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| **Hospital Blood Bank Declaration Page**  **Hospital Blood Bank Compliance Report**  **for Reporting Period 1st April 2024 to 31st March 2025** | |
| Hospital Name |  |
| Address | Post code: |
| Trust or Private Healthcare Provider Name | *This should be the body that manages the hospital that the blood bank is located in.* |
| Third Party Service Provider name  (where applicable) | *Refer to any party responsible for the provision of the blood bank services such as a private company or pathology partnership.* |

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| **Declaration** | |
| To the best of my knowledge and belief the particulars given in this form are correct and complete.  *(The provision of this information is a requirement under regulation 10 of the Blood Safety and Quality Regulations 2005. Please be aware that if the Competent Authority is of the opinion that the information provided was false or incomplete in any material respect it may serve a notice under regulation 11 on the "person responsible for management of a hospital blood bank" requiring the hospital to cease to conduct any of the activities specified in the notice, or refrain from administering to patients any blood or blood components specified in the notice. Contravention of the requirements of a notice served under regulation 11 would be a criminal offence under regulation 18(5) of the Regulations).*  I confirm that any changes to the content of this report will be notified to MHRA, in accordance with Regulation 10(2) of the Blood Safety and Quality Regulations (SI 2005 No. 50) *Electronic notifications may be sent to:* [gmpinspectorate@mhra.gov.uk](mailto:gmpinspectorate@mhra.gov.uk) | |
| **I am the person responsible for the management of a blood bank\*** | |
| Signature | *Ensure wet signature not typed or cut and paste* |
| Date |  |
| Name | BLOCK CAPITALS |
| Position | *Note* ***must*** *be Chief Executive in the case of a site managed by a Health Service Body or Registered Person in the case of an independent hospital\** |
| Employer |  |

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| **Compliance Report completed by:** | |
| Name | BLOCK CAPITALS |
| Position |  |
| Email |  |
| Employer |  |

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| **Third Party service provider declaration:** | |
| Section only to be completed where there is another party responsible for the provision of the blood bank services such as a private company or pathology partnership | |
| Signature | *Ensure wet signature not typed or cut and paste* |
| Date |  |
| Name | BLOCK CAPITALS |
| Position | *Note* ***must*** *be Chief Executive of outsourced supplier\** |
| Employer |  |

*\* As noted signatories should include the person completing the form and the "person responsible for management of a hospital blood bank" (Section 10.1), as defined by Regulation 1 of the Blood Safety and Quality Regulations, SI 2005 No. 50, which in the case of hospital blood bank located in a hospital managed by a health service body is the Chief Executive of that body, or in the case of an independent hospital the Registered Person. Where the provision of services is outsourced to a third party (e.g. private company or other legal entity such as a pathology partnership), the Chief Executive of the outsourced service provider should also declare that to the best of their knowledge and belief the particulars given in this form are correct and complete.*

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| **When complete please return the compliance report and the signed declaration pages together electronically to:** |
| [bcr@mhra.gov.uk](mailto:bcr@mhra.gov.uk) email subject heading ‘Full hospital name – BCR2025’. |