



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 COLLECTION CENTER BY MDPB

A. To be completed by the Collection Center

1. COLLECTION CENTER

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

2. CRITERIA FOR ACCREDITATION

Read and understood MDPB standards, version 01/2010 and more specifically the following paragraphs:

2.2. Criteria for Participating Centers: Collection Center

Number of previous PBSC/BM collections:

	PBSC	BM
2010		
2009		

In case of BM collection:

Surgical operating room in hospital: yes no

Intensive care unit in hospital: yes no

4. Procedures: 4.7. – 4.8. – 4.9. – 4.12.

7.3. Tasks/responsibilities of collection center

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:



ACCREDITATION OF COLLECTION CENTER BY MDPB

B. To be completed by the MDPB

1. QUALITY ASSURANCE PROGRAM

YEAR: 2009
- Collection reports: OK NOT OK

- Donor Follow Up:
30 days: OK NOT OK
1 year: OK NOT OK
5 years: OK NOT OK (applicable as from 2010)

- Reporting of Spears (Serious Products Events and Adverse effects)
Number of Spears:
Reported to WMDA: OK NOT OK

- Reporting of Sears (Serious Events and Adverse effects)
Number of Sears:
Reported to WMDA: OK NOT OK

2. CONCLUSION

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



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4. CORRECTIVE ACTIONS

- Minor
- Serious

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

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