

**Facility Information**  
LifeSouth Community Blood Centers

\_\_\_\_\_ is an applicant to the LifeSouth SBB program, a distance education program.

Please complete this information regarding the applicant's current work location and return to the applicant.

Facility Name:	
Facility Address:	
Name & Title of Contact Person	
Approx. # of licensed beds	
Contact Person Email Address	

Please indicate which of the following are performed at your facility.

Transfusion preparation for surgical patients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfusion preparation for Obstetrical patients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfusion preparation for neonates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfusion preparation for oncology patients	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: Transfusion preparation means type and screens, crossmatch, providing components, etc.