



Association for the Advancement of Blood & Biotherapies

ISBT 128 Questionnaire (For Initial Facilities)

Complete this form and submit along with other requested self-assessment documentation to accreditation@aabb.org.

Facility information
Facility Name:
Check activity(ies) performed: <input type="checkbox"/> Blood Collection <input type="checkbox"/> Blood Transfusion <input type="checkbox"/> Cord Blood (Collection, Processing, Storage, and/or Distribution) <input type="checkbox"/> Hematopoietic Progenitor Cells (HPCs) - (Collection, Processing, Storage, and/or Distribution) <input type="checkbox"/> Somatic Cells (other than Cord Blood or HPCs) - (Collection, Processing, Storage, and/or Distribution)

Minimum criteria for meeting ISBT standard:	Is your facility able to perform the listed minimum criteria?
1. Use ISBT for product names and descriptions.	Yes No If No, explain why:
2. Able to receive ISBT labeled units into inventory.	Yes No If No, explain why:
3. Able to label units in ISBT.	Yes No If No, 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 No, explain why: