

Title:

**SECTION 2.0 CRITERIA FOR CENTRE
ACCREDITATION**

Authorised by:

Executive Officer

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SECTION 2.0 NZ/ABMDR STANDARD CRITERIA FOR CENTRE ACCREDITATION

The NZBMDR requires specific standards be maintained by its approved participating centres. These criteria and the application forms required for accreditation each 3 years are set out in the following pages

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2.1 Criteria for Approved Participating DONOR CENTRES

ADC
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2.1.1 Introduction

A Donor Centre is responsible for the enrollment, and initial assessment at time of enrolment of potential bone marrow donors in accordance with the principles of the NZBMDR defined by the National Management Committee (NMC). The Centre will be an NZBS Donor Centre which sends all tissue typing samples to the Auckland NZBS ASHI accredited Tissue Typing Laboratory.

The term "MUST" means that failure to meet the criterion implies the centre cannot be accredited as an NZBMDR Donor Centre except with the formal consent of the NMC. The term "SHOULD" implies that failure to meet the criterion may be compatible with being accredited as an NZBMDR Donor Centre. Failure to meet any criteria must be explicitly stated at the time of application by the Donor Centre or whenever the criteria are subsequently breached.

2.1.2 Criteria

- a. The Donor Centre must comply with WMDA standards as in the attached document.
- b. The Centre must have a medical director who is a licensed physician qualified by training and experience to evaluate donor suitability and supervise donor management.
- c. The Donor Centre must have access to the following facilities:
 - i] Blood Group typing
 - ii] Infectious Disease marker assays as defined by NZBMDR/WMDA Standards
 - iii] HLA typing of HLA-A and HLA-B as defined by NZBMDR/WMDA Standards
 - iv] HLA typing of HLA-DR and other MHC markers as defined by NZBMDR /WMDA Standards
- d. The Donor Centre must communicate with the NZBMDR by using NZBMDR standardised communications forms and information brochures

ADC

- e The Donor Centre must designate a person with sufficient time allocated to act as focus for all communications

- f The Donor Centre must enroll donors only according to NZBMDR Standards.

- g The Donor Centre must be able to provide donors with:
 - i] Confidentiality, meeting both the local and NZBMDR Standards, with the greater level of confidentiality always assumed in the case of conflict between local and NZBMDR Standards.
 - ii] Information about Bone Marrow Donation, with the minimum acceptable information outlined in the NZBMDR Standards.
 - iii] Access to a staff member able to answer questions on bone marrow donation.
 - iv] The consent forms provided by NZBMDR Standards.

On behalf of the New Zealand Blood Service Donor Centres, as the responsible NZBS Medical Director, I apply for approval of the NZBS Donor Centres as Donor Centres of the New Zealand Bone Marrow Donor Registry. I agree to abide by the regulations and standards as defined here and will notify the National Management Committee of any failure to meet these criteria. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

Signed _____
Medical Director

Date _____

**WORLD MARROW DONOR ASSOCIATION
INTERNATIONAL STANDARDS FOR
UNRELATED HEMATOPOIETIC STEM CELL DONOR
REGISTRIES**

Extract from WMDA Standards as they apply to Donor Centers

Donor Center: The Donor Center is the organization responsible for recruiting, And consenting, prospective donors.
(NZBMDR will be responsible for counseling, and coordinating further the testing of potentially matched donors)

3.0 Donor recruitment for the Registry and donors selected for specific patients

3.01 The recruitment of donors must be performed under the direction of individuals who are experienced in recruitment of donors and in management activities including education, consenting, counseling, confidentiality, and medical screening.

3.02 The willingness to become a donor must be the individual choice of each adult donor, that is, donors must be volunteers. Donors must be willing to donate on behalf of any patient being treated in any part of the world.

3.04 Adult donors must be informed regarding their potential role in the donation of hematopoietic stem cells and the risks involved in the donation.

3.04.2 Written consent must be obtained initially at the time of recruitment.

4.0 Donor characterization

4.01 Characterization of donors for blood group markers, for the presence of infectious diseases and for any other markers considered important in transplantation must be performed.

4.02 Testing must be carried out by laboratories which meet national guidelines for performing these services.

4.05.2 Volunteer donors may be screened for some infectious diseases before listing the donor on the Registry.

4.07 Information on donor age and gender must be collected at the time of recruitment.

4.10 To ensure confidentiality, the identity of donors must be protected. Approaches to ensure donor confidentiality must be established.

Application for Accreditation for Status as a DONOR CENTRE

Donor Centre: _____

Address: _____

Medical Director of Program: _____

Telephone: _____

FAX: _____

Donor Centre Co-ordinator: _____

2.2 Criteria for Approved Participating TISSUE TYPING CENTRE

ATT
Page 1 of 2

2.2.1 Introduction

A Tissue Typing Centre is responsible for performing tissue-typing tests for recipients of bone marrow and their potential donors in accordance with the principles and Standards of the NZBMDR/WMDA

The term "MUST" means that failure to meet the criterion implies the centre cannot be accredited as an NZBMDR Tissue Typing Centre, except with the formal consent of the NMC. The term "SHOULD" implies that failure to meet the criterion may be compatible with being accredited as an NZBMDR Tissue Typing Centre. Failure to meet these criteria must be explicitly stated at the time of application by the Tissue Typing Centre or whenever the criteria are subsequently breached.

2.2.2 Criteria

- a. The Tissue Typing Centre must comply with WMDA standards as per attached document.
- b. The Tissue Typing Centre must have an ASHI approved Director to ensure proper management of the programme.
- c. The Tissue Typing Centre must be able to provide or have access to the following facilities:
 - i] Blood group typing
 - ii] Infectious disease marker assays as defined by NZBMDR standards
 - iii] HLA typing of HLA-A&B as defined by NZBMDR standards
 - iv] HLA typing of HLA-DR and other MHC markers as defined by NZBMDR standards
- c. The Tissue Typing Centre must be accredited by ASHI (American Society Haematology & Immunology)
- e. The Tissue Typing Centre must communicate within the NZBMDR by standardised methods:
 - i] By designating a person with sufficient time allocated to act as a focus for all communications
 - iii] By using standardised NZBMDR communications forms

- f. The Tissue Typing Centre, in conjunction with approved Transplant Centres is responsible for initiating searches of the NZBMDR, which must be undertaken according to NZBMDR Standard methods for National and International Searches for a haematopoietic stem cell donor.
- g. The Tissue Typing Centre must be able to ensure donors confidentiality, meeting both the local and NZBMDR Standards, with the greater level of confidentiality always assumed in the case of conflict between local and NZBMDR Standards.
- h. The Tissue Typing Centre must only provide unrelated donor tissue typing results and expertise for resultant transplantation of haematopoietic stem cells to Transplant Centres approved by the NZBMDR

On behalf of _____, as the responsible Director of the tissue typing Department, I apply for approval as a Tissue Typing Centre of the New Zealand Bone Marrow Donor Registry. This application addresses each specific criterion. I agree to abide by the regulations and standards as defined here and will notify the National Management Committee of any failure to meet these criteria. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

NAME: _____

Signed _____
Tissue typing Director

Date _____

WORLD MARROW DONOR ASSOCIATION INTERNATIONAL STANDARDS FOR UNRELATED HEMATOPOIETIC STEM CELL DONOR REGISTRIES

Extract from WMDA Standards as they apply to Tissue Typing laboratories

4.02 Testing must be carried out by laboratories which meet national guidelines for performing these services.

4.02.1 The HLA typing laboratory must be accredited by the European Federation for Immunogenetics (EFI), the American Society for Histocompatibility and Immunogenetics (ASHI), Australasian and South East Asian Tissue Typing Association (ASEATTA) or an agency with similar standards and accreditation process.

4.03 Testing must be carried out in a manner to ensure the accuracy of the data.

4.04 The histocompatibility testing of donors must include identification of HLA loci considered essential for transplant success.

4.04.1 A minimum of HLA-A,-B,-DRB1 should be defined at serologic split or low resolution prior to listing the donor on the Registry.

4.04.2 A minimum of HLA-A,-B,-DRB1 must be defined at serologic split or low resolution prior to donation for a specific patient.

4.04.3 DNA-based testing is recommended for HLA-A,-B.

4.04.3.1 If serology is used for HLA-A,-B, a DNA-based method must be used to define antigens in the population tested which are frequently missed and/or misassigned.

4.04.4 DNA-based testing is required for HLA-DRB1.

4.04.5 Registries must have established approaches to monitor and ensure the quality of HLA types listed in the donor database.

**Application for Accreditation for Status as a
TISSUE TYPING CENTRE**

Tissue Typing Centre: _____

Address: _____

Director: _____

Telephone: _____

Fax: _____

Search Co-ordinator: _____

Telephone: _____

2.3 Criteria for Approved Participating MARROW COLLECTION CENTRES

AMC
Page 1 of 2

2.3.1 Introduction

All NZBMDR accredited Transplant Centres, may act as Marrow Collection Centres if they meet the following Collection Centre criteria: The term "MUST" means that failure to meet the criterion implies the centre cannot be accredited as an NZBMDR Collection Centre except with the formal consent of the NMC. The term "SHOULD" implies that failure to meet the criterion may be compatible with being accredited as an NZBMDR Collection Centre. Failure to meet these criteria must be explicitly stated at the time of application by the Collection Centre or whenever the criteria are subsequently breached.

2.3.2 Criteria

- a. The Centre must have a medical director who is a licensed physician qualified by training and experience to supervise marrow collections.
The medical director must
 - i) Have postdoctoral training in haematopoietic cell collection or transplantation
 - ii) Have at least one years experience in the collection procedure
 - iii) Participate in educational activities related to this field
 - iv) Be responsible for reviewing the medical evaluation of the donor for risks of donation and evidence of disease transmissible by transplantation

- b. The hospital must have an experienced bone marrow team that collects bone marrow on a regular basis.
 - i] A bone marrow collection physician must previously have performed at least ten bone marrow collections for transplantation. He/She must have performed at least four collections in the last one-year.
 - ii] The collection team must have a designated, responsible person who must agree, along with the anaesthetist, that the donor is acceptable for the procedure.
 - iii) The collection team must have access to NZBS to collect donor autologous red cell units prior to the marrow collection if required.

- b. The Hospital must provide a wide range of emergency and intensive care services.
 - i] The Marrow Collection Hospital must be accredited by the relevant National accreditation body.

New Zealand Bone Marrow Donor Registry

- ii] The Hospital must provide a surgical operating room and must have a medical intensive care unit.
 - iii] The Marrow Collection Hospital must agree to have anaesthesia supervised by a staff specialist or visiting medical officer anaesthetist.
- c. The hospital must have staff experienced in handling bone marrow.
 - i] Collection, storage and labeling of bone marrow must comply with standards of the NZBMDR/WMDA
 - ii] In the event of a medical emergency that requires allogeneic blood transfusion, the Marrow Collection Hospital must have irradiated blood products available for the donor.
 - iii] The Marrow Collection Hospital must provide adequate insurance to cover the event of donor death or disability.
- d. The marrow collection team must have a designated liaison person for communicating with the NZBMDR staff.
- d. The Marrow Collection Centre must complete the data collection forms in a timely manner.
- f. The Marrow Collection Centre must comply with WMDA standards – see attachment

On behalf of, _____, as the responsible Medical Director, I apply for approval as a Marrow Collection Centre of the New Zealand Bone Marrow Donor Registry. This application addresses each specific criterion and is accompanied by the relevant documentation. I agree to abide by the regulations and standards as defined here and will notify the National Management Committee of any failure to meet these criteria. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

Signed

Medical Director

Date

Name

2.4 Criteria for Approved Participating TRANSPLANT CENTRES

ATC
Page 1 of 2

2.4.1 Introduction

In the interest of developing the optimal program for the care of patients requiring matched unrelated donor transplants, it is advisable that the clinical transplant and early post-transplant care be confined to centres with adequate clinical experience and supportive care resources to cope with these difficult patients. Only in this way can an accurate assessment be made of the outcomes and problems associated with Unrelated Donor transplants.

The term "MUST" means that failure to meet the criterion implies the centre cannot be accredited as an NZBMDR Transplant Centre except with the formal consent of the NMC. The term "SHOULD" implies that failure to meet the criterion may be compatible with being accredited as an NZBMDR Transplant Centre. Failure to meet these criteria must be explicitly stated at the time of application by the Transplant Centre or whenever the criteria are subsequently breached.

2.4.2 Criteria

- a. A Haematology Centre wishing to undertake unrelated donor (UD) haematopoietic stem cell transplants must have a medical director who is a licensed physician qualified by training and experience in one of the following specialities: Haematology, Medical Oncology or Immunology
- b. The medical director shall
 - 1) Have at least two years experience in the clinical management of Allogeneic Haematopoietic cell transplant recipients
 - 2) Participate in educational activities related to this field
 - 3) Be responsible for search management activities
- c. The Haematology Centre must
 - 1) be accredited by the relevant National accreditation body.
 - 2) have an active allogeneic haematopoietic Stem Cell transplantation program for at least two years.
 - 3) have at least two physicians licensed and qualified in Allogeneic Haematopoietic cell transplantation
 - 4) have nurses qualified by training and experience in the care of transplant recipients
- d. The Centre should be performing no fewer than 10 allografts annually.
- e. The Centre should be reporting all cases to the Central International Bone Marrow Transplant Registry (CIBMTR), Milwaukee USA.

- f. The Centre should have an active research program in bone marrow transplantation.
- g. The Centre must have firm criteria established for an acceptable level of "match" or "mismatch" between patient and proposed donor as well as for diagnostic categories and age restrictions. These criteria will form part of any submission by the Transplant Centre to the NZBMDR to be an accredited Transplant Centre for UD transplants. The NZBMDR will not provide a donor for transplants involving greater than a single antigen disparity. The Centre must adhere to NZBMDR standards for donor searches.
- h. The Centre is responsible for meeting all donor expenses as outlined in the NZBMDR standards.
- i. A desire to participate in UD transplantation should be conveyed through the NMC of the NZBMDR. The submission will include: details of the individual programme in terms of transplant numbers, staffing, isolation facilities, a clinical protocol for UD transplantation with approval, letters of support from the responsible heads of the local blood bank services and radiation therapy facilities and accreditation of the local tissue typing laboratory by ASHI.
- j. All unrelated transplants must be reported to the Australasian Recipient Transplant Registry.
- k. These criteria will be reviewed periodically, as new clinical information relating to UD transplantation becomes available.
- l. The Transplant Centre must adhere to WMDA standards as attached

On behalf of, _____, as the responsible Medical Director, I apply for approval as a hematopoietic stem cell Transplant Centre of the New Zealand Bone Marrow Donor Registry. This application addresses each specific criterion and is accompanied by the relevant documentation. I agree to abide by the regulations and standards as defined here and will notify the National Management Committee of any failure to meet these criteria. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

Signed _____ Date _____

Medical Director

Name _____

WORLD MARROW DONOR ASSOCIATION INTERNATIONAL STANDARDS FOR UNRELATED HEMATOPOIETIC STEM CELL DONOR REGISTRIES

Extracts from the WMDA standards as they apply to Transplant and Collection Centres

Collection Centre:

The Collection Center is the medical facility at which hematopoietic stem cell collection from selected donors actually takes place. This collection might include marrow aspiration or apheresis. The Collection Center performs the medical work-up of the donor and provides the final approval of the donor for harvest. If umbilical cord blood is collected, the Center is responsible for processing and storage of the cord blood unit.

Transplant Center:

The Transplant Center is the medical facility at which a patient (recipient) receives a transplant (graft) with hematopoietic stem cells from an unrelated donor or from an umbilical cord blood unit. The Center oversees the immediate medical treatment and provides long-term follow-up of the recipient. The Search Unit undertakes the search for an unrelated donor for specific patients. This entity may be contained within a Transplant Center or may be separate from the Transplant Center. If separate, the Search Unit may coordinate searches for one or several Transplant Centers. In the standards, reference to a Transplant Center should be interpreted as a Transplant Center and/or a Search Unit as appropriate. Transplant Centers/Search Units seeking an international donor work through the Registry in their country.

6.0 Facilitation of search requests

6.01 Critical communications between Registries or between a Registry and a Transplant Center must be in writing.

6.01.1 These communications should contain a signature of authorization and be sent by fax or email.

6.02 Registries must respond to search requests and to requests for additional information and/or an aliquot of donor sample within a time period consistent with WMDA recommendations and in a defined manner.

6.02.1 The policy of the Registry regarding repetition of the database search for a specific patient should be defined.

6.03 Donor and patient identity must remain confidential during the search process so that only appropriate Registry personnel have access to these data.

6.05 Adult volunteer donors must be counseled when selected for further tests and when selected as a donor for a specific patient.

6.05.1 Counseling for donors selected for specific patients must include anonymity of the donor and patient, requirement for further blood samples before donation, requirement for infectious disease and other testing, risk of donation, possible duration of loss of time from normal activities, location of the harvest, requirement for collection of autologous blood, donor's right to withdraw and consequences for the patient, details of insurance coverage, possible subsequent donations of hematopoietic stem cells or blood products, alternative collection methods and whether blood is reserved for research purposes.

6.05.2 The adult volunteer donor should be informed if the donation involves an experimental procedure performed for a patient.

6.06 The Donor Center and the donor must be informed of the proposed date(s) of transplant at the time a specific donor is requested for stem cell donation on behalf of a specific patient. The Transplant Center must specify the latest date by which the Donor Center must approve the eligibility of a donor for donation of hematopoietic stem cells for a specific patient (i.e., provide donor clearance).

6.07 The adult volunteer donor must be medically examined to ascertain fitness to donate. This examination must be performed by a physician who is not a member of a team who has cared for the patient.

6.07.1 Policies for testing of the donor must be established.

6.07.2 Infectious disease markers must be measured within 30 days of the hematopoietic stem cell harvest and the results must be provided to the Transplant Center before commencement of patient conditioning.

6.07.2.1 Markers that must be tested include, at a minimum, human immunodeficiency virus, hepatitis B virus, hepatitis C virus, *Treponema pallidum* (syphilis), and cytomegalovirus.

6.07.3 Policies for counseling the donor in the case of positive identification of donor health risk such as the presence of an infectious disease should be established.

7.0 Second and subsequent donations of hematopoietic stem cells and/or blood products for the same patient

7.01 Adult volunteer donors must be fully informed in advance of the original donation regarding the possibility of and possible procedures involved with a subsequent donation of hematopoietic stem cells or blood products intended for therapeutic use for the same patient and the risks involved in the second donation.

7.01.1 The Registry must have a process for communicating the donor's willingness to participate in a subsequent donation to the appropriate Transplant Center although the donor must be free to decline a subsequent donation at the time that it is requested.

WMDA werkgroepen\accreditatie\documents\Standards\WMDA Standards-version March-29-2005.doc

Application for Accreditation as a Marrow Collection and/or Transplant Centre

**AMC/ATC
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Transplant Centre Name: _____

Date of accreditation: _____

Current Medical Director: _____

Telephone: _____

Fax: _____

Co-ordinator(s): _____

Telephone: _____

Fax: _____

1 Please complete the following form to document your Transplant Centre's allogeneic and unrelated donor transplant history in the past two years.

2 Number of Allografts performed in the last two years:

Related: _____

Unrelated: _____

New Zealand Bone Marrow Donor Registry

3 Please describe the personnel who are active on your BMT team, including the percentage of working time spent on the BMT Unit and how long they have worked on the BMT Unit.

You may use a separate page if required.

Medical Director	% of time on Unit.	Length of time on this Unit.
------------------	--------------------	------------------------------

Co-ordinator(s)	% of time on Unit.	Length of time on this Unit
-----------------	--------------------	-----------------------------

Medical Officers

Nurses

Social Workers

New Zealand Bone Marrow Donor Registry

Other

4 Please describe the BMT Unit, including (continues on next page):

Number of beds:

Physician coverage/shift:

Nurse to patient ratio/shift:

Isolation facilities:

5 Does your Transplant Centre continue to receive adequate support for the following services?

Blood components _____ source

Irradiated Blood Products _____ source

Radiation Therapy _____ source

Tissue Typing Centre _____ source

6 Can you re-affirm that your Centre provides adequate insurance to cover the event of donor death or disability?

Type of insurance

7 Do you inform the Australasian Transplant Registry held at St Vincent's Hospital, Sydney, of all unrelated bone marrow transplants?

8 Please list any relevant publications from your centre in the past year regarding unrelated bone marrow transplantation.

New Zealand Bone Marrow Donor Registry

9. The transplant centre holds a current quality accreditation certificate from

- 10 The Transplant/Collection Centre communicates with the NZBMDR by standardised methods:
- i] By designating a person with sufficient time allocated to act as a focus for all communications
 - ii] By using NZBMDR standardised communications forms
- 11 The Transplant/Collection Centre adheres to WMDA standards as attached.

Name _____
Transplant Centre Director

Date:

Signature

Please return this application form to:

NZBMDR
P O Box 74336
Market Rd
Auckland.

2.5 Criteria for Approved Participating CORD BLOOD TRANSPLANT CENTRES

**ACBTC
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2.5.1 A Transplant Centre wishing to undertake unrelated cord blood transplants must already be accredited as a Transplant Centre with the NZBMDR.

2.5.2 A desire to participate in unrelated cord blood transplantation should be conveyed through the NZBMDR.

The submission will require a protocol for cord blood transplantation and written approval by the local institutional ethics committee.

On behalf of, _____, as the responsible Medical Director, I apply for approval as a Cord Blood Transplant Centre of the New Zealand Bone Marrow Donor Registries. This application is accompanied by the relevant documentation. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

Signed _____ Date _____

Medical Director

Name _____

Application for Accreditation as a CORD BLOOD TRANSPLANT CENTRES

Cord Blood Transplant Centre: _____

Address: _____

Medical Director of Program: _____

Telephone: _____ FAX _____

Cord Blood Transplant Centre Co-ordinator: _____

Telephone: _____ FAX _____

Please document your Centre's transplant history in the past two years.

1. Number of Allogeneic Transplants performed in the last two years:
2. Number of Cord Blood Transplants performed in the last two years:

	Allogeneic	Cord Blood
Related:	_____	_____
Unrelated:	_____	_____
Paediatric	_____	_____
Adult	_____	_____

3. Attach one protocol for cord blood transplantation
4. Attach written approval by the local institutional ethics committee to perform cord blood transplants.

Application for Accreditation as an Apheresis Centre NZBS

AAC Page 1 of 3

The following Apheresis Centres have been accredited with NZBMDR

- 1) Apheresis Collection Centre:
Auckland Centre New Zealand Blood Service

Associated public hospital with an established Bone Marrow Transplant Program:
Auckland Hospital

Medical Director of New Zealand Blood Service

Dr Peter Flanagan

- 2) Apheresis Collection Centre:
Waikato Centre New Zealand Blood Service

Associated public hospital with an established Bone Marrow Transplant Program:
Waikato Hospital

Medical Director of New Zealand Blood Service

Dr Peter Flanagan

- 3) Apheresis Collection Centre:
Christchurch Centre New Zealand Blood Service

Associated public hospital with an established Bone Marrow Transplant Program:
Christchurch Hospital

Medical Director of New Zealand Blood Service

Dr Peter Flanagan

- 4) Stem Cell Transplant Unit
Wellington Hospital

Medical Director Dr John Carter

Criteria for Accreditation as an Apheresis Stem Cell Collection Centre

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Introduction

An Apheresis Centre is responsible for the collection of donor haematopoietic stem cells and lymphocytes with or without G-CSF from volunteer unrelated donors in accordance with the principles of the NZBMDR. This centre may be a NZBS Donor Centre or an accredited Bone Marrow Collection Centre.

If the Apheresis Centre is a NZBS Donor Centre a Haematologist from a New Zealand public hospital with an established bone marrow transplant program, will evaluate the donor, give information on the procedure including the use of pharmaceutical agents required, and take responsibility for the prescription of those agents.

Criteria

The Apheresis Centre must have a Transfusion Medicine Specialist who is a licensed physician qualified by training and experience to supervise apheresis cell collections.

- a The Transfusion Medicine Specialist shall
- i) Have postdoctoral training in haematopoietic cell collection or transplantation
 - ii) Have at least one years experience in supervision of the collection procedure
 - iii) Participate in educational activities related to this field
 - iv) Be responsible for reviewing the medical evaluation of the donor for risks of donation and evidence of disease transmissible by transplantation
- b The Apheresis Centre must
- i) Be in compliance with New Zealand regulations for collection of Human Blood
 - ii) Have documented experience in the collection of cellular components by apheresis and must have performed at least three collections of blood mononuclear cells by apheresis in the past year
 - iii) Have adequate resources to support its collection and management activities
 - iv) Have staff experienced in apheresis procedures.
 - v) Have access to a medical practitioner who can assess the suitability of the donor for the procedure.
 - vi) Have a physician on site for the duration of each collection procedure
 - vii) Have access to a laboratory for accessing cell counts, blood chemistry, infectious disease markers, ABO group, Rh type,
 - iv) Have access to a laboratory for measuring the quantity of CD34-positive cells in the component collected
 - v) Have access to emergency care as needed

New Zealand Bone Marrow Donor Registry

- c The Apheresis Centre shall communicate with the NZBMDR by standardised methods:
- i] By designating a person with sufficient time allocated to act as a focus for all communications with NZBMDR concerning apheresis procedures on NZBMDR donors.
 - ii] By using NZBMDR standardised communications forms
- d The Apheresis Centre must provide donors with:
- i] Confidentiality, meeting both the local institution and NZBMDR Standards.
 - ii] Information about the apheresis procedure.
 - iii] Assessment of venous access – Central Lines will not be used
 - iv] The consent forms which fulfil NZBMDR Standards.
 - v] Appropriate medical assessment including platelet count after the last apheresis as part of the NZBMDR standards.

On behalf of the Apheresis Centre/s

as the responsible Medical Director, I apply for accreditation of the Apheresis Centres listed above as Apheresis Centres of the New Zealand Bone Marrow Donor Registry. I agree to abide by the regulations and standards as defined here and will notify the National Management Committee of any failure to meet these criteria. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

Signed _____
Medical Director Date

Name: _____

Application for Accreditation as an APHERESIS CENTRE

APHERESIS Centre

Number of aheresis procedures
In the past year

Medical Director of Program: _____