

Appendix 2 Application form

CCB Accreditation Scheme

Application for peer review audit

Thank you for your interest in the CCB's Accreditation Scheme for biobanks, which is under development. While the scheme is being finalised, a peer review audit is offered to help improve the process and help biobanks prepare for accreditation. In order to ensure that we understand your biobank(s) requirements, and to register your application, you are asked to complete this application form. Please note that the form is based on the HTA's licence application form however for the purposes of the CCB's Accreditation Scheme, "tissue" is taken to mean any material of human origin, including organs, dissected tissue, cells, cell lines, cell-free fluids and cell derivatives.

Individual to be contacted about the accreditation application	Name: Address: e-mail: Telephone: Role within the applicant organisation:
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<u>Establishment Information</u>	
Name of establishment to be accredited	
Address of establishment to be accredited	
HTA licence number	
Type of licence (eg research, human application, post mortem)	
Date first awarded	
Name of DI	

Names of Persons Designate					
Name of person responsible for quality assurance (eg Quality Manager)					
What tissues are collected or stored by the establishment?	<input type="checkbox"/> Surplus diagnostic material <input type="checkbox"/> Specific body parts, tissue or cell type(s) If specific types, please provide the following information:				
	<table border="1"> <thead> <tr> <th>Tissue collected</th> <th>Number in last 12 months</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Tissue collected	Number in last 12 months		
	Tissue collected	Number in last 12 months			
Do you store tissue obtained from the living and/or the deceased?	<input type="checkbox"/> Living <input type="checkbox"/> Deceased				
How are the tissues stored?	<input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed and frozen <input type="checkbox"/> Fixed and stored at room temperature <input type="checkbox"/> Liquid nitrogen storage <input type="checkbox"/> Other – please describe:				
What types of procedures take place at the establishment? Please include approximately how many procedures take place each year.	<input type="checkbox"/> Donor selection – number: <input type="checkbox"/> Consent – number: <input type="checkbox"/> Procurement – number: <input type="checkbox"/> Storage – number: <input type="checkbox"/> Distribution – number: <input type="checkbox"/> Import – number: <input type="checkbox"/> Export – number:				
How many staff members are					

involved in carrying out the biobanking activities at the main site?	
What organisations or individuals, if any, do you hold samples on behalf of?	
<p>To assist the accreditation process, please provide a synopsis describing:</p> <ul style="list-style-type: none">• The activities taking place• How long the activities have been taking place• How the facility is used• How the facility relates or interacts with other establishments	

Establishment Accreditations

Does the establishment have any form of professional accreditation? (Such as CPA, MHRA, JACIE, ISO or other)

Yes No

If yes, please complete the questions below for each accreditation. Please continue on separate sheets if necessary.

Accrediting body:

Date accredited: DD/MM/YYYY

Date enrolled: DD/MM/YYYY

Awaiting assessment? Yes No

Conditional approval date: DD/MM/YYYY

Any further information, such as explanation of the activities covered by the accreditations:

Accrediting body:

Date accredited: DD/MM/YYYY

Date enrolled: DD/MM/YYYY

Awaiting assessment? Yes No

Conditional approval date: DD/MM/YYYY

Any further information, such as explanation of the activities covered by the accreditations:

Accrediting body:

Date accredited: DD/MM/YYYY

Date enrolled: DD/MM/YYYY

Awaiting assessment? Yes No

Conditional approval date: DD/MM/YYYY

Any further information, such as explanation of the activities covered by the accreditations:

Accrediting body:

Date accredited: DD/MM/YYYY

Date enrolled: DD/MM/YYYY

Awaiting assessment? Yes No

Conditional approval date: DD/MM/YYYY

Any further information, such as explanation of the activities covered by the accreditations:

[Satellite Sites](#)

Does the establishment have any satellite sites? Yes No

If yes, please complete the below information for each satellite site. If you have more than two satellite sites you can copy and paste this part of the form onto a separate sheet.

Satellite 1

Name:

Address:

Postcode:

Activities undertaken at satellite:

Person(s) Designated at the site	Job title	Email address	Telephone number
Primary:			
Additional:			
Additional:			

Name of person responsible for quality assurance (eg Quality Manager)	
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When did the site become operational? (approximate date)	
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Please explain how the satellite site links to the governance of the hub	
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To assist the accreditation process, please provide a short synopsis describing how the facility is used	
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Does the satellite store tissue on behalf of any organisation other than the hub?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.
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Does the satellite have any form of accreditation, such as CPA, MHRA, JACIE, ISO etc?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information for each accreditation: Accrediting body:
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	Date accreditation obtained: Current status:
Please provide any relevant further information	

Satellite 2			
Name:			
Address:			
Postcode:			
Activities undertaken at satellite:			
Person(s) Designated at the site	Job title	Email address	Telephone number
Primary:			
Additional:			
Additional:			
Name of person responsible for quality assurance (eg Quality Manager)			
When did the site become operational? (approximate date)			
Please explain how the satellite site links to the governance of the hub			
To assist the accreditation process , please provide a short synopsis describing how the facility is used			
Does the satellite store tissue on behalf of any organisation other than the hub?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.		
Does the satellite have any form of accreditation, such as CPA, MHRA, JACIE, ISO etc?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information for each accreditation:		

	Accrediting body: Date accreditation obtained: Current status:
Please provide any relevant further information	

Name of person who completed this form:	Date:
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Declaration:

I confirm that the data provided above is accurate and true. I seek peer review audit of the biobanks(s) shown above.

Name: _____ Role within the biobanks(s): _____

Signed: _____ Date: _____