

Beaumont

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Blood Bank Staff Identification Form - Dearborn

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document is to identify staff involved in transfusion related activities by using the employee's name, identification number, signature, and handwritten or electronic initials. This document outlines the products routinely received and transfused to patients within the system.

II. INTRODUCTION:

Government regulations and accrediting standards require that the Transfusion Medicine Laboratory have a system in place that can be used to identify staff who have performed various tasks within the section. A system has been established to capture each employee's identification.

III. POLICY:

A. The following are policies related to the use and maintenance of staff identification.

1. All medical, managerial, technical, clerical, and support staff must complete a staff identification form when first assigned to Transfusion Medicine Services section.
2. Both electronic and handwritten initials (all types: upper case, lower case, two letters, or three letters) must be included on the card.
Note: It is strongly recommended that each employee consistently use one way to write their initials. It is the responsibility of the employee to complete a new form or to edit the existing form whenever a name change has occurred.
3. Completed forms are filed in the employees file and kept indefinitely.
4. The staff identification card shall document the employee's start date and last day worked.
5. The Blood Bank Supervisor or designee is responsible for verifying that staff working in transfusion services have completed an identification card.

IV. PROCEDURE:

A. To complete a form, staff must:

1. Obtain a form from Supervisor or designee.
2. Complete the Staff Identification form.
3. Return the completed form to supervisor or designee for filing.

V. REFERENCES:

College of American Pathologists Laboratory General Checklist, GEN.54400, *Personnel Records*, 06/04/2020

Attachments

Blood Bank Staff Identification Form

Approval Signatures

Step Description	Approver	Date
	Jeremy Powers: Chief, Pathology	8/19/2021
Policy and Forms Steering Committe (if needed)	Gail Juleff: Project Mgr Policy	8/12/2021
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Supv, Laboratory	8/12/2021
	Kimberly Geck: Dir, Lab Operations B	8/12/2021
	Kelly Sartor: Supv, Laboratory	8/12/2021
	Kelly Sartor: Supv, Laboratory	8/12/2021

Applicability

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Beaumont Laboratory

STAFF IDENTIFICATION FORM

Employee Information

Name: _____

Date of Hire: _____

Employee ID: _____

Network ID: _____

LIS Tech Code: _____

Initials: _____

Electronic Initials: _____

Signature: _____

Date of Signature: _____