**Specimen Identification during Processing Competency Validation**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you read and understand the policy?
2. Did you read and understand the workaid?
3. Staff should scan/type MRN from where during processing?

a. Specimen label.

b. Specimen requisition

c. Both A and B.

1. How should staff compare specimens?

a. Compare full name on each specimen.

b. Compare a second identifier

c. Compare with the requisition (if Applicable)

d. All of the above.

1. Additional labels must be placed on the specimens comparing full name and complete second identifier between label and specimen on each and every specimen.

a. True

b. False

1. Source should be entered

a. True

b. False

**Validation Tool Review**

I understand that it is my responsibility to ensure that the correct process for Specimen Identification during the receiving and labeling process is used for each and every tube.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Double Check and Inspect, Every Tube Every Time!**