Place Hospital Logo Here

Specimen Collection Audit New Order No: 2013- 001

Sample Collection Date: YYYY-MM-DD Priority: ☐ Routine: ☐ Urgent ☐ Stat

Ward/Area: ☐ ER ☐ Outpatient Clinic ☐ Obstetrical Unit
☐ ICU ☐ OR/RR ☐ Inpatient Ward
☐ Chronic Care/Rehab ☐ Pediatrics

Person collecting samples: ☐ Phlebotomist ☐ Registered Practical Nurse ☐ Registered Nurse
☐ MLT ☐ Physician ☐ Other

Specimen Collection

Order of draw correct	☐ Yes ☐ No
Correct sample tube collected	☐ Yes ☐ No
Were all specimens properly mixed?	☐ Yes ☐ No
Is this specimen for transfusion related testing?	☐ Yes ☐ No

Total number of tubes collected ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ >5

Labelling of Tube:

Patient Identification checked using: ☐ Wristband ☐ Verbal (Patient) ☐ Photo ID
☐ Verbal (relative or caregiver) ☐ Not Checked

If wristband used:

Were two unique identifiers on the wristband?	☐ Yes ☐ No
Was all information legible on wristband?	☐ Yes ☐ No
Was the wristband attached to the patient?	☐ Yes ☐ No

Criteria used to verify identification: ☐ Name (first/last) ☐ Date of Birth ☐ Address

Tube labelled in front of patient: ☐ Yes ☐ No

Identifiers listed on

	Specimen	Form
Last Name	☐ Yes ☐ No	☐ Yes ☐ No
First Name	☐ Yes ☐ No	☐ Yes ☐ No
Hospital Unique Identifier	☐ Yes ☐ No	☐ Yes ☐ No
Date of Birth	☐ Yes ☐ No	☐ Yes ☐ No
Specimen collector Initials / I.D.	☐ Yes ☐ No	☐ Yes ☐ No
Specimen collector signature (Transfusion)	☐ Yes ☐ No	☐ Yes ☐ No

Name of Auditor: _____ Initials: _____