Customer Training Checklist for Immunohematology Testing Requests

Date	Trainee Name	Trainer Name

Training Item		✓ When completed
Initial Testing		
Perform testing as per local procedures.		
Determine when reference testing is required.		
Contact LifeServe Reference: 515.309.4880 Or 888.244.2928	Have all testing information available and be prepared to discuss reactions and urgency or need. Discussion of samples needed.	
Retrieve LS-FORM-5352 from Resource Guide	Immunohematology Laboratory Testing Request Form	
Form Completion	**Form must be Completely filled out. No empty spaces. Use NA if no response/testing performed.**	
Document Priority	Note that any test ordered as STAT may generate a call from Medical Department to ensure appropriate timing.	
Prepare samples: 20-30 ml EDTA anticoagulated blood required.	All tubes must be labeled with Patients full name, identification number, date drawn and phlebotomist's ID. Please send pre-transfusion RBC, if available.	
Note: Inadequately or illegibly labeled samples will be rejected	**Very Important – regulatory requirement!**	
Note: data on tubes must match data recorded on consultation request form.		

Document the Patient Information		
Document the Transfusion History		
Document the Hospital Test Results		
Document the Tests Requested		
Document the date, staff person requesting and telephone number should LifeServe need to request more information or report results	Please ensure that next shift is aware of request and prepared to respond to questions.	
Pack the sample	Samples may be shipped in LS shipping containers. Should be stored/shipped using wet ice to keep at 2-8C.	
Reporting results:		
LifeServe will call facility	Provide results verbally	
LifeServe will send results via a Preliminary report	Faxed to facility	
LifeServe Specialist in Blood Banking will review results and provide Final consultation report form.	Mailed to facility	

At completion of training and after all Trainee questions have been asked and answered, Trainer and Trainee to sign and date:

Trainee signature/Date	Trainer signature/Date