



**BLOOD BANK VERIFICATION
NON-PPID BLOOD BANK COLLECTIONS ONLY**

Patient Name: _____ MRN: _____

Blood Bank ID: _____

Verify and check **ALL** the following At Patient Bedside:

- ☐ Order checked
- ☐ Patient ID verified
- ☐ Patient label matches all three
 - 1) patient arm band
 - 2) all specimens and
 - 3) this form
- ☐ BBID matches all three
 - 1) patient BBID band
 - 2) all blood bank specimens and
 - 3) this form
- ☐ Collection information on specimen tube
 - 1) Collector Cerner Login
 - 2) Date/Time of Collection

Collector (Cerner Login – please print legibly): _____

Verification Date: _____

Verification Time: _____

Verifying Party (Cerner Login): _____

****Verifiers: Both verifiers must be trained to collect Blood Bank specimens. RN preferred for the first verifier.****

Send form and samples directly to Blood Bank (sample will be rejected if form not included).

LAB STAFF ONLY

Reason for Verification: OTHER

Other Information: BBID Verification

Information Compared and Found Acceptable by (Blood Bank Staff) Cerner ID: _____

Date: _____ TIME: _____

NOT TO BE SCANNED INTO THE PATIENT RECORD

FOR INTERNAL LAB USE ONLY