



RELEASE OF INFORMATION

INSTITUTION: _____

NAME [PLEASE PRINT]: _____

SOCIAL SECURITY #: _____ DATE: _____

I hereby grant permission for the Transfusion Medicine Academic Center, St. Petersburg, Florida, to receive all information regarding my employment and/or scholastic standing with your organization/institution.

Signed: _____
(Applicant ' s Signature)

Application for Admission
Florida Blood Services
St. Petersburg, FL 33716

Have you previously applied for admission here? No [] Yes [] _____ [If yes, state when]

Applying for admission to class beginning: _____

What goals have you set for yourself?

What do you expect to obtain from SBB training?

What qualities do you have that will help you succeed in an on-line program?

How many hours a day do you anticipate studying for this program? _____

Briefly describe the personal characteristics you have which make you effective in working with people.

Honors and Activities (include organizations, publications, attendance at seminars/workshops/meetings):

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Please indicate how often you perform the following procedures – daily, weekly or monthly. Check the applicable box. If it has been more than a year since last performed, list the last year it was performed (LYP). Leave blank any procedures you have not performed. Do not include tests run in school or in a workshop.

| Daily | Weekly | Monthly | L Y P | Procedure |
|-------|--------|---------|-------|---|
| | | | | ABO and Rh Typing: |
| | | | | by tube |
| | | | | by microplate |
| | | | | by gel |
| | | | | by solid phase |
| | | | | Red cell phenotyping |
| | | | | Direct antiglobulin testing |
| | | | | Type and screens |
| | | | | Compatibility tests |
| | | | | Resolution of ABO discrepancies |
| | | | | Single antibody identification |
| | | | | Multiple antibody identification |
| | | | | Enzyme panels |
| | | | | DTT/ZZAP treatment of cells |
| | | | | Neutralization techniques |
| | | | | Autoadsorptions |
| | | | | Differential adsorptions |
| | | | | Elutions, temperature (Lui Freeze or Heat) |
| | | | | Elutions, pH (ELU kit) |
| | | | | Fetomaternal hemorrhage screen |
| | | | | Kleihauer-Betke stain |
| | | | | Donor blood collection |
| | | | | EIA/RIA testing |
| | | | | Component preparation for storage (prepare FFP, platelets, cryo) |
| | | | | Component preparation for administration (pool plts,thaw,aliquot) |
| | | | | Issue blood or components |
| | | | | Investigation of transfusion reaction |
| | | | | HLA typing |

Other experiences not listed:

Estimate total number of donors and/or transfusions **per month** performed at your facility:

Donors _____ Transfusions _____

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WORK EXPERIENCE

(List most recent first)

| DATE | EMPLOYER and MAILING ADDRESS | TITLE AND JOB DESCRIPTION | % TIME in BLOOD BANK | If HOSPITAL, # BEDS | REASON FOR LEAVING |
|--------------|------------------------------|---------------------------|----------------------|---------------------|--------------------|
| From (Mo/Yr) | | | | | |
| | | | | | |
| To (Mo/Yr) | | | | | |
| | | | | | |
| From (Mo/Yr) | | | | | |
| | | | | | |
| To (Mo/Yr) | | | | | |
| | | | | | |
| From (Mo/Yr) | | | | | |
| | | | | | |
| To (Mo/Yr) | | | | | |
| | | | | | |
| From (Mo/Yr) | | | | | |
| | | | | | |
| To (Mo/Yr) | | | | | |
| | | | | | |

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Please ***print*** a list of professional references that we may contact:

* First entry must be current supervisor or medical director.

| NAME | ADDRESS | TITLE, INSTITUTION, E-MAIL ADDRESS |
|------|---------|---------------------------------------|
| | | |
| | | |
| | | |
| | | |

Describe how you see this on-line program impacting your life. Explain how you will find time for studying, completing rotations and writing a research paper.

List the transfusion service, donor center and reference lab (include city and state) where you will perform your rotations:

Please return this form and have all college transcripts forwarded directly to:

Florida Blood Services
Marjorie W. Doty, MT(ASCP)SBB
Manager, Transfusion Medicine Academic Center
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St. Petersburg, FL 33716-3806
Phone: (727) 568-5433 ext. 1514
Fax: (727) 568-1177