



AMERICAN SOCIETY OF  
EXTRACORPOREAL TECHNOLOGY  
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**International Board of Blood Management**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**AND CASE VERIFICATION FORM**

(312) 321-5156 – Phone  
(312) 673-6656 – Fax  
Email: [ibbm@amsect.org](mailto:ibbm@amsect.org)  
Website: [www.intbbm.org](http://www.intbbm.org)

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**

Cases verified: \_\_\_\_\_ Cases not verified: \_\_\_\_\_

Reasons for lack of verification:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_