**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](mailto:accreditation@wmda.info).

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| 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? | 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: |
| 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)? | Yes, NetCord/FACT  Yes, ISO 9001  Yes, other (provide name of accrediting body and title of standards)  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): |  |

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| **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: | Adult volunteer donors only  Cord blood units only  Both stem cell sources |
| Does the organisation submit requests for international searches from its associated transplant centres? | Yes  No |

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| 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**   |  |  |  | | --- | --- | --- | | **Year** | **National** | **International** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **CORD BLOOD SHIPMENTS\***   |  |  |  | | --- | --- | --- | | **Year** | **National** | **International** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   \**Six shipments minimum required for first application with cord blood as donor source in addition to adult volunteers. If only cord blood, 6 shipments required for each application.* |
| Are any of the organisation’s services provided by entities that are located in a country different from that of the registry? | Yes (see appendix 1)  No |
| Does the organisation identify potential donors/cord blood units for internationalsearching patients? | Identify donors/cord blood units for both national and international searching patients.  Identify donors/cord blood units only for international searching patients. Organisation does not support national searches.  Identify donors/cord blood units only for national searching patients. Organisation does not support international searches.  Applicant organisation is a donor centre and contained within a registry that performs search |
| Which services are provided under the responsibility of the organisation i.e., within the organisation’s “network”? (check all that apply)  *Note: The organisation may outsource services or parts of services but the responsibility for the services remains with the organisation.* | Recruit adult volunteer donors and/or umbilical cord blood units  Coordinate selected donor and/or umbilical cord blood unit - final assessment  Facilitate/coordinate collection, labelling and transport of viable hematopoietic stem or other cells to transplant centre of the patient  Support and care for the volunteer donor for issues pre- and post-donation for issues related to the donation  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature WMDA office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Appendix 1**

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| **Entities overseen by registry in different countries from the registry** | **Name organisation** | **Country** |
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