



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: _____