ESTABLISHMENT AND REVISION HISTORY

VERSION NUMBER	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PROCESS OWNER(S)		APPROVED BY
			PREPARED BY	REVIEWED BY	
1.0	24 Oct 2024	Establishment of new document	Search and Transplant Services Manager Chandini Devi Selvarajah 24 Oct 2024	Quality and Governance Manager Tung Yu Ting 24 Oct 2024	Chief Executive Officer Charles Loh 24 Oct 2024

1 Overview

Transplant centers should use this document as a guideline for participating as a transplant center with BMDP.

2 Criteria for Participating Transplant Centres

2.1 Facility Characteristics

2.1.1 Centre shall be appropriately registered, licensed, or accredited by its national government (if applicable) and/or other agency relevant to HSCT.

2.1.2 Centre shall have an experienced team that has performed allogeneic transplants for at least 5 different patients every year.

i. Centres performing paediatric transplants shall have a transplant team trained in the management of paediatric patients.

2.1.3 Centre shall have processes in place defined in an SOP to minimize the risk of infection in transplant patients.

2.2 Personnel / Transplant Team

2.2.1 Centre medical director should be certified in one or more of the following specialties: Haematology, Immunology, Medical Oncology or Paediatric Haematology/Oncology.

2.2.2 Centre medical director shall have had at least **two years** of allogeneic HSCT including **at least one year** of unrelated donor experience and one additional physician must have **at least one year** of allogeneic HSCT experience.

2.2.3 Centre medical director shall be responsible for search management activities and protecting the safety of the transplant patients.

2.2.4 Centre shall have nurses qualified by training and experience in the care of transplant recipients, sufficient in number to meet patient needs.

2.2.5 Centre shall have a coordinator proficient in English and available to provide daily and emergency communication with the registry.

2.2.6 Centre shall provide daily and emergency coverage by designated transplant coordinator(s), sufficient in number to meet the needs of the centre's activities.

2.2.7 Centre shall have readily-available internet access for exchange of vital information including search results, transplant logistics, and other essential points of communication.

2.2.8 Centre shall provide physician coverage 24 hours per day, seven days per week.

2.3 Support Services

2.3.1 Centre shall have access to a person qualified by training and experience in human histocompatibility testing to assist in the selection of unrelated hematopoietic cells or donors.

2.3.2 Centre shall use an HLA typing laboratory that is accredited by an established accrediting agency such as the American Society for Histocompatibility and Immunogenetics (ASHI) and/or the European Federation for Immunogenetics (EFI). The laboratory designated by the Transplant Centre is responsible for the final HLA typing of the patient. The laboratory may or may not be affiliated with the centre.

2.3.3 Centre shall use a transfusion service providing 24-hour blood component support for transplant patients, including irradiated blood components and components suitable for CMV-negative recipients.

2.3.4 Centre shall use an experienced hematopoietic cell processing laboratory that has capability to perform product and sample testing functions.

2.3.5 Centre shall identify a specific outcome registry to which they report patient outcomes such as Asia Pacific Blood and Marrow Transplantation Group (APBMT), Center for International Blood and Marrow Transplant Research (CIBMTR), European Group for Blood and Marrow Transplantation (EBMT).

2.4 Policies and Administration

2.4.1 Centre shall maintain written policies, procedures and clinical practice guidelines for management of allogeneic transplantation.

2.4.2 Centre shall adhere to applicable WMDA Standards. The WMDA Standards can be found at: https://www.wmda.info/professionals/quality-and-accreditation/wmda-standards/.

2.4.3 Centre must have defined criteria that outline diagnostic categories for which unrelated HSCT is an acceptable treatment option.

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2.4.5 Centre shall have a policy for reporting serious adverse events.

2.4.6 Centre shall have a policy for protecting donor and patient confidentiality.

2.4.7 Centre must have an informed consent procedure for patients undergoing an international unrelated donor and cord blood unit search.

2.4.8 Centre shall have proof of insurance for professional and general liability.