



SOCIETY FOR THE ADVANCEMENT
OF BLOOD MANAGEMENT®

SABM Institution Affiliates - Blood Management Program Criteria

1. Do you have a designated Program Coordinator or Manager? Yes No

If yes give name and title: _____

Phone: _____ Email Address: _____

Job duties: _____

2. Do you have a designated Medical Director, Consultant, or Advisor/Liaison to Medical Staff? Yes No

If yes, give name, title, and specialty: _____

3. Do you offer hospital employees education in Blood Management (e.g., CME-physician, CEU-nursing, curriculum for teaching hospitals)? Yes No If no, is it in development? Yes No

Kinds of education offered _____

4. Do you have clinical guidelines, an algorithm or protocols for care? Yes No

If no, is it in development? Yes No

5. Do you have a Governing/Advisory Board/Transfusion Committee? Yes No

If no, is it in development? Yes No

6. Do you have Administrative Policies? Yes No

If no, is it in development? Yes No

Provide a brief description of your program:

I attest that the information provided above is true and accurate.

Name: _____

Title: _____

Institution: _____

Phone: _____ Email address: _____