



FRM/QMD/021  
EFFECTIVE DATE: 02/06/2022

**NATIONAL BLOOD SERVICE COMMISSION (NBSC)**

**BLOOD ESTABLISHMENT (BE) APPLICATION/REGISTRATION FORM**

Name of Blood Establishment  Date

Ownership: i. Government      ii. Private       iii. Hospital based      iv. Stand alone

CAC No.

Physical Address of BE

Telephone No of BE

E-Mail Address of BE

Website of BE

Name of CEO of BE

Telephone No of CEO

Qualification of CEO

Contact Person of The BE

Qualification of Contact Person

Name of Head of Laboratory of BE

Qualification of Head of Laboratory of BE

Total Staff Strength of BE

**Attach the following documents to the dully filled and completed application form:**

- **Site master file.**
- **Print out receipt for the payment of ten thousand naira (N10,000) only for application form through remitter to NBSC.**
- **Evidence of registration with Corporate Affairs Commission (CAC).**
- **Evidence of registration with the Medical and Dental Council of Nigeria, or ▪ Evidence of registration with the Medical Laboratory Science Council of the Nigeria.**
- **Evidence of approval from NAFDAC on PDMPS manufacturing.**
- **Evidence of registration with the relevant state ministry of health.**
- **Quality management policy of your centre.**
- **Curriculum vitae of the Managing Director of the BE.**

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E-Signature of Applicant