

## Facility Information Form/Memo of Understanding

\_\_\_\_\_, applicant to the SBB Program by distance education, requires a facility affiliation.

Please complete this **Facility Information Form/Memo of Understanding** and return to the prospective student to be submitted to the UMCNO SBB Education Coordinator.

Name of Facility			
Address of Facility			
City	State	Zip	
Name of Contact Person			
Title			
Signature			

**Please indicate (X) which of the following is performed at your facility**

Task	Yes	No	Approximate per year
Transfusion preparation for surgical patients			
Transfusion preparation for Labor and Delivery			
Transfusion preparation for neonates			
Transfusion preparation for oncology			
Antibody identification			
Cord Blood Investigations			
DAT testing			
Elutions			
Adsorptions			
Donor Drawing			
Apheresis procedures			
Therapeutic apheresis procedures			
Washed/Frozen red blood cell preparation			
Component preparation			
Processing of blood and blood products			
Labeling of blood and blood products			
Viral marker testing/ transmissible diseases			
Bone marrow transplants			
HLA/DNA typings			

**Circle all that apply**

This facility is accredited/licensed by:      AABB   CAP   JCAHO   FDA

- |   |     |    |
|---|-----|----|
| Would you and/or your staff be willing to listen and evaluate the student for oral presentations? | Yes | No |
| Would you and/or your staff be willing to discuss policies and procedures with the participant?   | Yes | No |
| Would you be able to allow the participant to use equipment and/or reagents?                      | Yes | No |
| Does your facility require the participant to pay for any services/reagents provided?             | Yes | No |

If the answer is yes, please list the items that you would expect the participant to pay for and/or the amount of money expected to be provided: \_\_\_\_\_