Locations and Activities Table for Initial Facilities

(HPC, CB, Somatic, Clinical)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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/practice  4) 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: 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)** |

Make additional copies as necessary.