



Advancing Transfusion and  
Cellular Therapies Worldwide

### ISBT 128 Questionnaire (For Initial Facilities)

Complete this form and submit along with other requested self-assessment documentation to [accreditation@aabb.org](mailto:accreditation@aabb.org) or fax to 301-657-0957.

Facility information
Facility Name:
Check activity(ies) performed: <input type="checkbox"/> Collect blood <input type="checkbox"/> Transfuse blood <input type="checkbox"/> Cord blood <input type="checkbox"/> Hematopoietic progenitor cells (HPCs) <input type="checkbox"/> Somatic cells (other than cord blood or HPCs)

Minimum criteria for meeting ISBT standard:	Is your facility able to perform the listed minimum criteria?
1. Use ISBT for product names and descriptions. Cord, HPC, and somatic facilities stop here. Facilities that collect or transfuse blood continue to step 2.	Yes _____ No _____ If N/A, explain why: _____
2. Able to receive ISBT labeled units into inventory.	Yes _____ No _____ If N/A, explain why: _____
3. Able to label units in ISBT.	Yes _____ No _____ If N/A, explain why: _____
4. Able to relabel in ISBT when units are modified. Applies to all products modified by your facility, including pooling.	Yes _____ No _____ If N/A, explain why: _____