



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 \$4,725 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/ISSUE DETAILS

TRANSFUSED/ISSUED ANNUALLY

PRODUCTS TRANSFUSED:

Whole Blood _____

Red Blood Cells _____

Red Blood Cells, Leukocytes Reduced _____

Frozen Plasma _____

Platelets _____

Apheresis Platelets _____

Apheresis Platelets, Leukocytes Reduced _____

Others

AABB Application Version January 2026

Please send completed application to consulting@aabb.org