**Tracer Audit Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Med. Rec. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOC: \_\_\_\_\_\_\_\_\_\_ | | | | | | Affix Unit No Label If available | | | | | | | | |
| Product Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Transfusion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_  AUDITOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **ORDER** | | | **YES** | **NO** | **SPECIMEN** | | **YES** | | | **NO** | | | | |
| Order received for each product | | |  |  | Specimen acceptability checked | |  | | |  | | | | |
| Orders appropriate | | |  |  | Specimen received time logged | |  | | |  | | | | |
| Patient history checked | | |  |  | Time between order & specimen receipt | |  | | |  | | | | |
| Accession Number | | |  |  | Comment: | | | | | | | | | |
| **Comments** | | | | |
| **TECHNICAL** | | | | | | | | **YES** | | | **NO** | | |
| Pre-transfusion testing done | | | | | | | |  | | |  | | |
| ABO/Rh performed | | | | | | | |  | | |  | | |
| Front & reverse type concurred | | | | | | | |  | | |  | | |
| Antibody Screen performed | | | | | | | |  | | |  | | |
| BAD file up-to-date | | | | | | | |  | | |  | | |
| ABO type specific product chosen | | | | | | | |  | | |  | | |
| CXM results consistent with Ab. Sc. | | | | | | | |  | | |  | | |
| All results released properly in Sundquest | | | | | | | |  | | |  | | |
| Comments: | | | | | | | | | | | | | |
| **REAGENTS** | | | | | | | | **YES** | | | | **NO** |
| All reagents used within expiration date | | | | | | | |  | | | |  |
| All reagents lot#/exp. date recorded | | | | | | | |  | | | |  |
| All QC completed/results acceptable | | | | | | | |  | | | |  |
| All refrigerator/equipment temperatures | | | | | | | |  | | | |  |
| Recorded and acceptable | | | | | | | |  | | | |  |
| Comments | | | | | | | | | | | | |
| **DISPENSE** | | | | | | | | **YES** | | | **NO** | |
| Completed Blood Product Release form | | | | | | | |  | | |  | |
| RN /Tech identifiable | | | | | | | |  | | |  | |
| Units properly identified/recorded | | | | | | | |  | | |  | |
| Unit properly released in SQ / LIS | | | | | | | |  | | |  | |
| Comments | | | | | | | | | | | | |
| **AUDIT RESULTS** | | | | | | | **YES** | | | **NO** | |
| Policy & procedures carried out | | | | | | |  | | |  | |
| Any deviations/problems identified | | | | | | |  | | |  | |
| If deviation, findings recorded follow up initiated | | | | | | |  | | |  | |
| Corrective actions taken Actions recorded | | | | | | |  | | |  | |
| Recommendation made/ acted upon | | | | | | |  | | |  | |
| Comments | | | | | | | | | | | |