

**International Quality Plasma Program Certification  
APPLICATION FORM – Initial Certification**

Plasma Facility Name _____		
Government License # _____	NDDR/IQPP Code _____	
Manager _____		
Responsible Medical Person _____		
Address _____		
City _____	State _____	Postal Code _____
Country _____	E-Mail _____	
Telephone _____	Telefax _____	

**Collection Activity** (check all that apply)

- Normal Source Plasma for Injectable Manufacture
- Specialty Antibody for Injectable Manufacture
- Diagnostics for Non-injectable Manufacture
- Other, please identify

\_\_\_\_\_

\_\_\_\_\_

*New Facilities applying for Initial Certification should review the attached Viral Marker Reporting Form and instructions and submit all prior available data, up to 6 months, with their application. Contact the PPTA Source Office (410-263-8296) if you need further instructions.*

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

**Corporate Ownership** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State/Postal Code** \_\_\_\_\_

**Country** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Telefax** \_\_\_\_\_

**E-Mail** \_\_\_\_\_



Application for \_\_\_\_\_  
(Facility Name)

NDDR/IQPP Code \_\_\_\_\_

**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