

	Letter of Intent to submit an application for WMDA Qualification			
	Document type	Form	WG/Committee	ACCR
	Document reference	20160111-ACCR-Form-Letter of Int	Approved by	ASC
	Version	5.0	Approval date	20160111
	Drafting date		Status	Public

LETTER OF INTENT TO SUBMIT AN APPLICATION FOR WMDA REGISTRY QUALIFICATION

Please type, submit by e-mail (accreditation@wmda.info), post mail or fax to the WMDA Office, Plesmanlaan 1b, 2333 BZ Leiden, The Netherlands, fax: 31-71-5210457; please do not submit more than 6 months before the requested submission date.

Name of registry planning to apply for WMDA Qualification:	
Name and title of authorized official:	
Name and title of contact person:	
E-mail address of contact person:	
Post mail address of organisation:	
Invoice address for sending the invoice for the costs for WMDA qualification (€ 2000,-):	
VAT international identification number:	
Telephone number:	
Fax number:	
Is the organisation a WMDA organisational member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the organisation already accredited by another international accrediting body (e.g. Netcord-FACT)? If yes, which accrediting body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language in which the documentation of the registry is written:	



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Name(s) of potential reviewers, who might have a conflict of interest:																															
Does the registry submit data to the WMDA annual report?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
Number of adult volunteer donors listed: (minimum 500)	donors																														
Number of cord blood units listed for unrelated patients (minimum 100)	cord blood units																														
Does the WMDA annual report show international searches of the registry within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
Does the WMDA annual report within the past 3 years show that HLA typing has been performed on behalf of international requests?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
Does the WMDA annual report within the past 3 years show shipments of donor samples on behalf of international patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
Number of unrelated HPC donations shipped: (must be at least 6 shipments/2 out of 6 must be international shipments)																															
STEM CELL DONATIONS <table border="1"> <thead> <tr> <th>Year</th> <th>National</th> <th>International</th> </tr> </thead> <tbody> <tr><td>2012</td><td></td><td></td></tr> <tr><td>2013</td><td></td><td></td></tr> <tr><td>2014</td><td></td><td></td></tr> <tr><td>2015</td><td></td><td></td></tr> </tbody> </table>	Year	National	International	2012			2013			2014			2015			CORD BLOOD SHIPMENTS <table border="1"> <thead> <tr> <th>Year</th> <th>National</th> <th>International</th> </tr> </thead> <tbody> <tr><td>2012</td><td></td><td></td></tr> <tr><td>2013</td><td></td><td></td></tr> <tr><td>2014</td><td></td><td></td></tr> <tr><td>2015</td><td></td><td></td></tr> </tbody> </table>	Year	National	International	2012			2013			2014			2015		
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More information you would like to share:																															

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Today's date: _____

The registry would like to submit an accreditation application packet to the WMDA office on the following date:

Signature(s) of authorized official(s):

Response WMDA office

The registry application for accreditation will be accepted on the following date:

Signature of WMDA office:
