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| Third Party InformationTo 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? | ProcurementJACIE accreditation Yes [ ]  No [ ] If yes, please state: Date of accreditation: DD/MM/YYYYDate of last reaccreditation: DD/MM/YYYYDonor testingCPA accreditation Yes [ ]  No [ ] If yes, please state:Date of accreditation: DD/MM/YYYYDate of last reaccreditation: DD/MM/YYYYProcessingJACIE accreditation Yes [ ]  No [ ] If yes, please state:Date of accreditation: DD/MM/YYYYDate of last reaccreditation: DD/MM/YYYYCPA accreditation Yes [ ]  No [ ] If yes, please state:Date of accreditation: DD/MM/YYYYDate of last reaccreditation: DD/MM/YYYYCPA conditional accreditation Yes [ ]  No [ ] If yes, please state:Date of conditional accreditation: DD/MM/YYYYDate of last reaccreditation: DD/MM/YYYYOtherOther 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 |