



ICCBBA



FACILITY REGISTRATION FORM

- **REGISTRATION PROCESSING WILL TAKE APPROXIMATELY 3-5 WEEKS**
- **PLEASE COMPLETE EACH SECTION IN PRINT OR TYPE**
- **PAYMENT MUST ACCOMPANY FORM**
- **PLEASE FOLLOW INSTRUCTIONS REGARDING SUBMITTING COMPLETED FORM IN THE PAYMENT OPTIONS SECTION**

If you need assistance with filling this form please contact our staff:

E-mail: gabriela.hernandez@iccbba.org
 Fax: +1 909 793 6214
 Telephone: +1 909 793 6516

PART A:

1. Full, legal name of firm registering

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2. Contact person to whom mailings should be sent

Last name:	First name:
Position:	E-mail:

3. Legal business address of firm

Address:	
City:	State/Province:
Country:	Postal code:

4. Telephone, Fax, and Internet

Country code:	Tel:	Fax:
Web site address:		

5. Billing address

Department:	
Address:	
City:	State/Province:
Country:	Postal code:

6. Registration type (PLEASE SPECIFY):

Blood Collection Facility

Registration Fee: \$200 including first Facility Identification Number
\$150 for each subsequent Facility Identification Number

Annual License Fee: Will be billed on the basis of the aggregate of the number of donations collected and the number of pooled products prepared. The annual bill is calculated as follows:

Your facility collects <1,000 per year	Annual License Fee is US\$150
Your facility collects between 1,000 and 14,228	Annual License Fee is US\$175
Your facility collects >14,228 per year	Annual License Fee will be US\$.0123 per unit

Please complete section 7

Transfusion Laboratory (assigns ISBT 128 donation numbers)

Registration Fee: \$200 including first Facility Identification Number
\$150 for each subsequent Facility Identification Number

Annual License Fee: Will be billed on the basis of the aggregate of the number of donations collected and the number of pooled products prepared. The annual bill is calculated as follows:

Your facility assigns <1,000 DINs per year	Annual License Fee is US\$150
Your facility assigns between 1,000 and 14,228 DINs per year	Annual License Fee is US\$175
Your facility assigns >14,228 DINs per year	Annual License Fee will be US\$.0123 per unit

Please complete section 7

Transfusion Laboratory (not assigning ISBT 128 donation numbers)

Registration Fee: \$200

Annual License Fee: \$150 (If payment of first year license fee is included with registration, check here)

Cellular Therapy Collection Facility

Registration Fee: \$200 including first Facility Identification Number
\$150 for each subsequent Facility Identification Number

Annual License Fee: Will be billed on the basis of the aggregate of the number of donations collected. The annual bill is calculated by multiplying the aggregate number by US\$0.0123, subject to a minimum charge of US\$175.

Please complete section 7

Cellular Therapy Processing Lab

Registration Fee: \$200 including first Facility Identification Number
\$150 for each subsequent Facility Identification Number

Annual License Fee: Will be billed on the basis of the aggregate number of donations processed. The annual bill is calculated by multiplying the aggregate number of donations processed by US\$0.0123, subject to a minimum charge of US\$175.

Please complete section 7

Cellular Therapy Infusion Center

Registration Fee: \$200

Annual License Fee: \$175 (If payment of first year license fee is included with registration, check here)

Please complete section 7

Tissues Collection/Processing/Distribution Facility

Registration Fee: \$200

Annual License Fee: Will be based on the number of final labeled products produced. The fee to be US\$0.15 per product, with a minimum fee of US\$300.

Please complete section 7

Plasma Fractionators who read and interpret *ISBT 128* bar codes

Plasma fractionators who read and interpret *ISBT 128* donation identification numbers and/or product codes, whether originating from their own collection or from a third party supplier, are required to register with ICCBBA and pay an annual license fee.

Registration Fee: none

Annual License Fee: \$5,250

Plasma Fractionators who label plasma donations with *ISBT 128* bar codes

Plasma fractionators who want to use *ISBT 128* donation numbers on the plasma that they collect will need to register as collection facilities and be assigned a facility identification number.

Registration Fee: One-time payment of US\$200 which includes allocation of the first Facility Identification Number (FIN). Additional FINs can be requested at US\$150 each.

Annual License Fee: Based on the number of units collected in the previous year by all facilities included in the registration, the fee is US\$0.0123 per unit, with a minimum license fee of \$175.

Plasma Fractionators who label derivatives with *ISBT 128*

Plasma fractionators who supply product labeled with *ISBT 128* are required to register with ICCBBA and pay an annual license fee.

Registration Fee: none

Annual License Fee: Based on the number of containers (units) of final *ISBT 128* labeled products issued by the fractionator in the previous year. For solvent detergent plasma products the fee is US\$0.0123 per unit, with a minimum license fee of \$175. For other plasma derivatives the fee is not yet been determined (contact the ICCBBA office for more information).

Proficiency Testing Organizations

Registration Fee: \$200 including first Facility Identification Number
\$150 for each subsequent Facility Identification Number

Annual License Fee: \$150

Human Development Index

If your facility is in a country with MEDIUM HDI check here and reduce the fee payable by 33%

If your facility is in a country with LOW HDI check here and reduce the fee payable by 66%

Information on country HDI status is available from the United Nations at <http://hdr.undp.org/en/statistics/>

7. Collections

(To be completed by all Collection Facilities and Laboratories assigning ISBT 128 numbers)

Provide figures on activity in your facility for your last complete fiscal year (include all sites and provide one aggregate number)

Activity	Number
Whole Blood units collected	
Apheresis donation procedures performed (red cells, platelets, plasma, granulocytes or combinations of these)	
Blood products pools prepared	
Human Progenitor Cell (Stem Cell) collection procedures performed	
Cellular Therapy products processed	
Tissue Final Labeled Products	
Plasma Fractionators	

8. Number of Facility Identification Numbers required: _____
(Complete one Form B for each FIN requested)

9. Signature of authorized person:
 I request registration of the above named firm by ICCBBA. I understand that an annual license fee (payable when invoiced) will be required to maintain this registration.

Signature _____ Date _____

10. Payment Options:

US\$ _____ total registration fee accompanying form

NOTE: ADDRESS FOR RETURNING FORM DEPENDS UPON METHOD OF PAYMENT CHOSEN

<input type="checkbox"/> Check make payable to ICCBBA (in US\$ ONLY drawn on a US bank) Send completed form and check to: P.O. Box 748016, Los Angeles, CA 90074-8016	
<input type="checkbox"/> Credit Card (VISA, MasterCard, or American Express only) Card number _____ Expiry date (MM-YY) _____ Credit Card Security Code _____ Signature of authorized cardholder _____ Send completed form to: P.O. Box 11309, San Bernardino, CA 92423-1309	
<input type="checkbox"/> Bank Draft/Wire (non-US registrants ONLY) Transfer appropriate amount to: Bank of America, Commercial Banking Department 3100 Tower Boulevard, Suite 910, Durham, NC 27707 Bank Number 053000196 BIC/SWIFT: BOFAUS3N Payable to: ICCBBA, Account Number 000683127591 Record wire/draft transaction number here before submitting form: _____ Send completed form to: P.O. Box 11309, San Bernardino, CA 92423-1309	

PART B:

Information from this form will be used to assign Facility Identification Numbers (FIN) and create entries in the official ICCBBA Facility Identification Number database that is maintained on the ICCBBA Website.

It is left to the discretion of the organization registering how many FINs are requested, and how they are assigned within the organization. One copy of this section must be submitted for **each** FIN required.

Complete the following section identifying the CONTACT LOCATION for the facility. This contact location will be associated with the Facility Identification Number in the ICCBBA database and should provide the information necessary to contact the facility should any question arise about a product bearing the particular Facility Identification Number.

Facility's Full Legal Name

Address line 1

Address line 2

Address line 3

City

State/Province, etc.

Country

Postal code

Web Site Address

Telephone and Fax:

Country code

Telephone

Fax

Reminder: If more than one FIN has been requested duplicate this page and provide the information above for each FIN requested