



AMERICAN SOCIETY OF
EXTRACORPOREAL TECHNOLOGY
Lead - Collaborate - Educate - Care

International Board of Blood Management
AUTHORIZATION FOR RELEASE OF INFORMATION
AND CASE VERIFICATION FORM

Email: ibbm@amsect.org
Website: www.amsect.org/certification

This page must be signed by the applicant and an immediate supervisor or other hospital authority.

Authorization for Release of Information

This section MUST be signed by the applicant.

I certify that all information submitted in this report is accurate and correct. Any misrepresentation of the information will result in a revocation of the application or a termination in certification by the International Board of Blood Management. I hereby authorize the Immediate Supervisor or other Hospital Authority to verify the accuracy of the information on the submitted Clinical Activity Report.

Signature: _____

Printed Name: _____

Date: _____

Case Verification

This section MUST be signed by an immediate supervisor or other hospital authority.

FOR USE BY IMMEDIATE SUPERVISOR OR OTHER HOSPITAL AUTHORITY ONLY

of Cases Verified: _____ # of Cases Not Verified: _____

Reasons for lack of verification:

Signature: _____

Printed Name: _____

Title: _____

Hospital or Company: _____

Address: _____

Date: _____