



SOCIETY FOR THE ADVANCEMENT
OF BLOOD MANAGEMENT®

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: _____