

## FACILITY REGISTRATION FORM

- REGISTRATION PROCESSING WILL TAKE APPROXIMATELY 2 – 4 WEEKS
- PLEASE FOLLOW INSTRUCTIONS REGARDING SUBMITTING COMPLETED FORM IN THE PAYMENT OPTIONS SECTION 11.

Please check one of the following:

- ☐ New Facility
- ☐ Re-registration of FIN \_\_\_\_\_
- ☐ Requesting additional FIN(s) to an **existing registration**. Link to FIN \_\_\_\_\_

If you need assistance with completing this form, please email our staff [registration@isbt128.org](mailto:registration@isbt128.org) or call +1 909 793 6516.

### PART A:

#### 1. Facility's Full Legal Name

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#### 2. Primary Contact Person to Whom Mailings Should be Sent

Last Name:	First Name:
Job Title:	E-mail:

#### 3. Secondary Contact Person

Last Name:	First Name:
Job Title:	E-mail:

#### 4. Legal Business Address of Firm

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

#### 5. Telephone, Fax, and Website

Country Code:	Tel:	Fax:
Website Address:		

#### 6. Billing Address

Department:	
Address:	
City:	State/Province:
Country:	Postal Code:
Billing Email:	

**ICCBBA is now paperless. Invoices will be emailed to your billing email. The email address you provide does not need to be an accounts payable address.**

7. Specify Registration type (**CHECK ALL THAT APPLY**) if multiple only one registration fee will apply.

**Registration Fee: \$218.00**

Initial one-time fee includes the first Facility Identification Number.

\*This applies to all types of facilities, EXCEPT Plasma Fractionators or Further Processing Facilities.

**Additional FIN(s) Fee: \$205.00**

For each subsequent Facility Identification Number Requested (see page 9).

**Additional MPHO Area: \$10.00**

This fee will apply in addition to per donation fees for each additional MPHO area, apart from the principal area.

<p><b>Chain of Identity Identifiers</b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b> \$483.30</p>	<p><b>Chain of Identity Identifiers:</b></p> <p>For facilities that intend to be identified as an ISBT 128 issuing organization for Chain of Identity Identifiers. Please reference ISBT 128 Standard Chain of Identify (Col) Identifier(<a href="#">ST-028</a>) for details on the use of the Col Identifier.</p>								
<p><b>Blood Collection Facility</b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b></p> <table border="1"> <tr> <td>Your facility assigns &lt;= 1,000 DINs per year.</td> <td>Annual License Fee is US\$315.30</td> </tr> <tr> <td>Your facility assigns &lt;= 20,000 DINs per year.</td> <td>Annual License Fee is US\$483.30</td> </tr> <tr> <td>Your facility assigns &gt; 20,000 DINs per year.</td> <td>Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 20,000</td> </tr> </table>	Your facility assigns <= 1,000 DINs per year.	Annual License Fee is US\$315.30	Your facility assigns <= 20,000 DINs per year.	Annual License Fee is US\$483.30	Your facility assigns > 20,000 DINs per year.	Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 20,000	<p><b>Blood Collection Organizations:</b></p> <p>Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection/pooling/apheresis event. This excludes cell therapy products. Does not include changes to expiration date.</p> <p>Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number _____.</p>		
Your facility assigns <= 1,000 DINs per year.	Annual License Fee is US\$315.30								
Your facility assigns <= 20,000 DINs per year.	Annual License Fee is US\$483.30								
Your facility assigns > 20,000 DINs per year.	Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 20,000								
<p><b>Transfusion Lab</b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b> \$258.91</p>	<p><b>Transfusion Laboratory:</b></p> <p>You are a hospital transfusion service and you do not collect or pool blood products. You assign ISBT 128 Product Codes.</p>								
<p><b>Serum Eye Drops Facility</b></p> <p><b>Serum Eye Drops Organization</b> <input type="checkbox"/></p> <p>Please check here if you are a Manufacturer <b>only</b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b></p> <table border="1"> <tr> <td>Your facility assigns &lt;= 500 DINs per year.</td> <td>Annual License Fee is US\$315.30</td> </tr> <tr> <td>Your facility assigns &lt;= 5,000 DINs per year.</td> <td>Annual License Fee is US\$483.30</td> </tr> <tr> <td>Your facility assigns &gt; 5,000 DINs per year.</td> <td>Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 5,000</td> </tr> <tr> <td><b>Manufacturer</b> – Your facility does NOT collect, or pool products and you only assign ISBT 128 product codes.</td> <td>Annual License Fee is US\$258.91</td> </tr> </table>	Your facility assigns <= 500 DINs per year.	Annual License Fee is US\$315.30	Your facility assigns <= 5,000 DINs per year.	Annual License Fee is US\$483.30	Your facility assigns > 5,000 DINs per year.	Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 5,000	<b>Manufacturer</b> – Your facility does NOT collect, or pool products and you only assign ISBT 128 product codes.	Annual License Fee is US\$258.91	<p><b>Serum Eye Drops Facility:</b></p> <p>Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection or pooling event.</p> <p>Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number _____.</p>
Your facility assigns <= 500 DINs per year.	Annual License Fee is US\$315.30								
Your facility assigns <= 5,000 DINs per year.	Annual License Fee is US\$483.30								
Your facility assigns > 5,000 DINs per year.	Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 5,000								
<b>Manufacturer</b> – Your facility does NOT collect, or pool products and you only assign ISBT 128 product codes.	Annual License Fee is US\$258.91								

**Cellular Therapy**

***\*Please check the types of cellular therapy facilities that apply to you.***

**Cellular Therapy Collection Facility** ☐

**Cellular Therapy Processing Laboratory** ☐

**Annual License Fee:**

Your facility collects and/or distributes <= 1,000 DINs per year.	Annual License Fee is US\$315.30
Your facility collects and/or distributes <= 20,000 DINs per year.	Annual License Fee is US\$483.30
Your facility collects and/or distributes > 20,000 DINs per year.	Annual License Fee will be US\$483.30, plus \$0.0207 for each product over 20,000

**Cellular Therapy:**

Facilities that only perform collections will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection/pooling event. Facilities that only process units will be billed based on the total number of final ISBT 128 labeled products distributed annually. For facilities that both collect and process, we will bill based on whichever annual total value is greater.

Provide activity in your facility for your last complete fiscal year. For facilities that only process units, indicate zero. If this includes more than one site, please include all sites and provide one aggregate number

\_\_\_\_\_.

**Assisted Reproductive Technology (ART) / Medically Assisted Reproduction (MAR)** ☐**Annual License Fee:**

Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 5,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

**Reproductive Tissues and/or Cell Organizations:**

Will be based on the number of ART products distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number

\_\_\_\_\_.

**Organ Transplant** ☐**Annual License Fee:**

Your facility distributes <= 250 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes > 250 final labeled products per year.	Annual License Fee will be US\$315.30, plus US\$1.00 for each product over 250

**Organ Transplant Organization:**

Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number

\_\_\_\_\_.

**Regenerative Medicine** ☐**Annual License Fee:**

Your facility distributes <= 500 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 1,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.0207 for each product over 1,000

**Regenerative Medicine Organization:**

Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number

\_\_\_\_\_.

**Tissue – Non-Ocular****Tissues (Non-Ocular)****Collection/Processing/Distribution Facility** ☐

Please check if your facility only stores tissue. ☐

**Annual License Fee:**

Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 5,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

**Tissue – Non-Ocular Facility:**

Will be billed based on the number of tissue products distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number

\_\_\_\_\_.

**Note: For tissues collected with intent of being processed into a cellular therapy product, please mark cellular therapy collection facility.**

**Tissue – Ocular****Tissues (Ocular)****Collection/Processing/Distribution Facility** ☐

Please check if your facility only stores tissue. ☐

**Annual License Fee:**

Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 5,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

**Tissue – Ocular Facility:**

Will be billed based on the number of ocular tissue products distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number

\_\_\_\_\_.

**Note: For tissues collected with intent of being processed into a cellular therapy product, please mark cellular therapy collection facility.**

<p><b><u>Human Milk Bank</u></b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Your facility distributes &lt;= 4,000 liters per year.</td> <td style="width: 50%; padding: 5px;">Annual License Fee is US\$315.30</td> </tr> <tr> <td style="padding: 5px;">Your facility distributes &lt;= 8,000 liters per year.</td> <td style="padding: 5px;">Annual License Fee is US\$483.30</td> </tr> <tr> <td style="padding: 5px;">Your facility distributes &gt; 8,000 liters per year.</td> <td style="padding: 5px;">Annual License Fee will be US\$483.30, plus \$0.1553 for liters over 8,000</td> </tr> </table>	Your facility distributes <= 4,000 liters per year.	Annual License Fee is US\$315.30	Your facility distributes <= 8,000 liters per year.	Annual License Fee is US\$483.30	Your facility distributes > 8,000 liters per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for liters over 8,000	<p><b>Human Milk Bank Organization:</b></p> <p>Will be billed based on the number of liters distributed annually that are labeled with ISBT 128.</p> <p>Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number</p> <p>_____.</p>
Your facility distributes <= 4,000 liters per year.	Annual License Fee is US\$315.30						
Your facility distributes <= 8,000 liters per year.	Annual License Fee is US\$483.30						
Your facility distributes > 8,000 liters per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for liters over 8,000						
<p><b><u>HCT/P Medical Device</u></b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Your facility labels &lt;= 1,000 HCT/P Medical Devices per year.</td> <td style="width: 50%; padding: 5px;">Annual License Fee is US\$315.30</td> </tr> <tr> <td style="padding: 5px;">Your facility labels &lt;= 5,000 HCT/P Medical Devices per year.</td> <td style="padding: 5px;">Annual License Fee is US\$483.30</td> </tr> <tr> <td style="padding: 5px;">Your facility labels &gt; 5,000 HCT/P Medical Devices per year.</td> <td style="padding: 5px;">Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000</td> </tr> </table>	Your facility labels <= 1,000 HCT/P Medical Devices per year.	Annual License Fee is US\$315.30	Your facility labels <= 5,000 HCT/P Medical Devices per year.	Annual License Fee is US\$483.30	Your facility labels > 5,000 HCT/P Medical Devices per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000	<p><b>HCT/P Medical Device Manufacturer:</b></p> <p><b>*HCT/P is defined as Human Cells, tissues, and cellular and tissue-based products</b></p> <p>Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128.</p> <p>Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number</p> <p>_____.</p>
Your facility labels <= 1,000 HCT/P Medical Devices per year.	Annual License Fee is US\$315.30						
Your facility labels <= 5,000 HCT/P Medical Devices per year.	Annual License Fee is US\$483.30						
Your facility labels > 5,000 HCT/P Medical Devices per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000						
<p><b><u>Proficiency Testing</u></b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b> \$274.00</p>	<p><b>Proficiency Testing Organizations:</b></p> <p>Your facility develops proficiency testing.</p>						
<p><b><u>Fecal Microbiota</u></b> <input type="checkbox"/></p> <p><b>Annual License Fee:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Your facility produces &lt;= 500 products per year.</td> <td style="width: 50%; padding: 5px;">Annual License Fee is US\$315.30</td> </tr> <tr> <td style="padding: 5px;">Your facility produces &lt;= 2,000 products per year.</td> <td style="padding: 5px;">Annual License Fee is US\$483.30</td> </tr> <tr> <td style="padding: 5px;">Your facility produces &gt; 2,000 products per year.</td> <td style="padding: 5px;">Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 2,000</td> </tr> </table>	Your facility produces <= 500 products per year.	Annual License Fee is US\$315.30	Your facility produces <= 2,000 products per year.	Annual License Fee is US\$483.30	Your facility produces > 2,000 products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 2,000	<p><b>Fecal Microbiota Organizations:</b></p> <p>Will be billed based on the number of final labeled products (treatments) produced annually that are labeled with ISBT 128.</p> <p>Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number</p> <p>_____.</p>
Your facility produces <= 500 products per year.	Annual License Fee is US\$315.30						
Your facility produces <= 2,000 products per year.	Annual License Fee is US\$483.30						
Your facility produces > 2,000 products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 2,000						

**Registration Fee:** Please see below for fees.

**Additional FIN(s) Fee:** \$205.00

For each subsequent Facility Identification Number Requested (see page 9).

**Plasma Fractionator or Further Processing Facilities**

***\*Please check the type that applies to you.***

<p><input type="checkbox"/> <b>Plasma Fractionators who read and interpret ISBT 128 bar codes</b></p> <p><b><u>Registration Fee:</u></b> None</p> <p><b><u>Annual License Fee:</u></b> \$8,667.42</p>	<p>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.</p>
<p><input type="checkbox"/> <b>Plasma Fractionators who label plasma donations with ISBT 128 bar codes</b></p> <p><b><u>Registration Fee:</u></b> \$218.00</p> <p><b><u>Annual License Fee:</u></b> Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. For facilities that label final products, indicate the number of final products labeled annually with ISBT 128. The fee is US\$0.0207 per unit, with a minimum license fee of \$483.30.</p>	<p>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.</p> <p>Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____.</p>
<p><input type="checkbox"/> <b>Plasma Fractionators who label derivatives with ISBT 128 or Further Processing Facilities</b></p> <p><b><u>Registration Fee:</u></b> None</p> <p><b><u>Annual License Fee:</u></b> Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. For facilities that label final products, indicate the number of final products labeled annually with ISBT 128. The fee is US\$483.30, plus \$0.0207 for each unit over 20,000.</p>	<p>Plasma fractionators or Further Processing Facilities who supply final product labeled with ISBT 128 are required to register with ICCBBA and pay an annual license fee. Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:</p> <p>For plasma derivatives other than solvent detergent plasma, the fee has not yet been determined (contact the ICCBBA office for more information).</p>

8. **Number of additional Facility Identification Numbers requested:** \_\_\_\_\_

9. **Reason(s) for registering. Please check all that apply.**

- ☐ Accreditation      ☐ Regulatory Requirement      ☐ Software Provider  
☐ Labeling or Relabeling ISBT 128      ☐ Access to the Product Description Code Database  
☐ MPHO Supplier      ☐ MPHO End User      ☐ Other: \_\_\_\_\_

10. **Signature of authorized person:**

I request registration of the above-named firm by ICCBBA. I agree to the [terms and conditions](#) of the License Agreement and understand that an annual license fee (payable when invoiced) will be required to maintain this registration. I represent and warrant that I have full authority to bind my organization to the [terms and conditions](#) of the License Agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

#### **World Bank Classification**

If your facility is in a country classified as Lower-Middle Gross National Income per capita reduce the fee payable by 33% and waived registration fee.

If your facility is in a country classified as Low Gross National Income per capita check here reduce the fee payable by 66% and waived registration fee.

Information on country classification is available from the World Bank at: <https://data.worldbank.org/>

11. **Payment Options:**

**We accept credit cards (Visa and Mastercard only), wire transfers and ACH payments. Please submit your completed registration form to us for review and we will reach out to you with an invoice with the appropriate amount due at the time of registration. Please do not send any payments before your registration form is submitted.**

### **NO PURCHASE ORDERS**

#### **Credit Card (VISA or MasterCard only)**

For credit card payments, we will email you your invoice. Once you receive the invoice, please visit our online payment portal at: <https://www.isbt128.org/payment>. No telephone orders accepted.

#### **Bank Draft/Wire**

Transfer appropriate amount to: Bank of America, NA  
222 Broadway, New York, New York, 10038  
Bank Number 053000196 BIC/SWIFT: BOFAUS3N  
Payable to: ICCBBA, Account Number 000683127591

## 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. The additional FIN section must be filled out for **each** FIN requested.

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 if any questions arise about a product bearing the particular Facility Identification Number.

Full Legal Name of Facility Registering \_\_\_\_\_

\_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Website Address \_\_\_\_\_

Telephone Country Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

*Note: Information provided to ICCBBA will be used for billing and registration purposes, and to assist ICCBBA in its operations – this may include periodic surveys or any other type of announcement. If you wish to opt-out of surveys or announcements, please contact us. To view our full privacy policy, visit the following URL:*

<https://www.isbt128.org/privacy-policy>



**Fee for each additional FIN: \$205**

**Note:** If you require more than 4 additional FINs, please reach out to our office at [registration@isbt128.org](mailto:registration@isbt128.org).

<b>ADDITIONAL FIN #1:</b>	<b>ADDITIONAL FIN #2:</b>
Full Legal Name of Facility Registering_____	Full Legal Name of Facility Registering_____
Address Line 1_____	Address Line 1_____
Address Line 2_____	Address Line 2_____
Address Line 3_____	Address Line 3_____
City_____	City_____
State/ Province_____	State/ Province_____
Country_____	Country_____
Postal Code_____	Postal Code_____
Website Address_____	Website Address_____
Telephone Country Code_____	Telephone Country Code_____
Telephone number_____	Telephone number_____
Fax number_____	Fax number_____
<b>ADDITIONAL FIN #3:</b>	<b>ADDITIONAL FIN #4:</b>
Full Legal Name of Facility Registering_____	Full Legal Name of Facility Registering_____
Address Line 1_____	Address Line 1_____
Address Line 2_____	Address Line 2_____
Address Line 3_____	Address Line 3_____
City_____	City_____
State/ Province_____	State/ Province_____
Country_____	Country_____
Postal Code_____	Postal Code_____
Website Address_____	Website Address_____
Telephone Country Code_____	Telephone Country Code_____
Telephone number_____	Telephone number_____
Fax number_____	Fax number_____