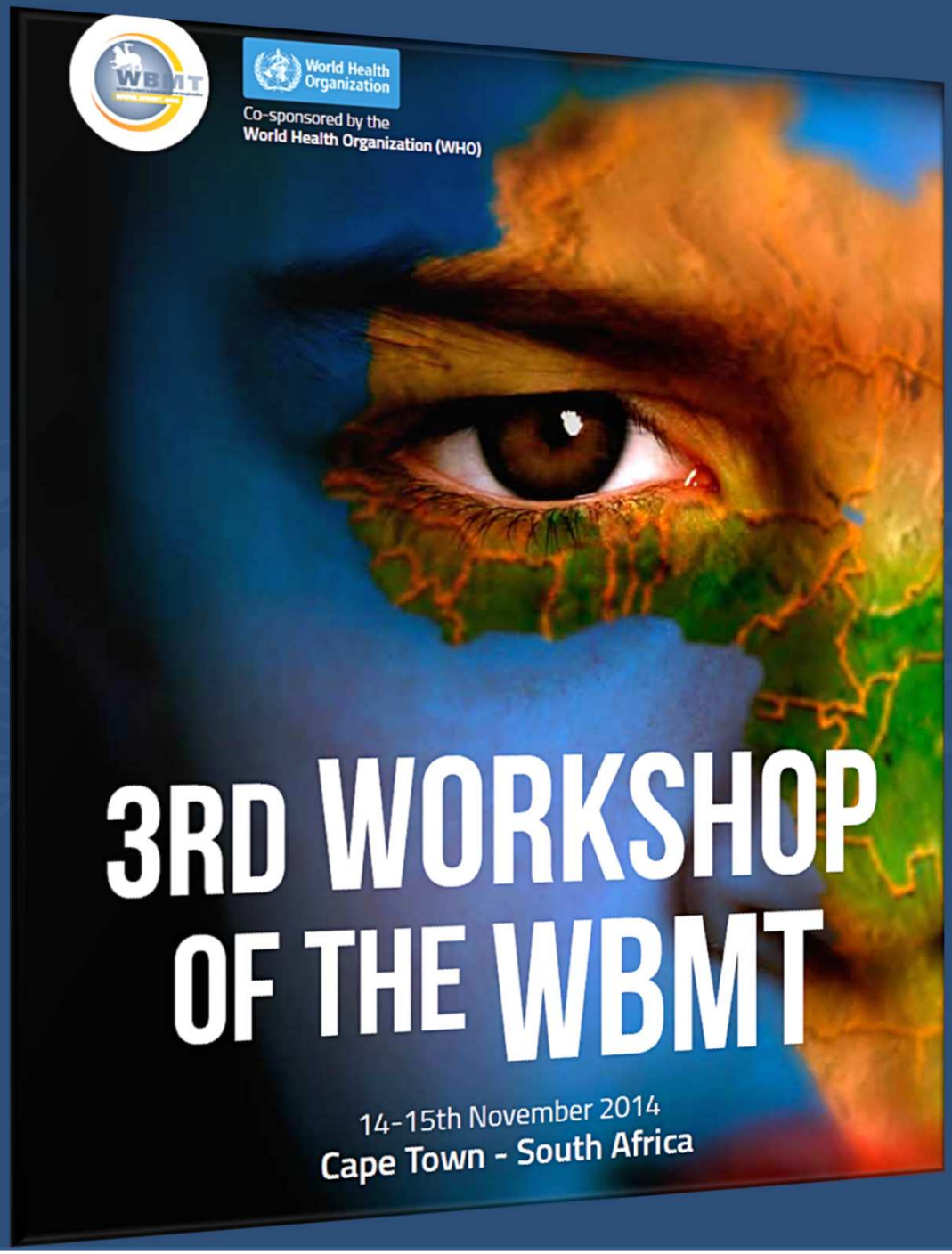

World Health
Organization


WBMT
World Health Organization
Co-sponsored by the
World Health Organization (WHO)
3RD WORKSHOP
OF THE WBMT
14-15th November 2014
Cape Town - South Africa

Workshop of the WBMT

in cooperation with the

World Health Organization (WHO)

Hanoi, Vietnam, November 10 – 11, 2011

www.wbmt.org

FINAL PROGRAM

in collaboration with the

World Health Organization

2ND WORKSHOP OF THE WBMT

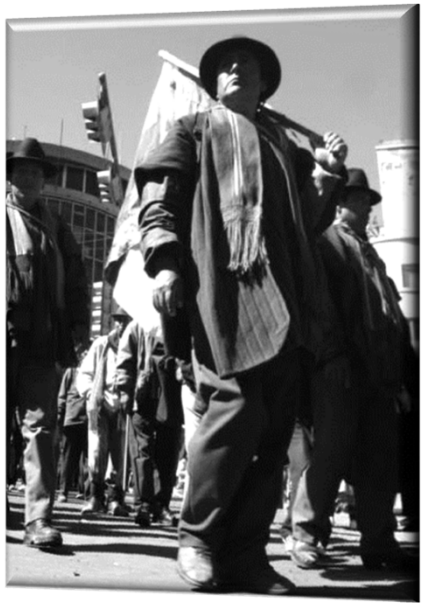
Salvador - Bahia, Brazil

WHO and HCT:
Legal and ethical aspects

Ethics

Ethics

The fundamental ethical criterion is respect for the human being, to their inalienable rights, to the person's dignity




40th World Health Assembly, 1987

1987

World Health Organization

WORLD HEALTH ASSEMBLY 40.13

- ✓ Recognizing the scientific progress achieved in human organ transplants in many Member States
- ✓ Concerned at the trade for profit in human organs among living human beings
- ✓ Affirming that such trade is inconsistent with the most basic human values and contravenes the Universal Declaration of Human Rights and the spirit of the WHO Constitution
- ✓ Commending the measures taken by some Member States to regulate human organ transplants and their decision to develop a unified legal instrument to regulate these operations

1987

World Health Organization

WORLD HEALTH ASSEMBLY 40.13

REQUESTS the Director-General:

1. To study, in collaboration with other organizations concerned, the possibility of developing appropriate guiding principles for human transplants

2. To report to the Health Assembly on the action taken in this regard.

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA57.18**

Agenda item 12.14 **22 May 2004**

Human organ and tissue transplantation

WHA57.18

1. URGES Member States:

(1) to implement effective national oversight of procurement, processing and transplantation of human cells, tissues and organs, including ensuring accountability for human material for transplantation and its traceability;

(2) to cooperate in the formulation of recommendations and guidelines to harmonize global practices in the procurement, processing and transplantation of human cells, tissues and organs, including development of minimum criteria for suitability of donors of tissues and cells;

(3) to consider setting up ethics commissions to ensure the ethics of cell, tissue and organ transplantation;

(4) to extend the use of living kidney donations when possible, in addition to donations from deceased donors;

(5) to take measures to protect the poorest and vulnerable groups from "transplant tourism" and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs;

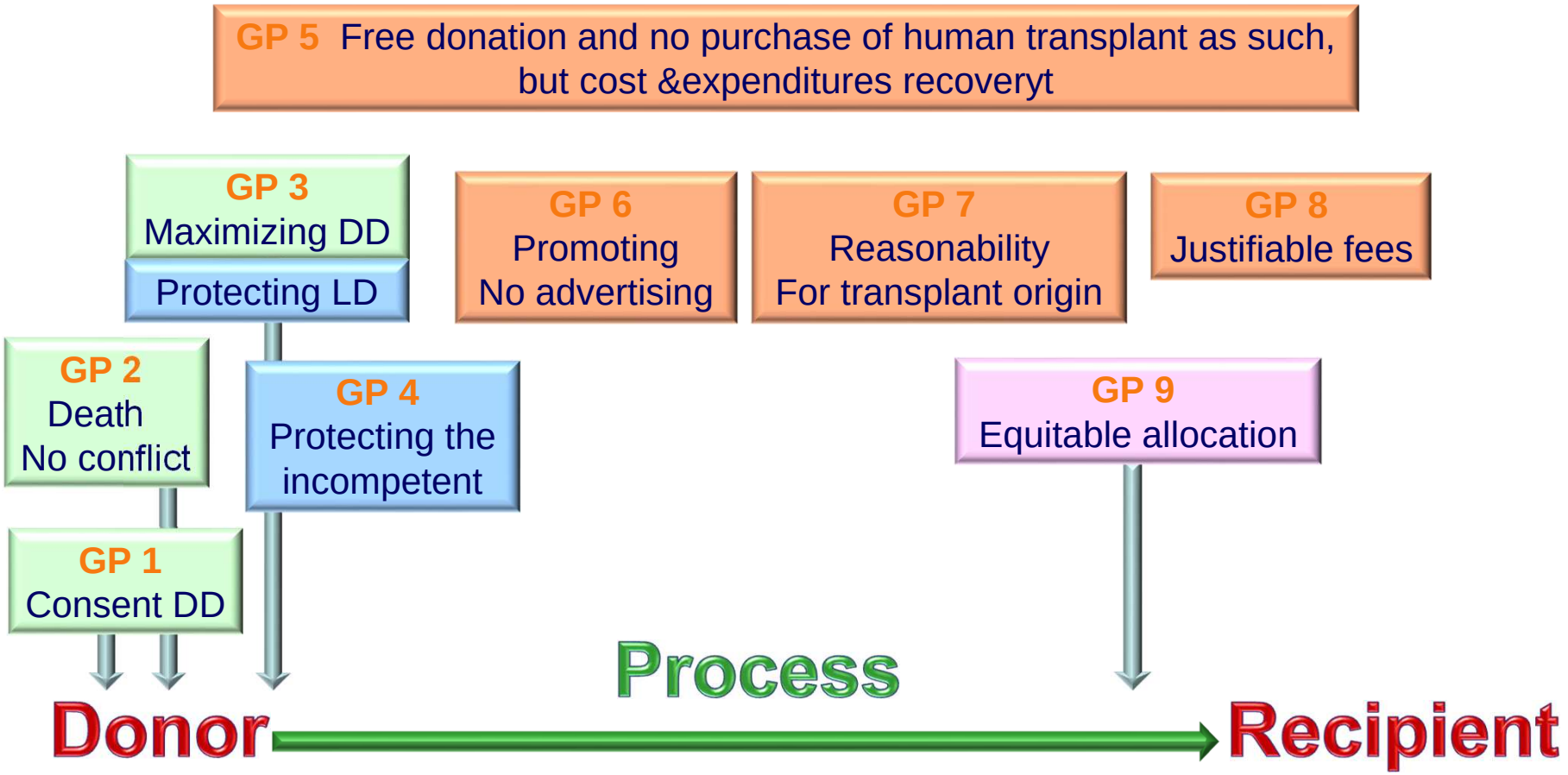

63th World Health Assembly, 2010

World Health Organization

WHO GUIDING PRINCIPLES ON HUMAN CELL, TISSUE AND ORGAN TRANSPLANTATION[1]

[1] As endorsed by the sixty-third World Health Assembly in May 2010, in Resolution WHA63.22

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation



WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Guiding Principle 1

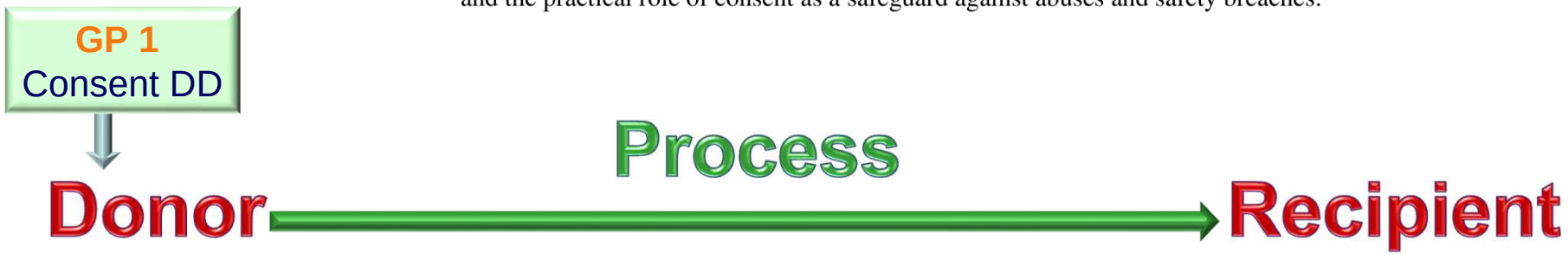
Cells, tissues and organs may be removed from the bodies of deceased persons for the purpose of transplantation if:

(a) any consent required by law is obtained, and

(b) there is no reason to believe that the deceased person objected to such removal.

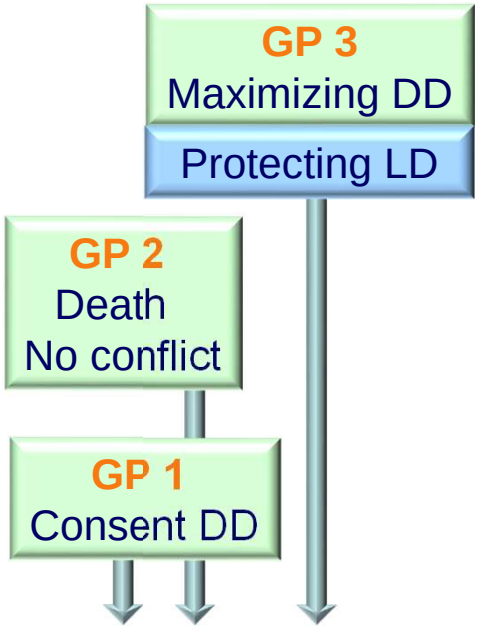
Commentary on Guiding Principle 1

Consent is the ethical cornerstone of all medical interventions. National authorities are responsible for defining the process of obtaining and recording consent for cell, tissue and organ donation in the light of international ethical standards, the manner in which organ procurement is organized in their country, and the practical role of consent as a safeguard against abuses and safety breaches.



WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation



Guiding Principle 3

Donation from deceased persons should be developed to its maximum therapeutic potential, but adult living persons may donate organs as permitted by domestic regulations. In general living donors should be genetically, legally or emotionally related to their recipients.

Live donations are acceptable when the donor's informed and voluntary consent is obtained, when professional care of donors is ensured and follow-up is well organized, and when selection criteria for donors are scrupulously applied and monitored. Live donors should be informed of the probable risks, benefits and consequences of donation in a complete and understandable fashion; they should be legally competent and capable of weighing the information; and they should be acting willingly, free of any undue influence or coercion.

Commentary on Guiding Principle 3

The Principle emphasizes the importance both of taking the legal and logistical steps needed to develop deceased donor programmes where these do not exist and of making existing programmes as effective and efficient as possible.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INTERNATIONAL FOUNDATION FOR ORGAN TRANSPLANT, INC. (InFORT, Inc.)

Transplant Tourism & Organ trafficking

Transplant Tourism & Organ trafficking

"Organ trafficking"

- ✓ financial gain on the organ,tissue or cell as such
- ✓ and/or lack of consent of the donor
- ✓ and/or transplantation outside of the established system

"Transplant tourism"

involves the donor, the recipient or both crossing national boundaries for the recipient to access a trafficked organ.

Resolution WHA 57.18 and WHA 63.22 endorsing the WHO Guiding Principles for human cell, tissue and organ transplantation

Made clear to member states that they have the responsability to protect the vulnerable and the poor from being exploted as a source of organs, cells or tissues for the rich

Transplant Tourism & Organ trafficking

Online Newspaper
June 20, 2013
San José, Costa Rica

ticotimes.ne

Home | More news | Business | Sustainable Living | Travel | Arts & Leisure | Opinion | Weekend | Region

NEWS BRIEFS

Costa Rican doctor arrested on suspicion of organ trafficking

Posted: Tuesday, June 18, 2013 - By Lindsay Fendt

Police have identified three patients who sold organs to the trafficking ring. One donor allegedly died after the operation.

Lindsay Fendt

Officials from the OIJ search Doctor Francisco José Mora outside his office at Calderón Guardia Hospital Tuesday morning. Courtesy of the OIJ

THE WALL STREET JOURNAL.

EUROPE EDITION | Friday, March 23, 2012 As of 6:34 AM EDT

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TOP STORES IN BUSINESS

1 of 12 — Brazil's Batista Says He'll Rise Again

2 of 12 — Siemens Heirs Ask for Calm

Funders o Lawsuits T Knocks

HEALTH INDUSTRY | March 23, 2012, 6:34 a.m. ET

China to Stop Harvesting Inmate Organs

Article | Comments (50)

Email | Print | Save

By LAURIE BURKITT

BEIJING—China officials plan to phase out organ harvesting of death-row inmates, a move to overhaul a transplant system that has for years relied on prisoners and organ traffickers to serve those in need of transplants.

Article rank | *16 Sep 2013* | *Kuwait Times* | *By Nawara Fattahova*

Kuwait takes all steps to prevent organ trafficking

Zoom | Bookmark | Share | Print | Listen | Translate

KTS carries out rigorous checks

KUWAIT: A recent report by a leading Kuwaiti newspaper has highlighted a dramatic increase in street posters soliciting illegal donations of blood and organs. The posters are found

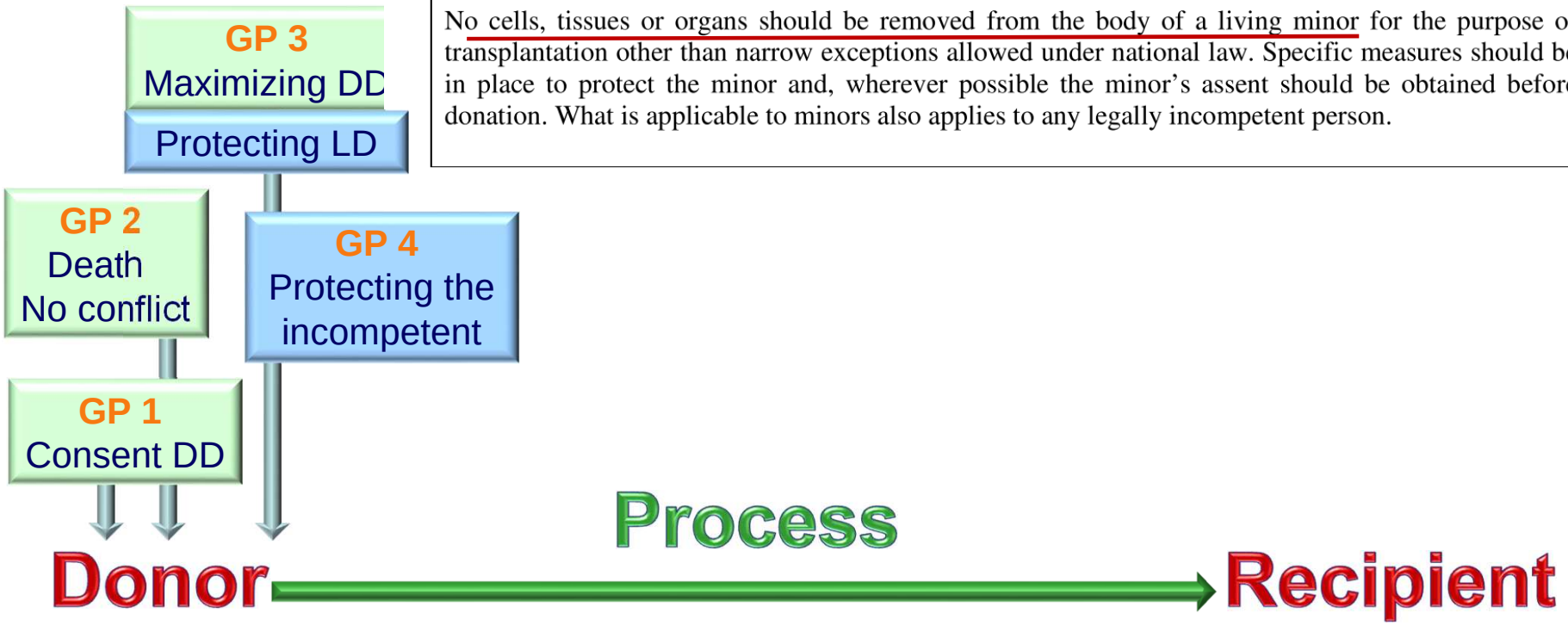
He added that KTS kidney transplants are performed in Kuwait, while liver transplants are subcontracted to specialists in Saudi Arabia. In each case, the donor's family receives compensation from the given country's Ministry of Health.

Reiterating his concerns regarding illegal organ

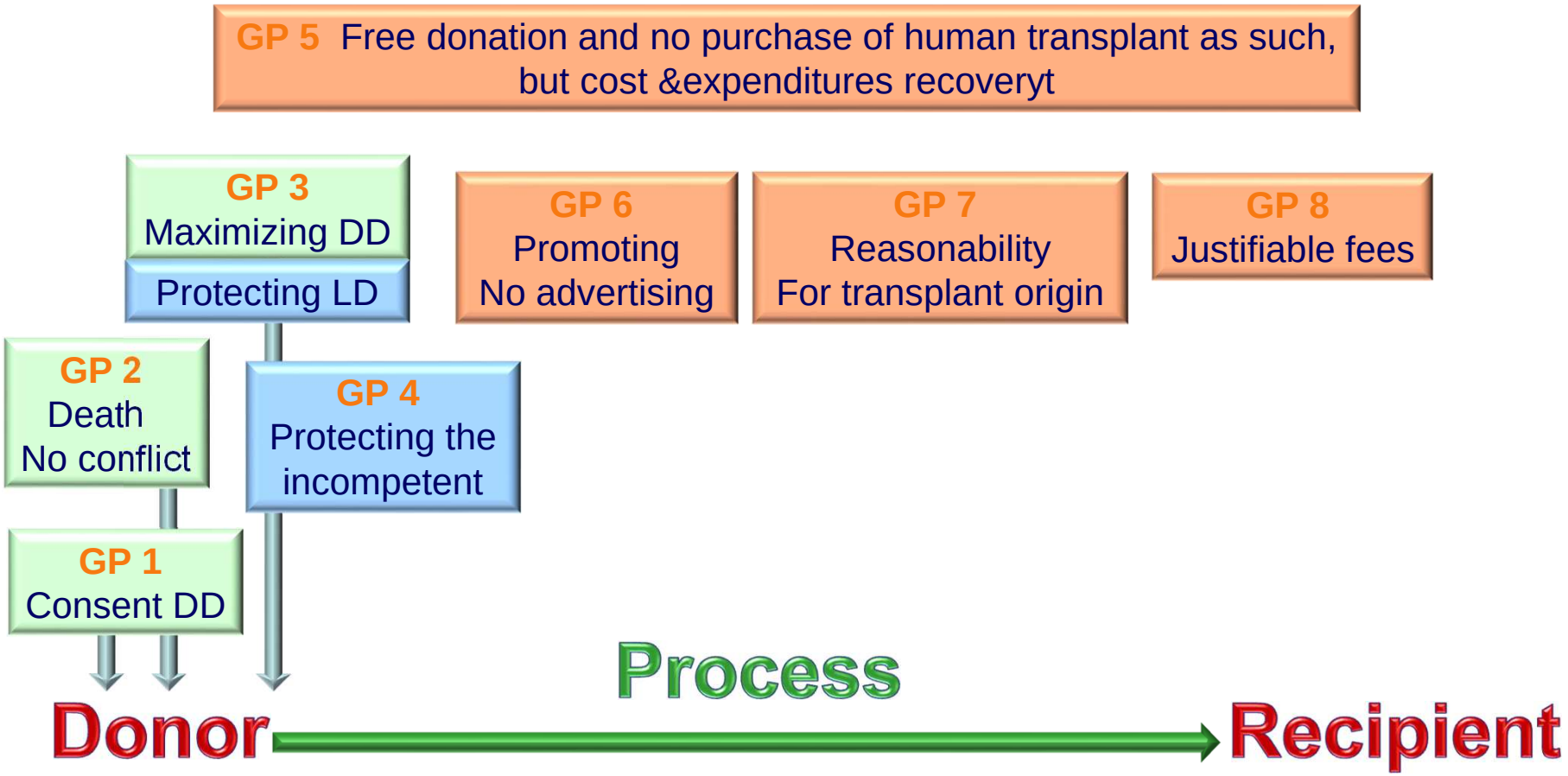
WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Guiding Principle 4

No cells, tissues or organs should be removed from the body of a living minor for the purpose of transplantation other than narrow exceptions allowed under national law. Specific measures should be in place to protect the minor and, wherever possible the minor's assent should be obtained before donation. What is applicable to minors also applies to any legally incompetent person.



WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation



WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Guiding Principle 5

Cells, tissues and organs should only be donated freely, without any monetary payment or other reward of monetary value. Purchasing, or offering to purchase, cells, tissues or organs for transplantation, or their sale by living persons or by the next of kin for deceased persons, should be banned.

The prohibition on sale or purchase of cells, tissues and organs does not preclude reimbursing reasonable and verifiable expenses incurred by the donor, including loss of income, or paying the costs of recovering, processing, preserving and supplying human cells, tissues or organs for transplantation.

Guiding Principle 6

Promotion of altruistic donation of human cells, tissues or organs by means of advertisement or public appeal may be undertaken in accordance with domestic regulation.

Advertising the need for or availability of cells, tissues or organs, with a view to offering or seeking payment to individuals for their cells, tissues or organs, or, to the next of kin, where the individual is deceased, should be prohibited. Brokering that involves payment to such individuals or to third parties should also be prohibited.

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Guiding Principle 7

Physicians and other health professionals should not engage in transplantation procedures, and health insurers and other payers should not cover such procedures, if the cells, tissues or organs concerned have been obtained through exploitation or coercion of, or payment to, the donor or the next of kin of a deceased donor.

Guiding Principle 8

All health care facilities and professionals involved in cell, tissue or organ procurement and transplantation procedures should be prohibited from receiving any payment that exceeds the justifiable fee for the services rendered.

To oppose the seeking of financial gain or comparable advantage in transactions involving human body parts, organ trafficking and transplant tourism, including by encouraging healthcare professionals to notify relevant authorities when they become aware of such practices in accordance with national capacities and legislation;

Professionals reporting to authorities

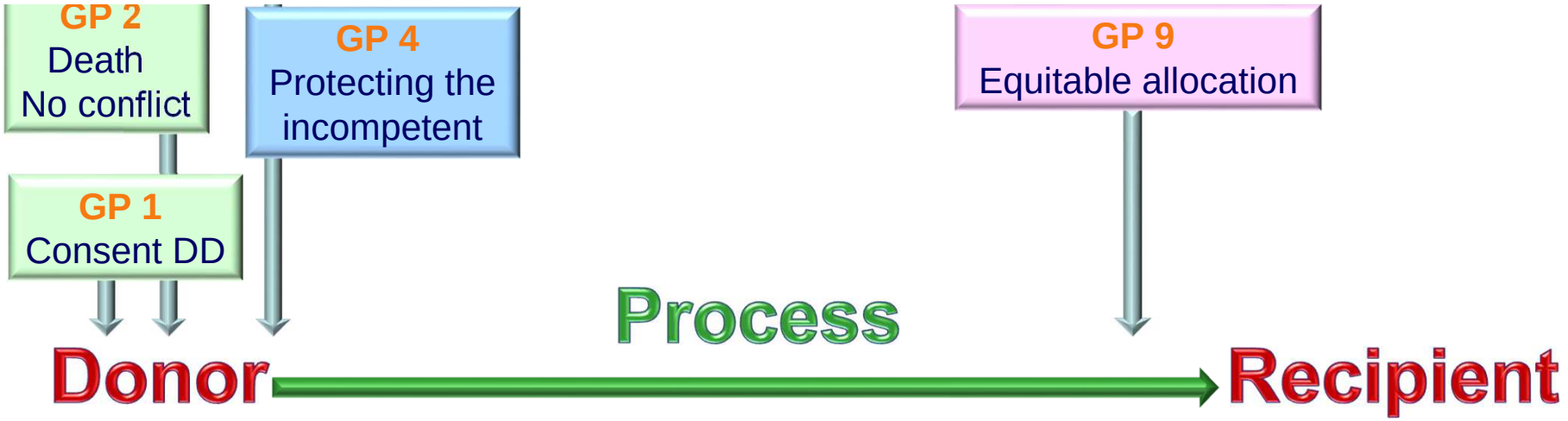
Transplantation professionals have to be promoters of equity

The Magnificent Seven, John Sturges,1960

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Guiding Principle 9

The allocation of organs, cells and tissues should be guided by clinical criteria and ethical norms, not financial or other considerations. Allocation rules, defined by appropriately constituted committees, should be equitable, externally justified, and transparent.

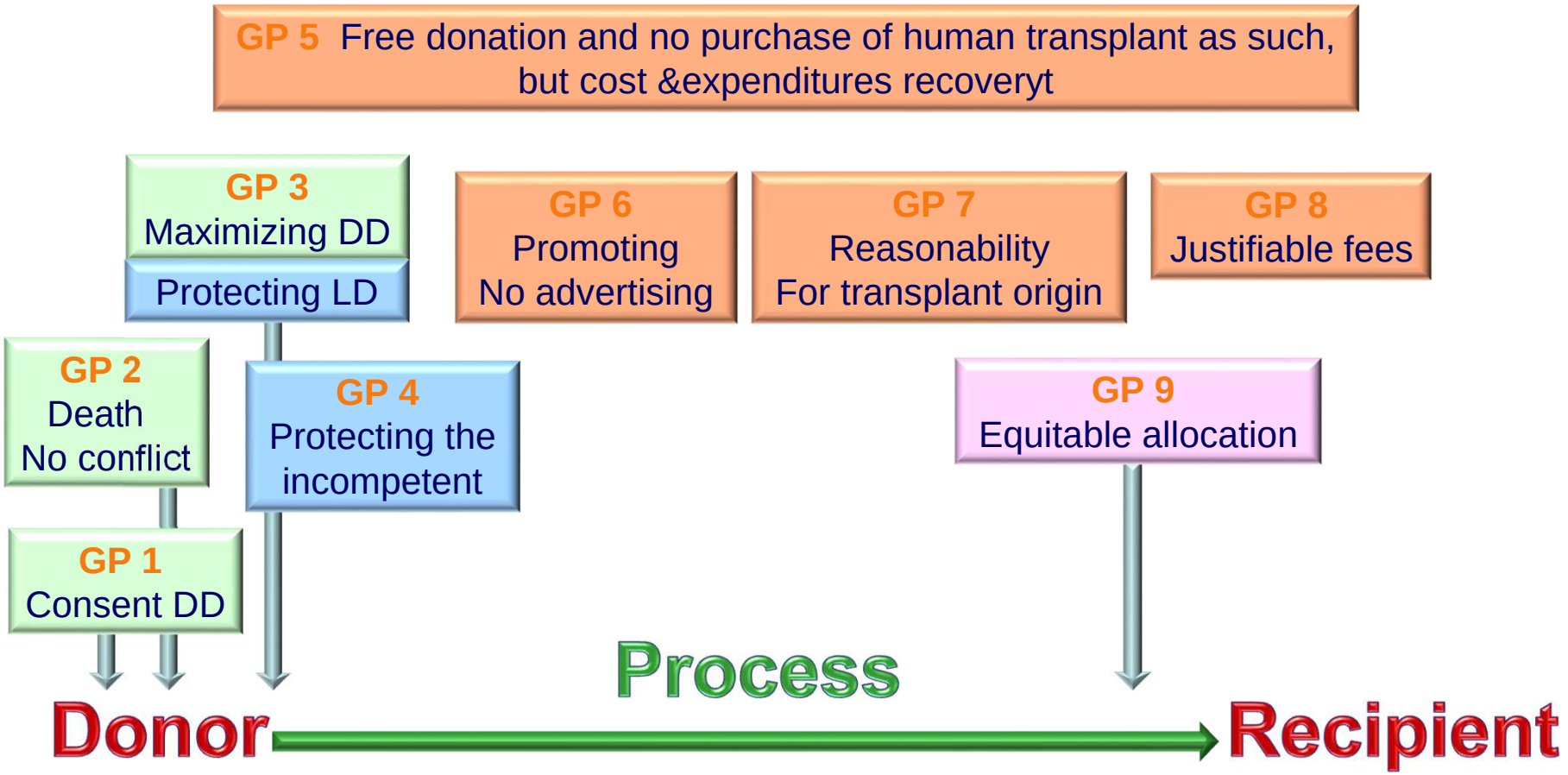


Equitable allocation

Equitable allocation

Worldwide

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation



WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Guiding Principle 10

High-quality, safe and efficacious procedures are essential for donors and recipients alike. The long-term outcomes of cell, tissue and organ donation and transplantation should be assessed for the living donor as well as the recipient in order to document benefit and harm.

The level of safety, efficacy and quality of human cells, tissues and organs for transplantation, as health products of an exceptional nature, must be maintained and optimized on an ongoing basis. This requires implementation of quality systems including traceability and vigilance, with adverse events and reactions reported, both nationally and for exported human products.

Guiding Principle 11

The organization and execution of donation and transplantation activities, as well as their clinical results, must be transparent and open to scrutiny, while ensuring that the personal anonymity and privacy of donors and recipients are always protected.

http://www.transplant-observatory.org

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

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Guiding Principle 11

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Bologna Initiative
for Global Vigilance and Surveillance
BIG V&S

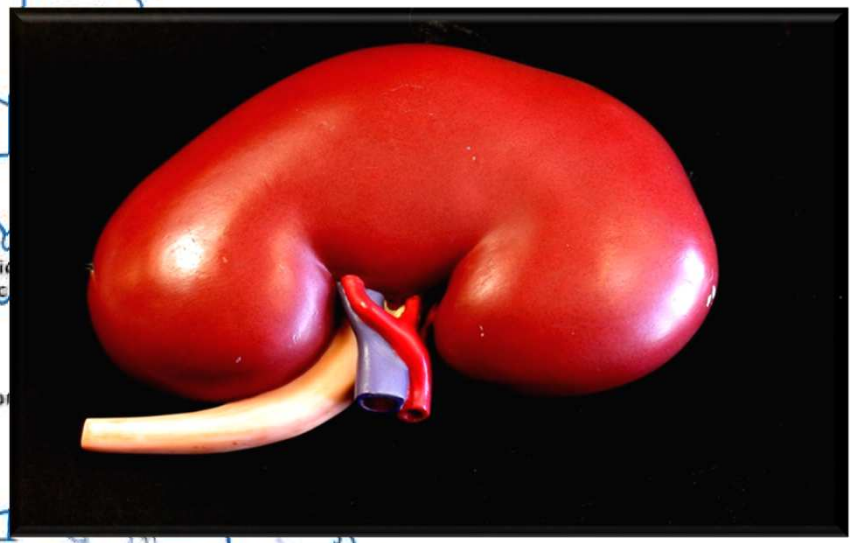
- A database of all **types** of severe adverse events and reactions that have been reported arising from procurement and processing to clinical application of cells, tissues and organs for transplantation as well as of medical products of human origin used in assisted reproduction technologies.

1. A reference for professionals focused on **diagnostic and investigation**
2. but also providing evidence for **donor selection**,
3. A source of information for candidate **recipients and living donors**
4. A database for **further study**

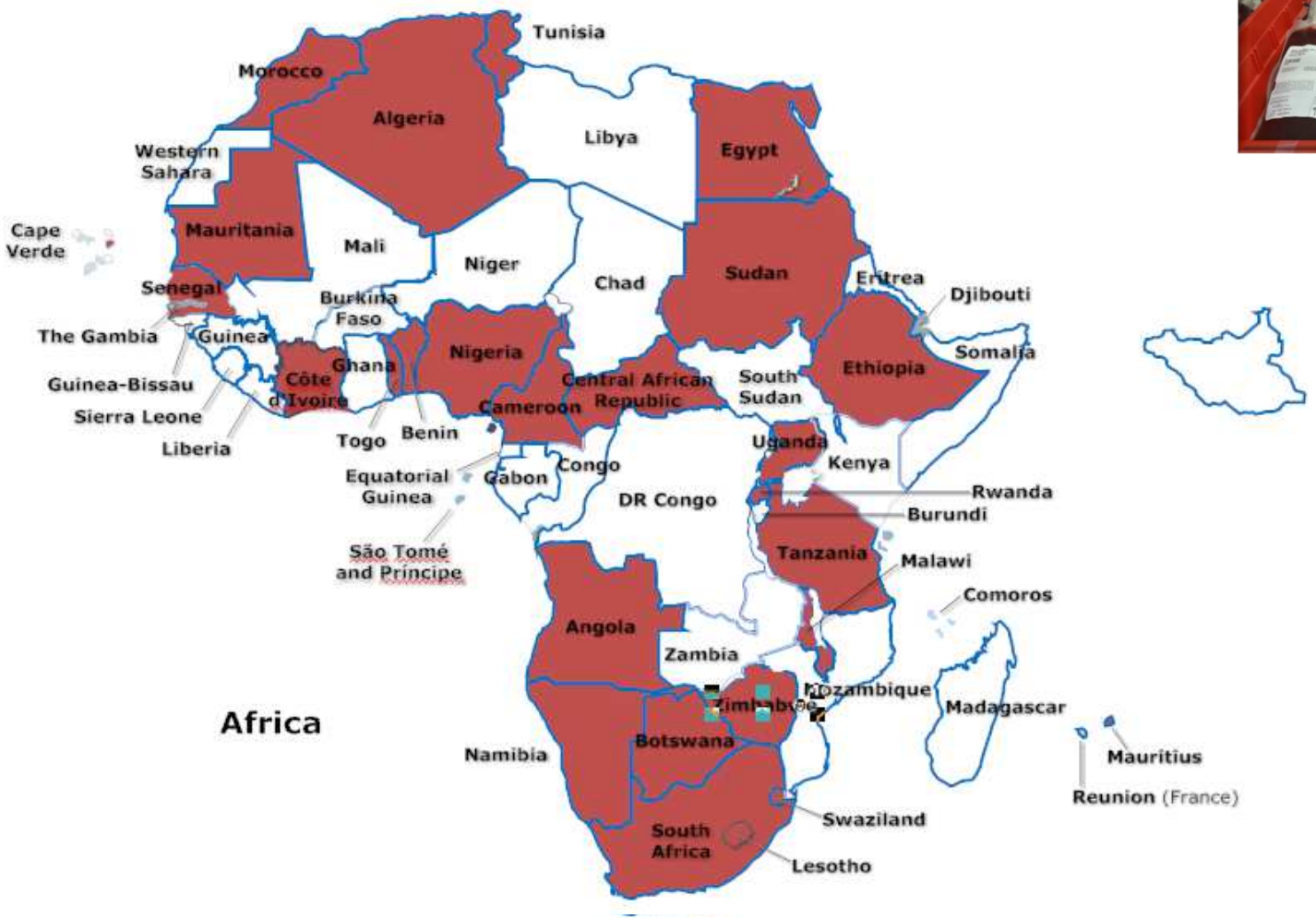
WHO and HCT:
Legal and ethical aspects

Africa

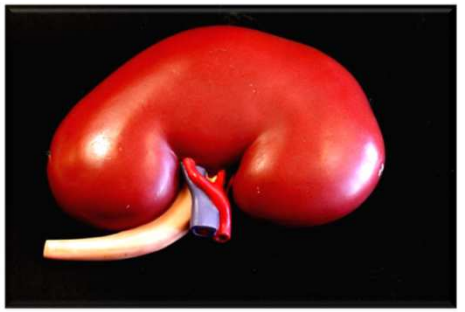
Legislative framework



Legislative framework



Legislative framework



Legislative framework

Principles and rights

- ✓ Autonomy
- ✓ No reward
- ✓ Equity
- ✓ Transparency
- ✓ Confidentiality

Legislative framework

- ✓ Quality process

ORIGINAL ARTICLE

Transmission of Lymphocytic Choriomeningitis Virus by Organ Transplantation

Staci A. Fischer, M.D., Mary Beth Graham, M.D., Matthew J. Kuehnert, M.D., Camille N. Kotton, M.D., Arjun Srinivasan, M.D., Francisco M. Marty, M.D., James A. Comer, Ph.D., Jeannette Guarner, M.D., Christopher D. Paddock, M.D., M.P.H.T.M., Dawn L. DeMeo, M.D., M.P.H., Wun-Ju Shieh, M.D., Ph.D., M.P.H., Bobbie R. Erickson, B.S., Utpala Bandy, M.D., M.P.H., Alfred DeMaria, Jr., M.D., Jeffrey P. Davis, M.D., Francis L. Delmonico, M.D., Boris Pavlin, M.D., Anna Likos, M.D., M.P.H., Martin J. Vincent, Ph.D., Tara K. Sealy, B.S., Cynthia S. Goldsmith, M.S., Daniel B. Jernigan, M.D., M.P.H., Pierre E. Rollin, M.D., Michelle M. Packard, M.P.H., Mitesh Patel, B.S., Courtney Rowland, B.S., Rita F. Helfand, M.D., Stuart T. Nichol, Ph.D., Jay A. Fishman, M.D., Thomas Ksiazek, D.V.M., Ph.D., Sherif R. Zaki, M.D., Ph.D., and the LCMV in Transplant Recipients Investigation Team*

ABSTRACT

BACKGROUND

In December 2003 and April 2005, signs and symptoms suggestive of infection developed in two groups of recipients of solid-organ transplants. Each cluster was investigated because diagnostic evaluations were unrevealing, and in each a common donor was recognized.

The New York Times
nytimes.com

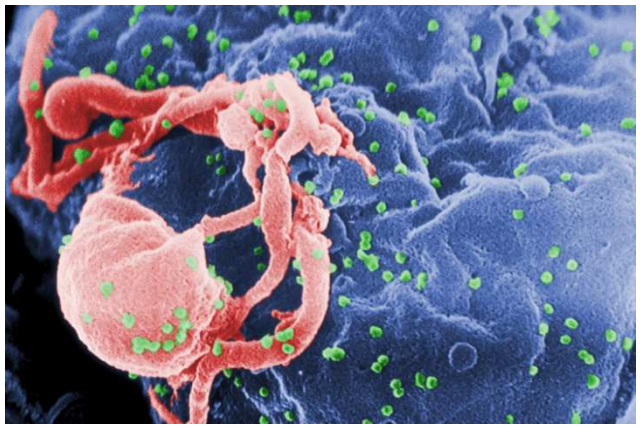
November 13, 2007

Four Transplant Recipients Contract H.I.V.

By DENISE GRADY

Four transplant recipients in Chicago have contracted H.I.V. from an o being spread by organ transplants.

The organs also gave all four patients hepatitis C, in what health officia simultaneously by a transplant.



The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Informing Candidates for Solid-Organ Transplantation about Donor Risk Factors

Scott D. Halpern, M.D., Ph.D., Abraham Shaked, M.D., Ph.D., Richard D. Hasz, M.F.S., and Arthur L. Caplan, Ph.D.

For the first time in 15 years, there has been documented transmission of the human immunodeficiency virus (HIV) through solid-organ transplantation.[1] Although transmission of infectious agents through transplantation is rare,[2] such cases raise important questions about how informed consent for transplantation should be obtained and about the type of resource that transplantable organs represent.

Among the questions raised are the following: Should potential recipients be informed about the general risks associated with transplantation or those specifically associated with an identified organ? Should the risks engendered by the behavior of donors be treated differently from those asso-

she was harmed by not being notified of the donor's above-average risk of HIV and, therefore, was denied the opportunity to decline the donation. Her attorney has declared, "it's up to the patient . . . to make the decision whether to incur the risk."[3]

BEHAVIORAL RISKS AMONG DONORS

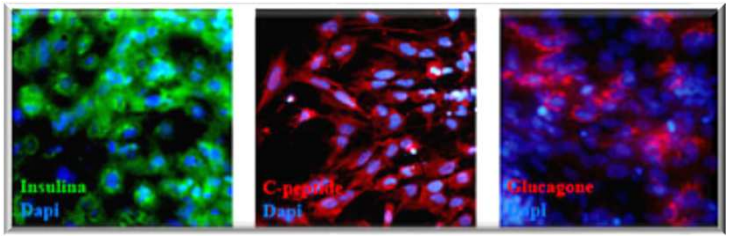
A well-known limitation of the safety of organ transplantation is that antibody-based tests to detect viruses have poor sensitivity within the first few weeks after infection.[2] Although more sensitive nucleic acid–amplification tests are now used in some regions, even these tests do not fully elim-

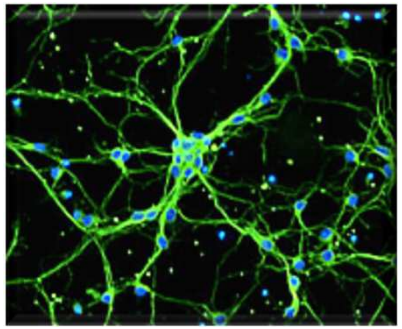
Legislative framework

- ✓ Quality process
- ✓ Trazability
- ✓ Biovigilance
- ✓ Prohibition of trafficking


RISK
AHEAD

STEM CELLS THERAPY





BUSINESS AND MEDICINE

The Business of Stem Cells

Debora Spar, Ph.D.

On February 12, 2004, a team of Korean scientists made global headlines. Using somatic-cell nuclear transfer (therapeutic cloning), they removed the nucleus of a human egg cell and replaced it with the genetic material from a single adult cell. They then stimulated the newly transformed egg cell and prompted it to begin dividing. Several days later, they had produced a line of human embryonic stem cells — the first ever created in a laboratory.

Scientifically, the impact of this procedure was immense. The Korean team had demonstrated the practical ability to manufacture stem-cell lines from scratch. They had shown that it was physically possible to grow stem cells from the genetic material of a single person and then — theoretically at least — to produce other cells or tissues that would match those of the original donor perfectly. From these identical matches could come whole new ways of treating human illness: nerve cells for patients with Parkinson's disease, brain cells for patients with Alzheimer's disease. Accordingly, the Korean success was greeted with scientific delight and a flurry of accelerated research activity. In Canada, a parliamentary committee voted to legalize the use of excess embryos for stem-cell research. Sweden announced that it would support the cloning of embryos for therapeutic purposes, the United Kingdom authorized a private firm to begin deriving embryonic stem cells, and Singapore forged ahead with plans to spend $300 million on Biopolis, a cutting-edge science park focused on stem-cell technology.

In the United States, by contrast, recent policy has moved sharply in the opposite direction. Following an August 2001 announcement by President George W. Bush, federal funding for stem-cell research has been restricted to roughly 19 stem-cell lines — those created before the President's announcement from embryos donated after in vitro fertilization. No federal funds may be used to investigate other lines or to create new ones. Although

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 SEPTEMBER 21, 2006 VOL. 355 NO. 12

Intracoronary Injection of Mononuclear Bone Marrow Cells in Acute Myocardial Infarction

Ketil Lunde, M.D., Svein Solheim, M.D., Svend Aakhus, M.D., Ph.D., Harald Arnesen, M.D., Ph.D., Michael Abdelnoor, Ph.D., Torstein Egeland, M.D., Ph.D., Knut Endresen, M.D., Ph.D., Arnfinn Iiebekk, M.D., Ph.D., Arild Mangschau, M.D., Ph.D., Jan G. Fjeld, M.D., Ph.D., Hans Jørgen Smith, M.D., Ph.D., Eli Taraldsrud, M.D., Haakon Kiil Grøgaard, M.D., Reidar Bjørnerheim, M.D., Ph.D., Magne Brekke, M.D., Carl Müller, M.D., Einar Hopp, M.D., Asgrimur Ragnarsson, M.D., Jan E. Brinchmann, M.D., Ph.D., and Kolbjørn Forfang, M.D., Ph.D.*

ABSTRACT

BACKGROUND

Previous studies have shown improvement in left ventricular function after intracoronary injection of autologous cells derived from bone marrow (BMC) in the acute phase of myocardial infarction. We designed a randomized, controlled trial to further investigate the effects of this treatment.

METHODS

Patients with acute ST-elevation myocardial infarction of the anterior wall treated with percutaneous coronary intervention were randomly assigned to the group that underwent intracoronary injection of autologous mononuclear BMC or to the control group, in which neither aspiration nor sham injection was performed. Left ventricular function was assessed with the use of electrocardiogram-gated single-photon-emission computed tomography (SPECT) and echocardiography at baseline and magnetic resonance imaging (MRI) 2 to 3 weeks after the infarction. These procedures were repeated 6 months after the infarction. End points were changes in the left ventricular ejection fraction (LVEF), end-diastolic volume, and infarct size.

RESULTS

Of the 50 patients assigned to treatment with mononuclear BMC, 47 underwent intracoronary injection of the cells at a median of 6 days after myocardial infarction. There were 50 patients in the control group. The mean (±SD) change in LVEF, measured with the use of SPECT, between baseline and 6 months after infarction for all patients was 7.6±10.4 percentage points. The effect of BMC treatment on the change in LVEF was an increase of 0.6 percentage point (95% confidence interval [CI], −3.4 to 4.6; P=0.77) on SPECT, an increase of 0.6 percentage point (95% CI, −2.6 to 3.8; P=0.70) on echocardiography, and a decrease of 3.0 percentage points (95% CI, 0.1 to −6.1; P=0.054) on MRI. The two groups did not differ significantly in changes in left ventricular end-diastolic volume or infarct size and had similar rates of adverse events.

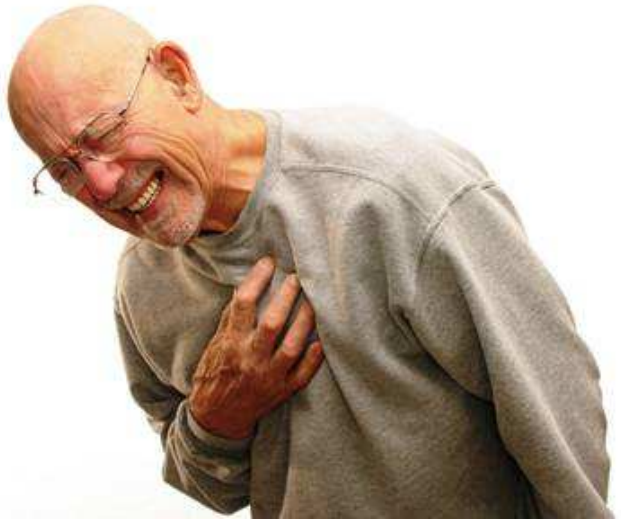
CONCLUSIONS

With the methods used, we found no effects of intracoronary injection of autologous mononuclear BMC on global left ventricular function. (ClinicalTrials.gov number, NCT00199823.)

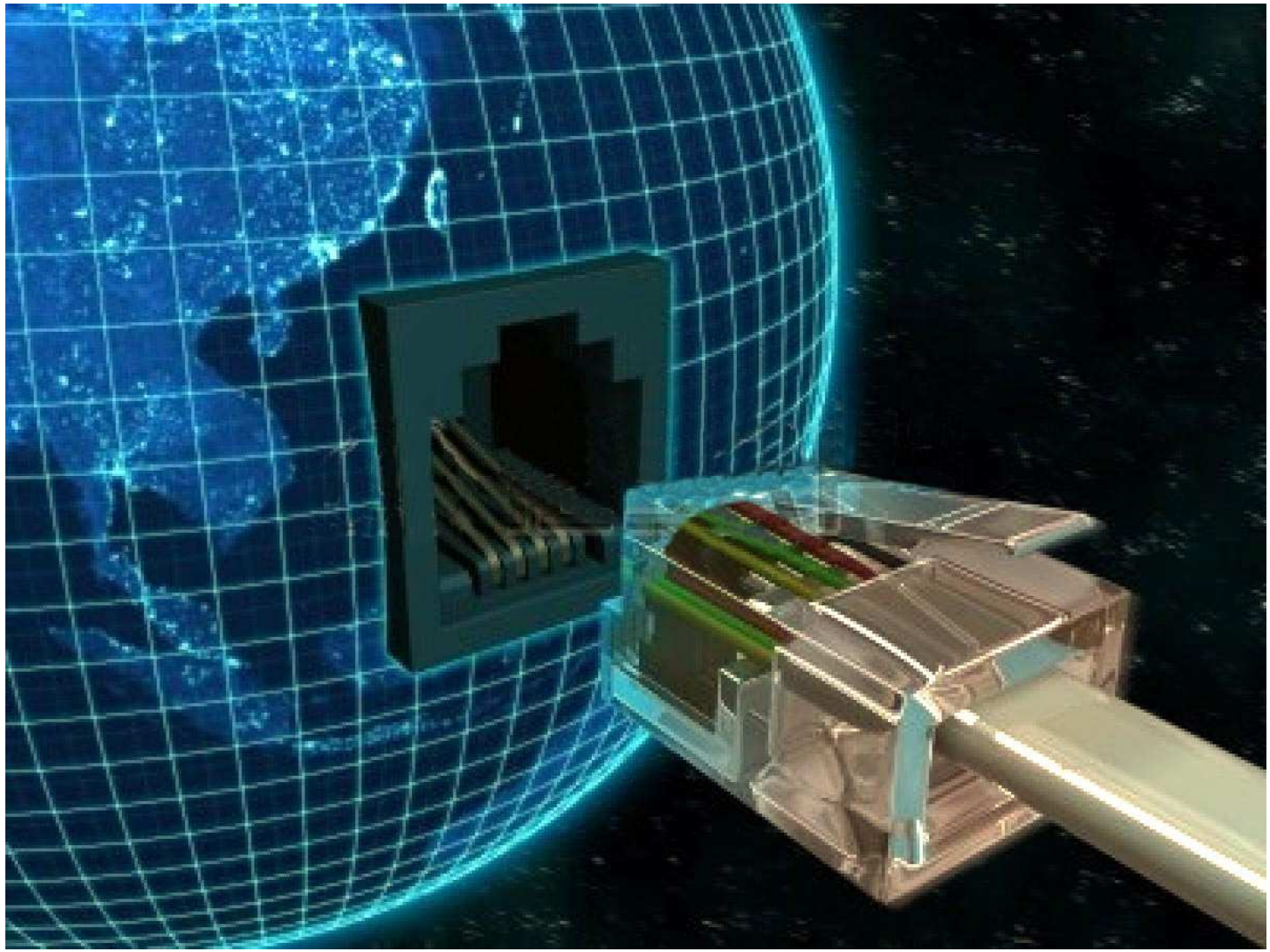
From the Departments of Cardiology (K.L., S.A., K.E., A.R., K.F.), Nuclear Medicine (J.G.F.), and Radiology (H.J.S., E.H.), and the Institute of Immunology (T.E., E.T., J.E.B.), Rikshospitalet University Hospital; the Departments of Cardiology (S.S., H.A., A.M., R.B.), Cardiovascular Radiology (M.B.), and Nuclear Medicine (C.M.), and the Unit of Epidemiology and Biostatistics, Center for Clinical Research (M.A.), Ullevål University Hospital; and the Institute for Experimental Medical Research, University of Oslo (A.I., H.K.G.) — all in Oslo. Address reprint requests to Dr. Lunde at the Department of Cardiology, Rikshospitalet University Hospital, 0027 Oslo, Norway, or at ketil.lunde@rikshospitalet.no.

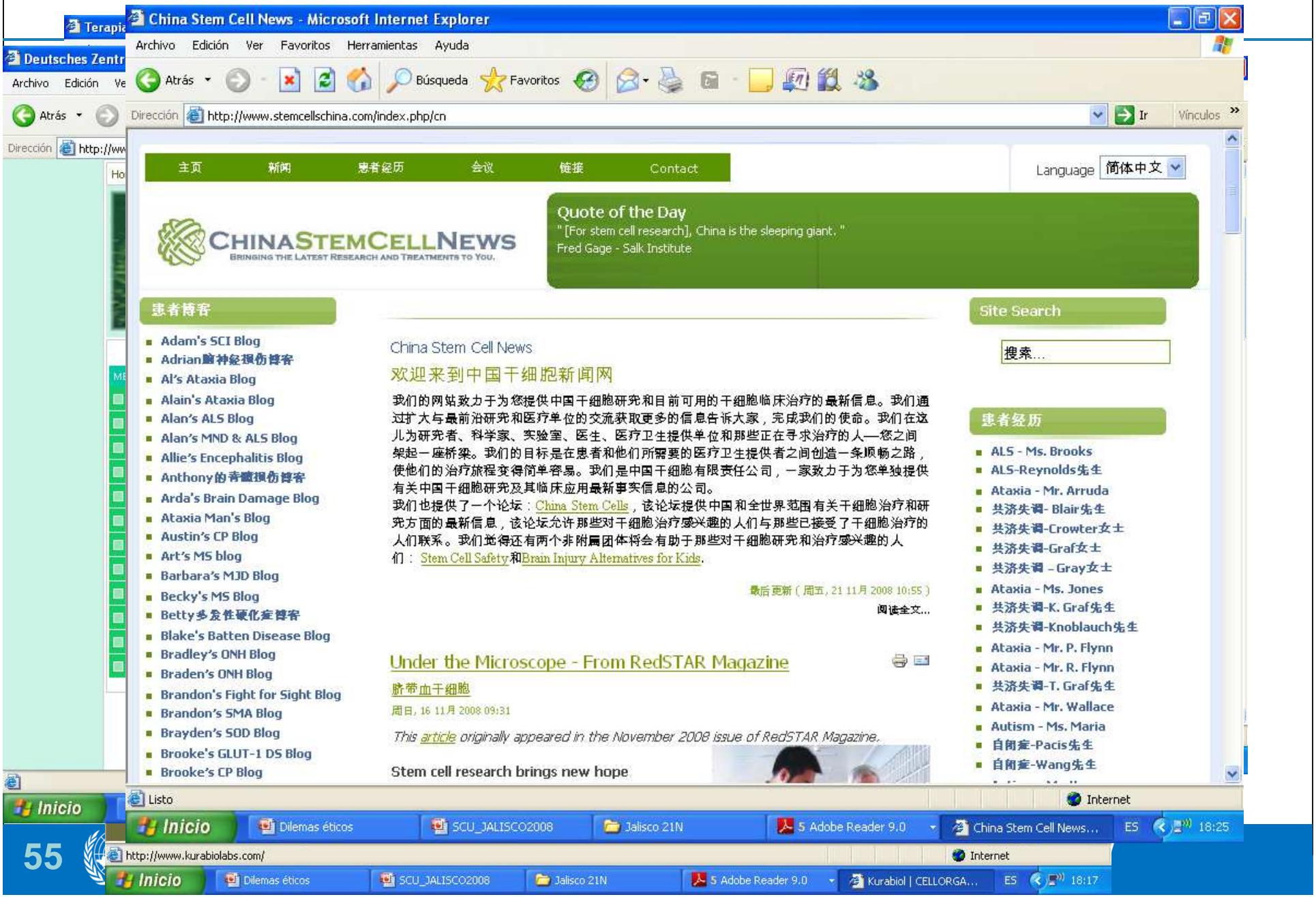
*Members of the Steering Committee and the Data and Safety Monitoring Board of the Autologous Stem-Cell Transplantation in Acute Myocardial Infarction (ASTAMI) study are listed in the Appendix.

N Engl J Med 2006;355:1199-209.



Internet is a powerful tool

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BRINGING THE LATEST RESEARCH AND TREATMENTS TO YOU.
Quote of the Day
" [For stem cell research], China is the sleeping giant. "
Fred Gage - Salk Institute
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Alan's ALS Blog
Alan's MND & ALS Blog
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Anthony的脊髓损伤博客
Arda's Brain Damage Blog
Ataxia Man's Blog
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Becky's MS Blog
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Braden's ONH Blog
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Brooke's GLUT-1 DS Blog
Brooke's CP Blog
China Stem Cell News
欢迎来到中国干细胞新闻网
我们的网站致力于为您提供中国干细胞研究和目前可用的干细胞临床治疗的最新信息。我们通过扩大与最前沿研究和医疗单位的交流获取更多的信息告诉大家，完成我们的使命。我们在这儿为研究者、科学家、实验室、医生、医疗卫生提供单位和那些正在寻求治疗的人—您之间架起一座桥梁。我们的目标是在患者和他们所需要的医疗卫生提供者之间创造一条顺畅之路，使他们的治疗旅程变得简单容易。我们是中国干细胞有限责任公司，一家致力于为您单独提供有关中国干细胞研究及其临床应用最新事实信息的公司。
我们也提供了一个论坛：China Stem Cells，该论坛提供中国和全世界范围有关干细胞治疗和研究方面的最新信息，该论坛允许那些对干细胞治疗感兴趣的人们与那些已接受了干细胞治疗的人们联系。我们觉得还有两个非附属团体将会有助于那些对干细胞研究和治疗感兴趣的人们：Stem Cell Safety和Brain Injury Alternatives for Kids.
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Classement de l'article | *30 sept. 2013* | *Philippines Daily Inquirer* | *By Tina G. Santos*

Stem cell therapy for burns, not aging, says FDA

STEM cell therapy should only apply to skin grafting for burn patients and not for anti-aging purposes, according to the Food and Drug Administration (FDA).

"Up to now, there is no evidence that stem cell therapy has anti-aging effects," said FDA acting Director General Kenneth Hartigan-Go.

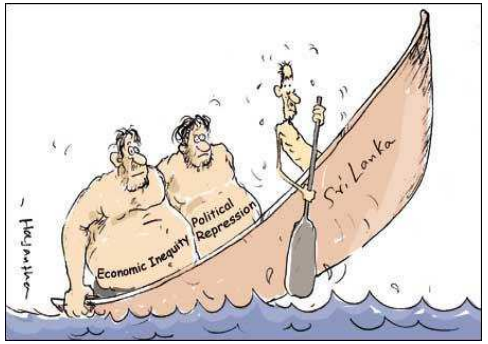
The FDA recognizes only hematopoietic (pertaining to the formation and development of blood cells) stem cell transplantation, corneal resurfacing with limbal stem cells and skin regeneration with epidermal stem cells "as generally accepted standards of health care."

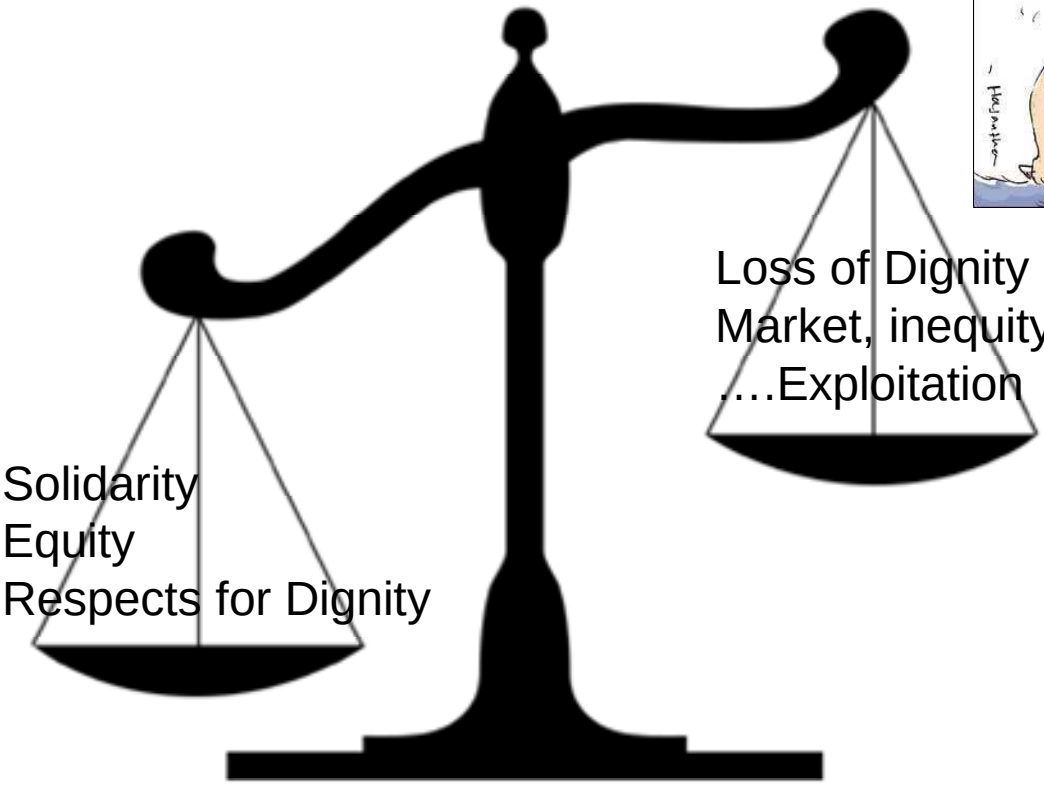
Asked if this meant "anti-aging" stem cell therapies would not be allowed in the Philippines, Go said: "It means that if the health claim is for burn patients, requirements that need to be submitted—like clinical trial reports—are expected to be complete, whereas if the claim is for anti-aging, then the requirements may be more extensive and intensive considering that products for anti-aging claims are still controversial."

Facility accreditation


Legislative framework

Transplantation Progresses on a unsteady scale



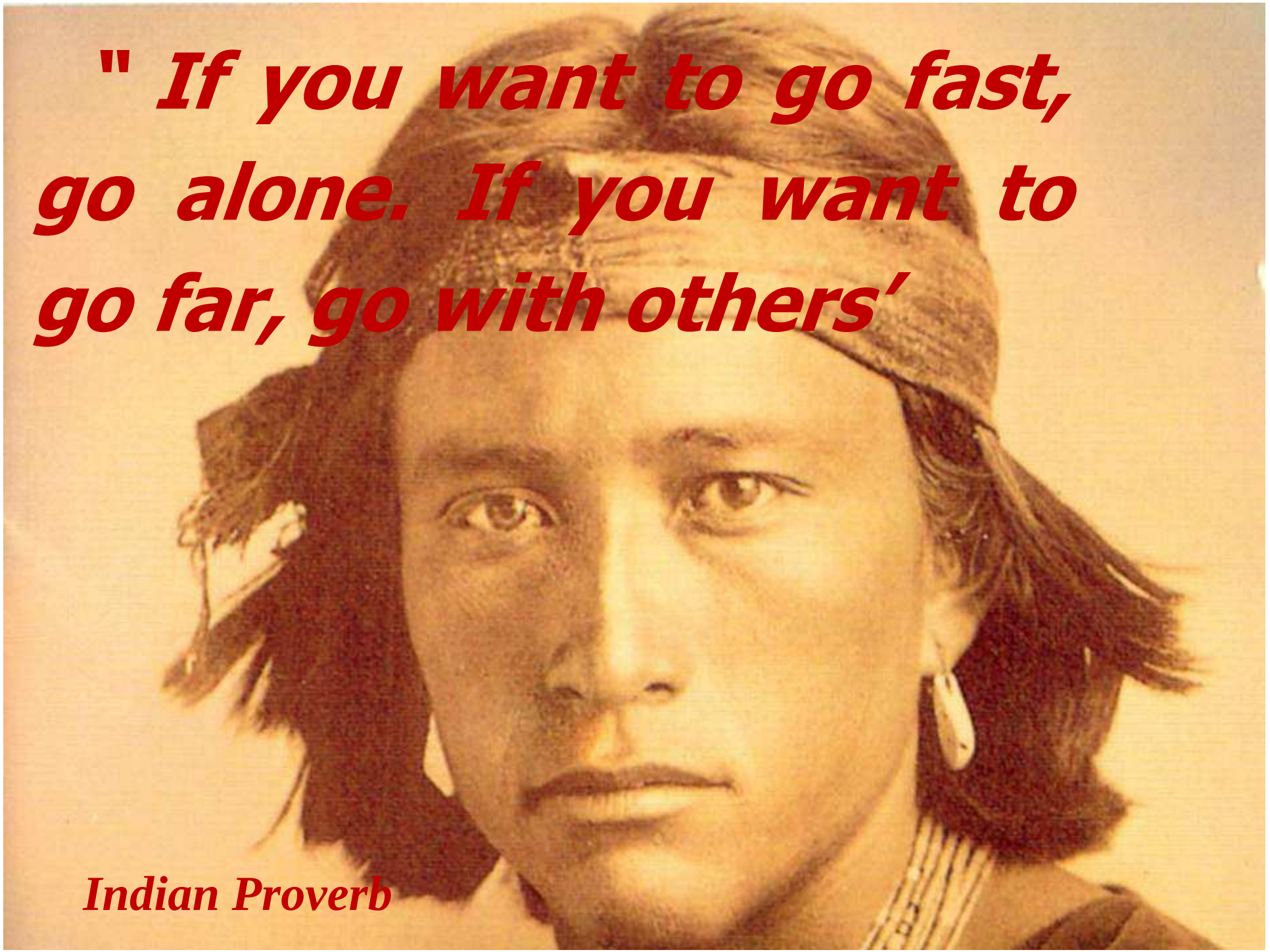


Loss of Dignity
Market, inequity
….Exploitation

Solidarity
Equity
Respects for Dignity

Role of Global and Regional Scientific and Professional Societies in the Global Governance of HSCT

- Developing and monitoring global codes of practice about ethical issues along the Guiding Principles
- Promoting global good practice in relation to quality and safety
- Advocating for globally harmonized practices such as accreditation and use of consistent information standards
- In collaboration with all stakeholders
  - Monitoring regional and global access
  - Monitoring outcome data
  - Contributing to vigilance and surveillance
  - And ensure transparency


" If you want to go fast, go alone. If you want to go far, go with others'
Indian Proverb

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European Group for Blood and Marrow Transplantation (EBMT)
www.ebmt.org

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World Marrow Donor Association
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The Australasian Bone Marrow Transplant Recipient Registry
http://www.abmtrr.org

Worldwide Network for Blood & Marrow Transplantation (WBMT)

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The European School for Haematology
www.esh.org

The European Federation for Immunogenetics
www.efiweb.eu

The International Society for Cellular Therapy
www.celltherapysociety.org

Joint Accreditation Committee-ISCT (Europe)
www.jacie.org

Bone Marrow Donors Worldwide
www.bmdw.orghttp://www.bmdw.org/

Foundation for the Accreditation of Cellular Therapy
www.factwebsite.org

American Society for Blood and Marrow Transplantation
www.asbmt.org

American Society for Histocompatibility and Immunogenetics
http://www.ashi-hla.org/

European Marrow Donor Information System
www.worldmarrow.org/index.php?id=286&type=1
www.emdis.net

International Society of Blood Transfusion
http://www.isbtweb.org

American Society for Apheresis (ASFA)
http://www.apheresis.org

Latin America Blood and Marrow Transplantation Group
labmt@wbmt.org

International Cellular Therapy Coding and Labeling Advisory Group
www.ICCBBA.org

Thank you

World Health Organization