



QSEAL CERTIFICATION AUDIT APPLICATION

For the Facility Being Audited:

Fractionation Facility Name _____

Gov't License # _____

Audit Coordinator _____

Address _____

City _____ State _____

Country _____ Postal Code _____

Telephone _____ Telefax _____

The PPTA Office must be advised of any plans that may affect audit scheduling, such as major renovation/construction, other planned audits, or any other event or fact that may affect scheduling.

Corporate Ownership Information:

Corporate Name _____

Contact Name _____

Address _____

City _____

Province/State _____

Postal Code _____

Country _____

Telephone _____

Telefax _____

E-mail _____



Plasma Protein Therapeutics Association



- 1) The facility will be available for audit on or after: _____ / _____ / _____
- 2) Application must be submitted with the appropriate fee:

Certification Fees - Each Facility - year 2008:

- | | | |
|-------------------------------------|-------------|--------------|
| <input checked="" type="checkbox"/> | PPTA Member | \$14,000 USD |
| <input type="checkbox"/> | Non-Member | \$20,000 USD |

Read and sign:

I certify that to the best of my knowledge the information contained in this application is complete and accurate.

By my signature below, I certify that this facility has implemented procedures to ensure adherence to the PPTA Voluntary Standards as approved by the PPTA Board of Directors. There are not, at the time of this application, any governmental regulatory restrictions or sanctions to prevent normal manufacturing operations of this facility.

I understand that participation in the PPTA Certification programme is completely voluntary and subject to adherence to all PPTA standards. I may withdraw from the programme at anytime by notifying the PPTA Office or have my PPTA Certification revoked at anytime if the facility is found not to adhere to the PPTA Standards.

Signature

Date

Type or Print Name/Title

Return completed form, fee, and necessary attachments to:

QSEAL CERTIFICATION
PPTA
147 Old Solomons Island Road Suite 100
Annapolis, MD 21401-3822
Telephone: (202) 789 3100 / Telefax: (410) 263 2298