**Tracer Audit Form**

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| --- | --- |
| 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 |