Boston Children’s Hospital Transfusion Medicine Service
TMS Agreement/Contract Review and Performance/Service Evaluation

Supplier Name: __________________________________________________________

Date Reviewed: _______________ Reviewed by: ____________________________________

Date Agreement Period: ___________________________ Evaluation for Year: __________

Regulatory Compliance Review:
Does the contract agreement define the nature and scope of the materials/equipment/products/services/care (overall expectations) to be provided to the TMS? Yes No – explain:

Does the contract agreement contain responsibilities and roles for the performance of critical tasks to be performed in/for the TMS, including when more than one facility is involved for their performance? Yes No – explain:

Performance/Service Evaluation:
Instruction: evaluate each aspect of the contract service agreement on a scale of one (1) to five (5) with (5) being excellent and (1) being poor. Circle all that are appropriate to the agreement, or if the question doesn’t pertain, circle N/A.

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Scale/Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment performance</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Contract staff interactions/responsiveness</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Timeliness of contract agreement service</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Contract renewal process responsiveness</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

During the past twelve (12) months:
(Note: any YES response to 1-3 and/or a NO response to 4 requires further explanation below)

1. Have there been any VRF’s filed, or complaints reported about this service?  Yes No
2. Has a patient/donor/employee been injured or a delay in service experienced as a result of this contract agreement provider?  Yes No
3. Has anyone (donor, patient, staff, or leadership) voiced a complaint about this supplier?  Yes No
4. Do you recommend and review/approve the supplier contract agreement?  Yes No

Additional information:

__________________________________________________________________________

TMS Manager Final Evaluation:
This contract agreement supplier has been reviewed and has been determined to:

☐ Meet performance expectations. The contract agreement is approved and may be renewed when appropriate.

☐ Not meet performance expectations. Contract agreement must be amended upon next renewal period. (Refer to BCH policy during any renegotiation or termination procedures with Purchasing, as needed, while ensuring continuation of services.)

TMS Manager Review: ________________________________ Date: ____________________ Form 12-15