

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

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

**Facility is scheduled for:**

- Renovations, 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.*

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

**OR**

- 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 sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

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

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

Application must be submitted with the appropriate fee:

**Re-certification Fees**

<input type="checkbox"/>	PPTA Source Member	\$3,500
<input type="checkbox"/>	Non-Member	\$5,795

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

**NOTE:** All IQPP-Certified facilities must comply with the PPTA 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