## TRAINING UPDATE

Lab Location: Department: SGAH & WAH Core 
 Date Distributed:
 11/8/2017

 Due Date:
 11/28/2017

 Implementation:
 11/28/2017

## **DESCRIPTION OF REVISION**

Name of procedure:

## **Blood Culture Gram Stain Referral / Consult Form AG.F335.1**

**Description of change(s):** 

Add space to document NetCam info, if applicable

This revised FORM will be implemented on November 28, 2017

Document your compliance with this training update by taking the quiz in the MTS system.



□ Shady Grove Medical Center

□ Washington Adventist Hospital

## **Blood Culture Gram Stain Referral / Consult Form**

\* This form must be completed for all Blood Culture Gram stains not reported and held for the next shift to read and report. It is also used for Gram stains reviewed with Chantilly using video microscopy (NetCam).

| Misys Accession #:                                 |                                |
|--|--------------------------------|
| Aerobic Bottle / Anaerobic Bottle                  | [circle the correct bottle(s)] |
| Patient Name:                                      |                                |
| Date:  |                                |
| 1 <sup>st</sup> Technologist Name:                 | Tech code:                     |
| Gram stain impression:                             |                                |
| 2 <sup>nd</sup> Technologist Name:                 | Tech code:                     |
| Gram stain impression:                             |                                |
| If NetCam is used,<br>Chantilly Technologist Name: |                                |
| Agreement: Y / N                                   |                                |
| Reason for Referral:                               |                                |
| Final Gram Stain Result:                           |                                |
| Result Completed Date:                             | Technologist:                  |