



Specialists in Blood Bank Technology Program (SBB) SIGNATURE AND SUBMISSION FORM

Name *(Please Print)*:

SSN *(Last Four Digits)*: _____

I hereby grant permission for BioBridge Global/University Hospital SBB task force to receive and review all information regarding my employment and/or scholastic standing with your organization/institution. All information I provided is current and accurate. Information received will be kept confidential and will not be released without my written consent. Information may be shared with CAAHEP and AABB.

SBB Applicant Signature: _____ DATE: ___/___/___

In addition to the online application, these completed forms may be scanned and submitted by email or sent as hardcopy to Lorena Aranda, Education Coordinator, at Lorena.Aranda@QualTexLabs.org:

- Procedures Performed Form
- References Form
- Student Mentor Agreement Form
- Online Student Only Form *(if applicable)*
- College Transcripts *(Request an official transcript be sent directly to the SBB education coordinator)*
- Certification(s) Form

For additional information, contact:

Lorena Aranda MSHS, MT, BB, SBB (ASCP) CM

SBB Education Coordinator, Director Immunohematology Reference Laboratory

QualTex Laboratories

6211 IH 10 West | San Antonio, TX 78201

W: 210-731-5555 ext. 1360 | F: 210-249-4417

Lorena.Aranda@QualTexLabs.org | QualTexLabs.org



Specialists in Blood Bank Technology Program (SBB) ONLINE STUDENT ONLY INFORMATION FORM

If you will be participating in SBB online, please complete this table, indicating where you will complete your clinical rotations. *(This is for those students that will not be able to drive to either BioBridge Global or University Hospital for Clinical Rotation during their school year)*

Name *(Please Print)*:

Activity	Name of Organization	City, State
Transfusion Service		
Reference Laboratory		
Donor Center <ul style="list-style-type: none">• Donor Room/Mobile drives• Recruitment• Apheresis• Components• Quality Assurance• Donor Testing		
HLA		
Management		
HPC		

Specialists in Blood Bank Technology Program (SBB) LABORATORY PROCEDURES PERFORMED FORM

Name (Please Print): _____

Indicate with a check mark the number of each of these procedures you have performed in the last 12 months.

	None	1-12	>13
Routine ABO / Rh typing			
ABO Discrepancy Resolution			
D and weak D typing			
Indirect Antiglobulin Test: Gel method			
Indirect Antiglobulin Test: PEG			
Indirect Antiglobulin Test: LISS			
Antibody identification and resolution-Routine			
Antibody identification and resolution-Complex			
Direct Antiglobulin Test (DAT)			
Elution Studies <ul style="list-style-type: none"> • Lui Freeze • ELU kit • Heat 			
Compatibility Testing			
Red Blood Cell Separation Techniques (dual populations)			
Chemical Treatment: EGA/Chloroquin			
DTT Treatment <ul style="list-style-type: none"> • Serum • Plasma 			
Enzyme Treatment of RBCs			
Adsorption Studies <ul style="list-style-type: none"> • Alloadsorption • Autoadsorption 			
Titration Studies			
Inhibition/Neutralization Studies:			
HLA-matched platelets			
Molecular Testing: <ul style="list-style-type: none"> • Indicate technique _____ 			
Other relevant experience not listed above:			



Specialists in Blood Bank Technology Program (SBB) APPLICANT REFERENCE FORM

Name: _____ (*SBB applicant*) has applied for admission to BioBridge Global/University Hospital Specialists in Blood Bank Technology Program in San Antonio, Texas. Please evaluate this person's attributes by checking the appropriate responses. A calculated numerical score from your responses will be used in our decision to accept this applicant. Feel free to add any other information that might be pertinent to the applicant's acceptance into this SBB program.

Ability	Unable to assess	Below Average	Average	Above Average	Excellent
	0	1	2	3	4
Technical Ability					
Continuing Education Participation					
Motivation					
Leadership/Supervision Ability					
Initiative					
Likelihood of success in specialty training					
Problem Solving Ability					
Organization of Work					
Ability to work with others					
Ability to communicate with others effectively					
Emotional Maturity					
Adherence to standard procedures					
Ability to function under pressure					
Attendance Record					
SUM					

Please comment on any of the abilities or any additional comments:



Specialists in Blood Bank Technology Program (SBB) APPLICANT REFERENCE FORM *(page 2)*

Reference Name *(Please Print)*:

Reference Signature: _____ DATE: __/__/__

Relationship to Applicant: _____

If we have additional questions, may we contact you? [] Yes [] No

If yes, please complete the following:

Phone: _____ Email: _____

Address: _____ City/State/Zip _____

Please return this completed form to:

Lorena Aranda MSHS, MT, BB, SBB (ASCP) CM
SBB Education Coordinator, Director Immunohematology Reference Laboratory
QualTex Laboratories
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Specialists in Blood Bank Technology Program (SBB) STUDENT MENTORING AGREEMENT FORM

Name: _____ (*SBB applicant*) has applied for admission to BioBridge Global/University Hospital Specialists in Blood Bank Technology Program in San Antonio, Texas. A mentor is required for the acceptance into the online distance program. The mentor's commitment to the SBB student is for the duration of his/her participation in the program, usually 12 months.

Qualifications as a mentor:

- Have SBB (ASCP) certification, or be a pathologist that is board certified in Transfusion Medicine, or a director of a blood bank. Other qualifications may be approved by SBB program director.
- Have extensive experience in blood banking / transfusion medicine.
- Be employed in some capacity at a blood center or transfusion service

The mentor should be willing to ensure the following:

- Provide guidance in some or all aspects of blood bank technology.
- Communicate with the SBB program education coordinator concerning the student's progress.
- Complete checklists concerning the student's clinical activities and practicums.
- Review antibody identification work-ups.
- Provide and/or prepare unknowns or other special testing opportunities for the student's clinical experience.
- Evaluate the student's ability at oral presentations.
- Help to provide an audience so the student can present case studies, journal articles or other educational activities.
- Provide ideas and guidance for management and research projects.
- Assist the student with networking to locate laboratories for required practical experience.

The mentor is NOT responsible for the following:

- Providing monetary support to the student for any project.
- Grading, administering or developing written or practical tests for the student.
- Providing reagents or any materials that might entail costs to themselves or the facility.
- Preparing lectures, providing textbooks or other didactic materials.

I, _____ (*please print*), am willing to provide the necessary support as listed above. I understand the student may need my assistance for one year. If at any time, I feel I cannot continue with this role, I may withdraw. It will be the student's responsibility to find another mentor.

- ***Please provide a current CV or resume, listing all pertinent education and experience***

Signature of Mentor: _____ DATE: ___/___/___

Please return this completed form to:

Lorena Aranda MSHS, MT, BB, SBB (ASCP) CM
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