 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
gordond@ecu.edu

WebSiteAddress:

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WFH
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **The Hemophilia Center at Oregon Health & Science University**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Portland |
| StreetAd | | PostalCode | 97239 |
| Region | | | |
| Address1 | 3181 SW Sam Jackson Park Road | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Recht | Michael | Medical Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 503-494-8716 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 503-494-2721 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **The John Bouhasin Center for Children with Bleeding Disorder**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | St. Louis |
| StreetAd | | PostalCode | 63104 |
| Region | | | |
| Address1 | Cardinal Glennon Children's Hospital | | |
| Address2 | Saint Louis University Department of Pediatrics | | |
| Address3 | 1465 South Grand Boulevard | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Johnson | Lydia | |
| Dr. | Puetz | John | Clinical Director |
| Dr. | Hugge | Chris | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 314-577-5332 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 314-577-5309 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
puetzjj@SLU.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **UHSH Blood Disorders Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Johnson City |
| StreetAd | | PostalCode | 13790 |
| Region | | | |
| Address1 | UHS Wilson Hospital | | |
| Address2 | 33057 Harrison Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Khan | Serazul | Medical Director |
| Ms. | Decker | Joyce | Social Worker |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 607-763-6436 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 607-763-5514 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Hope_Woodcock@uhs.org

WebSiteAddress:
http://www.uhs.net

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **UMDNJ-Robert Wood Johnson University Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | New Brunswick |
| StreetAd | | PostalCode | 08903-0019 |
| Region | | | |
| Address1 | New Jersey Regional Hemophilia Program | | |
| Address2 | Division of Hematology, Room #378C, CN-19 | | |
| Address3 | One Robert Wood Johnson Place | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Philipp | Claire | |
| Ms. | Cohen | Lisa | Social Worker |
| Ms. | Schwartz | Robin | Procedures Analyst |
| Dr. | Saidi | Parvin | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 732-235-7678 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 732-235-7115 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
robschwa@umdnj.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Alabama Birmingham Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Birmingham |
| StreetAd | | PostalCode | 35233 |
| Region | | | |
| Address1 | 1600 7th Avenue South | | |
| Address2 | Lowder Bldg, Suite 512 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Noa | Mary Catherine | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 205-638-9285 |
| cellular: | |
| phone_emergency: | 205-934-3411 Adult |
| Fax: | |
| fax work: | 205-975-1941 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mnoa@peds.uab.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of California at Davis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Sacramento |
| StreetAd | | PostalCode | 95817 |
| Region | | | |
| Address1 | Hemophilia Treatment Center | | |
| Address2 | 2360 Stockton Blvd. | | |
| Address3 | Suite 1100 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Dansker | Stephanie | Program Assistant |
| Mrs. | Schafer | Kim | Pediatric Nurse |
| Dr. | Ducore | Jonathan | Director (Pediatric) |
| Dr. | Powell | Jerry S. | Director (Adult) |
| Ms. | Funke | Elizabeth | |
| | | | |
| | | | |
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| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 916-734-3461 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 926-734-3591 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of California, San Diego Health-San Diego**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | San Diego |
| StreetAd | | PostalCode | 92121 |
| Region | | | |
| Address1 | Hemophilia and Thrombosis Treatment Center | | |
| Address2 | 9333 Genesee Avenue Ste. 310 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Cadriel | Moniqa | Clinical Manager |
| Prof. | Von Drygalski | Annette | Program Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 858-657-6028 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 858-657-6948 |
| fax work2: | 858-249-2519 |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | avondrygalski@ucsd.edu |
| WebSiteAddress: | |

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of California, San Francisco**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | San Francisco |
| StreetAd | | PostalCode | 94117 |
| Region | | | |
| Address1 | Parnassus | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Lesh | Mary | Pediatric Nurse Practitioner |
| Ms. | Karp | Susan | Nurse Coordinator, Adult Patients |
| Dr. | Leavitt | Andrew | |
| Dr. | Huang | James | Co-Director (Pediatrics) |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 415-476-4901Peds |
| cellular: | |
| phone_emergency: | 800-476-0560toll free |
| Fax: | |
| fax work: | 415-476-3301 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
skarp@peds.ucsf.edu

WebSiteAddress:
http://www.ucsfhealth.org/clinics/hemophilia_treat

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Cincinnati Adult Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Cincinnati |
| StreetAd | | PostalCode | 45267-0562 |
| Region | | | |
| Address1 | 3125 Eden Avenue | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Billow | Elizabeth | Social Worker |
| Dr. | Palascak | Joseph | Medical Director |
| Ms. | Tuner | Nina | Nurse Practitioner/Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 513-584-7639 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 513-584-1024 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

turnern@ ucmail.uc.edu

WebSiteAddress:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Connecticut Health Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Farmington |
| StreetAd | | PostalCode | 06030-2250 |
| Region | | | |
| Address1 | University of Connecticut Health Center | | |
| Address2 | Neag Cancer Center | | |
| Address3 | 263 Farmington Avenue | | |
| address4: | Mail Code 1628 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Bona | Robert | Director |
| Ms. | von Mayrhauser | Dawn | Social Worker |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 860-679-2576 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 806-679-4451 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
bartolomeo@up.uchc.edu

WebSiteAddress:
www.uchc.edu

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University of Iowa Hospital and Clinics**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Iowa City |
| StreetAd | | PostalCode | 52242 |
| Region | | | |
| Address1 | Iowa Regional Hemophilia Center | | |
| Address2 | 200 Hawkins Drive | | |
| Address3 | 2507 JCP | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rahdi | Mohamed | Director |
| Mr. | Ambler | Tim | Administrative Assistant |
| Mr. | Lentz | Stephen | Director |
| Ms. | Bullock | Tami | Nurse Coordinator |
| Ms. | Watkinson | Karla | Nurse Coordinator |
| Mr. | Lammer | Mike | Primary Contact |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 319-356-1988 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 319-356-4261 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
michael-lammer@uiowa.edu

WebSiteAddress:
http://www.uihealthcare.com/depts/hemophilia/ind

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Kentucky Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Lexington |
| StreetAd | | PostalCode | 40536-0284 |
| Region | | | |
| Address1 | UK-HTC: J-457 Kentucky Clinic | | |
| Address2 | 740 South Limestone Street | | |
| Address3 | Kentucky Clinic Room J-457 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Peterson | Susan | Primary Contact |
| Dr. | Radulescu | Vlad | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 859-257-6033 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 859-257-9822 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
susan.peterson@uky.edu

WebSiteAddress:
http://www.uky.edu/

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Miami Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Miami |
| StreetAd | | PostalCode | 33136 |
| Region | | | |
| Address1 | 1601 NW 12th Avenue (D-820) | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Guerra | Annalise | Social Worker/Psychotherapist |
| Dr. | Harrington | Thomas | Adult Medical Director |
| Dr. | Corrales-Medina | Fernando | Pediatric Hematologist |
| Ms. | Bloomberg | Maya | Adult Nurse Coordinator |

| | |
|---|---|
| phone 1: | 305-243-0834 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jdavis3@med.miami.edu

WebSiteAddress:
http://pediatrics.med.miami.edu/pediatric-hematolo

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Michigan Hemophilia & Coagulation Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Ann Arbor |
| StreetAd | | PostalCode | 48109-5235 |
| Region | | | |
| Address1 | F2480 Neuroscience Hospital | | |
| Address2 | Box 5235 | | |
| Address3 | 1500 East Medical Center Drive | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mr. | Munn | Jim | Nurse Coordinator |
| Dr. | Bockenstedt | Paula | Director, Adult |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 734-936-6393 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 734-936-5953 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | jmunn@umich.edu |
| WebSiteAddress: | |

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Minnesota Medical Center, M Health Fairview**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Minneapolis |
| StreetAd | | PostalCode | 55454 |
| Region | | | |
| Address1 | 2512 South 7th Street, Suite 105, Minneapolis, MN 55454 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Reding | Mark | Director, Adults |
| Ms. | McIntyre | Helen | Program Manager |

| | |
|---|---|
| phone 1: | 612-273-5005 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | 612-273-5018 |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Helen.McIntyre@fairview.org

WebSiteAddress:
http://www.fairview.org/Services/BleedingandClotti

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Hemophilia Treatment Centre

Center Name **University of Mississippi Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Jackson |
| StreetAd | | PostalCode | 39216-4505 |
| Region | | | |
| Address1 | Pediatric Hematology/Oncology | | |
| Address2 | 2500 North State Street | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Mrs. | Morris | April | Nurse Coordinator |
| Dr. | Iyer | Rathi | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 601-984-2710 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 601-984-5279 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

riyer@umc.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Missouri Hospitals and Clinics**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Columbia |
| StreetAd | | PostalCode | 65212 |
| Region | | | |
| Address1 | One Hospital Drive | | |
| Address2 | 7W12-K - Department of Child Health | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gruner | Barbara | Director, Pediatrics |
| Dr. | Patterson | William | Co-Director, Adults |
| Ms. | Ebersol | Kim | |
| Ms. | Holm | Lisa | Registered Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 573-882-3961 |
| cellular: | |
| phone_emergency: | 573-882-4141Peds |
| Fax: | |
| fax work: | 573-884-4277 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
ebersolk@health.missouri.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name: **University of South Florida**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Tampa |
| StreetAd | | PostalCode | 33612 |
| Region | | | |
| Address1 | Comprehensive Hemophilia Treatment Center | | |
| Address2 | 13330 USF Laurel Dr., 6th Floor | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Johnson | Monique | Office Manager |
| Ms. | Joseph | Hazina | Nurse Coordinator |
| Dr. | Laber | Damien | Co-Direcor |
| Dr. | Visweshwar | Nathan | Co-Director |
| Ms. | Strang | Janell | Social Worker |
| Ms. | Azam | Rukhsana | Coordinator |
| | | | |
| | | | |
| | | | |
| | | | |
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| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 813-974-3725 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 813-974-9476 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | mjohns13@health.usf.edu |
| WebSiteAddress: | |

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Tennessee - Memphis**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Memphis |
| StreetAd | | PostalCode | 38103-3446 |
| Region | | | |
| Address1 | Hemophilia Treatment Program | | |
| Address2 | College of Medicine | | |
| Address3 | 920 Madison Avenue | | |
| address4: | Suite 822N | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Tuller | Jan | Clinical Nurse Coordinator |
| Mr. | Lilley | Don | Research Coordinator RN |
| Dr. | Dugdale | Marion | Center Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 901-448-6454 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 901-448-7929 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jtuller@utmem.edu

WebSiteAddress:

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Center Name **University of Texas Southwestern Medical School**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Dallas |
| StreetAd | | PostalCode | 75390-8852 |
| Region | | | |
| Address1 | Seay Biomedical Bldg | | |
| Address2 | 5323 Harry Hines Blvd | | |
| Address3 | Room NC8. 126 | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rutherford | Cynthia | Director |
| Ms. | Dunnagan | Tricia | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 214-648-1937 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 214-648-4105 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Patricia.Dunnagan@UTSouthwestern.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Virginia Health System**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Charlottesville |
| StreetAd | | PostalCode | 22908 |
| Region | | | |
| Address1 | Cancer Service Center | | |
| Address2 | P.O. Box 800716 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Wisinski | Carol | RN |
| Ms. | Palumbo | Lisa | Nurse Coordinator |
| Dr. | Macik | B. Gail | Adult Hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 434-243-5809 |
| cellular: | |
| phone_emergency: | 434-924-0211Peds |
| Fax: | |
| fax work: | 434-982-4186 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
cat2e@hscmail.mcc.virginia.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **University of Virginia Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Charlottesville |
| StreetAd | | PostalCode | 22908 |
| Region | | | |
| Address1 | Box 800386, Pediatric Hematology | | |
| Address2 | Jefferson Park Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Sennett | Margy | Nurse Coordinator |
| Dr. | Waldron | Peter | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 434-924-8499 |
| cellular: | |
| phone_emergency: | 434-924-0211Peds |
| Fax: | |
| fax work: | 804-924-5452 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
MMS9D@hscmail.mcc.virginia.edu

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **UWHC Comprehensive Program for Bleeding Disorders**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Madison |
| StreetAd | | PostalCode | 53792-9749 |
| Region | | | |
| Address1 | University of Wisconsin Hospital & Clinics | | |
| Address2 | 600 Highland Avenue | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Diamond | Carol | Director, Pediatric hematologist |
| Dr. | Williams | Eliot | Director, Adult Hematologist |
| Mrs. | Pindilli | Jessie | Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 608-890-9493 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 608-890-9491 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
jpindilli@uwhealth.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Vanderbilt University Medical Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Nashville |
| StreetAd | | PostalCode | 37232-9830 |
| Region | | | |
| Address1 | Hemostasis/Hemophilia Clinic | | |
| Address2 | 2200 Children's Way, 6105 DOT | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Neff | Anne | Director, Adults |
| Ms. | Hudson | Mary | Manager |
| Ms. | Thomas | Julie | RN MSN-Research |
| Mme | Harrop | Mavis | Social Worker |
| Ms. | Mullins | Chasity | Nurse |
| | | | |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 615-936-1765 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 615-936-8400 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

Mary.G.Hudson@Vanderbilt.edu

WebSiteAddress:

http://www.mc.vanderbilt.edu/vhtc/

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Vermont Regional Hemophilia Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Burlington |
| StreetAd | | PostalCode | 05401 |
| Region | | | |
| Address1 | FAHC, ACC Building | | |
| Address2 | MS-353EP2 | | |
| Address3 | 111 Colchester Avenue | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Homans | Alan | Director |
| Ms. | Granat | Miriam | Hemophilia Nurse Coordinator |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 802-847-2850 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 802-847-5172 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
miriam.granat@vtmednet.org

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Wake Forest University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Winston-Salem |
| StreetAd | | PostalCode | 27157-1081 |
| Region | | | |
| Address1 | Comprehensive Hemophilia and Thrombosis Diagnostic and Treatment Center | | |
| Address2 | Wake Forest University School of Medicine | | |
| Address3 | Department of Pediatric Hematology | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Smith | Anita | Program Coordinator |
| Ms. | Rodgers | Melanie | Clinic Nurse |
| Ms. | Melton | Carol | Social Worker |
| Ms. | Glover | Keya | Social Worker |
| Dr. | Dixon | Natalia | Pediatrics |
| Dr. | Knovich | Mary Ann | Program Director (Adults) |
| Ms. | Caruso | Jayne | RPT |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 336-716-4324 |
| cellular: | |
| phone_emergency: | 336-713-5440 (Adults) |
| Fax: | |
| fax work: | 336-716-3010 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

ansmith@wakehealth.edu.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **West Virginia University Hemophilia Treatment Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | Morgantown |
| StreetAd | | PostalCode | 26506-8110 |
| Region | | | |
| Address1 | WVUHealthcare operated by WVU Hospitals | | |
| Address2 | One Medical Center Drive | | |
| Address3 | Mary Babb Randolph Cancer Center | | |
| address4: | PO Box 8110 | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Ms. | Webber | Sylvia | Nurse Coordinator |
| Ms. | Graham | Anita | Social Worker |
| Ms. | Crombet | Ofelia | |
| Mr. | Paul | Stephan | Pediatric hematologist |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 304-598-4500 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 304- 598-4560 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
WebberS@wvuhealthcare.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Yale University School of Medicine**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | United States | City | New Haven |
| StreetAd | | PostalCode | 06520-8064 |
| Region | | | |
| Address1 | Yale-New Haven Hemophilia Center | | |
| Address2 | Department of Pediatrics, | | |
| Address3 | 333 Cedar Street, 2073 LMP | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Kupfer | Gary | Director |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 203-785-4011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 203-785-5315 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

susan.marino@yale.edu

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital de Clinicas Dr Manuel Quintela para adultos**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Uruguay | City | Montevideo |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 598-2-487-1011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 598-2-486-0304 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemoterapia@hc.edu.uy

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Escuela del Litoral**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Uruguay | City | Paysandu |
| StreetAd | | PostalCode | 60000 |
| Region | | | |
| Address1 | Montecaseros 520 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 589-7-228-383 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 589-7-227-481 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | anachalkling@femi.com.uy |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Pereira Rossell para Niños**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Uruguay | City | Montevideo |
| StreetAd | | PostalCode | C.P. 11200 |
| Region | | | |
| Address1 | Haemotherapy & Pediatric Departments | | |
| Address2 | Transfusion Medicine Service | | |
| Address3 | Bulevar Artigas 1550 | | |
| address4: | Planta Baja | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rodriguez | Ismael | |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 598-2-708-5703 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 00598-027092588 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Tashkent Hemophilia Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Uzbekistan | City | Tashkent |
| StreetAd | | PostalCode | 100059 |
| Region | | | |
| Address1 | Usmon Nosir str. 138 | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Achilova | Ozoda | |
| | Egamova | Mukarram | Nurse |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 998-71-273-6372 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 998-71-173-6316 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

aziza.makhmudova@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Anexo Pediátrico DEL Hopital Rafael Tobias Guevara**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Barcelona |
| StreetAd | | PostalCode | 6001 |
| Region | | | |
| Address1 | Banco de Sangre, Servicio de Hematología | | |
| Address2 | vía alterna | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Lugo | Ines | Medico Hematologo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-307-9969 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

luginesven@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Banco de Sangre Edo Zulia**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Maracaibo |
| StreetAd | | PostalCode | 4004 |
| Region | | | |
| Address1 | Banco de Sangre Edo Zulia | | |
| Address2 | Av. 20 al lado de la Maternidad | | |
| Address3 | Castillo Plaza | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-262-2833 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | luispazrincon@cantv.net |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Banco de Sangre Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Coro |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-683-4282 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

yackycalatc64@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Banco Metropolitano de Sangre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Caracas |
| StreetAd | | PostalCode | 1010 |
| Region | | | |
| Address1 | Banco Metropolitano de Sangre | | |
| Address2 | Esquina de Pirineos, San Jose del Avila | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Gómez | Toribio | Traumatólogo |
| Ms. | Fernandez | Naiari Teresa | FIOTERAPEUTA |
| Dr. | Cedeño | Manuel | Traumatologo |
| Dr. | Matilde Rosas | María | Fisiatra |
| Ms. | Maita | Griselda | Enfermera |
| Dr. | Mujica | Valentina | ODONTOLOGO |
| | | | |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-212-562-2325 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 58-212-562-2325 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
arletteruizsaez@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Uyapar IVSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Puerto Ordaz |
| StreetAd | | PostalCode | 8050 |
| Region | | | |
| Address1 | Banco d e Sangre | | |
| Address2 | Alta Vista | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-896-3003 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

yelitkza_aguirre@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Hospital Central de Maracay**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Maracay Edo. |
| StreetAd | | PostalCode | 2104 |
| Region | | | |
| Address1 | Banco de sangre del Hospital Central de Maracay | | |
| Address2 | final Av. Vargas con Av. Sucre | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Herrera | Alix | Médico Hematologo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-516-3665 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | pperezdiaz@cantv.net |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Central Luis Ortega**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Porlamar |
| StreetAd | | PostalCode | 6301 |
| Region | | | |
| Address1 | Banco de Sangre, Servicio de Hematología | | |
| Address2 | Avenida 4 de mayo | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dr. | Rojas Marcano | Yadira | Médico Hematologo |
| Srta. | Sotillo | Ana Carolina | Coordinadora Filial Nueva Esparta |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-695-8498 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
luisa_mn@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Central Patrocinio Piñuela Ruiz IVSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | San Cristóbal |
| StreetAd | | PostalCode | 5001 |
| Region | | | |
| Address1 | Peñuela Ruiz | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sr. | Casas | Hamlin | Cordinador Filial Táchira |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 005-802-763-443-844 |
| cellular: | 005-841-47114334 |
| phone_emergency: | |
| Fax: | |
| fax work: | 58-276-344-5014 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
juanserrano@cantv.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Cesar Rodríguez Rodríguez-IVSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Puerto la Cruz |
| StreetAd | | PostalCode | 6023 |
| Region | | | |
| Address1 | Banco de Sangre, Servicio de Hematología | | |
| Address2 | urb. GUARAGUAO | | |
| Address3 | AV. PRINCIPAL | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Prof. | Betancourt | Obdulia | Coordinadora Filial Anzoátegui |
| Dra. | Silva | Carolina | Medico Hematóloga |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-781-5969 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
silvacarolina@cantv.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

Hemophilia Treatment Centre

Center Name **Hospital Dr. Jesús García Cuello- IVSS Pediatrico**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Punto Fijo |
| StreetAd | | PostalCode | 4102 |
| Region | | | |
| Address1 | Banco d e Sangre | | |
| Address2 | Judibana Av. Oeste Nº 14 | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Calatayud | Yackeline | Medico Hematologo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-683-4282 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

yackycalat@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Francisco Urdaneta Delgado**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Calabozo |
| StreetAd | | PostalCode | 2312 |
| Region | | | |
| Address1 | Banco de sangre | | |
| Address2 | Urbanización Centro Administrativo | | |
| Address3 | Calle Quinta Avenida | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Delgadillo | Nelly | Coordinadora Filial Guárico |
| Dr. | Rodriguez | José Alí | Medico Hematologo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-749-1924 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

josealirodriguez@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Egor Nucete**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | San Carlos |
| StreetAd | | PostalCode | 2201 |
| Region | | | |
| Address1 | Banco de Sangre, Servicio de Hematología | | |
| Address2 | final Av Ricaurte | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-258-433-1110 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
rifigueredo@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General El Tigre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | El Tigre |
| StreetAd | | PostalCode | 6050 |
| Region | | | |
| Address1 | Banco de Sangre | | |
| Address2 | Av. Winston Churchill | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sr. | Vargas | Jogly | Coordinador extención Anzoateguí |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-283-514-5722 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | fedelgue@yahoo.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Luis Razzeti**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Barinas |
| StreetAd | | PostalCode | 5201 |
| Region | | | |
| Address1 | Servicio de hematología y banco de sangre | | |
| Address2 | Estado barinas | | |
| Address3 | Calle Cedeño | | |
| address4: | Callejón San Juan | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Morán | Zulay | Medico Hematologo |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital General Pastor Oropeza**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Barquisimeto |
| StreetAd | | PostalCode | 3000 |
| Region | | | |
| Address1 | Servicio de hematología y banco de sangre | | |
| Address2 | Estado lara | | |
| Address3 | Av. la salle entre av. la industria y | | |
| address4: | Av. Florencia Jimenez al lado ctro. Comercial metropoli | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-028-0010 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 58-251-144-7320 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
nailethtorrez@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Infantil IVSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Barinas |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Av. Agustin Codazzi, entrada al Barrio 1º de Diciembre | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Quintero | Migdalia | Coordinadora |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-424-714-2779 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | bushidomed@hotmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital IVSS Dr. Tulio Carnevali Salvatierra**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Merida |
| StreetAd | | PostalCode | 5101 |
| Region | | | |
| Address1 | Servicio de Hematología | | |
| Address2 | Av. Las Américas | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Rojas | Irisluz | Medico Hematologa |
| Sra. | Pico | Josefina | Coordinadora Filial Mérida |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-577-1820 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
irislurojas@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital IVSS Dr.Hector Novel Joubert**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Ciudad Bolivar |
| StreetAd | | PostalCode | 8001 |
| Region | | | |
| Address1 | Banco d e Sangre | | |
| Address2 | Paseo Meneses | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sr. | Medina | Luis | Coordinador Filial Guayana |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-708-6881 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | anabastardo2005@gmail.com |
| WebSiteAddress: | |

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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital IVSS, Guaraguao**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Puerto la Cruz |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Campo Obrero | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-781-5969 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

silvacarolina@cantv.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital José G. Hernandez - IVSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Acarigua |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Farmacia | | |
| Address2 | Urbanización mamanico | | |
| Address3 | diagonal casa del periodista | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-577-9668 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
xiomara_saavedra@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Jose Gregorio Hernandez**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Trujillo, Edo Trujillo |
| StreetAd | | PostalCode | 3150 |
| Region | | | |
| Address1 | Banco Municipal de Sangre | | |
| Address2 | Av. Coro | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-672-0598 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
mariaquevedo9485@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Manuel Nuñez Tovar**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Maturin |
| StreetAd | | PostalCode | 6201 |
| Region | | | |
| Address1 | Banco de Sangre | | |
| Address2 | Av. Bicentenaria | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Hernandez | Luisa | Médico Hematologo |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-692-0514 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
edithiguerey@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Pablo Acosta Ortiz**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | San Fernando de Apure |
| StreetAd | | PostalCode | 7001 |
| Region | | | |
| Address1 | Banco de Sangre | | |
| Address2 | Consulta de Hematolgia | | |
| Address3 | Avenida Caracas | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Sra. | Sequeda | Yenny | Coordinadora Filial Apure |
| Dra. | Rojas | Irisluz | Medico Hematologa |

| | |
|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-424-319-8209 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
irislurojas@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Pastor Oropeza Riera**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Carora |
| StreetAd | | PostalCode | 3051 |
| Region | | | |
| Address1 | Servicio de hematología y banco de sangre | | |
| Address2 | Carora | | |
| Address3 | Av. Lisímaco Gutiérrez Sector | | |
| address4: | Roble Viejo | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-028-0011 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 58-251-144-7321 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

carmenmejias06@cantv.net

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Placido Daniel Rodriguez**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | San Felipe |
| StreetAd | | PostalCode | 3021 |
| Region | | | |
| Address1 | Banco de Sangre, Servicio de Hematología | | |
| Address2 | Av. Villarreal Final | | |
| Address3 | callejón la mosca | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-561-3031 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

yraidatersek@yahoo.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Raul Leoni Otero IVSS**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | San Felix |
| StreetAd | | PostalCode | 8051 |
| Region | | | |
| Address1 | Banco d e Sangre | | |
| Address2 | Guiparo | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-876-1554 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

durantcismadriz@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Santo Anibal Dominici**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Curapano |
| StreetAd | | PostalCode | 6150 |
| Region | | | |
| Address1 | Banco de Sangre "Cruz Quijada Gamboa" | | |
| Address2 | Planta Baja | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-780-0888 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 58-294-331-1489 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

mrojascarvillo@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Hospital Universitario Antonio Patricio de Alcala (SAHUAPA)**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Cumana |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Calle Bolivar | | |
| Address2 | | | |
| Address3 | | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-795-3040 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 58-293-431-5192 |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | figher@cantv.net |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario de los Andes**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Merida |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Servicio de Hematología | | |
| Address2 | Av. 16 de Septiembre | | |
| Address3 | Depto. de Hepatologia, P.B. | | |
| address4: | | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-416-577-1820 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

irislurojas@hotmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hospital Universitario Dr. Angel Larralde**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Venezuela | City | Valencia |
| StreetAd | | PostalCode | 2001 |
| Region | | | |
| Address1 | Servicio de Hematología y Banco De Sangre | | |
| Address2 | Naguanagua | | |
| Address3 | Ur. Bárbula | | |
| address4: | Av. Altos de la Colonia | | |

| ---- | Last Name: | First Name: | Title: |
|---|---|---|---|
| Dra. | Romero | Margorie | Medico Hematologo |
| Sra. | García | Mirian | Corrdinadora Filial Carabobo |

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|---|---|
| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 58-414-340-3717 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |
| email work: | |
| email work2: | |
| Email: | margorieromero@gmail.com |
| WebSiteAddress: | |

# HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Blood Transfusion and Hematology Centre**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Vietnam | City | Hue |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Hue Central Hospital | | |
| Address2 | 16 Le Loi Street | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 84-54-3-822-325 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 84-54-3-824-758 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

tranh.nguyen1@gmail.com

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Blood Transfusion Hematology Center**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Vietnam | City | Ho Chi Minh City |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 201 Pham Viet Chanh | | |
| Address2 | Nguyen Cu Trinh Ward, District 1 | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 84-8-3-839-7535 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 84-8-3-925-6826 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

hemato@vnn.vn

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

WFH
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **National Institute of Hematology and Blood Transfusion**

Hemophilia Treatment Centre

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Vietnam | City | Hanoi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | National Institute of Hematology and Blood Transfusion | | |
| Address2 | 14 Tran Thai Tong lengthened road | | |
| Address3 | Yen Hoa ward, Cau Giay district | | |
| address4: | | | |

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| phone 1: | 84-4-3782-1895 |
| phone2: | |
| phone3: | |
| phone_work4 | |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

icd.nihbt@gmail.com.

WebSiteAddress:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Viet Nam National Hospital of Pediatrics**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Vietnam | City | Hanoi |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | 18/879 La Thanh street | | |
| Address2 | Dong Da district | | |
| Address3 | | | |
| address4: | | | |

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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 84-43-834-3700 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 84-43-775-4448 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:

WebSiteAddress:

# HTC list: Hit (CTRL-F) to search

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Parirenyatwa Hospital**

| | | | |
|---|---|---|---|
| Province | | | |
| Country | Zimbabwe | City | Harare |
| StreetAd | | PostalCode | |
| Region | | | |
| Address1 | Department of Haematology | | |
| Address2 | University of Zimbabwe - College of Health Sciences | | |
| Address3 | Mazowe Road | | |
| address4: | P.O. Box A178, Avondale | | |

| ---- | Last Name: | First Name: | Title: |
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| phone 1: | |
| phone2: | |
| phone3: | |
| phone_work4 | 263-4-336-666 |
| cellular: | |
| phone_emergency: | |
| Fax: | |
| fax work: | 263-4-303-345 |
| fax work2: | |
| fax work3: | |

email work:

email work2:

Email:
Zcakana@infodata.co.zq

WebSiteAddress:

<<NEXT>>