

**LifeSouth Community Blood Centers, Inc. Specialist in Blood Bank Technology Program
Gainesville, FL 352 224-1711**

Memorandum of Understanding / SBB Clinical Rotations

_____, a participant of the LifeShare SBB program by distance education, requires a facility affiliation for the purpose of completing SBB Clinical Rotations.

Please complete this **Memorandum of Understanding** and return to the student.

Facility Name: _____

Facility Address: _____

Name & Title of Contact Person: _____

Email & Phone Number of Contact Person: _____

Please indicate which of the following rotation(s) will be completed at your facility.

Rotation	Student rotation to be completed
1. Transfusion Service	
2. Reference Lab	
3. Donor room	
4. Donor Recruitment	
5. Apheresis	
6. Component Preparation	
7. Donor Processing	
8. Quality Assurance	
9. HLA	
10. Mobile Drive	
11. Management	
12. HPC	
13. Medical Director/Pathologist	
14. Molecular Testing	
15. Coagulation	
16. Intraoperative Salvage program	

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

STAFF QUALIFICATIONS: Instructional staff must be qualified by maintaining relevant certifications, licensure or equivalent experience. They should have a minimum of one year of experience in their respective area and show involvement in continuing education programs.

Please state name, credential and brief statement of qualification of instructional staff. Alternatively, a CV or resume may be supplied.

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Expectations for each party in this agreement are described below.

The clinical rotation facility will:

1. Schedule student rotations at the convenience of the rotation site.
2. Provide instruction to students on the proper use of equipment and performance of test procedures under supervision of qualified staff members.
3. Allow the student to use equipment and/or reagents at no cost to the student.
4. Ensure that students do not perform service work in place of qualified staff.
5. Provide students information and training concerning facility policies and procedures including safety and confidentiality of PHI and compliance with HIPAA.
6. Have the option to request that any student whose unsatisfactory performance or behavior might jeopardize patients, personnel or themselves, be removed from the clinical rotation site. In the event such measures are taken, LifeSouth Community Blood Center (LS) SBB program personnel must be notified immediately by calling 352 224-1711 or emailing gamartinez@lifesouth.org
7. Complete a student evaluation form and email to the LS SBBT/TM education coordinator at gamartinez@lifesouth.org.

The student will:

1. Follow all safety policies and procedures as instructed by the facility.
2. Operate equipment and perform testing under the supervision of qualified staff.
3. Protect any confidential information in accordance with HIPAA.
4. Conduct themselves in a professional manner which does not jeopardize patients, personnel or themselves.
5. Complete an evaluation of the facility after completion of clinical rotation(s).

The LS SBBT Program will:

1. Provide the student with objectives and checklists to be completed for each clinical rotation. This information can serve as a guide for the facility to understand what material needs to be covered.
2. Be available by phone or email for consultation regarding the student and the education materials.

Contact Person Signature

Date

Student Signature

Date

LS SBBT Program Contact Signature

Date