MLS Shift Hand Off Form

**Date:**  .

*Include patient names, locations, and brief description if necessary. If no information to pass on, draw a line through box.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Night Shift** | **Day Shift** | **Evening Shift** |
| **Sample/Order issues: redraws pending w/ reason** |  |  |  |
| **Instrument/Equipment****Issues:** |  |  |  |
| **QC or reagent issues:** |  |  |  |
| **Supply/Vendor issues, pending blood shipment/transfers,****Pending products:** |  |  |  |
| **Final Pending Logs printed at end of shift.****Unresolved issues:** | **Tech ID:**  .**Time:**  .**Pending:** . . | **Tech ID:**  .**Time:**  .**Pending:** . . | **Tech ID:**  .**Time:**  .**Pending:** . . |
| **Portable refrigerators out of lab/location:** | **Ref #:**  .**Location:**  .**Patient:**  . | **Ref #:**  .**Location:**  .**Patient:**  . | **Ref #:**  .**Location:**  .**Patient:**  . |
| **EPIC Outpt Adv Prep****Report checked** | **🞏 Yes 🞏 No** | **🞏 Yes 🞏 No** | **🞏 Yes 🞏 No** |
| **ABID handed off:** | **🞏 Yes 🞏 No****MRN:** | **🞏 Yes 🞏 No****MRN:** | **🞏 Yes 🞏 No****MRN:** |
| **Pending ABID @ BWNW or UWMC-ML** |  |  |  |
| **MTP/Trauma ongoing:****Patient/Location** |  |  |  |
| **Other:** |  |  |  |
| **Record Tech ID:** | **Handed off by:**  .**Received by:** . | **Handed off by:**  .**Received by:** . | **Handed off by:**  .**Received by:** . |

**Reviewed by:**  **Date:** .