



**TISSUE ESTABLISHMENT ANNUAL REPORT**

Calendar year:

**DETAILS OF TISSUE ESTABLISHMENT**

Name of tissue establishment:	
Full address of tissue establishment:	

**Activities undertaken**

	<b>Yes</b>	<b>No</b>
Donation (Note: this includes autologous donation)	<input type="checkbox"/>	<input type="checkbox"/>
Procurement	<input type="checkbox"/>	<input type="checkbox"/>
Testing	<input type="checkbox"/>	<input type="checkbox"/>
Processing	<input type="checkbox"/>	<input type="checkbox"/>
Preservation	<input type="checkbox"/>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<input type="checkbox"/>
Distribution/transport	<input type="checkbox"/>	<input type="checkbox"/>
Import	<input type="checkbox"/>	<input type="checkbox"/>
Export	<input type="checkbox"/>	<input type="checkbox"/>

**Types of tissues and/or cells**

<b>Types of tissues and cells handled</b>	
Bone marrow	<input type="checkbox"/>
Peripheral blood stem cells	<input type="checkbox"/>
Umbilical cord blood	<input type="checkbox"/>
Donor lymphocyte infusions	<input type="checkbox"/>
Other stem cells please specify	<input type="checkbox"/>



Bone	<input type="checkbox"/>
Tendons Demineralised bone	<input type="checkbox"/>
Ligaments	<input type="checkbox"/>
Other musculoskeletal e.g. Meniscus <please specify>	<input type="checkbox"/>
Cornea	<input type="checkbox"/>
Sclera	<input type="checkbox"/>
Other ocular e.g. limbal stem cells <please specify>	<input type="checkbox"/>
Amniotic membrane	<input type="checkbox"/>
Skin	<input type="checkbox"/>
Heart valves	<input type="checkbox"/>
Other cardiovascular e.g. pericardium or conduit or patch	<input type="checkbox"/>
Vessels	<input type="checkbox"/>
Hepatocytes	<input type="checkbox"/>
Pancreatic islets	<input type="checkbox"/>
Others e.g. adipose tissue please specify	<input type="checkbox"/>

### Quantities of tissues and/or cells

For each type of tissue and/or cell relevant to your tissue establishment please provide the following data

#### Type of tissue or cell

1. How many units procured? \_\_\_\_\_
2. How many donors (including autologous donors) were tested? \_\_\_\_\_
3. How many units processed? \_\_\_\_\_
4. How many units preserved? \_\_\_\_\_
5. How many units stored? \_\_\_\_\_
6. How many units released for treatment? \_\_\_\_\_
7. What is the total number of recipients for this type of tissue/cell? \_\_\_\_\_
8. How many units accepted into the tissue establishment? \_\_\_\_\_  
(from other tissue establishments within the EEA)
9. How many units distributed from the tissue establishment? \_\_\_\_\_  
(to other tissue establishments within the EEA)
10. How many units imported? \_\_\_\_\_  
(from outside the EEA)
11. How many units exported? \_\_\_\_\_  
(outside the EEA)
12. How many units otherwise disposed of? \_\_\_\_\_



**DECLARATION**

To the best of my knowledge and belief, the information provided in this annual report is correct and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

To be signed by the tissue establishment's Responsible Person