**Section A. General Information & Overview (TO BE COMPLETED BY THE APPLICANT)**

|  |  |
| --- | --- |
| **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:**  |   |

**Select accredited area affected by the change:**

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

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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….)] |

|  |  |
| --- | --- |
| **Assessor assigned for the assessment:****(if applicable)**: |  |

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

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| --- |
| **Accreditation Committee Final Decision (IF APPLICABLE)**  |
| **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….] |