
	LOI Application Submission			
	Document type	Form	Approved by	CEO WMDA
	Document reference	ACC_7200_01_F_LOI	Approval date	2/19/2025
	Version	13	Approval status	approved
	Pillar / Scope	P4/ Certification body	Status	Confidential

LETTER OF INTENT TO SUBMIT AN APPLICATION FOR WMDA BENCHMARK LEVEL 1 / BENCHMARK LEVEL 2 / FULL STANDARDS

You can fill in the form below and send by e-mail to the WMDA office: accreditation@wmda.info.


Today's date: _____

Name of applicant organisation:	
ION:	
Name(s) and title(s) of authorised official(s):	
E-mail address(es) of authorised official (s):	
Name and title of contact person:	
E-mail address of contact person:	
Name(s) and e-mail address(es) of person(s) working on the online submission:	
Language in which the organisation's documentation is written:	
Has the organisation already obtained WMDA certification?	<input type="checkbox"/> Full Standards (Accredited), seeking to renew Full Standards <input type="checkbox"/> Benchmark L2 (Qualified), seeking Full Standards status <input type="checkbox"/> Benchmark L1 (Certified), seeking to renew Benchmark L1 <input type="checkbox"/> Seeking first time Benchmark L2 or Benchmark L1 <input type="checkbox"/> Other, please describe:
Does the organisation have certification from another international accrediting body (e.g., NetCord-FACT or ISO) that might demonstrate compliance with one or more WMDA Standards (WMDA Stnd 1.02)?	<input type="checkbox"/> Yes, NetCord/FACT <input type="checkbox"/> Yes, ISO 9001 <input type="checkbox"/> Yes, other (provide name of accrediting body and title of standards) <input type="checkbox"/> No
In the past 2 years, please list any paid consultants the applicant has hired to assist with the application to be submitted based on this letter of intent:	
Name(s) of potential reviewers who might have a conflict of interest (https://share.wmda.info/x/So1JAQ):	

	LOI Application Submission			
	Document type	Form	Approved by	CEO WMDA
	Document reference	ACC_7200_01_F_LOI	Approval date	2/19/2025
	Version	13	Approval status	approved
	Pillar / Scope	P4/ Certification body	Status	Confidential

ORGANISATION DETAILS	
Number of adult volunteer donors listed in organisation's database (WMDA Stnd. 1.01):	
Number of cord blood units listed in organisation's database (WMDA Stnd. 1.01):	
The organisation would like to submit an application online for:	<input type="checkbox"/> Adult volunteer donors only <input type="checkbox"/> Cord blood units only <input type="checkbox"/> Both stem cell sources
Does the organisation submit requests for international searches from its associated transplant centres?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of unrelated HSC donations shipped in last 3 calendar years (must be at least 6 shipments from which a minimum of 2 out of 6 must be international shipments):																															
ADULT VOLUNTEER DONATIONS <table border="1" style="width: 100%;"> <thead> <tr> <th>Year</th> <th>National</th> <th>International</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	National	International													CORD BLOOD SHIPMENTS* <table border="1" style="width: 100%;"> <thead> <tr> <th>Year</th> <th>National</th> <th>International</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><small>*Six shipments minimum required for first Full Standards application with cord blood as donor source in addition to adult volunteers. If only cord blood, 6 shipments required for each application.</small></p>	Year	National	International												
Year	National	International																													
Year	National	International																													
Are any of the organisation's services provided by entities that are located in a country different from that of the registry?	<input type="checkbox"/> Yes (see appendix 1) <input type="checkbox"/> No																														
Does the organisation identify potential donors/cord blood units for international searching patients?	<input type="checkbox"/> Identify donors/cord blood units for both national and international searching patients. <input type="checkbox"/> Identify donors/cord blood units only for international searching patients. Organisation does not support national searches. <input type="checkbox"/> Identify donors/cord blood units only for national searching patients. Organisation does not support international searches. <input type="checkbox"/> Applicant organisation is a donor centre and contained within a registry that performs search																														
Does the registry or its affiliated donor centres provide these services? (check all that apply)	<input type="checkbox"/> Recruit adult volunteer donors and/or umbilical cord blood units <input type="checkbox"/> Coordinate selected donor and/or umbilical cord blood unit - final assessment																														

	LOI Application Submission			
	Document type	Form	Approved by	CEO WMDA
	Document reference	ACC_7200_01_F_LOI	Approval date	2/19/2025
	Version	13	Approval status	approved
	Pillar / Scope	P4/ Certification body	Status	Confidential

<p><i>Note: The organisation may outsource services or parts of services but the responsibility for the services remains with the organisation.</i></p>	<input type="checkbox"/> Facilitate/coordinate collection, labelling and transport of viable haematopoietic stem or other cells to transplant centre of the patient <input type="checkbox"/> Support and care for the volunteer donor for issues pre- and post-donation for issues related to the donation <input type="checkbox"/> Inform transplant centre of donor-related risks to transplant recipient
---	---

Date the organisation would like to submit an application to the WMDA office:

(Note: approved date for submission will be determined by WMDA office depending on reviewer availability)

Date the organisation would prefer to schedule the on-site/remote audit (Full Standards application only):

(Note: approved date for audit will be determined by WMDA office depending on reviewer availability)

By submitting this form, your organisation is requesting an evaluation based on WMDA International Standards for Haematopoietic Stem Cell Donor Registries.

Signature(s) of authorised official(s): _____

Response WMDA office

The application for

- Full Standards (Accredited), seeking to renew Full Standards
- Benchmark L2 (Qualified), seeking Full Standards status
- Benchmark L1 (Certified), seeking to renew Benchmark L1
- Seeking first time Benchmark L2 or Benchmark L1
- Other, please describe:

will be accepted on the following date: _____

Services provided by applicant (check all that apply):

- Receive requests for searches; maintain searchable database
- Coordinate provision of adult volunteer donors as a source of stem cells
- Coordinate provision of umbilical cord blood units as a source of stem cells
- Provide support for search requests from registry's transplant centres

Name person signing on behalf of WMDA office: _____

