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| Third Party Information  To be completed by the Designated Individual for each new third party agreement entered into for the purposes of carrying out licensable activities | |
| Name of third party |  |
| Address of third party premises where activity/ies take place |  |
| Name of third party contact |  |
| Job title |  |
| Employing body or organisation |  |
| Email |  |
| Telephone |  |
| Is there an agreement in place with the third party? | Yes  No |
| What was the start date of the agreement? |  |
| Does the agreement have an end date? |  |
| How often is the agreement reviewed? |  |
| Activity/ies relating to tissues and/or cells for human application which are taking place under the third party agreement | Procurement  Testing  Processing  Distribution  Export |

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| Does the third party who is carrying out the activity/ies on behalf of the establishment have the following accreditations? | Procurement JACIE accreditation Yes  No  If yes, please state:  Date of accreditation: DD/MM/YYYY  Date of last reaccreditation: DD/MM/YYYY Donor testing CPA accreditation Yes  No  If yes, please state:  Date of accreditation: DD/MM/YYYY  Date of last reaccreditation: DD/MM/YYYY Processing JACIE accreditation Yes  No  If yes, please state:  Date of accreditation: DD/MM/YYYY  Date of last reaccreditation: DD/MM/YYYY  CPA accreditation Yes  No  If yes, please state:  Date of accreditation: DD/MM/YYYY  Date of last reaccreditation: DD/MM/YYYY  CPA conditional accreditation Yes  No  If yes, please state:  Date of conditional accreditation: DD/MM/YYYY  Date of last reaccreditation: DD/MM/YYYY Other Other accreditation(s) Yes  No  If yes, please state the type(s) of accreditation, the date(s) of accreditation (and reaccreditation where appropriate) and detail how the accreditation relates to the licensable activity/ies. |

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| Please provide a short synopsis describing the activities carried out at the third party premises on behalf of the establishment |  | |
| How have you assured yourself that the third party premises are fit for purpose? |  | |
| Does the third party agreement specify the minimum requirements for the validation and maintenance of equipment? | Yes  No | |
| Does the third party agreement ensure that the third party has procedures for all aspects of the activity they are carrying out? | Yes  No | |
| If the third party has access to patient records, is there a system to ensure confidentiality? | Yes  No | |
| What system is there to ensure that the third party reports serious adverse events or reactions to the establishment and the HTA? |  | |
| What systems are there to ensure that the third party could recall any tissues and/or cells if required? |  | |
| If the third party is transporting material on behalf of the establishment, how does it ensure that the tissues and/or cells are maintained under the correct conditions? |  | |
| What arrangements are there for the third party to provide information on the number and types of tissues and/or cells it is procuring, testing, processing, distributing or exporting on behalf of the establishment? |  | |
| Name of person who completed this form: | | Date: DD/MM/YYYY |