



**NORTH POINT**  
Health & Wellness Center

## Direct Observation

I, \_\_\_\_\_, have successfully performed  
Sickle Cell Screen testing according to the NPH Laboratory Procedure on  
\_\_\_\_\_.

Signature of Observer: \_\_\_\_\_  
*Any trained individual may observe and sign*

- AIDET
- Proper ID has been performed
- Safety protocols followed
- Specimens properly labeled – including initialing and adding time to Cerner/EPIC labels