

TRAINING UPDATE

Lab Location: SGMC/WOMC
Department: Blood Bank

Date Implemented: 12/5/25
Due Date: 12/31/25

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Telephone Order Log
Massive Transfusion Protocol
Massive Transfusion Protocol (Hospital Policy)

Description of change(s):

Effective Jan 1, 2026

We will have two separate adult massive transfusion protocols.

- Obstetrical patients (OB)—Same MTP we have been using with the exception of cooler 2 which will contain the following:
 - 4 red cells
 - 2 plasma
 - 1 platelet
 - 2 cryo pools (1 dose of cryo)
- All other patients (Non-OB)—Same MTP we have been using

The Telephone Log has been edited.

- Regular blood requests will be documented on the top portion of the form.
- MTP activations will be documented on the bottom portion of the form.

We will need to ask if the MTP patient is OB or not.



Telephone Order Log

Site: _____

Date	Time	Patient Name	Patient MRN	Quantity Ordered	Product RBC, Plas, Plt, Cryo	Needs T&S	Needs Refuse	CMV-Neg	Irradiated	Sickle-neg	Indication for Transfusion See Below	Ordering Provider	Called and Readback by First Initial and Complete Last Name	Location	Tech

Massive Transfusion Activations

Date	Time	Patient Name	Patient MRN	BB Liason Name and Vocera	Needs T&S	Needs Refuse	CMV-Neg	Irradiated	Sickle-neg	OB patient?	Ordering Provider	Called and Readback by First Initial and Complete Last Name	Location	Tech
										OB Non-OB (Circle)				
										OB Non-OB (Circle)				
										OB Non-OB (Circle)				
										OB Non-OB (Circle)				
										OB Non-OB (Circle)				

Red Blood Cells

PERIOP Perioperative with anticipated blood loss greater than 500cc
 ACUHE Active bleeding
 HB7 Hb less than 7

Plasma

ABCOAG Active bleed with coagulopathy
 IPCOAG Invasvie procedure with coagulopathy
 ACUHE Active bleeding

Platelets

PLL100 Platelet count <100K with invasive procedure
 PLIP Platelet dysfunction with invasive procedure
 ACUHE Active bleeding

Cryoprecipitate

ACUHE Active bleeding

SGAH.BB60 Massive Transfusion Protocol

Copy of version 5.0 (in review)

Effective Date 1/2/2026

Uncontrolled Copy printed on 12/3/2025 12:44 PM

Printed By Stephanie Codina

Organization Adventist HealthCare

Description

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	7/13/2025	4.0	<i>Senda Beltaifa</i> Senda Beltaifa MD	
Approval	Lab Director	10/30/2024	4.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Approval	BB approval	10/30/2024	4.0	Stephanie Codina	
Periodic review	Medical Director	7/18/2024	3.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Periodic review	BB	7/18/2024	3.0	Stephanie Codina	
Periodic review	Medical Director	7/20/2022	3.0	Nicolas Cacciabeve	
Periodic review	BB	7/19/2022	3.0	Stephanie Codina	
Approval	Lab Director	7/13/2020	3.0	Nicolas Cacciabeve	
Approval	BB approval	7/10/2020	3.0	Stephanie Codina	
Approval	QA approval	7/10/2020	3.0	Leslie Barrett	
Periodic review	Medical Director	11/11/2019	2.0	Nicolas Cacciabeve	
Periodic review	BB	10/4/2019	2.0	Stephanie Codina	
Approval Captured outside MediaLab	Lab Director	10/26/2017	2.0	Nicolas Cacciabeve	Recorded on 7/5/2019 by Leslie Barrett (104977) when document added to Document Control
Periodic review Captured outside MediaLab	Designated Reviewer	10/26/2017	2.0	Nicolas Cacciabeve	Recorded on 7/5/2019 by Leslie Barrett (104977) when document added to Document Control

Approvals and periodic reviews that occurred before this document was added to Document Control may not be listed.

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
4.0	Approved and Current	Major revision	10/29/2024	10/30/2024	Indefinite
3.0	Retired	Major revision	7/10/2020	7/31/2020	10/30/2024
2.0	Retired	First version in Document Control	7/5/2019	10/27/2017	7/31/2020

Uncontrolled copy
Retired or Not Yet Effective
10/29/2024 12:44 PM

Non-Technical SOP

Title	Massive Transfusion Protocol		
Prepared by	Stephanie Codina	Date: 12/8/2010	
Owner	Stephanie Codina	Date: 12/8/2010	

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:

TABLE OF CONTENTS

1. PURPOSE.....	1
2. SCOPE.....	1
3. RESPONSIBILITY	1
4. DEFINITIONS	2
5. PROCEDURE.....	2
6. RELATED DOCUMENTS	4
7. REFERENCES	4
8. REVISION HISTORY	4
9. ADDENDA AND APPENDICES.....	4

1. PURPOSE

The Massive Transfusion Protocol (MTP) defines the processes that will coordinate efficient ordering, procurement, and transfusion of blood products in a timely manner for massively bleeding patients.

2. SCOPE

This procedure applies to any patient for whom a massive transfusion protocol is called.

3. RESPONSIBILITY

All blood bank staff members will prepare and issue blood products as specified in this procedure when a massive transfusion is requested.

4. DEFINITIONS

- A. Massive Transfusion is defined as any of the following:
- Total blood volume is replaced within 24 hours
 - 50% of total blood volume is replaced within 3 hours
 - Active bleeding with blood loss of 150 ml/min or greater
- B. Physician-in-charge: The provider who is responsible for the care of a patient, usually the attending physician, surgeon, or anesthesiologist caring for the patient or the physician or authorized provider who assumes care of the patient in an emergency situation.
- C. Massive Transfusion Protocol Alert: A declaration made by the physician-in-charge that a rapidly bleeding patient who requires massive transfusion exists.
- D. Transfusionist: The nurse or physician who prepares and hangs blood for infusion.

5. PROCEDURE

Step	Action
1	The physician in charge will initiate the massive transfusion protocol alert and designate a reliable person to act as the blood bank liaison. The blood bank liaison will notify the blood bank via telephone that a massive transfusion protocol alert has been declared. The liaison will serve as the contact person for blood bank staff throughout the emergency.
2	<p>Upon receipt of the verbal notification, obtain and document the following information on the Telephone Order Log.</p> <ol style="list-style-type: none"> Date and time of request Patient's full name or alias, if available Patient's medical record number, if available Name and vocera/phone number of the blood bank liaison (the person assigned to communicate with blood bank during the MTP) Ordering provider's name Name of the person notifying the blood bank Location of the patient Tech documenting the call <p>Retroactive documentation is acceptable due to the urgency of the request.</p>
3	<p>Review the patient's blood bank history in the LIS to determine whether the patient needs a current T&S and/or ABO confirmation specimen and whether or not the patient requires blood products with special attributes.</p> <ol style="list-style-type: none"> Instruct the caller to immediately collect and send a T&S or ABO confirmation specimen, if applicable. Notify the caller that emergency release blood products will be issued immediately, when the T&S specimen has not been received in the blood bank. Notify the caller group O red cells will be issued if the ABO confirmation has not been received. Remind the caller that they must send a runner to pick up blood products in the cooler and blood bank will require a "Request for Transfusion" or "Emergency Release" form each time blood products are issued.

Step	Action
4	<p>Immediately prepare and issue the following blood products. Refer to the emergency release procedure as indicated.</p> <ul style="list-style-type: none"> A. All red blood cells currently crossmatched to the patient <i>or</i> a minimum of four red cells if none are allocated B. Any plasma units that have been thawed and can be reallocated to the bleeding patient <p>The blood products must be prepared in a transport cooler, and the patient care area will send a team member to pick up the blood products.</p>
5	<p>Continue to prepare coolers that contain the following products until the bleeding episode is over.</p> <p>Every additional cooler will contain:</p> <ul style="list-style-type: none"> A. 6 red blood cells B. 3 thawed plasma <p>The following will also be issued with every other cooler (coolers 2, 4, 6, 8, etc.):</p> <ul style="list-style-type: none"> A. 1 apheresis platelet (do not issue in cooler) B. 1 blue (sodium citrate) tube for collection of fibrinogen; Blood bank will place the fibrinogen order in Sunquest <p><u>For obstetrical (OB) patients only</u>, cooler 2, will contain the following items:</p> <ul style="list-style-type: none"> A. 4 red blood cells B. 2 thawed plasma C. 1 apheresis platelet D. 10 units (2 pools) of cryoprecipitate
6	<p>Blood bank staff will communicate with the staff member working in coagulation.</p> <ul style="list-style-type: none"> A. Blood bank will contact the blood bank liaison if the fibrinogen has not been received within 30 minutes. B. Blood bank will automatically prepare and issue 10 units of cryoprecipitate if the fibrinogen level is less than 150 mg/dL.
7	The physician in charge will order additional blood products as needed.
8	Monitor the blood product inventory. Order additional blood products into inventory as needed.
9	All emergency release forms will be signed by the physician and returned to the blood bank within 48 hours of the massive transfusion activation.
10	A representative from the patient care area will return the blood product transport coolers and any unused blood products to the blood bank as soon as the patient is hemodynamically stable or the massive transfusion protocol is terminated.

6. RELATED DOCUMENTS

SOP: Blood Bank Telephone Product Orders
 SOP: Issuing Blood in a 930 Medical Transport Cooler
 SOP: Issuing Blood Products in a Max+ Blood Shipper
 SOP: Emergency Release of Blood Products
 SOP: Issuing Blood Components
 AHC Policy: Massive Transfusion Policy (MTP)

7. REFERENCES

N/A

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes WAH/SGAH B309.000		
000	10.23.15	Section 5: Updated wording of step 3 for clarity Footer: Version # leading zero's dropped due to new EDCS in use as of 10/7/13	SCodina	NCacciabeve
1	10.17.17	Header: Added WAH	LBarrett	NCacciabeve
2	7.10.20	Header: Changed WAH to WOMC Section 5: Added blood bank liaison, fibrinogen testing/cryoprecipitate issues, and updated cooler contents per changes to AHC policy Section 6: Updated titles	SCodina	NCacciabeve
3	10.24.24	Updated number of plasma issued with each cooler from 6 to 3 per Transfusion Committee recommendation	SCodina	NCacciabeve
4	12.2.25	Added OB MTP requirements for cooler 2 per Transfusion Committee vote	SCodina	SBeltaifa

9. ADDENDA AND APPENDICES

N/A

001-18-207 Massive Transfusion Protocol (Hospital policy)

Copy of version 5.0 (in review)

Effective Date 1/2/2026

Uncontrolled Copy printed on 12/3/2025 12:43 PM

Printed By Stephanie Codina

Organization Adventist HealthCare

Description

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	7/7/2025	4.0	<i>Senda Beltaifa</i> Senda Beltaifa MD	
Approval	Lab Director	3/19/2025	4.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Approval	Field Ops approval	3/19/2025	4.0	Stephanie Codina	
Approval	Lab Director	10/30/2024	3.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Approval	Field Ops approval	10/30/2024	3.0	Stephanie Codina	
Periodic review	Medical Director	7/16/2024	2.0	<i>Nicolas Cacciabeve MD</i> Nicolas Cacciabeve	
Periodic review	BB	4/25/2024	2.0	Stephanie Codina	
Approval	Lab Director	5/23/2022	2.0	Nicolas Cacciabeve	
Approval	Field Ops approval	5/20/2022	2.0	Stephanie Codina	
Approval	Lab Director	5/1/2020	1.0	Nicolas Cacciabeve	
Approval	Field Ops approval	5/1/2020	1.0	Stephanie Codina	
Approval	QA approval	4/30/2020	1.0	Leslie Barrett	

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
4.0	Approved and Current	Major revision	3/19/2025	3/19/2025	Indefinite
3.0	Retired	Major revision	10/29/2024	10/30/2024	3/19/2025
2.0	Retired	Major revision	5/20/2022	5/23/2022	10/30/2024
1.0	Retired	Initial version	4/30/2020	5/1/2020	5/23/2022



LABORATORY BLOOD BANK MANUAL

Massive Transfusion Protocol

Effective Date: 6/17		Policy No: 001-18-207
Review Date: See electronic review		Authority: Transfusion Committee
Revision Date: 5/22, 10/24, 3/25, 12/25		Page 1 of 4
ADVENTIST HEALTHCARE POSITION STATEMENT	No persons shall on the ground of race, color, ethnicity, national origin, culture, language (including limited English proficiency and primary language), religion, sex (including pregnancy gender identity, sexual orientation, and sex characteristics), socioeconomic status, age, physical and mental disability, be excluded from participation in, be denied services, or otherwise be subjected to discrimination.	
SCOPE	SGMC and WOMC	
DEFINITIONS	<p>Massive Transfusion is defined as any of the following:</p> <ul style="list-style-type: none">• Total blood volume is replaced within 24 hours• 50% of total blood volume is replaced within 3 hours• Active bleeding with blood loss of 150 ml/min or greater <p>Physician in Charge—the physician who is responsible for the care of the patient or the physician who assumes care of the patient in an emergency. This physician is responsible for initiating and ending the Massive Transfusion Protocol activation.</p> <p>Massive Transfusion Protocol (MTP) Alert—the declaration by the Physician in Charge that there is a rapidly bleeding patient, or a patient requiring a rapid transfusion of multiple blood products.</p> <p>Transfusionist—a medical professional that transfuses blood into someone. More than one transfusionist may be needed during an MTP activation.</p>	
PURPOSE	<ol style="list-style-type: none">1. To define the processes to coordinate the efficient ordering, procurement, and transfusion of blood and blood products and to ensure these are available in a manner to meet the needs of these patients.2. This protocol is intended to be used as a guideline during massive transfusion.3. The use of this protocol is at the discretion of the Physician in Charge.	
PRINCIPLE	<ol style="list-style-type: none">1. All patients requiring >6 units of blood in a period of less than 24 hours need close monitoring and support.2. Platelets and plasma are not replaced by red blood cell transfusions and may be necessary to augment loss from the bleeding.3. Such patients or patients with onset of acute bleeding that may require significant transfusion in a short time are subject to the Massive Transfusion Protocol.	
RESPONSIBILITIES	<p>Physician in Charge</p> <ol style="list-style-type: none">1. Initiates a massive transfusion protocol alert.2. Designates a reliable person as the “blood bank liaison.”3. Documents the MTP in the physician orders as soon as practical.4. Signs all emergency release forms within 48 hours of bleeding episode. <p>Blood Bank Liaison</p> <ol style="list-style-type: none">1. Notifies blood bank of the massive transfusion activation.2. Notifies the clinical administrator of the massive transfusion activation.3. Serves as the blood bank contact person throughout the massive transfusion event.4. Completes the “Request for Transfusion forms and arranges for pickup of blood products from the blood bank.5. Notifies the Nursing Supervisor and Unit Director that a massive transfusion activation has taken place.	



LABORATORY BLOOD BANK MANUAL

Massive Transfusion Protocol

Effective Date: 6/17

Review Date: See electronic review

Revision Date: 5/22, 10/24, 3/25, 12/25

Policy No: 001-18-207

Authority: Transfusion Committee

Page 2 of 4

	<p>Blood Bank</p> <ol style="list-style-type: none"> 1. Transcribes patient information provided during the alert. 2. Verifies patient transfusion requirements and T&S status. 3. Prepares blood products per protocol and packages them in a blood transport cooler for delivery to the patient care area. 4. Consults the Blood Bank Medical Director or a clinical pathologist as needed. <p>Transfusionist Team</p> <ol style="list-style-type: none"> 1. Collects and submits specimens (T&S, ABO confirmation, etc.) as requested by blood bank. 2. Administers blood products per hospital policy. <p>Clinical Administrator/Unit Director</p> <ol style="list-style-type: none"> 1. Supports the staff running the massive transfusion. 2. Obtains additional resources (including staffing), as needed. 3. Notifies other hospital units that a massive transfusion activation has taken place and asks that all non-urgent transfusions be held.
PROCESS	<p>NOTE: It is understood that in some circumstances, the gravity and/or urgent nature of the situation may require the below guidelines to be streamlined.</p> <ol style="list-style-type: none"> 1. The physician in charge initiates the massive transfusion protocol alert and designates a reliable person as the blood bank liaison. It is advisable to activate the massive transfusion protocol as early as possible in the bleeding episode to allow adequate time for the provision of blood products. 2. The blood bank liaison will call the blood bank (SGMC x5092 and WOMC x5160) to notify them that activation of the Massive Transfusion Protocol has occurred. The following information must be provided: <ol style="list-style-type: none"> a. Patient's full name b. Patient's medical record number c. Name of the physician activating the MTP d. Patient location e. Name of blood bank liaison and vocera/phone number for contact. f. Indication of whether or not the activation is for an OB patient 3. Blood bank staff will complete the following while on the phone with the blood bank liaison: <ol style="list-style-type: none"> a. Document the information on the log. b. Review the patient's blood bank history, transfusion requirements, and availability of allocated blood products. c. Request a T&S specimen or ABO retype, if indicated. d. Notify the blood bank liaison if an emergency release form is required. Note: Blood will not be withheld if the emergency release form is not signed. 4. The blood bank liaison will notify the clinical administrator or department director that a massive transfusion activation has taken place. 5. The blood bank liaison will facilitate the collection of the T&S or ABO confirmation specimen if requested.



LABORATORY BLOOD BANK MANUAL

Massive Transfusion Protocol

Effective Date: 6/17

Review Date: See electronic review

Revision Date: 5/22, 10/24, 3/25, 12/25

Policy No: 001-18-207

Authority: Transfusion Committee

Page 3 of 4

6. The blood bank liaison will complete a "Request for Transfusion" or "Emergency Release" form and send someone to the blood bank to pick up the initial blood products.
7. Blood bank staff will package any available blood products in a cooler for immediate pickup. Blood bank staff will:
 - a. Check the availability of thawed plasma in the blood bank and reallocate thawed plasma from other patients if available.
 - b. Crossmatch 4 units of red cells (unless red cells are already available for issue).
 - c. Issue all available red cells and plasma in a cooler for pickup. Note: This will contain a minimum of 4 red cells. Plasma will be thawed and made available as quickly as possible.
8. The transfusionist team will administer blood products per hospital policy.
9. Blood bank will continue to prepare blood products, notify the blood bank liaison of availability, and issue these in coolers for the duration of the MTP activation.
10. The Physician in Charge should consider uncrossmatched, type-specific red blood cells to save time during periods of rapid bleeding. Blood bank may also recommend the use of uncrossmatched, type-specific blood in order to keep up with the tempo of transfusion requests.
11. When the patient care area sends a runner to pick up products, blood bank will issue all products available. The goal will be to issue the following:
 - a. Every cooler should contain up to:
 - i. 6 red blood cells
 - ii. 3 thawed plasma
 - b. Every other cooler (coolers 2, 4, 6, etc.) should also contain:
 - i. 1 apheresis platelet (issued outside of the cooler)
Note: The blood bank may not be able to issue platelets with every other cooler due to platelet availability. The blood bank will keep the care team informed of platelet availability as the MTP continues.
 - ii. 10 units (2 pools) of cryoprecipitate (issued outside of the cooler)
 - c. **For OB patients only**, the second cooler will contain the following:
 - i. 4 red blood cells
 - ii. 2 thawed plasma
 - iii. 1 apheresis platelet
 - iv. 10 units (2 pools) of cryoprecipitate
12. The blood bank liaison will continue to facilitate the exchange of blood product coolers.
 - a. A completed "Request for Transfusion" form is required with each blood product pickup. The patient's name, medical record number, BB/TS number, requestor's signature, and time of request must be documented. **All other fields can remain blank if "MTP" is written on the form.**
 - b. Coolers will be picked up as needed.
 - c. Empty coolers should be returned to blood bank as quickly as possible to ensure availability when issuing additional products.



LABORATORY BLOOD BANK MANUAL

Massive Transfusion Protocol

Effective Date: 6/17

Review Date: See electronic review

Revision Date: 5/22, 10/24, 3/25, 12/25

Policy No: 001-18-207

Authority: Transfusion Committee

Page 4 of 4

	<p>13. The physician in charge will order additional blood products as needed. Note: Continued communication between the care setting and the blood bank is important. This helps blood bank in their effort to keep up with blood product demand and to prevent wastage of blood products should they be prepared and no longer needed.</p> <p>14. The blood bank liaison will notify blood bank when the patient bleeding has slowed, and the massive transfusion protocol can be discontinued. Blood bank staff should inquire about the patient status if release of blood products has slowed and notification to discontinue the massive transfusion protocol has not been received.</p> <p>15. All emergency release forms will be signed and returned to the blood bank within 48 hours of the bleeding event.</p> <p>16. The blood bank liaison will ensure all unused blood products and blood product coolers are returned to the blood bank as soon as possible to avoid blood product wastage.</p>
SUPPORTING DOCUMENTS	Blood Product Administration 001-18-201
REFERENCES	NA

Lifework Strategies, Inc
820 West Diamond Ave.
Suite 600
Gaithersburg, MD 20878



INVOICE

Date	Invoice Number
11/30/2025	INV0000008296

Payment Terms	Due Date
Net 30	12/30/2025

Bill To: Quest 9901 Medical Center Drive Rockville, MD 20850 United States of America
--

Remit To: Lifework Strategies, Inc P.O. Box 10010 Gaithersburg, MD 20898 United States of America
--

Description: Nov 2025 OEHC Services

Page 1 of 1

Purchase Order Number	From Date	To Date	Line Memo	Customer ID
				CUST00756

Quantity	Sales Item	Item Description	Price Each	Amount
5	OEHC Visit Fee	OEHC Visit Fee	75.00	375.00
4	Vision Test	Vision Test	15.00	60.00
1	Vaccination - TDAP	Vaccination - TDAP	52.00	52.00
4	OEHC: PFS Flu Vaccine	Preservative Free Flu Vaccine	35.00	140.00
4	Fit Testing	N95 Fit Testing (w/ OSHA Questionnaire)	40.00	160.00
2	Vaccination - Hep B	Vaccination - Hep B	75.00	150.00
1	Vaccination - MMR	Vaccination - MMR	101.00	101.00

Net Amount:	1,038.00
Tax:	0.00
TOTAL	USD 1,038.00

If you would like to pay this invoice by credit card, please provide the following information and return a copy of this invoice to the attention of the **Accounts Receivable Department** at the "Remit To" address above. Kindly note that there is a 3% convenience fee associated with credit card payments.

Credit Card Type (please check one): ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____ Expiration Date (MM/YY): _____

CSV#: _____

Card Holder Name (please print): _____ Signature: _____

First Name	Last Name	EID	Agency	Entity	DOB	Service	Fee for Service
Bijaya	Adhikari	171225	Quest	SGMC 101-9610	11/7/2025	Visit Fee	\$75.00
Bijaya	Adhikari	171225	Quest	SGMC 101-9610	11/7/2025	Vision Test	\$15.00
Bijaya	Adhikari	171225	Quest	SGMC 101-9610	11/7/2025	TDAP Vaccine	\$32.00
Bijaya	Adhikari	171225	Quest	SGMC 101-9610	11/7/2025	Pre-filled Influenza Quad Syringe	\$35.00
Bijaya	Adhikari	171225	Quest	SGMC 101-9610	11/7/2025	N95 Fit Test	\$40.00
MAHLEY	EGNET	171364	Quest	WOMC 102-9610	11/26/2025	Visit Fee	\$75.00
MAHLEY	EGNET	171364	Quest	WOMC 102-9610	11/26/2025	Vision Test	\$15.00
MAHLEY	EGNET	171364	Quest	WOMC 102-9610	11/26/2025	Hep B Vaccine	\$75.00
MAHLEY	EGNET	171364	Quest	WOMC 102-9610	11/26/2025	Pre-filled Influenza Quad Syringe	\$35.00
MAHLEY	EGNET	171364	Quest	WOMC 102-9610	11/26/2025	N95 Fit Test	\$40.00
Nahgwa	Evert	171273	Quest	SGMC 101-9610	11/21/2025	Visit Fee	\$75.00
Nahgwa	Evert	171273	Quest	SGMC 101-9610	11/21/2025	Vision Test	\$15.00
Nahgwa	Evert	171273	Quest	SGMC 101-9610	11/21/2025	Hep B Vaccine	\$75.00
Nahgwa	Evert	171273	Quest	SGMC 101-9610	11/21/2025	MMR Vaccine	\$101.00
Nahgwa	Evert	171273	Quest	SGMC 101-9610	11/21/2025	Pre-filled Influenza Quad Syringe	\$35.00
Harris	Harris	171367	Quest	WOMC 102-9610	11/19/2025	Visit Fee	\$75.00
Harris	Harris	171367	Quest	WOMC 102-9610	11/19/2025	N95 Fit Test	\$40.00
Lalise	Yadeta	171208	Quest	WOMC 102-9610	11/7/2025	Visit Fee	\$75.00
Lalise	Yadeta	171208	Quest	WOMC 102-9610	11/7/2025	Vision Test	\$15.00
Lalise	Yadeta	171208	Quest	WOMC 102-9610	11/7/2025	Pre-filled Influenza Quad Syringe	\$35.00
Lalise	Yadeta	171208	Quest	WOMC 102-9610	11/7/2025	N95 Fit Test	\$40.00

NOV 2025 Invoice: Quest \$1,038.00