The completed form should be sent to:
The Superintendent of Public Health
SLH-OPD-Level 1
St Luke`s Square,
G`Mangia

For Office Use:
Date of Registration:

……..
Registration Number:

……

Blood Establishment Variation Application Form

Blood Establishment Details	
License number	
Name of applicant (licensee)	
Name of Blood Establishment	
Address(es) of Blood Establishment site(s) (All licensed sites should be listed if not covered by separate licenses)	
Legally registered address of license	
Name of Responsible Person of blood establishment	
Address of Responsible Person	

Proposed changes

Reason for proposed changes

Name of applicant	Signature	Date	

All data collected is processed in accordance with the Human Blood and Transplants Act 2006 (Act IV 2006) and the Data Protection Act 2018 (Act XX of 2018). Data is required for administrative purposes in the interest of Public Health