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:**  |  |  |  |
| **Instrument/Equipment/QC/Reagent issues:** |  |  |  |
| **Supply/Vendor issues, Pending Blood shipment/Transfers/****Products:** |  |  |  |
| **Pending Logs printed** **Unresolved issues:** | **Tech ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pending:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Tech ID:**  .**Time:**  .**Pending:** . . | **Tech ID:**  .**Time:**  .**Pending:** . . |
| **Portable refrigerators out of lab/location:** | **Ref #:**  .**Location:**  .**Patient:**  .**MTP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Ref #:**  .**Location:**  .**Patient:**  .**MTP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Ref #:**  .**Location: \_\_\_\_\_\_\_\_\_\_\_\_** **Patient:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MTP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name Change Emails Checked** | **🞏 Yes 🞏 No** | **🞏 Yes 🞏 No** | **🞏 Yes 🞏 No** |
| **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** |  |  |  |
| **Other:** |  |  |  |
| **Record Tech ID:** | **Handed off by:**  .**Received by:** . | **Handed off by:**  .**Received by:** . | **Handed off by:**  .**Received by:** . |

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