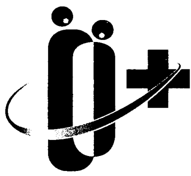


Marrow Donor Program Belgium - Registry
Motstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

ACCREDITATION OF TRANSPLANT CENTER BY MDPB

A. To be completed by the Transplant Center

1. TRANSPLANT CENTER

Name of center:
Address:
Tel.:
Name of Director:
Name of contact person:

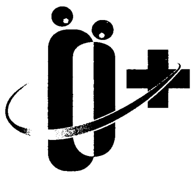
2. CRITERIA FOR ACCREDITATION

1. Year of first allogeneic transplant:
2. Number of allogeneic transplants:
   - In 2010:
   - In 2009:
3. Accreditation by EBMT for unrelated transplants: ☐ yes ☐ no
   (Provide a copy with this application)
4. Specific unit designated for transplantation: ☐ yes ☐ no
   Air handling system in transplant unit: ☐ yes ☐ no
   Specify:
5: HLA Laboratory:
   International accreditation by: (Provide a copy with this application)
   ☐ ASHI: ☐ yes ☐ no If no, why:
   ☐ EFI: ☐ yes ☐ no If no, why:
   Name of Director:
6. Transfusion center:
   Name of Director:
   Irradiated blood products available: ☐ yes ☐ no
   CMV-negative donor blood products available: ☐ yes ☐ no
7. Radiotherapy department:
   Location:
   Name of Director:

I hereby certify that we comply by all standards, policies and procedures as defined in the SOP of the MDPB.

Name of Director:

Date: (dd/mm/yyyy) Signature:



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ACCREDITATION OF TRANSPLANT CENTER BY MDPB

B. To be completed by the MDPB

1. QUALITY ASSURANCE REPORT

YEAR: 2009

Patient post-transplant clinical outcome:

3 months: ☐ OK ☐ NOT OK

1 year: ☐ OK ☐ NOT OK

2. CONCLUSION

☐ Accreditation granted

☐ Accreditation not granted

Reasons:...
....
....
....

3. ACCREDITATION BY THE MDPB

EFFECTIVE DATE: ………………. (dd/mm/yyyy)

EXPIRATION DATE: …………………. (dd/mm/yyyy)

In case of deviations, corrective actions must be taken (defined in **SECTION 4**).

Name of President MDPB-vzw/aslb:	Director MDPB-R:
………………………………………..	……………………………………….
Signature:	Signature:
Date: ……………………. (dd/mm/yyyy)	Date: ………………….. (dd/mm/yyyy)

4. CORRECTIVE ACTIONS

☐ Minor

☐ Serious

The following corrective actions must be taken before …………………… (dd/mm/yyyy):
....
....
....
....
....
....
....