



**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 DONOR CENTER BY MDPB

### A. To be completed by the Donor Center

#### 1. DONOR CENTER

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

#### 2. CRITERIA FOR ACCREDITATION

1. HLA laboratory:  
Name of Director:  
International accreditation by: (Provide a copy with this application)  
 ASHI:  yes  no If no, why:  
 EFI:  yes  no If no, why:
2. Laboratory of immunohematology:  
Approved by governmental authority:  yes  no  ISP/WIV  
Name of Director:  
GLP accreditation:  yes  no By:  
If no, why:
3. Transfusion center:  
Approved by governmental authority:  yes  no  ISP/WIV  
Name of Director:  
National accreditation:  yes  no By:  
If no, why:

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:



**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 DONOR CENTER BY MDPB**

**B. To be completed by the MDPB**

**1. CONCLUSION:**

Accreditation granted  
 Accreditation not granted  
Reasons:.....  
.....  
.....  
.....

**2. 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 3**).

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

**3. CORRECTIVE ACTIONS**

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