Locations and Activities Table for Initial Facilities

(HPC, CB, Somatic, Clinical)

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| **Locations** | **Accreditation Activity** |
| **HPC****(i.e. hematopoietic progenitor cells)** | **Cord Blood Bank** | **Somatic Cells (Including Gestational Tissue Derived Products other than HPC, Cord Blood)** | **Clinical Program** |
| Main site: 1) Date opened for business:2) Location name, full address, phone and fax:3) Facility description: Collection site only Processing facility only Academic medical center Non-academic/private medical center Independent treatment center or surgical facility/practice | Donor Qualification (Y/N): # Products collected annually: # Products processed annually: Mark Source product: Bone Marrow Apheresis Whole Blood Other, please specify: | Donor Qualification (Y/N): # Products collected annually: # Products processed annually: List Source product(s):List final product if other than HPC, Cord blood:(Use **current ISBT terminology)** | Donor Qualification (Y/N): # Products collected annually: # Products processed annually: List Source product(s):List Final product(s): (**Use current ISBT terminology**) | Donor Qualification (Y/N): Total # of Patients Treated with CT Products Annually (Transplant/Infusion/Administration):Categories:1. # Allogeneic – matched sibling:
2. # Allogeneic – alternative donors (i.e. other than matched sibling);
3. # Autologous:

 Clinical indications:HSCT (i.e. hematopoiectic stem cell transplant) Other than HSCT, explain:     **List Products Administered, transplanted or Infused:****(Use Current ISBT Terminology)** |
| Additional location: 1) Date opened for business:2) Location name, full address, phone and fax:3) Facility description: Collection site only Processing facility only Academic medical center Non-academic/private medical center Independent treatment center or surgical facility/practice4) Distance from main site: | Donor Qualification (Y/N): # Products collected annually: # Products processed annually: Mark Source product: Bone Marrow Apheresis Whole Blood Other, please specify:  | Donor Qualification (Y/N): # Products collected annually: # Products processed annually: List Source product(s):List final product if other than HPC:(Use **current ISBT terminology)** | Donor Qualification (Y/N): # Products collected annually: # Products processed annually: List Source product(s):List Final product(s): (**Use current ISBT terminology**) | Donor Qualification (Y/N): Total # of Patients Treated with CT Products Annually (Transplant/Infusion/Administration):Categories:1. # Allogeneic – matched sibling:
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Make additional copies as necessary.