SBB Facility Information

LifeSouth Community Blood Centers

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

Complete the following information regarding the applicant's current work location, and return to the applicant.

Facility Name:	
Facility Address:	
Name & Title of Contact Person:	
Contact Person Email Address:	
Approximate Number of Licensed Beds:	

Indicate which patient populations receive transfusion preparation (type and screens, crossmatch, providing components, etc.) at your facility.

Surgical patients	☐ Yes ☐ No
Obstetrical patients	☐ Yes ☐ No
Neonates	☐ Yes ☐ No
Oncology patients	☐ Yes ☐ No
Sickle cell patients	☐ Yes ☐ No

Scan and email the completed form to education@lifesouth.org.

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Form Version History

Effective Date	Significant Changes
19 Aug 2026	• Updated form formatting to match Tech Comm style guidelines. • Made additional minor changes.
02 Aug 2021	New form.