**CLT 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** |
| **Equipment/TempTrak Issues** |  |  |  |
| **Sample/Order issues**  |  |  |  |
| **CPOE orders Reviewed and Resolved** |  |  |  |
| **CPOE Printer functioning** |  |  |  |
| **Outstanding Blood Product Release forms**  |  |  |  |
| **Supply/Vendor issues, pending blood shipment/transfers** |  |  |  |
| **Portable refrigerators out of lab/location:** | **Ref #:**  .**Location:**  .**Patient:**  . | **Ref #:**  .**Location:**  .**Patient:**  . | **Ref #:**  .**Location:**  .**Patient:**  . |
| **MTP ongoing:****Patient/Location** |  |  |  |
| **Trauma ongoing:****Patient/location** |  |  |  |
| **Bone Flaps for tomorrow surgery** |  |  |  |
| **Shift duties not performed:*** **Prenatal pickups**
* **Mail delivery**
* **Other**
 |  |  |  |
| **Other:** |  |  |  |
| **Record Tech ID:** | **Handed Off By:**  .**Received by:** . | **Handed Off By:**  .**Received by:** . | **Handed Off By:**  .**Received by:** . |

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