



AABB QUALITY CERTIFICATE APPLICATION

FACILITY INFORMATION FUNDAMENTAL STANDARDS FOR BLOOD COLLECTION AND TRANSFUSION

INSTRUCTIONS

Please complete the following information for all activities performed at your facility.

Please provide the total number of products that you collect and/or transfuse.

The application fee for the Quality Certificate is \$4,500 USD.

LOCATION

FACILITY INFORMATION

Please include complete name, address, and contact information:

Facility Name _____

Address _____

Contact Name _____

Phone Number _____

Fax Number _____

Email _____

Please provide any other information that may be helpful, such as alternative contact information below:

DONOR ACTIVITIES

COLLECTED ANNUALLY _____

PRODUCTS MANUFACTURED:

- Whole Blood*
- Red Blood Cells
- Red Blood Cells, Leukocytes Reduced
- Frozen Plasma
- Platelets
- Apheresis Platelets
- Apheresis Platelets, Leukocytes Reduced
- Other Products

* List only those products which remain as Whole Blood (for Labeling and Issue)

TRANSFUSION ACTIVITIES

TRANSFUSED/ISSUED ANNUALLY _____

PRODUCTS TRANSFUSED:

- Whole Blood
- Red Blood Cells
- Red Blood Cells, Leukocytes Reduced
- Thawed Plasma
- Platelets
- Apheresis Platelets
- Apheresis Platelets, Leukocytes Reduced
- Others

AABB Application v3
March 2021

Please send completed application to consulting@aabbb.org



AABB/AATM QUALITY CERTIFICATE APPLICATION



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AATM NUMBER

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