

2.2 Criteria for Approved Participating TISSUE TYPING CENTRE

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2.2.1 Introduction

A Tissue Typing Centre is responsible for performing tissue-typing tests for recipients of bone marrow and their potential donors in accordance with the principles and Standards of the NZBMDR/WMDA

The term "MUST" means that failure to meet the criterion implies the centre cannot be accredited as an NZBMDR Tissue Typing Centre, except with the formal consent of the NMC. The term "SHOULD" implies that failure to meet the criterion may be compatible with being accredited as an NZBMDR Tissue Typing Centre. Failure to meet these criteria must be explicitly stated at the time of application by the Tissue Typing Centre or whenever the criteria are subsequently breached.

2.2.2 Criteria

- a. The Tissue Typing Centre must have an ASHI approved Director to ensure proper management of the programme.
- b. The Tissue Typing Centre must be able to provide or have access to the following facilities:
 - i] Blood group typing
 - ii] Infectious disease marker assays as defined by NZBMDR standards
 - iii] HLA typing by NGS or equivalent level
- c. The Tissue Typing Centre must be accredited by ASHI (American Society for Histocompatibility and Immunogenetics)
- e. The Tissue Typing Centre must communicate with the NZBMDR by standardised methods:
 - i] By designating a person with sufficient time allocated to act as a focus for all communications
 - iii] By using standardised NZBMDR communications forms

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- f. The Tissue Typing Centre must be able to ensure donors confidentiality, meeting both the local and NZBMDR Standards, with the greater level of confidentiality always assumed in the case of conflict between local and NZBMDR Standards.

- g. The Tissue Typing Centre must only provide unrelated donor tissue typing results and expertise for resultant transplantation of unrelated donor haematopoietic stem cells to Transplant Centres approved by the NZBMDR

On behalf of _____, as the responsible Director of the Tissue Typing Department, I apply for approval as a Tissue Typing Centre of the New Zealand Bone Marrow Donor Registry. This application addresses each specific criterion. I agree to abide by the regulations and standards as defined here and will notify the National Management Committee of any failure to meet these criteria. I understand that my signature will be taken as adequate evidence that this Centre accepts full responsibility for meeting the established criteria.

Name _____

Signed _____
Tissue Typing Director

Date _____