



ICCBBA



FACILITY REGISTRATION FORM

- **REGISTRATION PROCESSING WILL TAKE APPROXIMATELY 2 – 4 WEEKS**
- **PLEASE COMPLETE EACH SECTION IN PRINT OR TYPE**
- **PAYMENT MUST ACCOMPANY FORM**
- **PLEASE FOLLOW INSTRUCTIONS REGARDING SUBMITTING COMPLETED FORM IN THE PAYMENT OPTIONS SECTION**

If you need assistance with completing this form please contact our staff:

E-mail: gabriela.hernandez@iccbba.org

Fax: +1 909 793 6214

Telephone: +1 909 793 6516

PART A:

1. Facility's Full Legal Name

--

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 Internet

Country code:	Tel:	Fax:
Web site address:		

6. Billing address

Department:	
Address:	
City:	State/Province:
Country:	Postal code:

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

☐ **Blood Collection Facility**

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned to each collection or pooling event. The annual bill is calculated as follows:

Your facility has a volume of <1,000 products (collections/pools).	Annual License Fee is US\$218
Your facility has a volume between 1,001 and 23,000 (collections/pools) per year	Annual License Fee is US\$332
Your facility has a volume of > 23,000 products (collections/pools) per year	Annual License Fee will be US\$332 plus \$0.0141 for each unit over 23,000

Please complete section 8.1

Blood Transfusion

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

****Please check the type of transfusion laboratory that applies to your facility.***

☐ **Transfusion Laboratory (assigns ISBT 128 donation numbers)**

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned to each collection or pooling event. The annual bill is calculated as follows:

Your facility assigns <1,000 DINs per year	Annual License Fee is US\$218
Your facility assigns between 1,001 and 23,000 DINs per year	Annual License Fee is US\$332
Your facility assigns > 23,000 DINs per year	Annual License Fee will be US\$332 plus \$0.0141 for each unit over 23,000

Please complete section 8.1

☐ **Transfusion Laboratory (not assigning ISBT 128 donation numbers)**

Annual License Fee: **\$190** (If payment of first year license fee is included with registration, check here ☐)

Please skip to section 9

Cellular Therapy

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number.
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

Annual License Fee: Will be billed based on the number of donations collected or processed. The annual bill is calculated as follows:

Your facility collects and / or process <1,000 per year	Annual License Fee is US\$227
Your facility collects and / or process between 1,001 and 23,000 per year	Annual License Fee is US\$346
Your facility collects and / or pools > 23,000 per year	Annual License Fee will be US\$346 plus \$0.0145 for each product over 23,000

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

- ☐ Cellular Therapy Collection Facility (Please complete section 8.2)
- ☐ Cellular Therapy Processing Laboratory (Please complete section 8.2)
- ☐ Cellular Therapy Infusion Center (Please skip to section 9)

Tissue-Non Ocular

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

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number.
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

Annual License Fee: Will be billed based on the number of final labeled products produced. The annual bill is calculated as follows:

Your facility labels <1,000 final products per year	Annual License Fee is US\$218
Your facility labels between 1,001 and 5,000 final products per year	Annual License Fee is US\$332
Your facility labels > 5,000 final products per year	Annual License Fee will be US\$332 plus \$0.1125 for each product over 5,000

Please complete section 8.3

☐ **Please check if your facility only distributes tissue.**

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**

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number.
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

Annual License Fee: Will be billed based on the number of final labeled products produced. The annual bill is calculated as follows:

Your facility labels <1,000 final products per year	Annual License Fee is US\$218
Your facility labels between 1,001 and 5,000 final products per year	Annual License Fee is US\$332
Your facility labels > 5,000 final products per year	Annual License Fee will be US\$332 plus \$0.1125 for each product over 5,000

Please complete section 8.4

☐ **Please check if your facility only distributes tissue.**

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

HCT/P Medical Device

☐ **HCT/P Medical Device Manufacturer**

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number.
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

Annual License Fee: Will be billed based on the number of final labeled products produced. The annual bill is calculated as follows:

Your facility labels <1,000 HCT/P Medical Devices per year	Annual License Fee is US\$218
Your facility labels between 1,001 and 5,000 HCT/P Medical Devices per year	Annual License Fee is US\$332
Your facility labels > 5,000 HCT/P Medical Devices per year	Annual License Fee will be US\$332 plus \$0.1125 for each product over 5,000

Please complete section 8.5

Plasma Fractionator or Further Processing Facilities

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

☐ **Plasma Fractionators who read and interpret ISBT 128 bar codes**

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.

Registration Fee: none

Annual License Fee: \$5,975

Please skip to section 9

☐ **Plasma Fractionators who label plasma donations with ISBT 128 bar codes**

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.

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number.

Annual License Fee: Will be billed based on the number of units collected in the previous year. The fee is US\$0.0141 per unit, with a minimum license fee of \$332.

Please complete section 8.6

☐ **Plasma Fractionators who label derivatives with ISBT 128 or Further Processing Facilities**

Plasma fractionators or Further Processing Facilities who supply product labeled with ISBT 128 are required to register with ICCBBA and pay an annual license fee.

Registration Fee: none

Annual License Fee: Will be billed based on the number of containers (units) of final ISBT 128 labeled products issued in the previous year. The fee is US\$332 plus \$0.0141 for each unit over 23,000.

For plasma derivatives other than solvent detergent plasma, the fee has not yet been determined (contact the ICCBBA office for more information).

Please complete section 8.6

Proficiency Testing

☐ **Proficiency Testing Organizations**

Registration Fee: Initial one-time fee **\$200** includes the first Facility Identification Number.
Additional **\$150** for each subsequent Facility Identification Number Requested (see section 8)

Annual License Fee: **\$190**

Please skip to section 9

8. Activity

Provide figures on activity in your facility for your last complete fiscal year (include all sites and provide one aggregate number).

8.1

Blood Facilities	Number
Whole Blood units collected- (excludes cord blood)	
Apheresis donation procedures performed (excludes cellular therapy collections)	
Blood product pools prepared	

8.2

Cellular Therapy (e.g. apheresis, marrow, cord blood)	Number
Cellular Therapy collections	
Cellular Therapy products processed	

8.3

Tissue-Non Ocular	Number
Tissue (Non-Ocular) Final Labeled Products (Note: for tissues collected with intent of being processed into cellular therapy product please fill out section 7.2 Cellular Therapy collections.)	

8.4

Tissue- Ocular	Number
Tissue (Ocular) Final Labeled Products (Note: for tissues collected with intent of being processed into cellular therapy product please fill out section 7.2 Cellular Therapy collections.)	

8.5

HCT/P Medical Device	Number
HCT/P Medical Devices Labeled	

8.6

Plasma Fractionators or Further Processing Facilities	Number
Units collected or labeled with ISBT 128	
Products distributed that are labeled with ISBT 128	

9. **Number of Facility Identification Numbers requested:** _____
(Complete one Part B for each FIN requested)

10. **Signature of authorized person:**
I request registration of the above named firm by ICCBBA. I understand that an annual license fee (payable when invoiced) will be required to maintain this registration.

Signature Date

Human Development Index

If your facility is in a country with MEDIUM HDI check here ☐ and reduce the fee payable by 33%
If your facility is in a country with LOW HDI check here ☐ and reduce the fee payable by 66%

*** DOES NOT APPLY TO THE US**

Information on country HDI status is available from the United Nations at <http://hdr.undp.org/en/statistics/>

11. **Payment Options:**

US\$ _____ total registration fee accompanying form

NO PURCHASE ORDERS

NOTE: ADDRESS FOR RETURNING FORM DEPENDS UPON METHOD OF PAYMENT CHOSEN

☐ **Check**

Make payable to ICCBBA (in US\$ ONLY drawn on a US bank)

Send completed form and check to: **P.O. Box 11309, San Bernardino, CA 92423-1309**

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

Card number _____

Expiry date (MM-YY) _____

Credit Card Security Code _____

Signature of authorized cardholder _____

Send completed form to: **P.O. Box 11309, San Bernardino, CA 92423-1309 or fax it to 909-793-6214**

☐ **Bank Draft/Wire (non-US registrants ONLY)**

Transfer appropriate amount to: Bank of America, Commercial Banking Department
3100 Tower Boulevard, Suite 910, Durham, NC 27707
Bank Number 053000196 BIC/SWIFT: BOFAUS3N

Payable to: ICCBBA, Account Number 000683127591

***Record wire/draft transaction number here before submitting form:** _____

Send completed form to: **P.O. Box 11309, San Bernardino, CA 92423-1309**

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. One copy of this section must be submitted 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, etc.

Country

Postal code

Web Site Address

Telephone and Fax:

Country code

Telephone

Fax

Reminder: If more than one FIN is requested, duplicate this page and provide the information above for each FIN requested.

FACILITY LICENSE AGREEMENT

ICCBBA's Commitment to Registered and Licensed Facilities

ICCBBA will make available documentation of all updates and extensions to ISBT 128 to each Registered and Licensed Facility. ICCBBA maintains a Website (<http://www.iccbba.org>) through which updates and extensions are first published. Licensed facilities may self-select a password to gain access to the password protected area of the ICCBBA Website in order to obtain these updates and extensions. ICCBBA attempts to make certain that all data in ICCBBA databases are accurate, and will immediately make available any corrections. Data provided in the Facility Identification Number and Manufacturer Identification Code tables can only be as accurate as the most recent information provided to ICCBBA. ICCBBA will provide Help Desk support to users to promote knowledge of, and correct implementation of, the ISBT 128 Standard.

Facility's Commitment to Other Registered and Licensed Facilities

A facility that has implemented ISBT 128 will follow the standard to ensure interoperability with other facilities using the coding system.

If assistance is needed:

- The facility will work with ICCBBA to correct any nonconformities that prevent interoperability with other organizations.
- The facility will communicate to ICCBBA problems related to on-going nonconformance with the ISBT 128 Standard it encounters when receiving ISBT 128 labeled products from other facilities.

ICCBBA's Grant of License

What a Licensed Facility May Do

Use ISBT 128 and any other material to which ICCBBA owns the copyright (data identifiers, data structures, databases, access to the password protected area of the ICCBBA Website).

What a Licensed Facility May Not Do

Make copies of any item marked as "Copyright © (year[s]) ICCBBA." **without express written permission**, with the single exception that one copy per licensed facility may be downloaded and stored for local access (copies are always available in the password protected section of the ICCBBA Website). Share ICCBBA materials with others who are not licensed users of ISBT 128.

Warranty

ICCBBA provides no warranty that the use of ISBT 128 is suitable for any particular purpose and the selection, use, efficiency and suitability of ISBT 128 is the sole responsibility of the Licensed User.

Liability

ICCBBA's liability is limited solely to those items listed in the section "ICCBBA's Commitment to Registered and Licensed Facilities." Under no circumstances shall ICCBBA's liability exceed the current annual license fee, and ICCBBA will in no circumstances be liable for any damages whatsoever, including without limitation damages for loss of data, business or goodwill or any other consequential losses of any nature arising from the use of ISBT 128.

Termination

This License Agreement is considered to be terminated in any year in which the annual license fee as established by the ICCBBA Board of Directors has not been paid thirty (30) days after the date stipulated on the fee invoice. When this License Agreement is terminated all documentation and databases supplied to the Licensed User must be returned to the ICCBBA office at its currently published address.

Mediation/Arbitration

Any controversy arising out of this License Agreement shall be settled by non-binding mediation in the first instance and, should that prove non-satisfactory, by arbitration in the Commonwealth of Virginia, in which state ICCBBA is incorporated, in accordance with the rules of the American Arbitration Association.

Jurisdiction

Except for United States Licensed Users that are supported by state funds, any action with respect to this License Agreement must be brought in the Commonwealth of Virginia, in which state ICCBBA is incorporated. With regard to the exception noted above, Licensed Users supported by state funding may use a court within their state if such is required by the provision of state funds.