

ANNUAL U.S. HLC QUESTIONNAIRE

Instructions: After reviewing the information with the presentations coordinator and the cooperative doctors list coordinator, the chairman should complete and send this form to the branch's Hospital Information Desk (HID). Thereafter, a copy should be provided to each HLC member. Use the questionnaire as a basis for the next HLC meeting and review the HLC activity for the past year. You should note any changes in the number of cooperative doctors and identify the future needs and goals of the HLC (for example, increasing the number of cooperative doctors in certain specialties by making presentations, improve interaction between members, etc.).

- (1) Date:
- (2) Name of Hospital Liaison Committee:
- (3) Number of Hospital Liaison Committee members:
- (4) Number of Patient Visitation Group members:
- (5) Name *only* the hospitals that *often* receive Witness patients:
- (6) What HLC activity should you concentrate on in the coming months and why?
- (7) Number of cooperative doctors by specialty:

Anesthesiology	Otolaryngology
Burn Care	Pediatric Anesthesiology
Cardiothoracic Surgery	Pediatric Cardiothoracic Surgery
Colorectal Surgery (Proctology)	Pediatric General Surgery
Critical Care/Intensive Care	Pediatric Hematology
Emergency Medicine	Pediatric Oncology
Gastroenterology	Pediatric Neurosurgery
General Surgery	Pediatric Orthopedic Surgery
Gynecologic Oncology	Pediatric Scoliosis
Gynecology	Pediatric Sickle-cell
Hematology	Pulmonology
High-Risk Pregnancy (Perinatology)	Robotic Surgery
Hospitalist	Transplantation/Heart
Interventional Radiology	Transplantation/Kidney
Neonatology	Transplantation/Liver
Nephrology	Transplantation/Lung
Neurosurgery	Trauma
Obstetrics	Urology
Oncology	Vascular Surgery
Oral and Maxillofacial Surgery	
Orthopedic Surgery	
- (8) Please share any outstanding experiences involving presentations made during the past year. (If necessary, include on separate sheet of paper):
- (9) Did your committee meet together this calendar year? How many times?

INFORMATION ON BMSPS
(Only well-established BMSPs should be listed)

Hospital Name:
Hospital Address:

Coordinator's Name:
Coordinator's Phone:
Witness (Y or N):

BMSP Phone:

Please type in some comments on the following questions:

- What outstanding medical specialties is the BMSP known for? (List more than one if applicable.)

- How many physicians participating in the BMSP have qualified to be on the HLC's cooperative doctors list? (Refer to direction found in the October 2, 2006, letter to all HLCs)

Hospital Name:
Hospital Address:

Coordinator's Name:
Coordinator's Phone:
Witness (Y or N):

BMSP Phone:

Please type in some comments on the following questions:

- What outstanding medical specialties is the BMSP known for? (List more than one if applicable.)

How many physicians participating in the BMSP have qualified to be on the HLC's cooperative doctors list? (Refer to direction found in the October 2, 2006, letter to all HLCs)