



ICCBBA



FACILITY REGISTRATION FORM

- REGISTRATION PROCESSING WILL TAKE APPROXIMATELY 2 – 4 WEEKS
- PLEASE COMPLETE EACH SECTION IN PRINT OR TYPE
- PLEASE FOLLOW INSTRUCTIONS REGARDING SUBMITTING COMPLETED FORM IN THE PAYMENT OPTIONS SECTION

Please check one of the following:

- New Facility
- Re-registration of FIN _____
- Requesting additional FIN(s) to an **existing registration**. Link to FIN _____

If you need assistance with completing this form, please email our staff registration@isbt128.org or call +1 909 793 6516.

PART A:

1. Facility's Full Legal Name

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2. Primary Contact Person to Whom Mailings Should be Sent

Last Name:	First Name:
Job Title:	E-mail:

3. Secondary Contact Person

Last Name:	First Name:
Job Title:	E-mail:

4. Legal Business Address of Firm

Address:	
City:	State/Province:
Country:	Postal Code:

5. Telephone, Fax, and Website

Country Code:	Tel:	Fax:
Website Address:		

6. Billing Address

Department:	
Address:	
City:	State/Province:
Country:	Postal Code:
Email:	

ICCBBA is now paperless. Invoices will be emailed to your billing email. The email address you provide does not need to be an *accounts payable* address.

7. Specify Registration type (**CHECK ALL THAT APPLY**) if multiple only one registration fee will apply.

Registration Fee: Initial one-time fee of \$218 includes the first Facility Identification Number.

*This applies to all types of facilities, EXCEPT Plasma Fractionators or Further Processing Facilities.

Additional FIN(s) Fee: \$205.00 for each subsequent Facility Identification Number Requested (see section 8).

Additional MPH0 Area: In addition to per donation fees, each additional MPH0 area, apart from the principal area, a \$10.00 fee will be applied.

Chain of Identity Identifiers

Check this box if you intend to be identified as an ISBT 128 issuing organization for Chain of Identity Identifiers.

Annual License Fee: \$483.30

Blood Collection Facility

Blood Collection Organization

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection/pooling/apheresis event. This excludes cell therapy products. Does not include changes to expiration date.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility assigns <= 1,000 DINs per year.	Annual License Fee is US\$315.30
Your facility assigns <= 20,000 DINs per year.	Annual License Fee is US\$483.30
Your facility assigns > 20,000 DINs per year.	Annual License Fee will be US\$483.30 plus \$0.0207 for each unit over 20,000

Transfusion Lab

Transfusion Laboratory

Annual License Fee: \$258.91

Serum Eye Drops Facility

Serum Eye Drops Organization

Please check here if you are a Manufacturer **only**

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection or pooling event.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility assigns <= 500 DINs per year.	Annual License Fee is US\$315.30
Your facility assigns <= 5,000 DINs per year.	Annual License Fee is US\$483.30
Your facility assigns > 5,000 DINs per year.	Annual License Fee will be US\$483.30, plus \$0.0207 for each unit over 5,000
Manufacturer – Your facility does NOT collect, or pool products and you only assign ISBT 128 product codes.	Annual License Fee is US\$258.91

Cellular Therapy

****Please check the types of cellular therapy facilities that apply to you.***

- Cellular Therapy Collection Facility
- Cellular Therapy Processing Laboratory

Annual License Fee: Facilities that only perform collections will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. DINs are assigned to each collection/pooling event. Facilities that only process units will be billed based on the total number of final ISBT 128 labeled products distributed annually. For facilities that both collect and process, we will bill based on whichever annual total value is greater.

Provide activity in your facility for your last complete fiscal year. For facilities that only process units, indicate zero. If this includes more than one site, please include all sites and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility collects and/or distributes <= 1,000 DINs per year.	Annual License Fee is US\$315.30
Your facility collects and/or distributes <= 20,000 DINs per year.	Annual License Fee is US\$483.30
Your facility collects and/or distributes > 20,000 DINs per year.	Annual License Fee will be US\$483.30, plus \$0.0207 for each product over 20,000

Assisted Reproductive Technology (ART) / Medically Assisted Reproduction (MAR)

- Reproductive Tissues and/or Cell Organizations

Annual License Fee: Will be based on the number of ART products distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 5,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

Organ Transplant

- Organ Transplant Organization

Annual License Fee: Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility distributes <= 250 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes > 250 final labeled products per year.	Annual License Fee will be US\$315.30, plus US\$1.00 for each product over 250

Regenerative Medicine

Regenerative Medicine Organization

Annual License Fee: Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility distributes <= 500 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 1,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.0207 for each product over 1,000

Tissue – Non-Ocular

Tissues (Non-Ocular) Collection/Processing/Distribution Facility

Please check if your facility only stores tissue.

Annual License Fee: Will be billed based on the number of tissue products distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 5,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

Note: For tissues collected with intent of being processed into a cellular therapy product, please mark cellular therapy collection facility.

Tissue – Ocular

Tissues (Ocular) Collection/Processing/Distribution Facility

Please check if your facility only stores tissue.

Annual License Fee: Will be billed based on the number of ocular tissue products distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility distributes <= 1,000 final labeled products per year.	Annual License Fee is US\$315.30
Your facility distributes <= 5,000 final labeled products per year.	Annual License Fee is US\$483.30
Your facility distributes > 5,000 final labeled products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

Note: For tissues collected with intent of being processed into a cellular therapy product, please mark cellular therapy collection facility.

Human Milk Bank

Human Milk Bank Organization

Annual License Fee: Will be billed based on the number of liters distributed annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility distributes <= 4,000 liters per year.	Annual License Fee is US\$315.30
Your facility distributes <= 8,000 liters per year.	Annual License Fee is US\$483.30
Your facility distributes > 8,000 liters per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for liters over 8,000

HCT/P Medical Device

HCT/P Medical Device Manufacturer

***HCT/P is defined as Human Cells, tissues, and cellular and tissue-based products**

Annual License Fee: Will be billed based on the number of final labeled products produced annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility labels <= 1,000 HCT/P Medical Devices per year.	Annual License Fee is US\$315.30
Your facility labels <= 5,000 HCT/P Medical Devices per year.	Annual License Fee is US\$483.30
Your facility labels > 5,000 HCT/P Medical Devices per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 5,000

Proficiency Testing

Proficiency Testing Organizations

Annual License Fee: \$274.00

Fecal Microbiota

Fecal Microbiota Organization

Annual License Fee: Will be billed based on the number of final labeled products (treatments) produced annually that are labeled with ISBT 128.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Your facility produces <= 500 products per year.	Annual License Fee is US\$315.30
Your facility produces <= 2,000 products per year.	Annual License Fee is US\$483.30
Your facility produces > 2,000 products per year.	Annual License Fee will be US\$483.30, plus \$0.1553 for each product over 2,000

Registration Fee: Please see below for fees.

Additional FIN(s) Fee: \$205.00 for each subsequent Facility Identification Number Requested (see section 8).

Plasma Fractionator or Further Processing Facilities

**Please check the type that applies to you.*

Plasma Fractionators who read and interpret ISBT 128 bar codes

Plasma fractionators who read and interpret ISBT 128 donation identification numbers and/or product codes, whether originating from their own collection or from a third-party supplier, are required to register with ICCBBA and pay an annual license fee.

Registration Fee: None

Annual License Fee: \$8,667.42

Plasma Fractionators who label plasma donations with ISBT 128 bar codes

Plasma fractionators who want to use ISBT 128 donation numbers on the plasma that they collect will need to register as collection facilities and be assigned a facility identification number.

Registration Fee: Initial one-time fee of **\$218** includes the first Facility Identification Number.

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. For facilities that label final products, indicate the number of final products labeled annually with ISBT 128. The fee is US\$0.0207 per unit, with a minimum license fee of \$483.30.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

Plasma Fractionators who label derivatives with ISBT 128 or Further Processing Facilities

Plasma fractionators or Further Processing Facilities who supply final product labeled with ISBT 128 are required to register with ICCBBA and pay an annual license fee.

Registration Fee: None

Annual License Fee: Will be billed based on the total number of Donation Identification Numbers (DINs) assigned annually. For facilities that label final products, indicate the number of final products labeled annually with ISBT 128. The fee is US\$483.30, plus \$0.0207 for each unit over 20,000.

Provide activity in your facility for your last complete fiscal year. If this includes more than one site, please include all sites, and provide one aggregate number _____. The annual bill is calculated as follows:

For plasma derivatives other than solvent detergent plasma, the fee has not yet been determined (contact the ICCBBA office for more information).

8. **Number of Facility Identification Numbers requested:** _____
(Complete one Part B for each FIN requested)

9. **Reason(s) for registering. Please check all that apply.**

- Accreditation Regulatory Requirement Software Provider
 Labeling or Relabeling ISBT 128 Access to the Product Description Code Database
 MPH0 Supplier MPH0 End User Other: _____

10. **Signature of authorized person:**

I request registration of the above-named firm by ICCBBA. I agree to the [terms and conditions](#) of the License Agreement and understand that an annual license fee (payable when invoiced) will be required to maintain this registration. I represent and warrant that I have full authority to bind my organization to the [terms and conditions](#) of the License Agreement.

Signature: _____

Date: _____

Printed Name: _____

Position: _____

World Bank Classification

If your facility is in a country classified as Lower-Middle Gross National Income per capita reduce the fee payable by 33% and waived registration fee.

If your facility is in a country classified as Low Gross National Income per capita check here reduce the fee payable by 66% and waived registration fee.

Information on country classification is available from the World Bank at: <https://data.worldbank.org/>

11. **Payment Options:**

US\$ _____ total fees accompanying form (Registration + Annual License Fee + **Additional MPH0 Area Fees + **Additional FIN Fees)If applicable**

NO PURCHASE ORDERS

Check

Make payable to ICCBBA (in US\$ ONLY drawn on a US bank)
Send completed registration form and check to **P.O. Box 11309, San Bernardino, CA 92423-1309**

Credit Card (VISA or MasterCard only)

Send completed registration form to **P.O. Box 11309, San Bernardino, CA 92423-1309** or fax it to **+1 909-793-6214**.

For credit card payments, we will email you your invoice. Once you receive the invoice, please visit our online payment portal at: <https://www.isbt128.org/payment>. No telephone orders accepted.

Bank Draft/Wire

Transfer appropriate amount to: Bank of America, NA
222 Broadway, New York, New York, 10038
Bank Number 053000196 BIC/SWIFT: BOFAUS3N

Payable to: ICCBBA, Account Number 000683127591

***Record wire/draft transaction number here before submitting form:** _____

Send completed registration form to **P.O. Box 11309, San Bernardino, CA 92423-1309**

PART B:

Information from this form will be used to assign Facility Identification Numbers (FIN) and create entries in the official ICCBBA Facility Identification Number database that is maintained on the ICCBBA Website.

It is left to the discretion of the organization registering how many FINs are requested, and how they are assigned within the organization. One copy of this section must be submitted for **each** FIN requested.

Complete the following section identifying the CONTACT LOCATION for the facility. This contact location will be associated with the Facility Identification Number in the ICCBBA database and should provide the information necessary to contact the facility if any questions arise about a product bearing the particular Facility Identification Number.

Full Legal Name of Facility Registering

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Country

Postal Code

Website Address

Telephone and Fax:

Country Code

Telephone

Fax

Reminder: If more than one FIN is requested, duplicate this page and provide the information above for each FIN requested.

Note: Information provided to ICCBBA will be used for billing and registration purposes, and to assist ICCBBA in its operations – this may include periodic surveys or any other type of announcement. If you wish to opt-out of surveys or announcements, please contact us. To view our full privacy policy, visit the following URL: <https://www.isbt128.org/privacy-policy>