

## International Quality Plasma Program Certification APPLICATION FORM – RECERTIFICATION –

Plasma Facility Name

Government License #

NDDR/IQPP Code

Facility Manager

Responsible Medical Person

Address

City

State

Postal Code

Country

E-Mail

Telephone

Telefax

**Collection Activity**

Renovation date:

Relocation date:

New Ownership date:

*The PPTA Source Office must be advised of any plans that may affect inspection scheduling, such as major renovation/construction, relocation, or changes in ownership which might occur or be in progress within 60 days prior to or after the certification anniversary date for the facility. A \$1,000 cancellation fee may apply for cancellations made within 30 days of the scheduled inspection date. Contact the PPTA Source Office (410-263-8296) if you need further instruction.*

OR

Attached is the description of the facility's personnel training program, including job function descriptions, for review and approval.

The description of our corporate personnel training program, including job function descriptions, has previously been submitted to PPTA Source for review and approval. This program is in use in the facility.

**Corporate Ownership**

Contact Name

Address

City

State/Postal Code

Country

Telephone

Telefax

E-Mail

Name, address, telephone, and contact name of the laboratory(ies) performing the screening, confirmatory and NAT testing for you (attach additional sheet, if necessary):

**Application for:**

**NDDR/IQPP #:**

**(Facility Name)**

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Application must be submitted with the appropriate fee:

**Recertification Fees:** PPTA Source Member \$3,500  
Non-Member \$5,795

**APPLICATIONS RECEIVED WITHOUT FEE PAYMENT MAY BE WITHHELD FROM SCHEDULING!**

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**Note: All IQPP-Certified Facilities must comply with the Source Viral Marker Standard and submit data on a monthly basis.**

**Read and sign:**

I certify that to the best of my knowledge the information contained in this application is complete and accurate.

By my signature below, I certify that this facility has implemented procedures to insure compliance with IQPP Qualified Donor Standard as approved by the PPTA Source Board of Directors effective July 1, 1997. This standard requires the facility to perform additional donor screening prior to classifying persons as "Qualified Donors" or allowing the resulting units of plasma to be sold or shipped for the production of therapeutic plasma products.

I understand that participation in the IQPP Certification program is completely voluntary and subject to compliance with all IQPP standards. I may withdraw from the Program at anytime by notifying the PPTA Source National Office or have my IQPP Certification revoked at anytime if the facility is found to be out of compliance with the IQPP Standards.

**Signature**

**Date**

**Type or Print Name/Title**

Return completed form, fee and necessary attachments to:

**IQPP CERTIFICATION**  
**147 Old Solomons Island Road Suite 100**  
**Annapolis, MD 21401**  
**Telephone: (410) 263-8296 / Telefax: (410) 263-2298**