Boyce Pathology L

Date:

Patient Nar

In order to promote a more concise record keeping and time savings, this form has been created to include the following:

- Mobile Phlebotomy Travel Log

- Phlebotomy Draw Log

- Specimen Unobtained Form

Each client lab book will receive a copy of this 2-part form. The original top copy will be kept with the phlebotomist as part of their travel packet for the day and for Medicare documentation. The second non-carbon copy will be left in the BBPL lab book. Open the client's BBPL three ring binder lab book and place their copy, which has been holed punched, on top of any previous copies.

Should two requisitions for the same patient be presented, that have the same date of collection and time of collection, the documentation should be made as one entry on this form.

Should two requisitions for the same patient be presented but one for blood and one for a non blood sample such as: urine or stool sample, two line entries will be documented showing the different date of collection and time of collection.

				BOTO or each client	
Tech #:		Phl	ebotomist:		
16.2				CLIENT #:	
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Total # Patients:

Phlebotomist Signature:

Nurse Signature:

Page ____ of ___

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refu	sed 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No homebound cert.
SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw new	kt routine day 4-Delete order 5-Will call when collected
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Total # Patients:

Phlebotomist Signature: Nurse Signature:

Page ____ of ____

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No homebound cert
SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected





(Use separate form for each client lab book)

Page ____ of ____

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has m	ultiple client nur	nbers, the time of a	arrival should be	e a tracki	ing of th	е		8	8	6	
phleb	otomist moving	throughout the clie	ent's facility.				_				
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been	completed and ju	ust prior to the sign	ature of the nur	se at bot	ttom of	page.					
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— (Exan	nple: Springbrool	k-East Hall).						9	8	8	
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Clien	t Number: Each o	client has a specific	number which	identifie	es it as a	BBPL					
client	. Write this num	per here.								S+C	
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Total # Patients:

Phlebotomist Signature:

Nurse Signature:

SUF F/U Plan: 1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected	SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at faci	ty 10-No homebound cert.
	SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected	

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(Use separate form for each client lab book)

Page ____ of ____

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Total # Patients:

Phlebotomist Signature: Nurse Signature:

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No homebound ce
SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected
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(Use separate form for each client lab book)

	gy Laboraton			Tech #: Phlebotomist:
Date:	TOA:	TOD:	CLIENT:	CLIENT #:
Patie	nt Name	Lab Orders	DOC TO	OC Site SUF SUF F/U Results Reason Plan Received
				Lab Orders: The standard lab test medical abbreviations will be used and separated by commas.
				Example: Comprehensive Metabolic Panel and Complete Blood Count and Urinalysis will be written as CMP, CBC, UA
				Note: Should the entire lab order not be collected an indication using parantheses showing the lab
				that was not collected will be done.with a hyphen followed by SUF in the lab order box.
				Example 1: CMP, CBC, (UA- SUF)
				Example 2: CMP, (Lipid- SUF) PT, CBC

Total # Patients:

Phlebotomist Signature:

Nurse Signature:

Page ____ of ____

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No homebound cert
SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected





(Use separate form for each client lab book)

Page ____ of ____

DOC: Date of Collection will be recorded as mm/dd. The year is noted at the top of this form on the left side and due to space restrictions and separate form for each visit is used, the mm/dd is acceptable. TOC: Time of Collection will be recorded in military time.				:	ebotomist:	Ph		£	ech	T					1.	. <u> </u>
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Total # Patients:

Phlebotomist Signature: Nurse Signature:

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No h	nomebound cert.
SUF F/U Plan:	n: 1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected	

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(Use separate form for each client lab book)

Page ____ of ____

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Total # Patients:

Phlebotomist Signature: Nurse Signature:

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No homebound cert.
SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected

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(Use separate form for each client lab book)

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Patients

Phlebotomist Signature:

Nurse Signature:

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SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refus	sed 5-Discharged 6-Order DC'd 7-Venipuncture failed	8-Patient not fasting 9-Patient not at fac	ility 10-No homebound cert.
SUF F/U Plan:	1-Same day return requested 2-Draw tomorrow 3-Draw nex	t routine day 4-Delete order 5-Will call when collected		
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(Use separate form for each client lab book)

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Total # Patients:

Phlebotomist Signature:

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(Use separate form for each client lab book)

Page ____ of ____

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Total # Patients:

Phlebotomist Signature: Nurse Signature:

SUF Reason:	1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No homebound ce
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(Use separate form for each client lab book)

Page ____ of ____

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Pathology Laboratories	

(Use separate form for each client lab book)

Page ____ of ____

ooraiones	Tech #:		Phl	ebotomist:				
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	 performed the venipuntures and is taking response of removing all the specimens listed above from client's facility. Nurse Signature: is the nurse who is attesting all specimens have been collected or coded up SUF Reason and SUF F/U Plan to their satisfact Remember: The Nurse is the one who determit SUF F/U Plan, not the phlebotomist. When the nurse signs their signature they are a stating the phlebotomist has completed their and agrees all non blood specimen samples has accounted for that are needed for testing and releasing the phlebotomist from their client factors. 	Phlebotomist Signature: is the phlebotomist that performed the venipuntures and is taking responsibility of removing all the specimens listed above from the client's facility. Nurse Signature: is the nurse who is attesting that all specimens have been collected or coded under the SUF Reason and SUF F/U Plan to their satisfaction. Remember: The Nurse is the one who determines the SUF F/U Plan, not the phlebotomist. When the nurse signs their signature they are also stating the phlebotomist has completed their service and agrees all non blood specimen samples have been accounted for that are needed for testing and thus is releasing the phlebotomist from their client facility or	TOA Site Phlebotomist Signature: is the phlebotomist that Site performed the venipuntures and is taking responsibility 2 of removing all the specimens listed above from the 2 client's facility. 2 Nurse Signature: is the nurse who is attesting that 3 all specimens have been collected or coded under the 5 SUF Reason and SUF F/U Plan to their satisfaction. 4 Remember: The Nurse is the one who determines the 5 SUF F/U Plan, not the phlebotomist. 4 When the nurse signs their signature they are also 4 stating the phlebotomist has completed their service 4 and agrees all non blood specimen samples have been 4 accounted for that are needed for testing and thus is 5 releasing the phlebotomist from their client facility or 5	TOA Site Phlebotomist Signature: is the phlebotomist that performed the venipuntures and is taking responsibility of removing all the specimens listed above from the client's facility. 2 3 Nurse Signature: is the nurse who is attesting that all specimens have been collected or coded under the SUF Reason and SUF F/U Plan to their satisfaction. Remember: The Nurse is the one who determines the SUF F/U Plan, not the phlebotomist.	TOA Superior Phlebotomist Signature: is the phlebotomist that Site SUF performed the venipuntures and is taking responsibility 2 3 of removing all the specimens listed above from the 2 3 client's facility. 2 3 Nurse Signature: is the nurse who is attesting that 2 3 all specimens have been collected or coded under the 2 3 SUF Reason and SUF F/U Plan to their satisfaction. 2 3 Remember: The Nurse is the one who determines the 3 3 SUF F/U Plan, not the phlebotomist. 3 3 When the nurse signs their signature they are also 3 3 stating the phlebotomist has completed their service 3 3 and agrees all non blood specimen samples have been 3 3 accounted for that are needed for testing and thus is 3 3 releasing the phlebotomist from their client facility or 3 4	TO/ CLIENT #: Phlebotomist Signature: is the phlebotomist that performed the venipuntures and is taking responsibility of removing all the specimens listed above from the client's facility. 2 3 Reason SUF F/U Plan Nurse Signature: is the nurse who is attesting that all specimens have been collected or coded under the SUF Reason and SUF F/U Plan to their satisfaction. Remember: The Nurse is the one who determines the SUF F/U Plan, not the phlebotomist. 1		

Total # Patients:

Patients:		Phlebo	tomist Signati	ure:	Nurse Signature:								
SUF Reason:	1-Not collected	2-Hospital	3-Patient expired	4-Patient refused	5-Discharged	6-Order DC'd	7-Venipuncture failed	8-Patient not fasting	9-Patient not at facility	10-No homebound cert.			
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(Use separate form for each client lab book)

Date: TOA: TOD: CLIENT:					Tech #: Phlebotomist:						
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			Should a client number need more than one form to complete their entire collection for the given date of service, multiple forms should be used.								
				Example: First form would read Page 1 of 2. Second form would read Page 2 of 2.							
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Patients:

Phlebotomist Signature:

Nurse Signature:



1-Not collected 2-Hospital 3-Patient expired 4-Patient refused 5-Discharged 6-Order DC'd 7-Venipuncture failed 8-Patient not fasting 9-Patient not at facility 10-No ho	meboun cert.
1-Same day return requested 2-Draw tomorrow 3-Draw next routine day 4-Delete order 5-Will call when collected	
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(Use separate form for each client lab book)

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