#### TRAINING UPDATE

**Lab Location:** 

SGAH and WAH

Date Implemented:

12.19.2013 12.31.2013

Department: Blood Bank

Due Date:

#### **DESCRIPTION OF PROCEDURE REVISION**

# Name of procedure:

**Blood Bank Signature List** 

# Description of change(s):

• Employees only need to sign signature list at their PRIMARY location. Used to be that employees had to sign list at each location where they worked.

Non-Technical SOF		
Title	Blood Bank Signature List	
Prepared by	Stephanie Codina	Date: 2/5/2011
Owner	Stephanie Codina	Date: 2/5/2011

Title: Blood Bank Signature List

Laboratory Approval		
Print Name and Title	Signature	Date
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	Signature	Date

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### 1. PURPOSE

The blood bank will maintain a list of employees who are authorized to perform or review critical tasks. The list will contain the names, signatures, initials, identification codes (if applicable), and inclusive dates of blood bank employment.

#### 2. SCOPE

This procedure applies to any employee or pathologist who is permitted to perform or review critical tasks in the blood bank.

### 3. RESPONSIBILITY

All employees and pathologists who perform or review critical tasks in the blood bank will add themselves to the signature log.

#### 4. **DEFINITIONS**

N/A

#### 5. PROCEDURE

Step	Action	
1	All blood bank employees will add themselves to the signature log during training. Pathologists will be added upon hire.	
	<ul> <li>A. Print your name in the "Printed Name" column.</li> <li>B. Sign your name in the "Signature" column.</li> <li>C. Write your initials in the "Initials" column.</li> <li>D. Document the date on which you started work in the blood bank in the "Start Date" column.</li> </ul>	

Step	Action		
2	A supervisor or lead tech will document the termination date in the "End Date" column when an employees terminates or when it is determined an employee will no longer work in blood bank.		
<b>3</b>	If an employee works in more than one location, he/she must only sign the signature log at his/her primary (assigned) location.		
4	Completed logs are maintained for a minimum of 10 years.		

### 6. RELATED DOCUMENTS

Form: Blood Bank Signature Form (AG.F85)

# 7. REFERENCES

Standards for Blood Banks and Transfusion Services, 28th ed. AABB Publishing, Bethesda, Maryland.

# 8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
_		Supersedes WAH-SGAH B500.00		
000	12.9.13	Section 5: Deleted requirement that staff sign signature logs at each location and replaced with the requirement that staff sign the log at their primary work location.  Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	SCodina	NCacciabeve

# 9. ADDENDA AND APPENDICES

N/A