

Managing the Nation's Blood Supply

The Blood Stocks Management Scheme are holding a series of Regional Road Shows during 2010

Date	Venue
12 April 2010	St.James's Institute of Oncology, Bexley Wing, Beckett St., Leeds, LS9 7TF
06 May 2010	NHSBT Manchester Centre
07 May 2010	NHSBT Birmingham New Street
18 May 2010	Romsey Golf Club, Southampton, SO16 0XW
26 May 2010	Methodist International Centre, Euston St, London, NW1 2EZ

Road Show themes will include:

- Stock sharing relationships – the good, the bad and the ugly
- Return of blood from hospitals to blood centres
- On line blood ordering system
- Electronic despatch note
- Interactive workshops on stock management and stock sharing
- Update from BSMS on data and developments.

Road Show attendance would benefit:

- Hospital blood transfusion laboratory and quality managers
- Hospital staff involved in managing the hospital blood inventory
- Blood Services senior managers and managers involved in managing national and local blood centre inventories
- Anyone with an interest in managing the blood supply chain.

Registration form enclosed

For further information contact the BSMS office on

Tel:020 8271 6306 or Email bsms@nhsbt.nhs.uk

Managing the Nation's Blood Supply - Regional Road Shows 2010

Registration Form *(please photocopy this form as required)*

Please return this form and a cheque for £25 (lunch & refreshments included) made payable to NHS Blood and Transplant no later than 2 weeks prior to the event:

BSMS,
PO Box 33910,
London
NW9 5YH

☎: 020 8271 6306

✉: bsms@nhsbt.nhs.uk

VENUE	DATE	PLEASE ✓
Leeds St James's Institute of Oncology, Bexley Wing, Beckett Street, Leeds, LS9 7TF	12 th April	<input type="checkbox"/>
Manchester NHSBT Manchester Centre	6 th May	<input type="checkbox"/>
Birmingham NHSBT Birmingham New Street	7 th May	<input type="checkbox"/>
Southampton Romsey Golf Club, Southampton, SO16 0XW	18 th May	<input type="checkbox"/>
London Methodist International Centre, Euston Street, London, NW1 2EZ	26 th May	<input type="checkbox"/>

Please use **BLOCK CAPITALS**

Name	
Job Title	
Hospital	
Department	
Work Telephone No	
Email	
Address	
Please state any dietary requirements	
Special Requirements i.e. wheelchair access	
NHSBT Internal Transfer	PLEASE ✓ <input type="checkbox"/>
Cheque Enclosed	PLEASE ✓ <input type="checkbox"/>

Registrations will only be accepted if accompanied by a guarantee of payment.
You will receive confirmation of your reservation via email.