**QAI CAHSC 102**

**Quality and Accreditation Institute**

**Centre for Accreditation of Health & Social Care**



Change Adapt Improve

**APPLICATION FORM**

**FOR**

**ASSISTED REPRODUCTIVE TECHNOLOGY (ART) CENTRES**

**Issue No.: 05 Issue Date: August 2023**

**CHANGE HISTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Doc No.** | **Current Issue No.** | **Revised Issue No.** | **Date of Issue** | **Reasons** |
| 1. | CAHSC 102 | 01 | 02 | August 2019(20 August 2019) | * Removed the fee structure,
* Terms & condition of maintaining accreditation line edited i.e. certification is added
 |
| 2. | CAHSC 102 | 02 | 03 | January 2021(30 January 2021) | * Scope of services, regulatory requirements modified and details requested under Litigation. (Sl. No. 12,15,16)
 |
| 3. | CAHSC 102 | 03 | 04 | March 2021(20 March 2021) | * Changed word organisation to facility.
* Goods and Services Tax (GST) and MSME Registration clause added (6 and 7)
* ART added in point 2 of clause 23
* Added date under authorised signatory (signature)
 |
| 4. | CAHSC 102 | 04 | 05 | August 2023(18 August 2023) | * Moved “Enrollment under the National Registry of ART Clinic and Bank in India of ICMR/ Any other equivalent body” from Miscellaneous licenses to General licenses
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**Information & Instructions for Completing an Application Form**

1. Quality & Accreditation Institute (QAI)’s Centre for Accreditation of Health & Social Care (**CAHSC**) offers accreditation services to Assisted Reproductive Technology (ART) Centres.
2. Application shall be made in the prescribed form QAI CAHSC 102 only. Application form can be downloaded from website as a word file. Applicant facility is requested to submit the following:
* Soft copy of completed application form (available on website)
* Soft copy of Self-assessment tool kit along with referenced documents
* Prescribed application fees
* Soft copy of signed QAI-CAHSC 003 ‘Terms and Conditions for Obtaining and Maintaining Accreditation/ Certification’
1. Incomplete application submitted may lead to delay in processing of your application.
2. The applicant facility shall provide soft copy of appropriate document(s) in support of the information being provided in this application form.
3. Facility is advised to familiarise itself with QAI CAHSC 002 ‘General Information Brochure, QAI CAHSC 101 Information Brochure for Accreditation of ART Centres’ and QAI CAHSC 003 ‘Terms and Conditions for Obtaining and Maintaining Accreditation/ Certification’ before filling up this form.
4. The applicant facility shall intimate QAI CAHSC about any change in the information provided in this application such as scope applied for accreditation, personnel and location etc. within 15 days from the date of changes.

**DEMOGRAPHIC AND GENERAL DETAILS:**

1. **Applying for (please tick the relevant)**
	1. **First accreditation\* □**

**\*** *(ART Centres are advised to implement the standards for at least 2 months before applying)*

* 1. **Renewal of accreditation □**

**Date of 1st accreditation …..……………**

1. **Name of the ART Centre:** (the same shall appear on the accreditation certificate)

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1. **Contact Details of Centre:**

**Address**

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pin code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email ID:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact No**.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

1. **Ownership:**

|  |  |
| --- | --- |
| **□** Private | **□** Armed Forces |
| **□** PSU | **□** Trust |
| **□** Government | **□** Charitable |
| **□** Others (Specifiy.........................................................................................) |

1. **Name of the Parent Facility** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if the centre is part of a bigger facility)

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Goods and Services Tax (GST) Number** (Please attach a copy of GST Registration Certificate):

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1. **Micro, Small and Medium Enterprises (MSME) Registration Number** (Please attach a copy of Registration Certificate):

­­­­­­

1. **Legal identity of the ART centre and date of establishment** (Please give registration number and name of authority who granted the registration. Copy of the certificate shall be enclosed) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Contact person(s):**
* **Head of the ART Centre**

Mr. /Ms. /Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Person Coordinating with QAI:**

Mr./Ms./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ART Centre Information:**
2. **Total no. of day care beds (If any):**
3. **Number of OTs:**

**CLINICAL SERVICES AND RELATED DETAILS**

1. **Patient Data:**
2. **Patient Data (Past 2 years)**

|  |  |
| --- | --- |
| **Year** | **Number of Patients** |
|  |  |
|  |  |

1. **Number of Embryos transferred (Past 2 years)**

|  |  |
| --- | --- |
| **Year** | **Number of Embryos Transferred** |
|  |  |
|  |  |

1. **List 5 most frequent clinical diagnosis for patients**
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **List 5 most frequent procedures done for patients**
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. **Scope of Accreditation – Treatment/Procedures in the ART Centre:**

|  |  |
| --- | --- |
| Treatment/ Procedure | **AVAILABILITY OF TREATMENT/ PROCEDURE****YES/NO** |
| **Blastocyst Culture** |  |
| **Counselling** |  |
| **Donor Programme** |  |
| **Embryo Biopsy** |  |
| **Embryology Laboratory** |  |
| **Embryoscopy** |  |
| **Endometrial Biopsy** |  |
| **Immunomodulation (Intralipid) Therapy** |  |
| **In Vitro Fertilization (IVF)** |  |
| **Intra Cytoplasmic Morphologically Selected Sperm Injection (IMSI)** |  |
| **Intra Cytoplasmic Sperm Injection (ICSI)** |  |
| **Intrauterine Insemination (IUI)** |  |
| **Laparoscopy & Hysteroscopy** |  |
| **Laser Assisted Hatching** |  |
| **Micro Epididymal Sperm Aspiration (MESA)** |  |
| **Oocyte Retrieval** |  |
| **Oocyte/Embryo/Blastocyst Cryopreservation** |  |
| **Operation Theatre** |  |
| **Other procedures involving manipulation of gamete, embryo, and gonadal tissue** |  |
| **Ovarian Stimulation** |  |
| **Percutaneous Epididymal Sperm Aspiration (PESA)** |  |
| **Preimplantation Genetic Diagnosis (PGD)** |  |
| **Preimplantation Genetic Testing (PGT)** |  |
| **Reproductive Genetics** |  |
| **Semen Analysis (recognized standards e.g. WHO)** |  |
| **Sperm Cryopreservation** |  |
| **Sperm DNA Fragmentation Index (DFI) Test** |  |
| **Sperm Preparation (Fresh Sample/ Frozen Sample/ MESA/ PESA/ TESE/ TESA/ Open Biopsy)** |  |
| **Surrogacy** |  |
| **Testicular Sperm Aspiration (TESA)** |  |
| **Testicular Sperm Extraction (TESE)** |  |
| **Ultrasonography** |  |
| **Any other (please mention)** |  |

1. **Details of Non-Clinical and Administrative Departments (mention Yes/ No):**

|  |  |  |
| --- | --- | --- |
| **SUPPORT SERVICE** | **IN HOUSE** | **OUT SOURCED** |
| **Bio-medical Engineering** |  |  |
| **Catering and Kitchen services** |  |  |
| **CSSD** |  |  |
| **General Administration** |  |  |
| **Housekeeping** |  |  |
| **Human Resources** |  |  |
| **Information Technology** |  |  |
| **Laundry** |  |  |
| **Maintenance/Facility Management** |  |  |
| **Management of Bio-medical Waste** |  |  |
| **Pharmacy** |  |  |
| **Security**  |  |  |
| **Community Service** |  |  |
| **Supply Chain Management/** **Material Management** |  |  |
| **Other, please specify** |  |  |

1. **Details of Human Resource**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Designation** | **Academic and professional qualifications** | **Experience related to present work (in years)** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Statutory Compliances**

**Furnish details of applicable Statutory/ Regulatory requirements the facility is governed by (*Please attach copies of applicable documents)*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **License/Certificate** | **Number and Date of issue** | **Valid Up to** | **Remarks**  |
| ***General:*** |
| Bio-medical Waste Management and Handling Authorisation |  |  |  |
| Registration Under Clinical Establishment Act (or equivalent) |  |  |  |
| Registration Under PCPNDT Act |  |  |  |
| Enrollment under the National Registry of ART Clinic and Bank in India of ICMR/ Any other equivalent body |  |  |  |
| ***Facility management:*** |
| Fire (NOC) |  |  |  |
| License to Store Compressed Gas |  |  |  |
| Sanction/ License for Lifts |  |  |  |
| *Pharmacy (if over multiple locations license for each of them separately)* |
| Drugs-Bulk license |  |  |  |
| Drugs-Retail license |  |  |  |
| Narcotic license |  |  |  |
| ***Miscellaneous:*** |
| Canteen/ F & B license |  |  |  |
| License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol |  |  |  |
| License for Possession of Rectified Spirit and ENA |  |  |  |
| ***Any other:*** |

1. **Litigation, if any (Please provide details):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of last Self-assessment:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of implementation of QAI standards:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(ART Centre is advised to implement the standards for at least 2 months before applying)*

1. **Application Fees**

  Application fees (Rs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/At par cheque number/ bank transfer reference number\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date Application Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Undertaking**
* We are familiar with the terms and conditions of maintaining accreditation/ certification (QAI CAHSC 003), which is signed and enclosed with the application. We also undertake to abide by them.
* We agree to comply fully with the requirements of the ART accreditation standards.
* We agree to comply with accreditation procedures and pay all costs for any assessment carried out irrespective of the result.
* We agree to co-operate with the assessment team appointed by QAI-CAHSC for examination of all relevant documents by them and their visits to those parts of the facility that are part of the scope of accreditation.
* We undertake to satisfy all national, regional and local regulatory requirements for operating the facility.
* All information provided in this application is true to the best of our knowledge and ability.

Authorised Signatory (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Quality and Accreditation Institute

Centre for Accreditation of Health & Social Care

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