

HEMATOLOGY SHIFT COMMUNICATION LOG

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> St. Joseph Medical Center Tacoma, WA | <input type="checkbox"/> St. Clare Hospital Lakewood, WA | <input type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA |
| <input type="checkbox"/> St. Francis Hospital Federal Way, WA | <input type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input type="checkbox"/> PSC |

AUTOMATED HEMATOLOGY

| DATE: _____ | | NIGHT SHIFT | DAY SHIFT | EVENING SHIFT |
|--------------|-------------------|---|---|---|
| STATUS | STATUS GOOD | <input type="checkbox"/> DH1 <input type="checkbox"/> DH2 <input type="checkbox"/> DH3 <input type="checkbox"/> SMS <input type="checkbox"/> CVision | <input type="checkbox"/> DH1 <input type="checkbox"/> DH2 <input type="checkbox"/> DH3 <input type="checkbox"/> SMS <input type="checkbox"/> CVision | <input type="checkbox"/> DH1 <input type="checkbox"/> DH2 <input type="checkbox"/> DH3 <input type="checkbox"/> SMS <input type="checkbox"/> CVision |
| ISSUE | INSTRUMENT STATUS | <input type="checkbox"/> Down for CBC DIFF RET <input type="checkbox"/> Instrument: _____ <input type="checkbox"/> See TS Log/QIM _____ | <input type="checkbox"/> Down for CBC DIFF RET <input type="checkbox"/> Instrument: _____ <input type="checkbox"/> See TS Log/QIM _____ | <input type="checkbox"/> Down for CBC DIFF RET <input type="checkbox"/> Instrument: _____ <input type="checkbox"/> See TS Log/QIM _____ |
| | SERVICE CALLED | Hotline tech _____ Ref # _____ | Hotline tech _____ Ref # _____ | Hotline tech _____ Ref # _____ |
| DXH1 | 6C | <input type="checkbox"/> Latron <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review | <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review |
| | RETIC | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 3 |
| | MAINT | <input type="checkbox"/> Daily <input type="checkbox"/> Monthly | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |
| DXH2 | 6C | <input type="checkbox"/> Latron <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review | <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review |
| | RETIC | <input type="checkbox"/> I <input type="checkbox"/> II | <input type="checkbox"/> II <input type="checkbox"/> III | <input type="checkbox"/> I <input type="checkbox"/> III |
| | MAINT | <input type="checkbox"/> Daily <input type="checkbox"/> Monthly | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |
| DXH 3 | 6C | <input type="checkbox"/> Latron <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review | <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> L-J Review <input type="checkbox"/> XB Review |
| | RETIC | <input type="checkbox"/> I <input type="checkbox"/> II | <input type="checkbox"/> II <input type="checkbox"/> III | <input type="checkbox"/> I <input type="checkbox"/> III |
| | MAINT | <input type="checkbox"/> N/A | <input type="checkbox"/> Daily <input type="checkbox"/> Monthly | <input type="checkbox"/> N/A |
| CELLA-VISION | QC | <input type="checkbox"/> N/A <input type="checkbox"/> CV Localization, PRN | <input type="checkbox"/> CV Localization daily | <input type="checkbox"/> N/A <input type="checkbox"/> CV Localization, PRN |
| | MAINT | <input type="checkbox"/> N/A | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly | <input type="checkbox"/> N/A |
| SMS | MAINT | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |

MANUAL HEMATOLOGY

| | | | |
|----------------------------------|---|--|--|
| QC | <input type="checkbox"/> Diff Stain <input type="checkbox"/> B Fld L1 | <input type="checkbox"/> Sed <input type="checkbox"/> B Fld L1 | <input type="checkbox"/> B Fld L2 |
| MAINT | <input type="checkbox"/> Benches <input type="checkbox"/> Diluent Check <input type="checkbox"/> Midas <input type="checkbox"/> Microscope | <input type="checkbox"/> Benches <input type="checkbox"/> Microscope | <input type="checkbox"/> Benches <input type="checkbox"/> Microscope |
| SAMPLE CARRY-OVER FOR NEXT SHIFT | <input type="checkbox"/> BFld <input type="checkbox"/> Malaria <input type="checkbox"/> Other: _____ | <input type="checkbox"/> BFld <input type="checkbox"/> Malaria <input type="checkbox"/> Other: _____ | <input type="checkbox"/> BFld <input type="checkbox"/> Malaria <input type="checkbox"/> Other: _____ |
| Auto Heme | WCP | <input type="checkbox"/> Final WCP pulled & reconciled @ _____ <input type="checkbox"/> Handed off by _____ <input type="checkbox"/> Received by _____ | <input type="checkbox"/> Final WCP pulled & reconciled @ _____ <input type="checkbox"/> Handed off by _____ <input type="checkbox"/> Received by _____ |
| Man Heme | | <input type="checkbox"/> Final WCP pulled & reconciled @ _____ <input type="checkbox"/> Handed off by _____ <input type="checkbox"/> Received by _____ | <input type="checkbox"/> Final WCP pulled & reconciled @ _____ <input type="checkbox"/> Handed off by _____ <input type="checkbox"/> Received by _____ |

Notes on problem patients or Instrument QC Issues:

PLEASE TURN OVER FOR MORE COMMENT SPACE