



**VITAL LAB**

**LABORATORY AND DIAGNOSTICS**

# **CLINICAL EXTERNSHIP GUIDE**

Dear Applicant:

Thank you for your interest in the Phlebotomy Clinical Externship Program. This Clinical Externship Guide is designed to assist applicants with navigating the Phlebotomy Clinical Externship Program process.

### **Program Mission**

The mission of the Phlebotomy Clinical Externship Program is to provide comprehensive hands-on tutorial instruction and practical clinical experience for occupational skill development and proficiency. The preceptors of the Phlebotomy Clinical Externship are committed to providing quality tutorial instruction to prepare applicants for professional licensures, national certification examinations, and/or maintenance of occupational scope of practice.

### **Admission Requirements**

Admission to the Phlebotomy Clinical Externship Program requires that applicants complete the Admissions Application and a Health Professions Physical Clearance. These candidate forms are available within this Clinical Externship Guide. In addition, applicants are required to attend an open information session.

### **General Information**

#### **Additional Admission Requirements**

- Tuition Fee and Tuition Fee Agreement
- High School Diploma or Equivalent
- Proof of enrollment or completion of SCHEV Approved CPT/CCMA Program (Certificate of Completion Required, If Graduated).
- American Heart Association Basic Life Support (BLS) Certification
- American Heart Association Bloodborne Pathogens Certification
- Individual Professional Liability Insurance or Student Blanket Policy

### **Program Specific Information**

The Phlebotomy Clinical Externship Program provides:

- Extensive hands-on tutorial instruction and clinical practical experience designed to aid externs with occupational proficiency.
- Exposure to various clinical settings and patient population groups for versatile clinical skill development.
- Preparation for occupational-specific licensure, national certification examination, and occupational scope of practice maintenance.

### **Program Duration**

Participants will be allotted five (5) clinical rotation days under direct supervision of a certified preceptor. Per National Healthcareer Association CPT guidelines, participants will successfully obtain thirty (30) unaided venipunctures and ten (10) capillary/finger sticks on live patients.

## **Program Highlights**

Participants of the Phlebotomy Clinical Externship Program will receive comprehensive hands-on tutorial instruction and practical clinical experience for occupational skill development and proficiency in the following areas:

### **Laboratory Safety and Compliance**

- OSHA and CDC safety standards
- Proper use of Personal Protective Equipment (PPE)
- Infection control practices
- Preventing exposure to bloodborne pathogens
- Safe handling and disposal practices for biohazardous materials
- HIPAA and Patient Confidentiality practices

### **Laboratory Terminology**

- Laboratory terminology and abbreviations defined
- Test abbreviations, test codes, and requirements

### **Venipunctures Techniques**

- Proper patient identification entry and verification procedures
- Proper venipuncture techniques on various patient age groups to include pediatric\*, adolescent, and geriatric patients
- Proper venipuncture protocol, vein assessment, and vein site selection
- Proper techniques for managing hardstick and combative patients

### **Phlebotomy Documentation**

- Proper completion of requisition forms and navigation of Electronic Ordering Platform (EOP)
- Proper Chain of Custody procedures and documentation practices.
- Proper selection of ICD-10 codes per test code

### **Occupational Health Services**

- Proper collection procedures for Non-DOT urine specimens
- Proper collection procedures for non-urine specimens
- Procedures for completing routine occupational health services

### **Specimen Procedures**

- Proper specimen handling protocol for blood and non-blood specimens
- Proper aliquoting and centrifugation of serum and plasma specimens
- Proper protocol for packaging, preparing, and storing specimens

### **Laboratory Information Systems (LIS)**

- Proper navigation of various Laboratory Information Systems (LIS)
- Patient verification and demographic entry procedures
- Accessioning blood and non-blood specimens
- Procedures for retrieving and securely transmitting results
- Procedures for reporting and documenting abnormal and critical values

## Profession Specific Information

Phlebotomists work in a variety of clinical settings performing venipunctures (blood draws) for medical diagnostic testing. Phlebotomists play an integral role in the diagnosis of medical conditions, patient care, and advancement of medical research and development. Phlebotomists can expect to begin a career as an entry-level healthcare professional within a hospital, clinic, medical practice, or laboratory. Phlebotomists can become more marketable to potential employers by obtaining national certification through a nationally recognized certification agency such as the National Healthcareer Association (NHA) or the American Society of Clinical Pathology (ASCP).

## Career Advancement Pathways

### Medical Laboratory Assistant (MLA)

MLA's work in various areas of the laboratory, registering patients, collecting samples, and assessing the acceptability of samples for testing. In addition, MLA's process samples for testing including centrifugation, aliquoting, storage, and shipping. MLA's provide support for clinical testing including preparing slides, loading instruments, reviewing results, and performing waived and point-of-care testing.

Certification: Medical Laboratory Assistant (MLA) American Society of Clinical Pathology (ASCP)

Certification Route 5: Valid PBT(ASCP) certification **and** one year of full time acceptable clinical experience as a laboratory assistant in an acceptable laboratory within the last five years.

### Medical Laboratory Technician (MLT)

MLT's collect, process, and perform routine laboratory tests in blood banking, chemistry, hematology, immunology, microbiology, molecular biology, and/or urinalysis on biologic specimens to provide information necessary for the diagnosis and treatment of disease.

Certification: Medical Laboratory Technician (MLT) American Society of Clinical Pathology (ASCP)

Certification Route 1: Associate degree from an accredited (regionally or nationally)\*\* college/university OR 60 semester hours (90 quarter hours) of academic credit from an accredited (regionally or nationally)\*\* college/university **and** successful completion of a NAACLS or ABHES accredited MLT program within the last five years.

### Certified Clinical Medical Assistant (CCMA)

Certified Clinical Medical assistants (CCMAs) are critical members of healthcare teams in a variety of medical settings. CCMA take vital signs, assist providers with exams and procedures, administer injections or medications, perform EKGs, venipunctures (blood draw) and other essential laboratory procedures.

Certification: Clinical Medical Assistant (CCMA) National Healthcareer Association (NHA)

Certification Route: High school diploma/equivalent **and** one year of work experience within the Clinical Medical Assistant field within the last three years.

# Admission Application



## Applicant Information

### Name

FIRST	MIDDLE INITIAL	LAST
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### Address

STREET	CITY	STATE	ZIP CODE
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### Telephone Number

### Email

### Date of Birth

### Gender

### Social Security Number

### Program of Interest

☐ Phlebotomy Clinical Externship Program

### School/Institution

SCHOOL/INSTITUTION NAME
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STREET	CITY	STATE	ZIP CODE
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### Telephone Number

### Fax Number

### Program of Study

PROGRAM NAME
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### Professional Licensure

IF APPLICABLE
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### Graduated

YES	NO
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### Admissions Statement

Pursuant to the State Council of Higher Education for Virginia (SCHEV), the Applicant must be initially, dually, or previously enrolled in a program certified to operate by SCHEV in the Commonwealth of Virginia. **Note:** The Phlebotomy Clinical Externship Program is not designed to prepare an individual for initial entry into a professional field. The Phlebotomy Clinical Externship Program is tutorial instruction delivered and designed to prepare an individual for an examination, to demonstrate proficiency, or to maintain proficiency in an occupational field.

☐ I ACKNOWLEDGE AND UNDERSTAND THE ADMISSIONS STATEMENT

### Required Documentation Check List

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tuition Fee and Tuition Agreement              | <input type="checkbox"/> Health Professions Physical Clearance                         | <input type="checkbox"/> Immunization Record                               |
| <input type="checkbox"/> High School Diploma/Equivalent                 | <input type="checkbox"/> Proof of Enrollment (SCHEV Approved) CPT/CCMA Program         | <input type="checkbox"/> ID/Drivers License                                |
| <input type="checkbox"/> American Heart BLS Certification               | <input type="checkbox"/> American Heart Association Bloodborne Pathogens Certification | <input type="checkbox"/> Drug Screen Policy                                |
| <input type="checkbox"/> Individual/Student Blanket Liability Insurance | <input type="checkbox"/> Criminal Background and Sex Offender Check                    | <input type="checkbox"/> Policies & Procedures, HIPAA and Biohazard Policy |

### Applicant Signature

### Application Date

### Applicant Printed Name

**Phlebotomy Clinical Externship Program Tuition Fee Break Down**

<b>Item</b>	<b>Requirement Description</b>	<b>Fee</b>
Criminal & Sex Offender Background Check	Clinical Site Compliance	<b>\$20.00</b>
Pre-Externship Drug Screen	Clinical Site Compliance	<b>\$15.00</b>
Extern ID Badge	Clinical Site Compliance	<b>\$5.00</b>
Phlebotomy Caddy	Clinical Rotation Compliance	<b>\$10.00</b>
Clinical Rotation D1	Preceptor Fee/Instructional	<b>\$60.00</b>
Clinical Rotation D2	Preceptor Fee/Instructional	<b>\$60.00</b>
Clinical Rotation D3	Preceptor Fee/Instructional	<b>\$60.00</b>
Clinical Rotation D4	Preceptor Fee/Instructional	<b>\$60.00</b>
Clinical Rotation D5	Preceptor Fee/Instructional	<b>\$60.00</b>
<b>TOTAL TUITION</b>		<b>\$350.00</b>

**Tuition Statement**

Tuition fee must be paid in full no later than ten (10) business days prior to the start date of the clinical rotation. Applicants will not be permitted to begin clinical rotation unless payment of tuition fees have been received and verified by the deadline. Failure to satisfy the tuition fee requirement will result in non-placement of clinical rotation. Tuition fee extensions and refunds will not be granted. Applicant must request transfer of tuition fee no later than five (5) business days prior to the start date of the clinical rotation. Tuition fee may be paid by cash, cashiers check, or money order. Payable To: VITAL LAB

☐ I ACKNOWLEDGE AND UNDERSTAND THE TUITION STATEMENT**Applicant Signature****Application Date****Applicant Printed Name**

**Phlebotomy Clinical Externship Program Tuition Fee Agreement**

THIS TUITION AGREEMENT IS MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

BY AND BETWEEN \_\_\_\_\_ (EXTERN) AND **VITAL LAB** (CLINICAL

SITE) IN COMPLIANCE WITH THE PHLEBOTOMY CLINICAL EXTERNSHIP TUITION FEE BREAK DOWN.

**TUITION FEE**

THE EXTERN AGREES TO SUBMIT TUITION FEE IN THE AMOUNT OF **\$350.00** BY CASH, CASHIERS CHECK OR MONEY ORDER PAYABLE TO VITAL LAB.

**TUITION FEE DEADLINE**

THE EXTERN UNDERSTANDS PAYMENT OF TUITION FEE MUST BE RECEIVED IN FULL NO LATER THAN TEN (10) BUSINESS DAYS PRIOR TO THE START DATE OF THE CLINICAL ROTATION.

**REFUND AND TRANSFER POLICY**

THE EXTERN UNDERSTANDS THAT THE TUITION FEE IS NON-REFUNDABLE, BUT INDEED TRANSFERABLE. EXTERNS MUST REQUEST TRANSFER OF TUITION NO LATER THAN FIVE (5) BUSINESS DAYS PRIOR TO THE START DATE OF THE CLINICAL ROTATION.

**PARTICIPATION AND TERMINATION POLICY**

THE EXTERN AGREES TO PARTICIPATE IN ALL ASSIGNED CLINICAL ROTATIONS AND UNDERSTANDS THAT ABSENTEEISM WILL RESULT IN IMMEDIATE TERMINATION PER POLICIES AND PROCEDURE.

☐ I ACKNOWLEDGE AND AGREE TO THE PHLEBOTOMY CLINICAL EXTERNSHIP PROGRAM TUITION AGREEMENT

**Applicant Signature****Application Date****Applicant Printed Name****Witness Signature****Witness Date****Witness Printed Name****ADMISSIONS USE ONLY**

TUITION FEE RECEIVED

DATE RECEIVED

PAYMENT TYPE

☐ CASH☐ CASHIERS CHECK☐ MONEY ORDER

## Applicant Information

### Name

FIRST	MIDDLE INITIAL	LAST
-------	----------------	------

### Address

STREET	CITY	STATE	ZIP CODE
--------	------	-------	----------

### Telephone Number

### Email

### Date of Birth

### Gender

### Social Security Number

## Program

☐ Phlebotomy Clinical Externship Program

The applicant is responsible for maintaining health insurance for medical related expenses incurred during the Phlebotomy Clinical Externship Program.

## Medical Release of Information

I authorize Vital Lab to release medical information related to this Health Professions Physical Clearance as required by clinical sites, as a condition of participation in the Phlebotomy Clinical Externship Program.

## Occupational Health Clinic

I understand that if I **do not** have a Primary Care Provider (PCP) I may have the following Health Professions Physical Clearance requirements completed at Vital Lab:

- Occupational Physical Exam
- Tuberculosis Screening (QuantiFERON TB Gold Plus IGRA Serum) or
- PPD 1 Step (Purified Protein Derivative)
- Measles, Mumps, Rubella (MMR) Titer
- Varicella (Chicken Pox) Titer
- Hep B Surface Antibody Titer

### Applicant Signature

### Application Date

### Applicant Printed Name

### Witness Signature

### Witness Date

### Witness Printed Name

## General Health

Applicant should complete this section prior to visiting Primary Care Provider (PCP)/ Occupational Health Clinic.

<input type="checkbox"/> Y or N	Lung Disease	<input type="checkbox"/> Y or N	Diabetes
<input type="checkbox"/> Y or N	Persistent Cough	<input type="checkbox"/> Y or N	Hypertension
<input type="checkbox"/> Y or N	Shortness of Breath	<input type="checkbox"/> Y or N	Heart Disease
<input type="checkbox"/> Y or N	Pneumonia	<input type="checkbox"/> Y or N	Stroke
<input type="checkbox"/> Y or N	Abnormal Chest X-Ray	<input type="checkbox"/> Y or N	Hearing Loss
<input type="checkbox"/> Y or N	Mental Illness	<input type="checkbox"/> Y or N	Vision Impairment
<input type="checkbox"/> Y or N	Fainting/Seizures	<input type="checkbox"/> Y or N	Color Blindness
<input type="checkbox"/> Y or N	Claustrophobia	<input type="checkbox"/> Y or N	Other Conditions

Please provide explanation of "YES" answers:

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## Immunization and Screening Record

### TUBERCULOSIS SCREENING

The applicant is required to provide documentation of a serum Interferon Gamma Immunoassay (IRGA) within six (6) months prior to starting the Phlebotomy Clinical Externship Program.

**IGRA SERUM TEST RESULT**      Date \_\_\_\_\_      **RESULT**      POS      NEG

### MEASLES/MUMPS/RUBELLA (MMR)

The candidate is required to provide documented proof of immunity or recent titer.

**MMR VACCINE #1**      Date \_\_\_\_\_      **MMR VACCINE #2**      Date \_\_\_\_\_

### TITERS

Measles	Date _____	<b>RESULT</b>	Date _____
Mumps	Date _____	<b>RESULT</b>	Date _____
Rubella	Date _____	<b>RESULT</b>	Date _____

### HEPATITIS B

Immunization for Hepatitis B is required, three (3) vaccinations. If the series is in progress, submit your progress in the series and continue until complete.

**HEP B #1**      Date \_\_\_\_\_      **HEP B #2**      Date \_\_\_\_\_      **HEP B #3**      Date \_\_\_\_\_

**HEPATITIS B SURFACE ANTIBODY TITER**      Date \_\_\_\_\_      **RESULT**      POS      NEG

Titer is required after completing vaccination series (lab report required).

**BOOSTER, IF APPLICABLE**      Date \_\_\_\_\_

Physical Examination

To be completed by Primary Care Provider (PCP) or Occupational Health Clinic.

Height	
Weight	
Pulse	
Resp.	
B/P	

Corrected Vision

Vision	RE
--------	----

Vision	LE
--------	----

Corrected Vision

Vision	RE
--------	----

Vision	LE
--------	----

General Appearance:

Allergies:

Ears:

Nose:

Throat:

Neck:

Chest:

Cardiovascular System:

Abdomen:

GI System:

Reflexes:

Back/Extremities:

Other Medical Conditions:

Physician's Signature

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ NPI#: \_\_\_\_\_

Address:

## DRUG FREE WORKPLACE POLICY

I understand that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the workplace. Any violation of the Drug-Free Workplace Policy shall be subject to disciplinary action to include immediate termination of participation.

## PRE-EXTERNSHIP DRUG SCREEN POLICY AND CONSENT STATEMENT

I acknowledge and understand that completion of a drug screen is a mandatory requirement for participation in the Phlebotomy Clinical Externship Program. By signing this statement, I voluntarily consent to undergo a drug screen as part of the admission and clearance process. I authorize the collection, testing, and release of any result to Vital Lab for the sole purpose of determining eligibility for clinical placement. I understand that a positive, adulterated, or refusal of drug screening will result in denial of placement or termination from the Phlebotomy Clinical Externship Program.

☐ I ACKNOWLEDGE AND UNDERSTAND THE PRE-EXTERNSHIP DRUG SCREEN POLICY

**Applicant Signature**

**Date**

**Applicant Printed Name**

**Witness Signature**

**Witness Date**

**Witness Printed Name**

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☐ I ACKNOWLEDGE AND UNDERSTAND THE PRE-EXTERNSHIP DRUG SCREEN POLICY

**Applicant Signature**

**Date**

**Applicant Printed Name**

**Witness Signature**

**Witness Date**

**Witness Printed Name**

**Pre-Externship Drug Screen**

Prior to beginning the Phlebotomy Clinical Externship Program, applicants **must** undergo a Pre-Externship Drug Screen.

**Pre-Externship Drug Screen Consent**

I consent to a Pre-Externship Drug Screen by urinalysis as a part of the admissions process. The purpose of the Pre-Externship Drug Screen is to determine the presence of illicit substance.

**Drug-Free Policy**

I understand that unlawful manufacturing, sale, dispensation, possession, or unauthorized use of a controlled substance is strictly prohibited and any violation shall be subject to disciplinary action.

**Applicant Signature**

**Application Date**

**Applicant Printed Name**

**PRE-EXTERNSHIP DRUG SCREEN**

Temperature between 90 and 100?      **YES**      **NO**

Tampering or adulteration present?      **YES**      **NO**

30 mL single specimen provided?      **YES**      **NO**

DL#

**RESULT****NEG****POS**

THC		OXY	
BAR		OPI	
BZO		COC	
MTD		COLOR	
AMP		CLARITY	

**Collectors Signature**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

## ATTENDANCE AND ABSENTEEISM

Due to the accelerated nature of the Phlebotomy Clinical Externship Program, participants are required to attend all clinical rotations with limitations to: inclement weather, illness, and clinical site closures. Absenteeism will result in immediate termination from the program.

## INCLEMENT WEATHER

In the event of inclement weather participants of the Phlebotomy Clinical Externship Program will be notified via email of delays and closures. Participants will be provided with an alternative date(s) to complete clinical rotation.

## ILLNESS

If the a participant of the Phlebotomy Clinical Externship Program experiences illness and is unable to attend he/she must inform the Preceptor as soon as possible via telephone and formal email. Upon return, the participant must furnish a medical noted signed by his/her medical provider.

## NO CALL/ NO SHOW

Due to the accelerated nature of the Phlebotomy Clinical Externship Program, the clinical site implements a strict "No Call / No Show Policy". No Call / No Show will result in immediate termination from the program.

## PROFESSIONALISM AND COMMUNICATION

Participants of the Phlebotomy Clinical Externship Program is expected to present with a positive professional attitude. Use of profanity and demeaning communication will result in immediate termination from the program.

## DRESS CODE

Participants of the Phlebotomy Clinical Externship Program must be neatly groomed as followed:

### Acceptable Dress Code

- Black Scrub Uniform
- White Lab Coat
- Black Closed Toed Shoes
- Natural Nails (1/4 inch)
- Second-hand Watch
- 1 Pair of Studded Earrings

### Unacceptable Dress Code

- School Branded Uniform
- Open Toed Shoes
- Artificial Nails
- Visible Body Piercings
- Dangling Jewelry
- Vibrantly Colored Hair/Extensions

☐ I ACKNOWLEDGE AND UNDERSTAND THE POLICIES AND PROCEDURES

Applicant Signature

Date

Applicant Printed Name

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**Date**

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## LABORATORY SAFETY

Participants of the Phlebotomy Clinical Externship Program **must** wear Personal Protective Equipment (PPE) such as gloves, lab coat, and safety goggles while performing patient care and handling human biologic specimens. Participants must handle specimens, equipment, and sharps according to OSHA and facility safety standards. Participant must immediately report spills, exposures, or unsafe conditions to clinical site. Eating, drinking, application of cosmetics, and use of personal devices are prohibited in laboratory areas.

## INJURIES AND NEEDLE STICKS

In the event of needle stick injury or other biohazard exposure, participants must immediately wash the area with soap and water and report the incident to the Occupational Health Provider to file an Occupational Post Exposure Incident Report. The participant will be provided with an Occupational Post Exposure Requisition to report to the Occupational Health Clinic for proper testing. Participant must maintain health insurance throughout the duration of the Phlebotomy Clinical Externship Program. Failure to maintain required health insurance may pose risk of out-of-pocket expenses for post exposure testing, medical care, and treatment. Participant assumes all risks associated with participation in the Phlebotomy Clinical Externship.

## BLOODBORNE PATHOGENS TRAINING POLICY

Participants are required to provide proof of Bloodborne Pathogens training prior to participating in the Phlebotomy Clinical Externship Program. This training must meet OSHA standards and include instruction on exposure, risks, standard precautions, proper use of personal protective equipment (PPE), safe handling of specimens and sharps, and procedures for reporting exposures. Per the admissions requirement American Heart Association Bloodborne Pathogens training is required.

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Applicant Signature

Date

Applicant Printed Name

Witness Signature

Witness Date

Witness Printed Name

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Applicant Signature

Date

Applicant Printed Name

Witness Signature

Witness Date

Witness Printed Name

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☐ I ACKNOWLEDGE AND UNDERSTAND THE POLICIES AND PROCEDURES

Applicant Signature

Date

Applicant Printed Name

Witness Signature

Witness Date

Witness Printed Name

Vital Lab (7023)  
355 Crawford St, Suite 512  
Portsmouth, VA 23704  
Phone: 877-398-6383  
Fax: 757-594-1460

# CLINICAL LAB

**STAT**

REQUIRED REQUISITION FOR OCCUPATIONAL POST-EXPOSURE NEEDLE STICK OR OTHER  
OCCUPATIONAL EXPOSURE OF A HEALTHCARE WORKER. PLEASE PROVIDE ID AND INSURANCE CARD.

**Name**

FIRST MIDDLE INITIAL LAST

**Address**

STREET CITY STATE ZIP CODE

**Telephone Number****Social Security Number****Date of Birth****Gender****Race/Ethnicity****OCCUPATIONAL EXPOSURE TEST ORDER****ORDER DATE:**

TEST	TEST DESCRIPTION	ICD-10
	LAB1192 HIV-1/0/2 ANTIGEN/ANTIBODY WITH REFLEX	
	LAB471 HEPATITIS B SURFACE ANTIGEN/HBSAG	
	LAB0041 HEPATITIS C ANTIBODY/HCV AB	
	LAB4007 HEPATITIS RNA PCR QUANTITATIVE/HCV PCR	

**STATUS:** **STAT** ☐ FAX RESULTS TO 757-594-1460 ☐ CALL RESULTS TO 877-398-6383

**Physician's Signature**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ NPI#: \_\_\_\_\_

## BIOHAZARD DISPOSAL POLICY

- Place sharps disposal containers as close as possible to you or within arm's reach. When a wall mount is not possible, set the container on a table or a cart in an upright position (preferably secured). Do not place sharps disposal containers on the floor or the ground.
- Immediately after you use a sharp, engage any safety feature, and place it in a sharps disposal container that is closable, puncture-resistant, leakproof on the sides and bottom, and biohazard-labeled or color-coded.
- Do not remove, recap, break, or bend contaminated needles or separate contaminated needles from syringes before discarding them into a sharps disposal container as this increases the risk of a needle-stick injury and a bloodborne pathogen exposure. Best practice is to immediately place the connected needle and syringe into the sharps disposal container.
- Use sharps containers to dispose of needles and other sharps contaminated with blood or other potentially infectious material.
- Close the container when it is filled to the clearly marked fill line or when it is  $\frac{3}{4}$  full if it has no fill line.
- Do not overfill sharps disposal containers—even during supply shortages—as this increases the risk of a needle-stick injury and a bloodborne pathogen exposure.

**Applicant Signature**

**Date**

**Applicant Printed Name**

**Witness Signature**

**Witness Date**

**Witness Printed Name**

## BIOHAZARD DISPOSAL POLICY

- Place sharps disposal containers as close as possible to you or within arm's reach. When a wall mount is not possible, set the container on a table or a cart in an upright position (preferably secured). Do not place sharps disposal containers on the floor or the ground.
- Immediately after you use a sharp, engage any safety feature, and place it in a sharps disposal container that is closable, puncture-resistant, leakproof on the sides and bottom, and biohazard-labeled or color-coded.
- Do not remove, recap, break, or bend contaminated needles or separate contaminated needles from syringes before discarding them into a sharps disposal container as this increases the risk of a needle-stick injury and a bloodborne pathogen exposure. Best practice is to immediately place the connected needle and syringe into the sharps disposal container.
- Use sharps containers to dispose of needles and other sharps contaminated with blood or other potentially infectious material.
- Close the container when it is filled to the clearly marked fill line or when it is  $\frac{3}{4}$  full if it has no fill line.
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**Date**

**Applicant Printed Name**

**Witness Signature**

**Witness Date**

**Witness Printed Name**

## HIPAA COMPLIANCE POLICY

Participants of the Clinical Phlebotomy Externship Program must abide by the Health Insurance Portability and Accountability Act of 1996, which requires healthcare workers to protect sensitive Protected Health Information (PHI).

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a federal law that protects sensitive health information from disclosure without a person's consent. It applies to health plans, healthcare providers, and healthcare clearinghouses, as well as their business associates.

I understand that participation in the Phlebotomy Clinical Externship Program exposes me to confidential personally identifiable health and financial information about patients ("Confidential Information") which appears in internal memoranda, records, forms, emails, messages, letters, and verbal communications. Confidential Information identifiers include patient names, social security numbers, addresses, dates of birth, medical history, laboratory results, and other private and Protected Health Information (PHI). Except as required by law:

- I will **not** disclose Confidential Information to anyone (including a family member or friend of the patient) who is not authorized to access the information.
- I will **not** disclose or dispose of Confidential Information in an unauthorized, improper, or illegal manner.
- I will **not** access or view any Confidential Information other than what is required to perform duties related to the Program.
- I will **not** discuss Confidential Information in work areas where persons not entitled to the information may overhear.

☐ I ACKNOWLEDGE AND UNDERSTAND THE HIPAA COMPLIANCE POLICY

**Applicant Signature**

**Date**

**Applicant Printed Name**

**Witness Signature**

**Witness Date**

**Witness Printed Name**

**APPLICANT COPY**

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☐ I ACKNOWLEDGE AND UNDERSTAND THE HIPAA COMPLIANCE POLICY

**Applicant Signature**

**Date**

**Applicant Printed Name**

**Witness Signature**

**Witness Date**

**Witness Printed Name**

# Phlebotomy Clinical Externship Program Skills Checklist



**Applicant Printed Name**

**Rotation Date(s)**

**School/Institution Name**

**Program of Study**

**Instructor/Professor Name**

**Email**

**Preceptor Printed Name**

**Clinical Site**

**Rating Scale:** 1 - Needs Improvement 2- Satisfactory 3- Competent 4-Not Applicable/Not Observed

## PROFESSIONALISM AND COMMUNICATION

SKILL	RATING				COMMENT
ARRIVES ON TIME AND PREPARED	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
ADHERES TO DRESS CODE AND PPE POLICY	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
DEMONSTRATES PROFESSIONAL ATTITUDE AND BEHAVIOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
COMMUNICATES CLEARLY WITH PATIENTS, STAFF, PRECEPTOR(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

## PATIENT IDENTIFICATION

SKILL	RATING				COMMENT
VERIFIES PATIENT IDENTITY USING TWO IDENTIFIERS	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
VERIFIES SPELLING OF PATIENT NAME WITH ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
CHECKS PATIENT ARMBAND, IF APPLICABLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
VERIFIES REQUISITION AND DOCUMENTATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

# Phlebotomy Clinical Externship Program Skills Checklist



**Applicant Printed Name**

**Rating Scale:** 1 - Needs Improvement 2- Satisfactory 3- Competent 4-Not Applicable/Not Observed

## VENIPUNCTURE TECHNIQUE

SKILL	RATING				COMMENT
PERFORMS HAND HYGIENE PRIOR TO PROCEDURE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
POSITIONS PATIENT SAFELY AND APPROPRIATELY	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
APPLIES TOURNIQUET CORRECTLY	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
SELECTS APPROPRIATE VEIN FOR VENIPUNCTURE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
CLEANS SITE USING PROPER ANTISEPTIC TECHNIQUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
INSERTS NEEDLE AT CORRECTION ANGLE AND TECHNIQUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
FOLLOWS ORDER OF DRAW TO AVOID CROSS CONTAMINATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
QUICK RELEASES TOURNIQUET AT APPROPRIATE TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
DISCARDS SHARPS IN APPROVED BIOHAZARD CONTAINER	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
CHECKES VENIPUNCTURE SITE AND APPLIES BANDAGES	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

## CAPILLARY/FINGER STICK

SKILL	RATING				COMMENT
SELECTS APPROPRIATE SITE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
USES PROPER LANCET TECHNIQUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
WIPES AWAY FIRST DROP OF BLOOD AND COLLECTS SAMPLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

# Phlebotomy Clinical Externship Program Skills Checklist



Applicant Printed Name

**Rating Scale:** 1 - Needs Improvement 2- Satisfactory 3- Competent 4-Not Applicable/Not Observed

## SPECIMEN HANDLING AND LABELING

SKILL	RATING				COMMENT
LABELS SPECIMENS ACCURATELY AT BEDSIDE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
VERIFIES PATIENT INFORMATION BEFORE LABELING	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
FOLLOWS SPECIMEN PROTOCOL IN LIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
PREPARES SPECIMEN FOR TRANSPORT	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

## INFECTION CONTROL AND SAFETY

SKILL	RATING				COMMENT
USES STANDARD PRECAUTIONS AND WEARS PPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
MAINTAINS CLEAN ORGANIZED WORKSPACE	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
FOLLOWS OSHA STANDARDS PER PROTOCOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
REPORTS INCIDENTS IMMEDIATELY	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

## OTHER SKILLS

SKILL	RATING				COMMENT
OCCUPATIONAL HEALTH SERVICES	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
NON-DOT URINE SPECIMEN	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
CLINICAL RESEARCH SPEIMEN	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
SPECIALTY LABORATORY KITS	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>



--

Candidates must record with preceptor verification the minimally required venipunctures and capillary or finger sticks below.

[illegible]

PI= Preceptor Initials

# Capillary/Fingerstick Record



Participant Printed Name

As required by the National Healthcareer Association for Certified Phlebotomy Technician (CPT) certification candidates must provide evidence of successfully performing a minimum of thirty (30) venipunctures and ten (10) capillary or finger sticks on live individuals.

Candidates must record with preceptor verification the minimally required venipunctures and capillary or finger sticks below.

PI	Patient Name/Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PI	Patient Name/Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## ADDITIONAL VENIPUNCTURES

PI	Patient Name/Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PI	Patient Name/Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PI= Preceptor Initials

# CLINICAL EXTERNSHIP GUIDE



RETURN COMPLETED PACKET TO  
355 Crawford St, Suite 512  
Portsmouth, VA 23704  
877.398.6383  
[www.MyVitalLab.com](http://www.MyVitalLab.com)