**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? | [ ]  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**

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| --- | --- | --- |
| **Year** | **National** | **International** |
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 | **CORD BLOOD SHIPMENTS\***

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| **Year** | **National** | **International** |
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\**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 haematopoietic 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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