

URINALYSIS SHIFT COMMUNICATION LOG

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| <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 |

DATE: _____		NIGHT SHIFT	DAY SHIFT	EVENING SHIFT
STATUS	STATUS GOOD	<input type="checkbox"/> AX4280 <input type="checkbox"/> IQ200 <input type="checkbox"/> Clinitek	<input type="checkbox"/> AX4280 <input type="checkbox"/> IQ200 <input type="checkbox"/> Clinitek	<input type="checkbox"/> AX4280 <input type="checkbox"/> IQ200 <input type="checkbox"/> Clinitek
ISSUE	INSTRUMENT STATUS	<input type="checkbox"/> Down <input type="checkbox"/> Instrument: _____ <input type="checkbox"/> See TS Log/QIM _____	<input type="checkbox"/> Down <input type="checkbox"/> Instrument: _____ <input type="checkbox"/> See TS Log/QIM _____	<input type="checkbox"/> Down <input type="checkbox"/> Instrument: _____ <input type="checkbox"/> See TS Log/QIM _____
	SERVICE CALLED	Hotline tech _____ Ref # _____	Hotline tech _____ Ref # _____	Hotline tech _____ Ref # _____
AX4280	REAGENT	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship
	QC	<input type="checkbox"/> N/A	<input type="checkbox"/> CA/CB QC	<input type="checkbox"/> N/A
	MAINT	<input type="checkbox"/> N/A	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> N/A
IQ200	REAGENT	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship
	IQ 200 QC	<input type="checkbox"/> N/A	<input type="checkbox"/> Daily	<input type="checkbox"/> N/A
	MAINT	<input type="checkbox"/> iQ Filter cleaned (as Needed)	<input type="checkbox"/> Daily <input type="checkbox"/> iQ Filter cleaned (as Needed)	<input type="checkbox"/> iQ Filter cleaned (as Needed)
CLINITEK	REAGENT	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship	<input type="checkbox"/> N/A <input type="checkbox"/> New Lot <input type="checkbox"/> New Ship
	QC	<input type="checkbox"/> N/A	<input type="checkbox"/> Level 1/2	<input type="checkbox"/> N/A
	MAINT	<input type="checkbox"/> N/A	<input type="checkbox"/> Daily <input type="checkbox"/> Calibration	<input type="checkbox"/> N/A
TS METER	QC	<input type="checkbox"/> N/A	<input type="checkbox"/> QC	<input type="checkbox"/> N/A
	MAINT	<input type="checkbox"/> N/A	<input type="checkbox"/> Daily	<input type="checkbox"/> N/A
MANUAL	QC	<input type="checkbox"/> Urine Eos Stain	<input type="checkbox"/> SSA <input type="checkbox"/> RED SUB <input type="checkbox"/> ICTO <input type="checkbox"/> HEMASTIX <input type="checkbox"/> KETONE	<input type="checkbox"/> N/A
	MAINT	<input type="checkbox"/> Bench Clean	<input type="checkbox"/> Bench Clean	<input type="checkbox"/> Bench Clean
WCP	VERBAL HANDOFF	<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 _____	<input type="checkbox"/> Final WCP pulled & reconciled @ _____ <input type="checkbox"/> Handed off by _____ <input type="checkbox"/> Received by _____
COMMENTS:				

PLEASE TURN OVER FOR MORE COMMENT SPACE

DOCUMENT APPROVAL Purpose of Document / Reason for Change:

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

Committee Approval Date	<input type="checkbox"/> Date: <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval (Electronic Signature)	 1/22/13
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