

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

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

**International Quality Plasma Program  
National Donor Deferral Registry  
Application For Number**

Company Name _____		
IQPP Corporate Contact _____		
Plasma Center Address _____		
City _____	State _____	Postal Code _____
Country _____	E-Mail _____	
Telephone _____	Telefax _____	
Center Manager _____	Opening Date _____	

**Read and sign:**

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

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Type or Print Name/Title

Return completed form, fee and necessary attachments to:

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