



# EBMT Audit Checklist 2008

Auditor	
Audited team (CIC, full address)	
Principal Investigator	
Date of audit	
Place of audit	
Persons present	

## I. **Verification of consecutive reporting**

### 1. **Conduct of a local UPN list**

A consecutive, updated local UPN list is present

Yes  No

Date of transplant of UPN 1: \_\_\_\_\_

If UPN list is not present, please comment:

.....  
 .....

### 2. **Consistency of reported cases**

*Checked by comparing:*

- Local UPN list 2004 and 2007  
to
- Activity Survey 2004 and 2007  
and
- MED-A reports 2004 and 2007

No. of transplants performed in	2004	2007
according to local UPN list		
according to activity survey		
according to no. of MED-A reports		

If there are any inconsistencies, please comment on them:

.....  
 .....

## II. **Verification of accurate reporting and consecutive data**

### 3. Total number of auto and allo transplants in the following years:

*\*Years specified in the table below will depend on the date of last application for accreditation and should be the previous 2 years to that date.*

	*2006	*2007
Allo transplants according to UPN list		
auto transplants according to UPN list		
Allo transplants according to accreditation form		
auto transplants according to accreditation form		

### 4. Consistency of data

*Checked by comparing:*

- MED-A items reported to
- Medical records

*(5 cases, transplants performed between 2003 and 2007, selected at random)*

Case	UPN	No. of items missing	No. of items incorrect	Comments
1				
2				
3				
4				
5				

*Recommendation to the auditor:* Please use one empty MED-A form per case and mark each checked item (e.g. OK, inconsistent, missing, or otherwise appropriate comments).

### 5. Conformity with EU directive (95/46/EC) regulating personal data

Check MED-A form and consent form signed by patient, authorising non-identifiable data to be reported to EBMT registries and to be sent outside the EU/EAA

Case	Status on MED_A form	Consent form signed
1		
2		
3		
4		
5		

**(Status: patient consent – given/not given; consent form signed; yes/no)**

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Signature (Auditor)

\_\_\_\_\_  
Signature (Team Representative)