HTC list

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

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

Center Name **HTC Academisch Ziekenhuis Paramaribo (HTC AZP)**

Province			
Country		City	
StreetAd		PostalCode	
Region			
Address1	located in Academic Hospital Paramaribo		
Address2	Flustraat 1, Paramaribo Suriname		
Address3			
address4:			

----	Last Name:	First Name:	Title:
Dr.	Toekoen	A.	Pediatrician
Dr.	Karia	A.	Internal Medicine

phone 1:	
phone2:	
phone3:	
phone_work4	+597 442222
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 **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:

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:

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:

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:

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

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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

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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:

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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:

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

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WORLD FEDERATION OF HEMOPHILIA
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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:

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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:

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:

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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:	

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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:

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

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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
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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

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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

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WORLD FEDERATION OF HEMOPHILIA
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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
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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:

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
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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

Hemophilia Treatment Centre

Center Name **Hospital Héctor Quintana**

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:

HTC list: Hit (CTRL-F) to search

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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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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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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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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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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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:

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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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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:

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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:

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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:

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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:	

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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:

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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:

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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:

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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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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:

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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/

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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:

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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:

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 **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:

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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

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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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:	
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Fax:	
fax work:	61-3-9076-3021
fax work2:	
fax work3:	
email work:	
email work2:	
Email:	haemophilia@alfred.org.au
WebSiteAddress:	

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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:

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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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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:

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:

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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:

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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:

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WORLD FEDERATION OF HEMOPHILIA
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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:
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WebSiteAddress:

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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

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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:

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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:	

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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

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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/

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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:

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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:

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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
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fax work3:	

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email work2:

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rhhpaedonc@dhhs.tas.gov.au

WebSiteAddress:

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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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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	61-2-9515-6698
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Stephen.matthews@sswahs.nsw.gov.au

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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

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cellular:	
phone_emergency:	
Fax:	
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Grainne.dunne@sesiahs.health.nsw.gov.au

WebSiteAddress:

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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

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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

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cellular:	
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Fax:	
fax work:	61-8-8161-6567
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AnneM.Jackson@health.sa.gov.au

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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

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	43-732-777-000-210
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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:	
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phone3:	
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phone_emergency:	
Fax:	
fax work:	
fax work2:	
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email work2:

Email:
klaus.schmitt@gespag.at

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

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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	

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cellular:	
phone_emergency:	
Fax:	
fax work:	43-5522-303-82390
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Email:

ulrike.zanier@dornbirn.at

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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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	

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phone2:	
phone3:	
phone_work4	43-463-538-39500
cellular:	
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Fax:	
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fax work3:	
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email work2:	
Email:	robert.payer@kabeg.at
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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	

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Fax:	
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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

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phone2:	
phone3:	
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cellular:	
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Fax:	
fax work:	
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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:
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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	

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phone2:	
phone3:	
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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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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

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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	

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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 **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	

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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 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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

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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 **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

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	43-512-504-24934
fax work2:	
fax work3:	

email work:

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

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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

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WebSiteAddress:	

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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:	
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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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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	

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fax work3:	

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email work2:

Email:
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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

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Fax:	
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Email:	akhil.biswas@yahoo.com
WebSiteAddress:	www.dmc.gov.bd

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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:
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fax work3:	

email work:

email work2:

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WebSiteAddress:

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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:			

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Fax:	
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Email:	labone.org@gmail.com
WebSiteAddress:	www.labone.org.bd

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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	

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WebSiteAddress:	

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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:
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WebSiteAddress:

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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

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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:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	375-232-485-562
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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:
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Dr.	Van Droogenbroeck	J.	
Dr.	Selleslag	D.	
Dr.	Van Hoof	A.	Hematology

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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:
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Ms.	Bonnecroy	Marry	Haemostasis Nurse

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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:			

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Dr.	Azerad	Marie-Agnès	

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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		

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Dr.	Dresse	Marie-Françoise	
Dr.	Vandenbosch	Kristel	
Dr.	Péters	Pierre	
Dr.	Francotte	Nadine	

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phone3:	
phone_work4	32-4-366 7535
cellular:	
phone_emergency:	32-4-225 6041 (CHR Citadelle)
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fax work:	32-4-366-7394
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pierre.peters@chu.ulg.ac.be

WebSiteAddress:

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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

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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

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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:
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Dr.	Ferster	A.	Head of the Haemato-Oncology Clinic
Ms.	Liekendael	Linda	Hemophilia Nurse

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Hemophilia Treatment Centre

Center Name **Universitair Ziekenhuis Brussel**

Province			
Country	Belgium	City	Brussels
StreetAd		PostalCode	1090
Region			
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Address2	Laarbeeklaan 101		
Address3			
address4:			

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Dr.	De Waele	Marc	

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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:
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Mrs.	Vander Elst	Katrin	Pediatri Haemophilia Nurse
Dr.	Peerlinck	Kathelijne	Director (Adults)
Dr.	Van Geet	Christel	Pediatrician

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fax work:	32-16-343-493
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fax work3:	

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Email:
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WebSiteAddress:
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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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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			
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address4:			

----	Last Name:	First Name:	Title:
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phone3:	
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phone_emergency:	
Fax:	
fax work:	55-24-3377-5903
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fax work3:	
email work:	
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WebSiteAddress:	

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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			
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----	Last Name:	First Name:	Title:
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cellular:	
phone_emergency:	
Fax:	
fax work:	55-11-3284-2575
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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

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WebSiteAddress:
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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

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phone_emergency:	
Fax:	
fax work:	55-81-3416-4638
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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:	

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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 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:

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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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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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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:

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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:

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 **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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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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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/

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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:

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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:

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

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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:

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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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

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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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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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/

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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:

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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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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:	

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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:	

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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:

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:

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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:

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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:

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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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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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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:

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 **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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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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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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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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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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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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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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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:

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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:

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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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:

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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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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

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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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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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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:

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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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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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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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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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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WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
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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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WORLD FEDERATION OF HEMOPHILIA
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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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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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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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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

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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WORLD FEDERATION OF HEMOPHILIA
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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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:

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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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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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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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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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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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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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WORLD FEDERATION OF HEMOPHILIA
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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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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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
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:

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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:

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
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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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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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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:

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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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:

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:

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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:

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:

HTC list: Hit (CTRL-F) to search

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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:

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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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:

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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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

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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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

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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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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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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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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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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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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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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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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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

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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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

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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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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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

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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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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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:

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 **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

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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)

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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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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WORLD FEDERATION OF HEMOPHILIA
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

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:

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: **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

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:

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 **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
Dr.	Le	Doan	Hematologist
Dr.	Singh	Gurpreet	Hematologist
Dr.	Leaker	Michael	Hematologist
Mr.	Guilcher	Nikki	Nurse Coordinator
Ms.	Brooks	Julia	Physiotherapist
Dr.	Steele	MacGregor	Medical Director

phone 1:	
phone2:	
phone3:	
phone_work4	403-955-7311
cellular:	
phone_emergency:	
Fax:	
fax work:	4039557393
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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

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:

HTC list: Hit (CTRL-F) to search

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

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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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

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

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

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:

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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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:

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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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:

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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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:

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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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:

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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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:

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:

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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:

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:

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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:

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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:

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:

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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:			

----	Last Name:	First Name:	Title:

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:

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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:			

----	Last Name:	First Name:	Title:

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:

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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:

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:

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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:			

----	Last Name:	First Name:	Title:

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:

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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:

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

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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

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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:

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

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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:

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

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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:

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

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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 Talca**

Province			
Country	Chile	City	Talca
StreetAd		PostalCode	3460001
Region			
Address1	Calle 1 Nte. 1990		
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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:

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:

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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:

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:

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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:

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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:			

----	Last Name:	First Name:	Title:

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:

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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:

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:

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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:

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:

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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	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:

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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:

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:

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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:

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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:

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:	

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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:

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:

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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/

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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:

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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:

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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:	

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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:

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:	

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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:	

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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:

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:	

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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:	

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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:	

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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:

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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:

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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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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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:

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:

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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:

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

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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:

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

Hemophilia Treatment Centre

Center Name **Hospital de San Jose - Fundación Universitaria de Ciencias d**

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:

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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 Medellín**

Province			
Country	Colombia	City	Medellín
StreetAd		PostalCode	
Region			
Address1	Carrera 48 #32-102		
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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:

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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:

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:

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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:

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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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:

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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:

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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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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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:

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:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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

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:

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srdjana.culic@st.htnet.hr

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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	

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phone2:	
phone3:	
phone_work4	385-1-347-0548
cellular:	
phone_emergency:	
Fax:	
fax work:	385-1-332-4650
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fax work3:	

email work:

email work2:

Email:

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WebSiteAddress:

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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

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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

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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:

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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:

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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:

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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:

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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:

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:

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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:

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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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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
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phone_emergency:	
Fax:	
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fax work3:	
email work:	
email work2:	
Email:	salaj@uhkt.cz
WebSiteAddress:	www.uhkt.cz

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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:
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WORLD FEDERATION OF HEMOPHILIA
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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

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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	

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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WORLD FEDERATION OF HEMOPHILIA
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:	

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email work2:

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zuzana.cermakova@fno.cz

WebSiteAddress:
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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.

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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:	

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email work2:

Email:
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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	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
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Fax:	
fax work:	
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fax work3:	

email work:

email work2:

Email:

J.Hak@seznam.cz

WebSiteAddress:

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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.

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phone3:	
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cellular:	
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Fax:	
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fax work3:	

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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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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.

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

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WebSiteAddress:

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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:	
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email work2:

Email:

vera.krcova@fnol.cz

WebSiteAddress:

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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.

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phone2:	
phone3:	
phone_work4	420-597-373-631
cellular:	
phone_emergency:	
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fax work3:	

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email work2:

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WebSiteAddress:

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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:
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Dr.	Hvitfeldt Poulsen	Lone	Chief Physician

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fax work:	
fax work2:	
fax work3:	

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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

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fax work2:	
fax work3:	

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email work2:

Email:

WebSiteAddress:

https://www.rigshospitalet.dk/

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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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phone3:	
phone_work4	+45 7845 1661
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fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **Hospital Infantil Dr. Robert Reid Cabral**

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:

phone 1:	
phone2:	
phone3:	
phone_work4	809-533-1111 ext. 2084
cellular:	
phone_emergency:	
Fax:	
fax work:	809-533-8092
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fax work3:	

email work:

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rosa_nievesp@hotmail.com

WebSiteAddress:

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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:

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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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:

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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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:

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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:

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:

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mbarba303@yahoo.com

WebSiteAddress:

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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:

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:

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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:

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:

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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:

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:	

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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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phone3:	
phone_work4	593-2-258-2481315
cellular:	
phone_emergency:	
Fax:	
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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:

phone 1:	
phone2:	
phone3:	
phone_work4	20-2-23642-6071
cellular:	
phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

email work:

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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

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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:

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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:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	02-23655-181
cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

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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:			

----	Last Name:	First Name:	Title:

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:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Center Name **Emergency Unit for Blood Diseases (Egypt)**

Hemophilia Treatment Centre

Province			
Country	Egypt	City	Cairo
StreetAd		PostalCode	
Region			
Address1	Red Crescent Building		
Address2	29 El-Galaa Street		
Address3			
address4:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	20-2-2574-2667
cellular:	
phone_emergency:	
Fax:	
fax work:	20-2-2336-4277
fax work2:	
fax work3:	

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email work2:

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WebSiteAddress:

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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:			

----	Last Name:	First Name:	Title:

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:

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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:
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	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_work4	20-237-613-117
cellular:	
phone_emergency:	
Fax:	
fax work:	20-237-613-124
fax work2:	
fax work3:	
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email work2:	
Email:	faten@moftah.com
WebSiteAddress:	

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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:

phone 1:	
phone2:	
phone3:	
phone_work4	20-2-3303-0501
cellular:	
phone_emergency:	
Fax:	
fax work:	20-2-3378-1208
fax work2:	
fax work3:	

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email work2:

Email:

gobran@link.net

WebSiteAddress:

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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

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

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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:

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

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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:

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

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WORLD FEDERATION OF HEMOPHILIA
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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:

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

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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	

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

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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:

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:

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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:

phone 1:	
phone2:	
phone3:	
phone_work4	291-552530
cellular:	
phone_emergency:	
Fax:	
fax work:	291-541262
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 **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

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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:

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:

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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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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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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:

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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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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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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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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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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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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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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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	

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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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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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:

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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 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:

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

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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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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:

HTC list: 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 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:

HTC list: 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 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	

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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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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	

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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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:

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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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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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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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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:

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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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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

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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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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
WORLD FEDERATION OF HEMOPHILIA
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	

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:	
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email work:

email work2:

Email:
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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 **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
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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 **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

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phone2:	
phone3:	
phone_work4	33-467-337-771
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Fax:	
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email work2:

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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	

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

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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 **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

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phone2:	
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phone_work4	33-4-6830-7236
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WebSiteAddress:	

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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:
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Dr.	Monthezin	Frederique	

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email work2:

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WebSiteAddress:

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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

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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:
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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 **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

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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:
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Dr.	Abashidze	Marina	
Dr.	Makhaldiani	Levan	Hematologist

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fax work3:	

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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:
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Dr.	Makhaldiani	Levan	Hematologist
Dr.	Nadiradze	Tamar	Pediatric Hematologist
Dr.	Ramishvili	Lia	Physiotherapist
Dr.	Khomasuridze	Romanoz	Doctor Coordinator

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Fax:	
fax work:	
fax work2:	
fax work3:	

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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:
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Dr.	Shengelaia	Asmat	

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fax work:	
fax work2:	
fax work3:	
email work:	tnadiradze@yahoo.com
email work2:	
Email:	
WebSiteAddress:	

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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

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phone3:	
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Fax:	
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fax work3:	

email work:

email work2:

Email:

x-bibichadze@mail.ru

WebSiteAddress:

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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:
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email work2:

Email:

WebSiteAddress:

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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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phone2:	
phone3:	
phone_work4	49-36428-56-10
cellular:	
phone_emergency:	
Fax:	
fax work:	49-36428-56-1474
fax work2:	
fax work3:	

email work:

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Email:
g.syrbe@asklepios.com

WebSiteAddress:
http://www.asklepios.com

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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.	

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phone3:	
phone_work4	49-355-462-332 ext. 24Std.
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Fax:	
fax work:	49-355-462-176
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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:
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phone_emergency:	
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WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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.	

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phone3:	
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phone_emergency:	
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WORLD FEDERATION OF HEMOPHILIA
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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	

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susan.Halimeh@gzrr.de

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WORLD FEDERATION OF HEMOPHILIA
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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

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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		
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----	Last Name:	First Name:	Title:
Dr.	Scholz	Ute	

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WORLD FEDERATION OF HEMOPHILIA
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	

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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 **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:
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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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

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Fax:	
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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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:
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Ms.	Rietze	Monika	Nurse
Ms.	Luehr	Claudia	Nurse
Dr.	Sykora	Karl-Walter	

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

Center Name **J. W. Goethe University Hospital**

Hemophilia Treatment Centre

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:	
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fax work3:	

email work:

email work2:

Email:

christine.heller@kgu.de

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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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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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	

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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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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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
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email work2:

Email:
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WebSiteAddress:

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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
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phone_emergency:	
Fax:	
fax work:	
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fax work3:	

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Email:

beate.steiner@kliniksued-rostock.de

WebSiteAddress:

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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:

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karim.kentouche@med.uni-jena.de

WebSiteAddress:

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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
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fax work3:	

email work:

email work2:

Email:
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WebSiteAddress:

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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	

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	49-89-5160-7556
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fax work3:	

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email work2:

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WebSiteAddress:

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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:

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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	

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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

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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:

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:

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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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	49-711-278 724 62
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WebSiteAddress:	

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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	

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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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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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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:	
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email work:

email work2:

Email:
severin@oncokoeln.de

WebSiteAddress:

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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

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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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	

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cellular:	
phone_emergency:	
Fax:	
fax work:	49-69-605-01320
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email work2:

Email:
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WebSiteAddress:
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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

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phone_emergency:	
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fax work3:	

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email work2:

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WebSiteAddress:

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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	

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	49-531-595-14 00
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fax work3:	

email work:

email work2:

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WebSiteAddress:

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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	

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phone_emergency:	
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email work:

email work2:

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WebSiteAddress:

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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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	49-251-834-8745
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fax work3:	

email work:

email work2:

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WebSiteAddress:

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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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	49-30-450-553901
fax work2:	
fax work3:	

email work:

email work2:

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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	

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
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WebSiteAddress:

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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	

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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:

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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 **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	

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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

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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:			

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Dr.	Goldmann	Georg	

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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:
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Prof. Dr.	Knoefler	Ralf	Hemophilia Treatment Centre Directo

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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		
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Dr.	Scharf	Rudiger	Director

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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:			

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Dr.	Weinspach	Sebastian	
Ms.	Boxnic	Bianca	Nurse

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WebSiteAddress:
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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:			

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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			
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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:			

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Dr.	Lentz	Bernd	

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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:			

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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		
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Prof.	Lenk	Harald	

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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		
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Hemophilia Treatment Centre

Center Name **University Hospital Saarland - Hemophilia Comprehensive Care**

Province			
Country	Germany	City	Homburg/Saar
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Region			
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Address3	Kirrberger Str. (Geb. 9)		
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Dr.	Schenk	Joachim	
Dr.	Heine	Sabine	Pediatric Hemophilia
Prof.	Eichler	Hermann	Adult Hemophilia, Director

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Hemophilia Treatment Centre

Center Name **University Hospital Schleswig-Holstein**

Province			
Country	Germany	City	Kiel
StreetAd		PostalCode	24105
Region			
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Address2	Institut für klinische Chemie		
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Hemophilia Treatment Centre

Center Name **University Hospital Schleswig-Holstein**

Province			
Country	Germany	City	Kiel
StreetAd		PostalCode	24105
Region			
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Address2	Haematology and Onkology		
Address3	Michaelisstraße 1		
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Hemophilia Treatment Centre

Center Name **University Hospital Ulm**

Province			
Country	Germany	City	Ulm
StreetAd		PostalCode	89081
Region			
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Address2	Albert-Einstein-Allee 23		
Address3			
address4:			

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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			
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Hemophilia Treatment Centre

Center Name: **University Hospital Würzburg**

Province			
Country	Germany	City	Wuerzburg
StreetAd		PostalCode	97080
Region			
Address1	'Zentrallabor - Gerinnungszentrum - Hämophiliezentrum		
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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		
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Prof.	Kemkes-Matthes	Bettina	

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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		
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Hemophilia Treatment Centre

Center Name **University Klinik Tübingen**

Province			
Country	Germany	City	Tübingen
StreetAd		PostalCode	72076
Region			
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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			
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Address2	Martinstrasse 52		
Address3			
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Dr.	Hassenpflug	Wolf	
Dr.	Schrum	Johanna	

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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		
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Vivantes Klinikum im Friedrichshain**

Province			
Country	Germany	City	Berlin
StreetAd		PostalCode	10249
Region			
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Address2	Department for Internal Medicine		
Address3	Landsberger Allee 49		
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Dr.	Klamroth	Robert	Director
Mrs.	Rothe	Beatrice	Assistant Nurse
Dr.	Gottstein	S.	

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WORLD FEDERATION OF HEMOPHILIA
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Werlhof-Institut MVZ**

Province			
Country	Germany	City	Hannover
StreetAd		PostalCode	30159
Region			
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Address2			
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address4:			

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Dr.	Von Depka-Prondzins	Mario	Director

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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			
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Address2	Thivon & Levedias Street, Goudi		
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Ms.	Pergantou	Helen	

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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			
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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
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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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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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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:

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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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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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:

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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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:

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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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:

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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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

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phone2:	
phone3:	
phone_work4	36-1-465-1800
cellular:	
phone_emergency:	
Fax:	
fax work:	36-1-465-1807
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email work2:

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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
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Fax:	
fax work:	
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fax work3:	

email work:

email work2:

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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
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phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:
drmarosi@freemail.hu

WebSiteAddress:
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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

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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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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	

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phone2:	
phone3:	
phone_work4	36-72-536-145
cellular:	
phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:

Hajna.Losonczy@aok.pte.hu

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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	

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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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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:
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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:	
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Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:
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WebSiteAddress:
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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	

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phone2:	
phone3:	
phone_work4	36-96-411-975
cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

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WebSiteAddress:
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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	

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phone2:	
phone3:	
phone_work4	36-94-313-361
cellular:	
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fax work:	
fax work2:	
fax work3:	
email work:	
email work2:	
Email:	jager.rita@ovsz.hu
WebSiteAddress:	http://www.ovsz.hu

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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	

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phone2:	
phone3:	
phone_work4	36-56-503-782
cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:
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WebSiteAddress:
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WORLD FEDERATION OF HEMOPHILIA
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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	

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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:
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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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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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
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phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:
hema@freemail.hu

WebSiteAddress:
http://www.rethy.hu

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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

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WORLD FEDERATION OF HEMOPHILIA
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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:

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:
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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

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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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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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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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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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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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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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:	

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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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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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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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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:

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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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:

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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:

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:

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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:	

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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:

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:

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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:

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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:

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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:

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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

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:	

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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:

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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:

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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:	

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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:

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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:

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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:

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:

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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:

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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:

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

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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

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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:	

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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:

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:

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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:

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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:	

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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:

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:

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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:

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:

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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:

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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:

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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:

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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:

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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:

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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:

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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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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:

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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:	

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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:

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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:	

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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:

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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:

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:	

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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:

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:

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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:

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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:

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:

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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:

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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:	

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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:

HTC list: 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 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

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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

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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:

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 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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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:

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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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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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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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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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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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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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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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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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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:

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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:

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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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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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:

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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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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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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:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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:

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:

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WORLD FEDERATION OF HEMOPHILIA
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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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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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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:

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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	

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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WORLD FEDERATION OF HEMOPHILIA
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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:

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

WFH
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:

HTC list: 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. 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:

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:

HTC list: Hit (CTRL-F) to search

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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:

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:

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 **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:

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

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WORLD FEDERATION OF HEMOPHILIA
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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:

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:

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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

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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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	

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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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:

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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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:

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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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:			

----	Last Name:	First Name:	Title:

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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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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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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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:

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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:

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:

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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:

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:

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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:

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:

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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:

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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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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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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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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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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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:

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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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:

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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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:

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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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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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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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	

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phone_work4	39-055-7947587
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fax work3:	

email work:

email work2:

Email:
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WebSiteAddress:

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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

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phone3:	
phone_work4	39-049-821-2659
cellular:	
phone_emergency:	
Fax:	
fax work:	39-049-821-8731
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fax work3:	

email work:

email work2:

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WebSiteAddress:

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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:	
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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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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_emergency:	+39 335 7435730
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fax work2:	
fax work3:	

email work:

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Email:
centroemofilia@ao.pr.it

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https://www.ao.pr.it/curarsi/reparti-e-servizi-sanitar

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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:	
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email work2:

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transfusionale@asl.ivrea.to.it

WebSiteAddress:

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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

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phone2:	
phone3:	
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cellular:	
phone_emergency:	39-0854-252-726
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fax work3:	

email work:

email work2:

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ematologia.emostasi@ausl.pe.it

WebSiteAddress:

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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

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cellular:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:
fa.trasfusionale@ausl.ra.it

WebSiteAddress:

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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

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phone_emergency:	
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WebSiteAddress:

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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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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	39-011-633-6729
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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		
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phone_emergency:	39-0444-920-550
Fax:	
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fax work3:	

email work:

email work2:

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WebSiteAddress:
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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		

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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.	

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	39-0961-883-296
fax work2:	
fax work3:	

email work:

email work2:

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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

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cellular:	
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Fax:	
fax work:	39-0965-397-913
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email work:

email work2:

Email:
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WebSiteAddress:
http://www.centroemofilia.it

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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	

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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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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia Cesena**

Province			
Country	Italy	City	Cesena
StreetAd		PostalCode	47023
Region			
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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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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Centro Emofilia e Trombosi - Sassari**

Province			
Country	Italy	City	Sassari
StreetAd		PostalCode	07100
Region			
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Address2	Ospedale SS Annunziata		
Address3	Via E. De Nicola		
address4:			

----	Last Name:	First Name:	Title:
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phone_emergency:	
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fax work3:	

email work:

email work2:

Email:
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WebSiteAddress:

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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:
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Dr.	Messina	Maria	

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phone3:	
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phone_emergency:	39-011-313-5653
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fax work:	39-011-313-5589
fax work2:	39-011-313-5595
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email work2:

Email:

trasf@oirmsantanna.piemonte.it

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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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phone3:	
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cellular:	
phone_emergency:	39-010-563-6490Wards
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fax work2:	
fax work3:	

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email work2:

Email:

emofiliaetrombosi@ospedale-gaslini.ge.it

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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			
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----	Last Name:	First Name:	Title:
Dr.	Rossi	Vincenza	

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cellular:	
phone_emergency:	
Fax:	
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fax work3:	
email work:	
email work2:	
Email:	fildaniele@libero.it
WebSiteAddress:	

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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

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phone_work4	39-0131-206-230
cellular:	
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Fax:	
fax work:	39-0131-206-859
fax work2:	
fax work3:	

email work:

email work2:

Email:
emostasi@ospedale.al.it

WebSiteAddress:

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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:
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cellular:	
phone_emergency:	
Fax:	
fax work:	39-0522-296-853
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ghirarduzzi.angelo@asmn.re.it

WebSiteAddress:

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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:			

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Dr.	Gagliano	Fabio	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	39-091-666-6129
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fax work:	39-091-421-630
fax work2:	
fax work3:	

email work:

email work2:

Email:
giacomo.mancuso@tin.it

WebSiteAddress:

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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:

HTC list: 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 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:

HTC list: Hit (CTRL-F) to search

WFH
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:

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 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	

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:

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 **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:

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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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:

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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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

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 **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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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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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
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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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:

HTC list: Hit (CTRL-F) to search

WFH
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:

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 **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:

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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:

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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.	

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:	

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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:

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

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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:

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:

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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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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

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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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

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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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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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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	

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phone2:	
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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:	

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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	

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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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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

phone 1:	
phone2:	
phone3:	
phone_work4	81-3-3342-6111
cellular:	
phone_emergency:	
Fax:	
fax work:	81-3-3340-5448
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fax work3:	

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Email:

fukutake@tokyo-med.ac.jp

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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:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	
email work:	
email work2:	
Email:	
WebSiteAddress:	

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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:

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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		

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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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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
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fax work:	
fax work2:	
fax work3:	
email work:	
email work2:	
Email:	swan93@lycos.co.kr
WebSiteAddress:	http://www.cnuhh.com

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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:

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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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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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

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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

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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

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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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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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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
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fax work:	82-51-328-6635
fax work2:	
fax work3:	

email work:

email work2:

Email:
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WebSiteAddress:
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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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WORLD FEDERATION OF HEMOPHILIA
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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	

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phone3:	
phone_work4	82-2-3473-6100
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fax work2:	
fax work3:	
email work:	
email work2:	
Email:	office@kohem.org
WebSiteAddress:	http://www.kohem.org

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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

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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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WORLD FEDERATION OF HEMOPHILIA
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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:	
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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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WORLD FEDERATION OF HEMOPHILIA
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
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phone_emergency:	
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fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:
kmik7@hanmail.net

WebSiteAddress:
http://www.jesushospital.com

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WORLD FEDERATION OF HEMOPHILIA
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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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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

HTC list: Hit (CTRL-F) to search

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

HTC list: 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 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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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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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:

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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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:

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
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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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WORLD FEDERATION OF HEMOPHILIA
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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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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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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:

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ampang Hospital**

Province			
Country	Malaysia	City	Selangor
StreetAd		PostalCode	68000
Region			
Address1	Jalan Mewah Utara		
Address2	Pandan Mewah		
Address3	Ampang		
address4:			

----	Last Name:	First Name:	Title:
Dr.	Selvaratnam	Veena	Hematologist Specialist
Mrs.		Zuraida	Community Nurse

phone 1:	+603-42896279
phone2:	+60342896547
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 **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:

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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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:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	52 452 523-45-98
cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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	

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 **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:			

----	Last Name:	First Name:	Title:

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 **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:

phone 1:	
phone2:	
phone3:	
phone_work4	52 228 1 25 26 07
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 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:

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:

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 **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:

phone 1:	
phone2:	
phone3:	
phone_work4	01 443 312-01-02
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 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:

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:

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 **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:

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:

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 **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:			

phone 1:			
phone2:			
phone3:			
phone_work4	52-55-627-6900		
cellular:			
phone_emergency:			
Fax:			
fax work:			
fax work2:			
fax work3:			
email work:			
email work2:			
Email:			
WebSiteAddress:			

----	Last Name:	First Name:	Title:

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 de Rio Blanco**

Province			
Country	Mexico	City	Veracruz
StreetAd		PostalCode	
Region			
Address1	Rio Blanco Ver		
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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

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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:

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:

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:

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 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	

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:

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 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:

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

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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:			

----	Last Name:	First Name:	Title:

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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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:

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:			

----	Last Name:	First Name:	Title:

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:

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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	

phone 1:	
phone2:	
phone3:	
phone_work4	52 333 810-001031414
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 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

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:

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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:			

----	Last Name:	First Name:	Title:

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:	
WebSiteAddress:	

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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:

phone 1:	
phone2:	
phone3:	
phone_work4	52 443 312-30-13
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 para el Niño Poblano**

Province			
Country	Mexico	City	Puebla
StreetAd		PostalCode	
Region			
Address1	Dirección: Blvd. Del Niño Poblano 5307		
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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:

Email:

WebSiteAddress:

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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	

phone 1:	
phone2:	
phone3:	
phone_work4	52 333 633-141
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 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:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	52 629-63-50
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 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:			

----	Last Name:	First Name:	Title:

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:

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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:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	52 999 9250402
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 No. 1 Morelia IMSS**

Province			
Country	Mexico	City	Michoacán
StreetAd		PostalCode	
Region			
Address1	AV. Héroes de Nocupétaro s		
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	52 222 245 6952
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 **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:			

----	Last Name:	First Name:	Title:

phone 1:	
phone2:	
phone3:	
phone_work4	52-55-606-6356307
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 **Torre de Especialidades 71 del IMSS**

Province			
Country	Mexico	City	Coahuila
StreetAd		PostalCode	
Region			
Address1	Torreón		
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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

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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:

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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WORLD FEDERATION OF HEMOPHILIA
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	

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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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:

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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:

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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:

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:

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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 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:

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:

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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:

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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WORLD FEDERATION OF HEMOPHILIA
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

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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WORLD FEDERATION OF HEMOPHILIA
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

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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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

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fax work:	
fax work2:	
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email work2:

Email:
haemotologie@hagaziekenhuis.nl

WebSiteAddress:
www.hagaziekenhuis.nl

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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

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Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

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Email:
hbc@mmc.nl

WebSiteAddress:
http://www.mmc.nl

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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

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email work2:

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WebSiteAddress:
www.mmc.nl

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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

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fax work:	
fax work2:	
fax work3:	

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email work2:
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Email:
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WebSiteAddress:
www.hematologiegroningen.nl

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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
Dr.	Smiers	F.J.W.	Pediatrics
Ms.	Slootweg	V.C.	Advanced Nurse Practitioner-Adults
Ms.	Nagtegaal	H.C.	Physician Assistant - Adults
Ms.	Timmermans	J.	Advanced Nurse Practitioner-Children

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fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:
hemofilie@lumc.nl

WebSiteAddress:
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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

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fax work:	
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fax work3:	

email work:

email work2:

Email:

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WebSiteAddress:

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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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WebSiteAddress:
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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

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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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phone2:	+31 88 755 55 55 (UMC Utrecht)
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phone_work4	
cellular:	
phone_emergency:	
Fax:	
fax work:	+31 88 755 54 38
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fax work3:	

email work:

email work2:

Email:
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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

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phone2:	
phone3:	
phone_work4	64-9-307-4949 ext. 25285
cellular:	
phone_emergency:	
Fax:	
fax work:	64-9-307-2864
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fax work3:	

email work:

email work2:

Email:
AKHaem@adhb.govt.nz

WebSiteAddress:
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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)

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phone2:	
phone3:	
phone_work4	64-3-364-1246
cellular:	
phone_emergency:	
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fax work:	
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email work:

email work2:

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WebSiteAddress:
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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

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
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email work2:

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jim.faed@healthotago.co.nz

WebSiteAddress:
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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

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phone_work4	64-7-839-8899
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maureen.hayes@waikatodhb.health.nz

WebSiteAddress:
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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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phone2:	
phone3:	
phone_work4	64-6-350-8550
cellular:	
phone_emergency:	
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Bart.baker@midcentraldhb.govt.nz

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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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Email:

huib.buyck@ccdhb.org.nz

WebSiteAddress:

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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:

phone 1:	
phone2:	
phone3:	
phone_work4	505-265-1406 ext. 1202
cellular:	
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Fax:	
fax work:	505-265-1406
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fax work3:	

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WebSiteAddress:
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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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phone2:	
phone3:	
phone_work4	234-803-311-4417
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phone_emergency:	
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fax work2:	
fax work3:	
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email work2:	
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WebSiteAddress:	

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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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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 **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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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 **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

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Email:	sehtc@haemo.org.ng
WebSiteAddress:	

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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	

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WebSiteAddress:	

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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:
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Dr.	Glosli	Heidi	Pediatrics

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phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:
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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 **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:

HTC list: Hit (CTRL-F) to search

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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:

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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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:

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 **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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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

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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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

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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:	

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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:

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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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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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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

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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

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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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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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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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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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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:

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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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:

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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:

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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:	

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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:

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

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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:

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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:

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:

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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:

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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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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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:

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

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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:

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:

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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:

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

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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:

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:

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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:

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:

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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:

HTC list: Hit (CTRL-F) to search

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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:

phone 1:	
phone2:	
phone3:	
phone_work4	(+63) 9173230119
cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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:

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:

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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:

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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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:

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 **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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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.	

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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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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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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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:

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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:

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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:

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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 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:

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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

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:

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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	

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

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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:

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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:

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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/

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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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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

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WORLD FEDERATION OF HEMOPHILIA
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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

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WORLD FEDERATION OF HEMOPHILIA
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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

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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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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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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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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:

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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

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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:

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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:

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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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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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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

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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:
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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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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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:

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 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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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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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

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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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WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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:

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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WORLD FEDERATION OF HEMOPHILIA
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:	

HTC list: 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 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:

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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:

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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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:

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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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:

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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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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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:

phone 1:	(+40) 0756088200
phone2:	
phone3:	
phone_work4	031-425-1231
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phone_emergency:	
Fax:	
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fax work3:	
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email work2:	
Email:	luminita_rusen@hotmail.com
WebSiteAddress:	

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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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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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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:	
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fax work3:	

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email work2:

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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

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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	

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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:

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:

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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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	

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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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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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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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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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WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
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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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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

phone 1:	
phone2:	
phone3:	
phone_work4	00 381-11- 2060-691
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Fax:	
fax work:	00 381-11 362-1413
fax work2:	
fax work3:	
email work:	
email work2:	
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WebSiteAddress:	http://www.udk.bg.ac.rs/

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WORLD FEDERATION OF HEMOPHILIA
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

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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	

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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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WFH
WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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

phone 1:	
phone2:	
phone3:	
phone_work4	421-55-644-5415
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phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	
email work:	
email work2:	
Email:	erikasv@centrum.sk
WebSiteAddress:	

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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)

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phone2:	
phone3:	
phone_work4	421-903-731-387
cellular:	
phone_emergency:	
Fax:	
fax work:	421-43-413-2061
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fax work3:	

email work:

email work2:

Email:

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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

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phone2:	
phone3:	
phone_work4	421-2-6353-1453
cellular:	
phone_emergency:	421-9-05241-354
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fax work:	421-2-6353-2167
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WORLD FEDERATION OF HEMOPHILIA
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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

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Fax:	
fax work:	421-48-413-4049
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WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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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

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phone3:	
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cellular:	
phone_emergency:	
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fax work:	386-1-522-2722
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email work:

email work2:

Email:
dusan.andoljsek@kclj.si

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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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

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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
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email work:

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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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:	

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email work2:

Email:

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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

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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:

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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

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cellular:	
phone_emergency:	
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fax work:	27-21-404-3088
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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	

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cellular:	
phone_emergency:	
Fax:	
fax work:	27-11-488-4152
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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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phone2:	
phone3:	
phone_work4	27-53-802-9111
cellular:	
phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:

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WebSiteAddress:

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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

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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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WORLD FEDERATION OF HEMOPHILIA
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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
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phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

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WebSiteAddress:

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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:

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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WORLD FEDERATION OF HEMOPHILIA
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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	

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phone_work4	27 18 2934627
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phone_emergency:	
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fax work2:	
fax work3:	
email work:	
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WebSiteAddress:	

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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_work4	27-41-392-3335
cellular:	
phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:

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WebSiteAddress:

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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	

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fax work3:	

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email work2:

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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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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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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:
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Prof.	Opperman	Johan C.	
Mr.	Mnguni	T.	Haemophilia sister

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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:
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Dr.	Dippenaar	A.	Consultant
Ms.	Bantam	Elize	Nurse

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fax work3:	

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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:
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Dr.	Bassa	F.	

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WORLD FEDERATION OF HEMOPHILIA
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	

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phone3:	
phone_work4	34-979-167-000 ext. 7123
cellular:	
phone_emergency:	
Fax:	
fax work:	34-979-167-014
fax work2:	
fax work3:	

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email work2:

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WORLD FEDERATION OF HEMOPHILIA
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	

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	34-95-327-5803
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 **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.	

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phone3:	
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Fax:	
fax work:	34-98-838-5551
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 **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:

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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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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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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
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fax work3:	
email work:	
email work2:	
Email:	jmateo@santpau.cat
WebSiteAddress:	http://www.santpau.cat

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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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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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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:

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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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:

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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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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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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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:

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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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:	
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email work:

email work2:

Email:
jluciac@medynet.com

WebSiteAddress:

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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

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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

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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:

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rberrueco@sjdhospitalbarcelona.org

WebSiteAddress:
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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:

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Email:
hematologia.cht.hto.sspa@juntadeandalucia.es

WebSiteAddress:
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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

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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
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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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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:	

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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

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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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WORLD FEDERATION OF HEMOPHILIA
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:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:
talvarezroman@gmail.com

WebSiteAddress:
http://www.madrid.org/hospitallapaz/

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WORLD FEDERATION OF HEMOPHILIA
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:	
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hunsc.hematolo@canarias.org

WebSiteAddress:

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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	

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phone_emergency:	
Fax:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:
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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 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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	34-92-329-1131
fax work2:	
fax work3:	

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email work2:

Email:
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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

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phone3:	
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cellular:	
phone_emergency:	
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fax work:	34-96-836-9776
fax work2:	
fax work3:	

email work:

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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
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email work2:

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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:
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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	

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phone2:	
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phone_work4	34-95-802-0268
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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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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:
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Dra.	Paloma	Maria Jose	
Dra.	Redondo Izal	Margarita	

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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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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:			

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Dra.	Perez Garrido	Rosario	

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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	

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phone_emergency:	
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fax work:	34-98-681-6029
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fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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:
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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		

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email work:

email work2:

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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:			

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Dr.	Jayarathne	Baddika	

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Fax:	
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fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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

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phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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Hemophilia Treatment Centre

Center Name **Karolinska University 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.	Magnusson	Maria	Head of Coagulation Unit
Dr.	Frisk	Tony	(pediatric)
Ms.	Svennefalk	Malin	Nurse
Mrs.	Olsson	Elsa	Nurse
Mrs.	Vlachou	Evangelia	Pediatric nurse
Mrs.	Hanstein	Johanna	Nurse
Ms.	Elfvinge	Petra	Nurse

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phone_emergency:	+46 8 123 5120 pediatrics
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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	

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WebSiteAddress:
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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

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Hemophilia Treatment Centre

Center Name: **Centre Hospitalier Universitaire Vaudois (CHUV) Lausanne**

Province			
Country	Switzerland	City	Lausanne
StreetAd		PostalCode	CH-1011
Region			
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Address3			
address4:			

----	Last Name:	First Name:	Title:
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Prof. Dr.	Duchosal	Michel	(Adults Unit)
Dr.	Beck-Popovic	Maja	
Prof.	Lorenzo	Alberio	(Adults Unit)

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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:
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Dr.	Stüssi	Georg	

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ente Ospedaliero Cantonale (Pediatrics)**

Province			
Country	Switzerland	City	Bellinzona
StreetAd		PostalCode	6501
Region			
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Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:
Dr.	Brazzola	Pierluigi	

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phone_emergency:	
Fax:	
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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	

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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:
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Dr.	Mattiello	Veneranda	

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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	

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Hôpitaux Universitaires de Genève (HUG)**

Province			
Country	Switzerland	City	Genève
StreetAd		PostalCode	1205
Region			
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address4:			

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M.	Cassini	Alessandro	

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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		
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address4:			

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Dr.	Wieland	Anna	
Prof.	Angelillo-Scherrer	Anne	Director

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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			
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Dr.	Rössler	Jochen	Head of Department

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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			
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Kantonsspital Aarau - Center for Adults**

Province			
Country	Switzerland	City	Aarau
StreetAd		PostalCode	CH-5001
Region			
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Address2			
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Hemophilia Treatment Centre

Center Name **Kantonsspital Graubünden**

Province			
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StreetAd		PostalCode	7000
Region			
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Hemophilia Treatment Centre

Center Name **Kinderspital Luzern**

Province			
Country	Switzerland	City	Luzern
StreetAd		PostalCode	CH-6000
Region			
Address1	Hematology/Oncology		
Address2	Spitalstrasse		
Address3			
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Hemophilia Treatment Centre

Center Name **Luzerner Kantonsspital**

Province			
Country	Switzerland	City	Luzern
StreetAd		PostalCode	CH-6000
Region			
Address1	Department of Hematology		
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address4:			

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Hemophilia Treatment Centre

Center Name **Ostschweizer Kinderspital St. Gallen**

Province			
Country	Switzerland	City	St. Gallen
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Region			
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitätskinderspital beider Basel (UKBB)**

Province			
Country	Switzerland	City	Basel
StreetAd		PostalCode	4056
Region			
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Dr.	Tanriver	Ursula	
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Universitäts-Kinderspital Zurich**

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Hemophilia Treatment Centre

Center Name **Universitätsspital Basel**

Province			
Country	Switzerland	City	Basel
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Region			
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Hemophilia Treatment Centre

Center Name **Universitätsspital Zürich**

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Hemophilia Treatment Centre

Center Name **Zentrum für Labormedizin St. Gallen**

Province			
Country	Switzerland	City	St. Gallen
StreetAd		PostalCode	9001
Region			
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Hemophilia Treatment Centre

Center Name **International Hemophilia Training Center - Bangkok**

Province			
Country	Thailand	City	Bangkok
StreetAd		PostalCode	10400
Region			
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Address2	Faculty of Medicine, Ramathibodi Hospital		
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Miss	Wongwerawattanako	Pakawan	Nurse
Dr.	Suwannurak	Montol	(Dentist)
Prof.	Angchaisuksiri	Pantep	(Adult Hematologist)

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Hemophilia Treatment Centre

Center Name **Centre de traitement des hémophiles de Tunis**

Province			
Country	Tunisia	City	Tunis
StreetAd		PostalCode	1008
Region			
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Address2	Centre de Traitement des Hémophiles		
Address3	Département d'Hématologie Clinique		
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Mme	Zhara	Kaouther	Physiothérapeute, coordinatrice du C
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Hemophilia Treatment Centre

Center Name **Hôpital Universitaire Farhat Hached**

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Region			
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Hemophilia Treatment Centre

Center Name **Hôpital Universitaire Hédi Chaker**

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Hemophilia Treatment Centre

Center Name **Akdeniz University School of Medicine**

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Country	Turkey	City	Antalya
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Region			
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Hemophilia Treatment Centre

Center Name **Ankara University, Faculty of Medicine**

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Hemophilia Treatment Centre

Center Name **Cerrahpasa Medical School**

Province			
Country	Turkey	City	Istanbul
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Hemophilia Treatment Centre

Center Name **Cukurova University School of Medicine**

Province			
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Region			
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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Ege University Medical School**

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Gazi University School of Medicine**

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FEDERACIÓN MUNDIAL DE HEMOFILIA

Hemophilia Treatment Centre

Center Name **Göztepe Educational Hospital**

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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:

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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

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cellular:	
phone_emergency:	
Fax:	
fax work:	+90212 534 8078
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bulent.zulfikar@istanbulmedicare.com

WebSiteAddress:

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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:

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:

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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	

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phone3:	
phone_work4	90-212-414-200031662
cellular:	
phone_emergency:	
Fax:	
fax work:	90-212-414-2215
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fax work3:	

email work:

email work2:

Email:
aunuvar@istanbul.edu.tr

WebSiteAddress:
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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:

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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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:

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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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	

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phone3:	
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phone_emergency:	
Fax:	
fax work:	
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fax work3:	
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email work2:	
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WebSiteAddress:	http://www.ogu.edu.tr

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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	

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phone2:	
phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

maalhussain@dha.gov.ae

WebSiteAddress:

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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:

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:

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WebSiteAddress:

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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:

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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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:

phone 1:	
phone2:	
phone3:	
phone_work4	971-3-767-7444
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Fax:	
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email work2:

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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

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phone_emergency:	
Fax:	
fax work:	44-1224-840-714
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email work:

email work2:

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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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fax work3:	

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email work2:

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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

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fax work:	44-1256-313-420
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fax work3:	

email work:

email work2:

Email:

Haemophilia.Centre@hhft.nhs.uk

WebSiteAddress:

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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

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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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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:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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

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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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fax work3:	

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email work2:

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WebSiteAddress:

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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.	

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phone_emergency:	
Fax:	
fax work:	44-1254-687-310
fax work2:	
fax work3:	

email work:

email work2:

Email:

WebSiteAddress:

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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:

phone 1:	
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:

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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)

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phone2:	
phone3:	
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cellular:	
phone_emergency:	44-1274-382-311 Children
Fax:	
fax work:	44-01274-382-680
fax work2:	
fax work3:	

email work:

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Email:

sam.ackroyd@bradfordhospitals.nhs.uk

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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

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phone_emergency:	
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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

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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

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phone3:	
phone_work4	44-1223-257-039
cellular:	
phone_emergency:	
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fax work3:	

email work:

email work2:

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WebSiteAddress:

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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	

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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.	

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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:

HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
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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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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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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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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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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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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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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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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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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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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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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:

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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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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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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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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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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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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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WORLD FEDERATION OF HEMOPHILIA
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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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WORLD FEDERATION OF HEMOPHILIA
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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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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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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

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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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:

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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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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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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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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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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:

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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

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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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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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

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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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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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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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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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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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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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
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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

HTC list: Hit (CTRL-F) to search

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
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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

HTC list: Hit (CTRL-F) to search

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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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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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

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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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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
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fax work3:	

email work:

email work2:

Email:

christina.l.kozlowski@rli.mbht.nhs.uk

WebSiteAddress:

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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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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
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fax work3:	

email work:

email work2:

Email:

Tamara.Everington@salisbury.nhs.uk

WebSiteAddress:

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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

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phone2:	
phone3:	
phone_work4	44-114-271-7329
cellular:	
phone_emergency:	
Fax:	
fax work:	44-114-276-2289
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fax work3:	

email work:

email work2:

Email:
vicky.vidler@sch.nhs.uk

WebSiteAddress:

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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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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

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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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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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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

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phone_emergency:	
Fax:	
fax work:	44-208-725-5442
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Email:
clare.brown@stgeorges.nhs.uk

WebSiteAddress:
www.sghaemophilia.org

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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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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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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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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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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

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phone3:	
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cellular:	
phone_emergency:	
Fax:	
fax work:	44-1872-253-237
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desmond.creagh@rcht.cornwall.nhs.uk

WebSiteAddress:

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WORLD FEDERATION OF HEMOPHILIA
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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

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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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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	

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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:

HTC list: Hit (CTRL-F) to search

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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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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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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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

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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:

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WORLD FEDERATION OF HEMOPHILIA
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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

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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:

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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:

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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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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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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

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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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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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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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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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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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

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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Hemophilia Treatment Centre

Center Name **Centro Emofilia**

Province			
Country	United States	City	
StreetAd		PostalCode	
Region			
Address1			
Address2			
Address3			
address4:			

----	Last Name:	First Name:	Title:

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:	

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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:

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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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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:

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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

HTC list: Hit (CTRL-F) to search

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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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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:

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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

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:	

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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:

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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

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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

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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WFH
WORLD FEDERATION OF HEMOPHILIA
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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:

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 **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:	

HTC list: Hit (CTRL-F) to search

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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:

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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

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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

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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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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

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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

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:	

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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:

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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

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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:

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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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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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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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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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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:

HTC list: Hit (CTRL-F) to search

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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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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:

HTC list: Hit (CTRL-F) to search

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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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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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FEDERACIÓN MUNDIAL DE HEMOFILIA

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:

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 **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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WORLD FEDERATION OF HEMOPHILIA
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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:

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 **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

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 **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:

HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
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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:

HTC list: 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 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

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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WORLD FEDERATION OF HEMOPHILIA
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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:

HTC list: Hit (CTRL-F) to search

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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:

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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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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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

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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

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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

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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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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:

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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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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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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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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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:

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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
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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:

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 **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:

HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
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

HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
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:

HTC list: Hit (CTRL-F) to search

WFH
WORLD FEDERATION OF HEMOPHILIA
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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:

HTC list: Hit (CTRL-F) to search

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WORLD FEDERATION OF HEMOPHILIA
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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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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

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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/

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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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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:

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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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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

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

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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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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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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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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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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

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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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
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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

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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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

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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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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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:

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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

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

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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

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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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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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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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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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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

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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

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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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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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:

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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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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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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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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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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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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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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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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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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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:

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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

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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:

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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:

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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	

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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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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FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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WFH
WORLD FEDERATION OF HEMOPHILIA
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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WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
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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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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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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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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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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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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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

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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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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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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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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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:

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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

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/

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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:

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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

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:

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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:

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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:

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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:

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:

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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:

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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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:

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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:

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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:

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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:

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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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:

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:

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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

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:

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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:

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

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FEDERACIÓN MUNDIAL DE HEMOFILIA

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:	

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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:

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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:

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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:
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WebSiteAddress:

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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:

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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:

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WebSiteAddress:

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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:

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:

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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:	

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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

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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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:

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:

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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:	

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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:

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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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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:

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:

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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:

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:
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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 **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:

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

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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:

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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:

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WORLD FEDERATION OF HEMOPHILIA
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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:

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:

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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:

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:

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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:

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:

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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:

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:

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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:

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:	

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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:

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

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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

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:			

----	Last Name:	First Name:	Title:

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:

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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:			

----	Last Name:	First Name:	Title:

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:

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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:			

----	Last Name:	First Name:	Title:

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:			

----	Last Name:	First Name:	Title:

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:

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:

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Email:
Zcakana@infodata.co.zq

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<<NEXT>>