SABM Patient Blood Management Program Listing Criteria

1. Does your hospital have a designated Program Coordinator or Manager? □ Yes □ No
   If yes give name and title: __________________________________________________________
   Phone: ____________________ Email Address: _________________________________________
   Job duties: ________________________________________________________________

2. Does your program have a designated Medical Director, Consultant, or Advisor/Liaison to Medical Staff? □ Yes □ No
   If yes, give name, title, and specialty: ______________________________________________

3. Does your program offer hospital employees continuing PBM education (e.g., CME-physician/CEU-nursing curricula 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:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

For hospital listing in the PBM Program Directory:

Program Name: ____________________________________________________________
Hospital Address: __________________________________________________________
_________________________________________________________________________
Phone: ____________________ Email: ____________________

Return completed form to sabm@sabm.org or fax to (804) 282-0090.