



2018 Patient Blood Management Program Listing Criteria at SABM.org

1. Does your program have a designated Program Coordinator or Manager? Yes No

Name and title			
Phone		Email	
Job duties			

2. Does your program have a designated Medical Director, Consultant, or Advisor/Liaison to Medical Staff? Yes No

Name and title			
Specialty			
Phone		Email	
Job duties			

3. Does your program offer hospital employees education in Patient Blood Management? Yes No

If no, is it in development? Yes No

Kinds of education offered	
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Examples: CME-physician, CEU-nursing, PBM curriculum for teaching hospitals

4. Does your program use the SABM Standards, PBM clinical guidelines, algorithms, or protocols for care? Yes No

Comments	
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6. Does your program have a Governing/Advisory Panel/Transfusion/PBM Committee? Yes No

If no, is it in development? Yes No

Comments	
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7. Do you have Administrative Policies? Yes No

If no, are they in development? Yes No

Comments	
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8. Provide a brief description of your program.

Name	
Description	

8. Additional comments/discussion?

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

Name and title			
Institution			
Phone		Email	

Send completed form to admin@sabm.org

Reviewed by:

Date: