

Deutsche Akkreditierungsstelle GmbH

Anlage zur Akkreditierungsurkunde D-ML-13374-01-01 nach DIN EN ISO 15189:2014

Gültig ab: 13.02.2020

Ausstellungsdatum: 13.02.2020

Urkundeninhaber:

**Medizinisches Laboratorium Dr. med. Bernhard Thiele
Im Institut für Immunologie und Genetik
Pfaffplatz 10, 67655 Kaiserslautern**

Untersuchungen im Bereich:

Medizinische Laboratoriumsdiagnostik

Untersuchungsgebiet:

Transfusionsmedizin (Immungenetik und Transplantationsimmunologie gemäß Standards der European Federation for Immunogenetics (EFI), Version 7.0)

Untersuchungsgebiet: Transfusionsmedizin

(Transfusionsmedizin (Immungenetik und Transplantationsimmunologie gemäß Standards der European Federation for Immunogenetics (EFI), Version 7.0)

ACCREDITATION CATEGORIES

| | Approved by inspectors | |
|---|---|--|
| | | |
| Renal and/or Pancreatic transplantation: | | |
| Recipient typing | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Antibody screening | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Antibody identification | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Donor typing (living only) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Cross-matching | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | | |
| Other solid organ transplantation: | | |
| Recipient typing | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Antibody screening | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Antibody identification | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Donor typing | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Cross-matching | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | | |
| Haematopoietic stem cell transplantation (HSCT): | | |
| Donor registry typing | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Related transplantation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Unrelated transplantation | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Cord Blood typing | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Cross-matching | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Chimaerism and engraftment monitoring | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | |
| Disease association studies | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Transfusion | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | |
| HNA typing | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| HPA typing | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| HNA antibodies | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Anlage zur Akkreditierungsurkunde D-ML-13374-01-01

HPA antibodies

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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ACCREDITATION TECHNIQUES TYPING

Class I typing by:

CDC

| | |
|------------------------------|--|
| Approved by inspektors | |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Flow cytometry (HLA-B27)

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|------------------------------|--|

DNA low resolution

| | |
|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|---|-----------------------------|

DNA high resolution

| | |
|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|---|-----------------------------|

PCR-SSP

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|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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PCR-SSO

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|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|------------------------------|--|

PCR-SBT

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|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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NGS

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|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|---|-----------------------------|

Class II typing by:

CDC

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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DNA low resolution

| | |
|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|---|-----------------------------|

DNA high resolution

| | |
|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|---|-----------------------------|

PCR-SSP

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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PCR-SSO

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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PCR-SBT

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|------------------------------|--|

NGS

| | |
|---|-----------------------------|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
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MICA Typing:

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|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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KIR Typing:

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|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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ACCREDITATION TECHNIQUES ANTIBODIES

| | | Approved by inspektors | |
|------------------------------------|---|--|--|
| HLA Antibody testing by: | | | |
| CDC | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Flow cytometry | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| ELISA | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Bead array | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Antibody identification by: | | | |
| CDC | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Flow cytometry | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| ELISA | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Bead array | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Antibody cross-matching by: | | | |
| CDC | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Flow cytometry | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| ELISA | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Bead array | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |