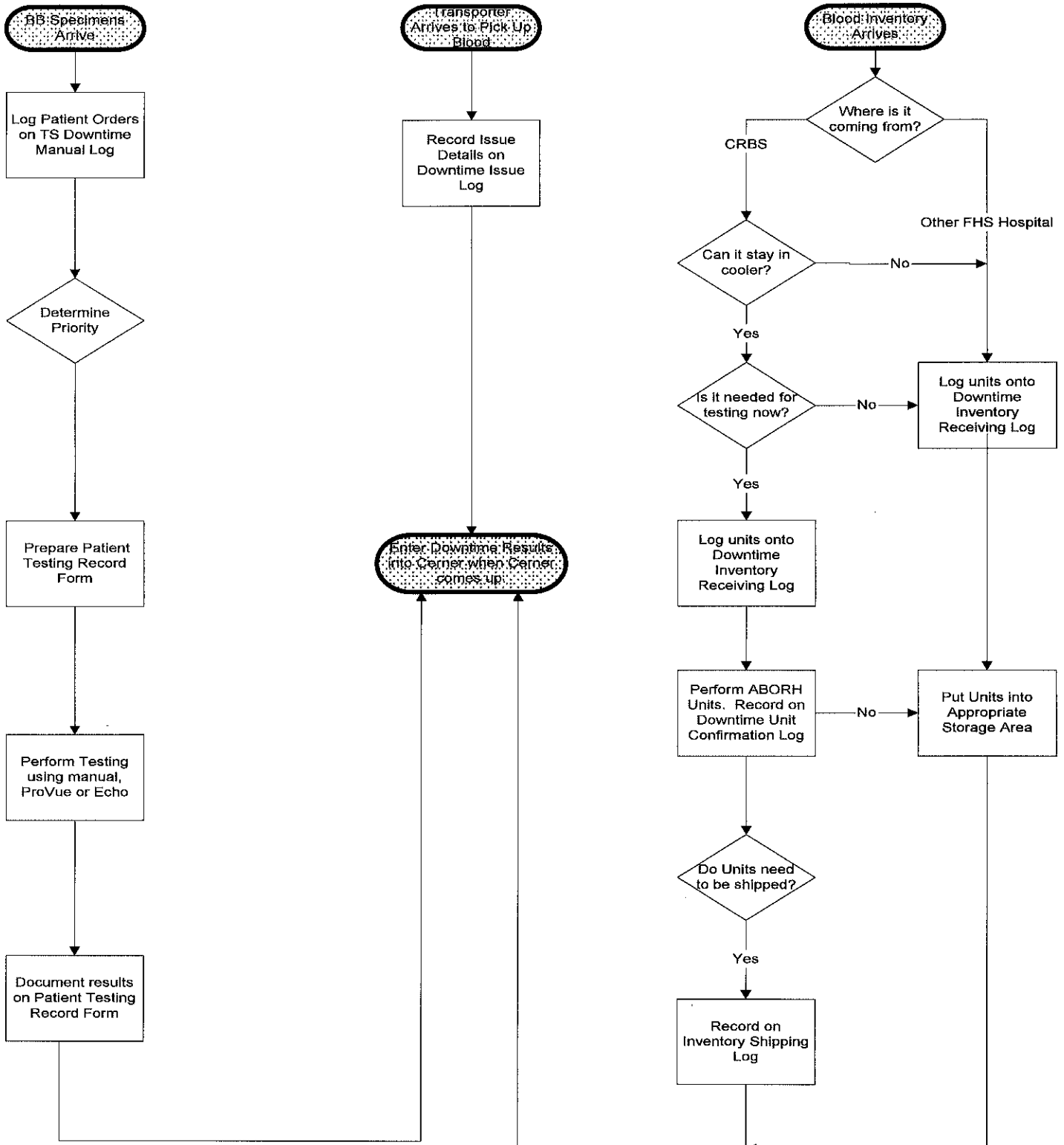


TS CERNER DOWNTIME PROCESS

St. Joseph Medical Center Tacoma, WA
 St. Francis Hospital Federal Way, WA

St. Clare Hospital Lakewood, WA
 St. Anthony Hospital Gig Harbor, WA

St. Elizabeth Hospital Enumclaw, WA
 PSC



FORM

DOCUMENT NUMBER
 J-F-TS1052-00

Copy ID
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TRANSFUSION SERVICE DOWNTIME MANUAL LOG

Date: _____ Ordered in Cerner by (Tech ID): _____

	Patient Name	DOB or MRN	Loc	Cerner Order Codes	Priority	Phleb ID	Collection Date/Time	Doctor	Comments/ Tubes Drawn
1.									
2.									
3.									
4.									
5.									

FORM

DOCUMENT NUMBER
 R-F-TS1034-02

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DOWNTIME INVENTORY RECEIVING LOG

Date/Time	Unit Number	ABO/RH	Exp. Date	Component	Rec'd from	Comments	Tech ID

RECEIVED FROM:
 St. Joseph Medical Center Transfusion Service
 1717 South J Street, Tacoma, WA 98405
 (253) 426-6654

Shipping conditions were found appropriate for the component. Each unit was inspected when received and found to be satisfactory in color and appearance.
 Tech ID / Date

St. Anthony Hospital Gig Harbor, WA
 St. Clare Hospital Lakewood, WA
 St. Francis Hospital Federal Way, WA
 St. Joseph Medical Center Tacoma, WA

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DOWNTIME INVENTORY SHIPPING LOG

Date/Time	Unit Number	ABO/RH	Exp. Date	Component	Destination	Comments	Tech ID

St. Joseph Medical Center Transfusion Service
 1717 South J Street, Tacoma, WA 98405
 (253) 426-6654

RECEIVED FROM:
 Shipping conditions were found appropriate for the component. Each unit was inspected when received and found to be satisfactory in color and appearance. _____ / _____
 Tech

FORM

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DOWNTIME UNIT CONFIRMATION LOG

Unit Number	Group	Rh	Exp Date	Anti-A	Anti-B	Anti-A,B	Ant-D	Interpretation	Date/Time	Tech ID

DOWNTIME FFP MODIFICATION LOG

St. Joseph Medical Center Tacoma, WA
 St. Francis Hospital Federal Way, WA

St. Clare Hospital Lakewood, WA
 St. Anthony Hospital Gig Harbor, WA

St. Elizabeth Hospital Enumclaw, WA
 PSC

DATE	TIME	TECH ID	PATIENT INFORMATION	UNIT #	FROZEN PRODUCT (FFP, FP24, FFPA1 etc.)	THAWED PRODUCT MOD TO (THPLS, THAP1 etc.)	TIME THAW BEGAN	FFP ORDER ACCN #	UNIT NOTIFIED Y/N? WHO? WHEN?
			Name:						
			MRN:						
			DOB:						
			Name:						
			MRN:						
			DOB:						
			Name:						
			MRN:						
			DOB:						
			Name:						
			MRN:						
			DOB:						
			Name:						
			MRN:						
			DOB:						
			Name:						
			MRN:						
			DOB:						

FORM

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DOWNTIME ISSUE LOG

DATE	PATIENT INFORMATION	L O C	PRODUCT	UNIT NUMBER	EXP DATE	ISSUED			RETURNED			COMMENTS														
						Issue to	Date	Time	Tech	Visual OK?	Date		Time	Tech	Visual OK?											
	NAME MRN																									
	NAME MRN																									
	NAME MRN																									
	NAME MRN																									
	NAME MRN																									
	NAME MRN																									
	NAME MRN																									
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