

Specimen Handling

Site: 7269 Ann & Robert H. Lurie Children's Hospital of Chicago

Program: Hospital

Observation Header	
Tracer Instructions: <i>No Instructions Provided</i>	
Observation Title:	Site:
Observation Date:	Floor/Dept.:
Total Completed Observations:	Department:
Survey Team:	Staff Interviewed:
Medical Staff:	Unique Identifier:
Location:	Equipment Observed:
	Contracted Service:
Note:	

Questions (* = Required)	
Specimen Handling	
1. Specimens discussed during time out <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
2. Confirm specimen name with proceduralist <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
3. Does the specimen label contain the appropriate two patient identifiers, test/specimen name (including laterality, if applicable), date and time of specimen collection. <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
4. Were the specimen label's appropriate two patient identifiers, test/specimen name (including laterality, if applicable), date and time of specimen collection confirmed with scrub and circulator? <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
5. Specimen was labeled inside operating/procedure room <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	

Specimen Handling

6. Specimens are handled in appropriate containers		<input type="checkbox"/> N/A	
<i>Instructions: Micro, Fresh, Frozen, etc.</i>			
Compliant? <input type="radio"/> Yes <input type="radio"/> No		Num: _____	Den: _____
Corrective Action:			
Notes:			
7. Specimens are handled with gloves		<input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No		Num: _____	Den: _____
Corrective Action:			
Notes:			
8. Specimens discussed during sign out		<input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No		Num: _____	Den: _____
Corrective Action:			
Notes:			
9. Specimen Log was documented to completeness.		<input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No		Num: _____	Den: _____
Corrective Action:			
Notes:			