Locations and Services Table for Initial Facilities (HPC, CB, Somatic, Clinical, CGT)

Locations	Accreditation Activity						
	HPC (Hematopoletic Progenitor Cells)	Cord Blood Bank	Somatic Cells (Including Gestational Tissue Derived Products other than HPC, Cord Blood)	Clinical Program	Pharmacy for Cell and Gene Therapy		
Main site: 1) Date opened for business:	Donor Qualification (Y/N):	Donor Qualification (Y/N):	Donor Qualification (Y/N):	Donor Qualification (Y/N):	Number of products received annually:		
	# Products collected annually:	# Products collected annually:	# Products collected annually:				
2) Location name, full address, phone:	# Products processed annually:	# Products processed annually:	# Products processed annually:	Total # of Patients Treated with CT Products Annually (Transplant/Infusion/Administration):	Licensed Product Name(s):		
		List Source product(s):	List Source product(s):	Categories:			
	Mark Source product:			# Allogeneic – matched sibling:			
	Bone Marrow Apheresis Whole Blood Other, please specify:			# Allogeneic – alternative donors (i.e. other than matched sibling):			
		List final product if other than HPC, Cord blood: (Use current ISBT terminology)	List Final product(s): (Use current ISBT terminology)	# Autologous:			
				Clinical indications:			
				HSCT (i.e. hematopoiectic stem cell transplant):			
				Other than HSCT, explain:			
3) Facility description:							
Collection site only							
Processing facility only Academic medical center				List Products Administered.			
Non-academic/private medical center				transplanted or Infused: (Use Current ISBT Terminology)			
Independent treatment center or surgical facility/practice							
Pharmacy for Cell and Gene Therapy							

Locations Table for Initial Facilities- CT, v7

Locations	HPC (i.e. hematopoietic progenitor cells)	Cord Blood Bank	Somatic Cells (Including Gestational Tissue Derived Products other than HPC, Cord Blood)	Clinical Program	Cell and Gene Therapy
Additional location: 1) Date opened for business:	Donor Qualification (Y/N):	Donor Qualification (Y/N):	Donor Qualification (Y/N):	Donor Qualification (Y/N):	Number of products received annually:
2) Location name, full address, phone:	# Products collected annually: # Products processed	# Products collected annually: # Products processed annually:	# Products collected annually: # Products processed annually:	Total # of Patients Treated with CT Products Annually (Transplant/Infusion/Administration):	Licensed Product Name(s):
	annually: Mark Source product:	List Source product(s):	List Source product(s):	Categories: # Allogeneic – matched sibling:	,,
	Bone Marrow Apheresis Whole Blood Other, please specify:	List final product if other than HPC: (Use current ISBT terminology)	List Final product(s): (Use current ISBT terminology)	# Allogeneic – alternative donors (i.e. other than matched sibling): # Autologous:	
Facility description: Collection site only Processing facility only Academic medical center				Clinical indications: HSCT (i.e. hematopoiectic stem cell transplant)	
Non-academic/private medical center				Other than HSCT, explain:	
Independent treatment center or surgical facility/practice Pharmacy for Cell and Gene Therapy				List Products Administered, transplanted or Infused: (Use Current ISBT Terminology)	
4) Distance from main site:					

Make additional copies as necessary.

Locations Table for Initial Facilities- CT, v7