



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:

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### For hospital listing in the PBM Program Directory:

Program Name: \_\_\_\_\_  
Hospital Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_