Specimen Collection Audit – Paper Form Guide

This is the paper form to be filled out to audit a specimen collection. The form corresponds to the online audit tool where the information can be entered and tracked.

Note: If you use questions outside of the ones provided on this form, you will not be able to enter them into the electronic collections form.

Add your hospital logo to the top section to indicate which site you are tracking for.

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 N☐ MLT ☐ Physician ☐ Other	lurse	
		All fields are
Specimen Collection Order of draw correct Correct sample tube collected Were all specimens properly mixed? Is this specimen for transfusion related testing?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	mandatory in the electronic collection form with the
Total number of tubes collected	3 🗆 4 🗆 5 🗆 >5	exception of the wristband section.
Labelling of Tube:		
Patient Identification checked using: Wristband Verbal (Patient) Verbal (relative or caregiver)	☐ Photo ID☐ Not Checked	
If wristband used: Were two unique identifiers on the wristband? Was all information legible on wristband? Was the wristband attached to the patient?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	These questions are only mandatory if the
Criteria used to verify identification: ☐ Name (first/last) ☐ Date of Birth	□ Address	patient was
Tube labelled in front of patient:	☐ Yes ☐ No	identified using a wristband.
<u>Identifiers listed on</u>	F	
Last Name	Form Yes No Yes No Yes No Yes No Yes No Yes No	
Name of Auditor: Initials:		_