



WellSpan Health
Blood Bank Sample
Certification Form

Please use patient label OR fill in patient information

Patient name: _____

MRN: _____
(when available)

DOB: _____

This form MUST be filled out for all Blood Bank specimens ANYTIME an electronic identification device is not being used.

The Blood Bank specimen WILL NOT be accepted by the Blood Bank if the specimen is labeled incorrectly and/or the certification form is not completed in its entirety.

THIS COMPLETED FORM MUST ACCOMPANY THE BLOOD BANK SAMPLE

Date of blood draw: _____ Time of blood draw: _____
(Date, time and UserID must be handwritten on specimen label)

PHLEBOTOMIST (Specimen Collector)

I drew the accompanying blood specimen from the patient named on this form and labeled it in the presence of the patient and witness with the patient's name, date of birth, date/time of collection and my UserID. Also, (when applicable) completed the Blood Bank Wristband with the patient's name and date of birth and secured on the patient.

Print full name: _____ Date: _____ Time: _____

Sign full name: _____

Credentials: _____ Blood Bank Wristband Applied? (circle) Yes No

WITNESS

I witnessed the Positive Patient Identification process, specimen collection and wristband placement (when applicable) and verify that the patient's name and date of birth match identically.

Print full name: _____ Date: _____ Time: _____

Sign full name: _____

Credentials: _____