**Section A. General Information & Overview**

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| **Programme/Institution name:** |  |
| **City:** |  |
| **Country:** |  |
| **Certificate number (ID Access):**  |  |
| **Date of Communication of the Change:**  |  |
| **Date Accreditation Finishes:**  |  |
| **Source of information:** | [email/telephone/Interim Audit] |
| **Edition of standards used for accreditation:**  |  6/ 6.1 / 7 |

**Accreditation area affected by the change** *(delete as appropriate)***:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Patient** | **HSCT** | **Immune Effector Cells** |
|  | **Allogeneic** | **Autologous**  | **Allogeneic** | **Autologous**  |
| **Clinical** | **Adult** | **X** | **X** | **X** | **X** |
| **Paediatric** | **X** | **X** | **X** | **X** |
| **HPC, Marrow Collection** | **Adult** | **X** | **X** |  |  |
| **Paediatric** | **X** | **X** |  |  |
| **HPC, Apheresis Collection** | **Adult** | **X** | **X** |  |  |
| **Paediatric** | **X** | **X** |  |  |
| **Processing** |  | **X** | **X** |  |  |

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| **Information regarding the changes affecting the accreditation of the centre** |
| [Give summary of all changes and all clarifications brought by the applicant.] |

**Section B. JACIE Office Corrective Actions (TO BE COMPLETED BY THE JACIE OFFICE)**

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| **Action taken by the JACIE Office** |
| **Date Communicated to the centre** |  |
| [Give summary of all actions required to the centre to assess the change reported among the JACIE Standards:(Requested documentation, inform the National Representative, inform the Accreditation Committee….)] |

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| **Inspectors assigned for the assessment (if applicable)**: |
| Team Leader: |  |
| Clinical Facility(s): |  |
| HPC, Marrow Collection Facility |  |
| HPC, ApheresisCollection Facility: |  |
| Processing Facility: |  |
| Quality Management: |  |
| Observer(s) and their organisation | - |

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| **Inspectors’ Assessment of documentation** |
| **Date documentation is received:** |  |
| **Date Inspectors’ assessment is received:** |  |
| [Give summary of the inspector’s assessment] |

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| **Accreditation Committee Final Decision** |
| **Date change is communicated to the JAC:** |  |
| **Date decision is communicated to the centre:** |  |
| [Give summary of the JACIE Accreditations Committee final decision: On-site visit, Suspension Withdrawal….] |