



BLOOD STOCKS MANAGEMENT SCHEME

Open Meeting 2004



Meeting evaluation and feedback

You can fill in this form online by clicking in the blue boxes and typing. You can then either print it out or email it using the buttons at the bottom of this form.

Dear Participant,

We hope that you found this day enjoyable and informative. Your comments are important to us, so we would ask you to take a moment to complete this evaluation form. The results will be analysed to ensure that programmes for any future meetings will fulfil our participant's requirements.

Please tick as appropriate:

Hospital Participant NBS staff Exhibitor

- 1. How useful did you find the following presentations and aspects of the meeting? Also indicate how important the issue discussed is to you. Rate each using a scale from 1 (high) to 5 (low)**

	<i>Usefulness</i> 1-5	<i>Importance</i> 1 - 5
<i>Purpose</i> of the Blood Stocks Management Scheme	<input type="checkbox"/>	<input type="checkbox"/>
<i>Progress</i> of the Blood Stocks Management Scheme	<input type="checkbox"/>	<input type="checkbox"/>
<i>Possibilities</i> for the Blood Stocks Management Scheme	<input type="checkbox"/>	<input type="checkbox"/>
Storage and shelf life of platelets	<input type="checkbox"/>	<input type="checkbox"/>
NBS platelet management	<input type="checkbox"/>	<input type="checkbox"/>
Clinical use of platelets - therapeutic, prophylactic, and thresholds	<input type="checkbox"/>	<input type="checkbox"/>
Open Forum	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to meet with other participants	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to meet exhibitors	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: <input style="width: 500px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Was there enough time for discussion of issues related to the scheme that were not on the programme?**

Yes No

3. Would you attend a BSMS Open Meeting next year?

Yes No

4. Was the information you were sent prior to the meeting adequate?

Yes No

5. How useful did you find the delegate pack?

Please circle (1 = very useful, 5 = not at all useful) 1 2 3 4 5

6. How did you rate the meeting venue?

Please circle as appropriate

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>	<i>Very Poor</i>
Venue	1	2	3	4	5
Conference room facilities	1	2	3	4	5
Refreshments	1	2	3	4	5

7. Please list any topics you would like discussed at future meetings

8. The BSMS team will send out information about the next meeting to our main contact at each hospital. If you are not the main contact but would like information to be sent to you, please give your name and address below.

Name	
Full Hospital Name	
Postal Address	
Email	@

Please either place completed forms in the box as you leave
 or return to: BSMS Office, PO Box 33910, London NW9 5YH
 or fax to: 020 8258 2856