



Prospective Client Questionnaire

I. General Information

Today's Date:	_____		
Name of Facility:	_____		
Mailing Address:	_____		
City:	State:	Zip:	

Primary Contact:	_____		
Title:	_____		
Phone:	_____		
Email:	_____		

# of Collection Sites:	_____	Buses:	_____	Hospitals Served
How did you hear about BBCS?	_____			
Have you seen a demo of our ABO Suite?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

II. Project Timeline

Projected software demonstration date:	_____
Projected software selection date:	_____
Desired go-live date for a new system:	_____
When does your fiscal year begin?:	_____

III. Cost Estimation:

BBCS uses a tiered pricing model based on transactions. Please respond to this section of questions based on the totals for the facility's last completed year. Please use the most accurate numbers possible as this information will be used to create a price quote for your facility.







Total Collections (Appeared Donors Less Deferred):	_____
Total number of specimens tested for other facilities:	_____
Total number of products purchased from other facilities:	_____
Total number of patient orders for testing and products:	_____
How many named production users will you have on the system?	_____
How many users will be on the system concurrently?	_____

IV. Compelling reasons to change software: Check all that apply:

BCA Group Discounts	<input type="checkbox"/>
Ability to participate in BBCS CEO Summit	<input type="checkbox"/>
Vendor no longer supports your application	<input type="checkbox"/>
Current system doesn't have the desired automated controls	<input type="checkbox"/>
Desire to do paperless processing	<input type="checkbox"/>
Too costly to maintain or upgrade to current version	<input type="checkbox"/>
Current vendor is unable to meet the needs of your facility	<input type="checkbox"/>
Regulatory compliance issues	<input type="checkbox"/>
Outgrown data capacity of current system	<input type="checkbox"/>
Looking for a hosted solution	<input type="checkbox"/>
Desire to embrace new technologies	<input type="checkbox"/>
Currently using a manual system	<input type="checkbox"/>

V. Available Application(s):

Check Desired

 ABO QuickPass Paperless, remote donor history questionnaires that provide an efficient donor process and significantly reduce daily management.	<input type="checkbox"/>
 ABO Wheels Support for blood collections, screening, registration, and data capture in center or at remote locations.	<input type="checkbox"/>
 ABO Express A robust, centralized blood banking software system that supports end-to-end collection management, inventory control, donor testing, reference laboratory, transfusion services, shipping and receiving, quality assurance, and billing activities.	<input type="checkbox"/>
 ABO LabLink Receipt of electronic unit and specimen results from testing equipment for automatic incorporation into the master ABO Express database.	<input type="checkbox"/>
 ABO Market An easy-to-use hospital ordering and fulfillment system.	<input type="checkbox"/>
 ABO Pulse A management dashboard to track key metrics and dynamically generate reports.	<input type="checkbox"/>

VI. Available Interface(s):**Check Desired**

Blood Collections Interface	<input type="checkbox"/>
3 rd Party Recruitment Interface	<input type="checkbox"/>
HL7 Interface (Hospital Orders)	<input type="checkbox"/>
BloodTrack Interface	<input type="checkbox"/>

VII. Training/Implementation Services:

What is your current software system?	_____
When was your current system first implemented?	_____
When was your current system last updated?	_____
How many people will you have on your implementation team?	_____

VIII. Hardware/Interfaces:

Are you interested in a private cloud hosted solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Do you outsource your testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, to whom?			
Do you do any testing in house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list all LIS systems used and equipment that you plan to interface to the new system:			
What other 3 rd party applications are you wanting to integrate with your new system?			

IX. Data Conversion:

Are you intending to convert data from your legacy system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Donor Data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Inventory Data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Patient Data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have legacy data that you are retaining for lookback purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No