

Africa Society for Blood Transfusion
APPLICATION FOR ACCREDITATION OF BLOOD TRANSFUSION FACILITIES

This form must be completed in full and returned, electronically, to:
 Dr. Mohammed Farouk, Accreditation Manager - Anglophone
 mohammed.farouk@afsbt.org

BACKGROUND INFORMATION

Please familiarise yourself with the following documents, which are attached for easy reference, before completing this application:

- *AfsBT Step-Wise Accreditation Programme Overview (ACR-S01)*
- *AfsBT Standards: Step-Wise Accreditation Programme (ACR-R01)*
- *AfsBT Guidance Document (ACR-R02)*
- *AfsBT Compliance Chart (ACR-R03).*

GENERAL INFORMATION

Name of Organization	
Physical Address	
Postal Address	
Contact Person	Name:
	Position:
	Email address:
	Telephone number with country code:
Person Completing this Application	Name:
	Position:
	Signed:
	Date:

Africa Society for Blood Transfusion (AfSBT)

BLOOD SERVICE/FACILITY INFORMATION

Does the Ministry of Health support accreditation for your Service? <i>(If possible, attach a letter of support from the Ministry)</i>	
Is the Service the only facility collecting blood in the country?	
Location of Headquarters (City)	
Location of Branches (Cities / Towns)	
Number of units of whole blood collected per annum	
Percentage of whole blood from which components are made	
Number of apheresis procedures per annum	
Total number of employees in the organization	
Has the organisation ever been accredited before? <i>(If 'Yes', please give name of organisation providing accreditation and date of such accreditation)</i>	

DISCIPLINES FOR WHICH ACCREDITATION IS SOUGHT

(Insert the number of sites at which each activity is requested to be accredited)

ACTIVITY		NUMBER OF SITES	LOCATION/S
BLOOD COLLECTION	Fixed Site		
	Mobile site		
	Apheresis collection		
	Autologous programme		
BLOOD COMPONENT PRODUCTION	-		
DONATION TESTING	Red cell serology		
	Transfusion transmissible infections		
	Haematology		
COMPATIBILITY TESTING	-		
OTHER (provide details)			