



# ACCREDITED INSTITUTIONAL (AI) MEMBER APPLICATION

## Contact Information

Institution Name \_\_\_\_\_

Department \_\_\_\_\_

Website \_\_\_\_\_

### Member Contact (required)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

(required to receive member benefits)

Voting Delegate \_\_\_\_\_

(Membership contact person will serve as the voting delegate unless otherwise noted.)

## Accreditation Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

## Alternate Accreditation Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

## Medical Director or Relationship/Molecular Testing Lab Director

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

## Activities Available for AABB Accreditation

(Select the activity or activities for which you are pursuing AABB Accreditation )

Cell Therapy Clinical Program Activities

Cord Blood Activities – collection

Cord Blood Activities – processing, storage and distribution

Donor Center Activities – Community Blood Center

Donor Center Activities – Hospital Blood Bank

Donor Testing ONLY

Hematopoietic Progenitor Cells (HPC) – collection

Hematopoietic Progenitor Cells (HPC) – processing, storage and distribution

Immunohematology Reference lab Activities

Molecular Testing Activities

Out of Hospital Transfusion Administration Activities

PBM Program (international facilities only)

Perioperative Activities

Relationship Testing Activities – collection and verification/reporting

Relationship Testing Activities – testing

Somatic Cell Activities – collection

Somatic Cell Activities – processing, storage and distribution

Transfusion Activities

Transfusion Service – Apheresis Collection Activities

Transfusion Service – Autologous Collection Activities

*If accepted into AABB, on behalf of my institution, I pledge to foster and advance the principles and objectives which the Association represents, and to abide by its Code of Ethics and Bylaws.†*

† Available upon request or online at [aabb.org](http://aabb.org).

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

## Membership Fees

Annual Accredited Institutional (AI) membership dues include a one-time application, basic membership, volume, and accreditation fees, which are based on the activities for which you are or will be accredited.

For more information, see the current membership fee schedule at [www.aabb.org](http://www.aabb.org) > Join AABB > Accredited Institutional (AI)

**QUESTIONS? Please contact +1.301.215.6492 or [accreditation@aabb.org](mailto:accreditation@aabb.org).**

**Please email or fax the completed form to:**

### AABB

Attention: Department of Accreditation and Quality

4550 Montgomery Avenue

Suite 700, North Tower

Bethesda, MD 20814-2749

Fax: +1.301.657.0957

Email: [accreditation@aabb.org](mailto:accreditation@aabb.org)