

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: registration@isbt128.org
Fax: +1 909 793 6214
Telephone: +1 909 793 6516

PART A:

1. Facility's Full Legal Name

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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 Website

Country Code:	Tel:	Fax:
Website Address:		

6. Billing Address

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

Note: Information provided to ICCBBA will be used for billing and registration purposes, and to assist ICCBBA in its operations – this may include periodic surveys or any other type of announcement. If you wish to opt-out of surveys or announcements, please contact us. To view our full privacy policy, visit the following URL: <https://www.iccbba.org/about-iccbba/policies>

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

Blood Collection Facility

☐ **Blood Collection Organization**

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number. Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

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

Your facility has a volume of $\leq 1,000$ products (collections/pools).	Annual License Fee is US\$245
Your facility has a volume between $\leq 20,000$ (collections/pools) per year.	Annual License Fee is US\$375
Your facility has a volume of $>20,000$ products (collections/pools) per year.	Annual License Fee will be US\$375 plus \$0.01582 for each unit over 20,000

Please complete section 8.1

Blood Transfusion

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number. Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

****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 annually. DINs are assigned to each collection or pooling event. The annual bill is calculated as follows:

Your facility assigns $\leq 1,000$ DINs per year.	Annual License Fee is US\$245
Your facility assigns $\leq 20,000$ DINs per year.	Annual License Fee is US\$375
Your facility assigns $>20,000$ DINs per year.	Annual License Fee will be US\$375 plus \$0.01582 for each unit over 20,000

Please complete section 8.1

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

Annual License Fee: **\$206** (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 of **\$200** includes the first Facility Identification Number. Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection event. For facilities that only process units. The total number of final products processed annually. For facilities that both collect and process. Whichever annual total is greater. The annual bill is calculated as follows:

Your facility collects and/or process <=1,000 per year.	Annual License Fee is US\$260
Your facility collects and/or process <= 20,000 per year.	Annual License Fee is US\$395
Your facility collects and/or pools >20,000 per year.	Annual License Fee will be US\$395 plus \$0.0166 for each product over 20,000

****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)

Assisted Reproductive Technology (Cells and Tissues)

☐ Reproductive Tissues and/or Cell Organizations

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number. Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

Annual License Fee: Will be based on the number of ART products distributed annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility distributes <=1,000 final labeled products per year.	Annual License Fee is US\$245
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$375
Your facility distributes >5,000 final labeled products per year.	Annual License Fee will be US\$375 plus, \$0.0597 for each product over 5,000

Please complete section 8.8

Tissue-Non Ocular

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

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number.
Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

Annual License Fee: Will be billed based on the number of tissue products distributed annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility distributes <=1,000 final labeled products per year.	Annual License Fee is US\$245
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$375
Your facility distributes >5,000 final labeled products per year.	Annual License Fee will be US\$375 plus, \$0.1257 for each product over 5,000

Please complete section 8.3

☐ **Please check if your facility only stores 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 of **\$200** includes the first Facility Identification Number.
Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

Annual License Fee: Will be billed based on the number of ocular tissue products distributed annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility distributes <=1,000 final labeled products per year.	Annual License Fee is US\$252
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$385
Your facility distributes >5,000 final labeled products per year.	Annual License Fee will be US\$385 plus \$0.1257 for each product over 5,000

Please complete section 8.4

☐ **Please check if your facility only stores 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**

***HCT/P is defined as Human Cells, tissues, and cellular and tissue-based products**

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number.
Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

Annual License Fee: Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility labels <= 1,000 HCT/P Medical Devices per year.	Annual License Fee is US\$245
Your facility labels <= 5,000 HCT/P Medical Devices per year.	Annual License Fee is US\$375
Your facility labels >5,000 HCT/P Medical Devices per year.	Annual License Fee will be US\$375 plus \$0.1257 for each product over 5,000

Please complete section 8.5

Human Milk Bank

☐ **Human Milk Bank Organization**

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number.
Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9).

Annual License Fee: Will be billed based on the number of liters distributed annually that are labeled with ISBT 128.

Your facility distributes <=4,000 liters per year.	Annual License Fee is US\$245
Your facility distributes <= 8,000 liters per year.	Annual License Fee is US\$375
Your facility distributes >8,000 liters per year.	Annual License Fee will be US\$375 plus \$0.216 for liters over 8,000

Please complete section 8.6

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: \$6738

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 of **\$200** includes the first Facility Identification Number.

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. The fee is US\$0.01582 per unit, with a minimum license fee of \$375.

Please complete section 8.7

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

Plasma fractionators or Further Processing Facilities who supply final 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 final products labeled annually with ISBT 128. The fee is US\$375 plus \$0.01582 for each unit over 20,000.

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 8.7

Proficiency Testing

☐ **Proficiency Testing Organizations**

Registration Fee: Initial one-time fee of **\$200** includes the first Facility Identification Number.
Additional **\$168** for each subsequent Facility Identification Number Requested (see section 9)

Annual License Fee: **\$213**

Please skip to section 9

Organ Transplant

☐ **Organ Transplant Organization**

Registration Fee: Initial one-time fee of \$200 includes the first Facility Identification Number.
Additional \$161 for each subsequent Facility Identification Number Requested (see section 9)

Annual License Fee: Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility distributes <=245 final labeled products per year.	Annual License Fee is US\$245
Your facility distributes >245 final labeled products per year.	Annual License Fee will be US\$245 + US\$1 for each product over 245

Please skip to section 8.9

Clinical Trials Facility

☐ **Clinical Trials Organization**

Registration Fee: Initial one-time fee of \$200 includes the first Facility Identification Number.
Additional \$168 for each subsequent Facility Identification Number Requested (see section 9)

Annual License Fee: **\$245**

Please skip to section 9

Fecal Microbiota

☐ **Fecal Microbiota Organization**

Registration Fee: Initial one-time fee of \$200 includes the first Facility Identification Number.
Additional \$168 for each subsequent Facility Identification Number Requested (see section 9)

Annual License Fee: Will be based on the number of final labeled products (treatments) produced annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility produces <=500 products per year.	Annual License Fee is US\$245
Your facility produces <= 2,000 products per year.	Annual License Fee is US\$375
Your facility produces >2,000 products per year.	Annual License Fee will be US\$375 plus \$0.1257 for each product over 2,000

Please skip to section 8.10

Regenerative Medicine

☐ **Regenerative Medicine Organization**

Registration Fee: Initial one-time fee of \$200 includes the first Facility Identification Number.
Additional \$168 for each subsequent Facility Identification Number Requested (see section 9)

Annual License Fee: Will be based on the number of final labeled products produced annually that are labeled with ISBT 128. The annual bill is calculated as follows:

Your facility distributes <= 500 final labeled products per year.	Annual License Fee is US\$245
Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$375
Your facility distributes >1,000 final labeled products per year.	Annual License Fee will be US\$375 plus \$0.0166 for each product over 1,000

Please skip to section 8.11

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
The total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection or pooling event. This excludes Cell therapy products.	

8.2

Cellular Therapy (e.g. apheresis, marrow, cord blood)	Number
The total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection event. For facilities that only process units the total number of final products processed annually. For facilities that both collect and process whichever annual total value is greater.	

8.3

Tissue (Non-Ocular)	Number
The number of tissue (Non-Ocular) products distributed annually that are labeled with ISBT 128. (Note: For tissues collected with intent of being processed into cellular therapy product please fill out section 8.2 Cellular Therapy collections.)	

8.4

Tissue (Ocular)	Number
The number of ocular tissue products distributed annually that are labeled with ISBT 128. (Note: For tissues collected with intent of being processed into cellular therapy product please fill out section 8.2 Cellular Therapy collections.)	

8.5

HCT/P Medical Device	Number
The number of final labeled products produced annually that are labeled with ISBT 128.	

8.6

Human Milk Bank	Number
The number of liters distributed annually that are labeled with ISBT 128.	

8.7

Plasma Fractionators or Further Processing Facilities	Number
For facilities that assign Donation Identification Numbers (DINs). The total number of Donation Identification Numbers (DINs) assigned annually. For facilities that label final products. The number of final products labeled annually with ISBT 128.	

Activity Continued

8.8

Assisted Reproductive Technology (Cells and Tissues)	Number
The number of ART products distributed annually that are labeled with ISBT 128.	

8.9

Organ Transplant	Number
The number of final labeled products produced annually that are labeled with ISBT 128.	

8.10

Fecal Microbiota	Number
The number of final labeled products (treatments) produced annually that are labeled with ISBT 128.	

8.11

Regenerative Medicine	Number
The number of final labeled products produced annually 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 agree to the [terms and conditions](#) of the License Agreement and understand that an annual license fee (payable when invoiced) will be required to maintain this registration. I represent and warrant that I have full authority to bind my organization to the [terms and conditions](#) of the License Agreement.

Signature: _____ Date: _____

Printed Name: _____ Position: _____

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/content/table-1-human-development-index-and-its-components>

11. **Payment Options:**

US\$ _____ total fees accompanying form
(Registration + Annual License Fee + **Additional FIN Fees)
**If applicable

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)**

Credit Card Number

Expiry Date
(MM-YY)

Security Code

Signature of Authorized Cardholder

Send completed form to: **P.O. Box 11309, San Bernardino, CA 92423-1309** or fax it to **+1 909-793-6214** Please note: For security purposes we strongly recommend that payment information is NOT sent by email. Please mail or fax your payment to the address or fax number provided above.

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

Transfer appropriate amount to: Bank of America, NA
222 Broadway, New York, New York, 10038
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

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.

Note: Information provided to ICCBBA will be used for billing and registration purposes, and to assist ICCBBA in its operations – this may include periodic surveys or any other type of announcement. If you wish to opt-out of surveys or announcements, please contact us. To view our full privacy policy, visit the following URL: <https://www.iccbba.org/about-iccbba/policies>