



Patient Name:	Ordering Provider:
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(1) DISPATCH

Dispatched by:

Date: _____ **Time:** _____

- Complete patient and provider boxes above.
- Ask caller if sample has been collected? **YES or NO**
 - If no, fax checklist with sample collection instructions to individual collecting sample and dispatch driver to pick up the sample.
 - If yes, complete the collection portion of the checklist with the caller. If all steps of the collection process have been successfully completed, AND the driver can return to the laboratory with the specimen on dry ice within 12 hours of collection, fax the checklist to the physician's office.

(4) RECEIVING

Received by:

Date: _____ **Time:** _____

- Sample was handed off on dry ice and remained on dry ice throughout the receiving/ordering process (other than verifying sample labeling).
- Remove the sample from dry ice. Deliver sample to the Technical processing area dry ice bin.

Place footer label here.

Sample was handed off to

TPA Name: _____

Time: _____

(2) COLLECTION

Collected by:

Date: _____ **Time of Collection:** _____

- Prechill a 3 mL green top collection tube.
- Collect the sample.
- Label the sample with patient's full first and last name and at least one other identifier, date and time and collector's initials or employee code.
- Immediately centrifuge the sample. Immediately transfer the plasma to an appropriately labeled plastic screw-cap container. Freeze the sample immediately.

If any of the above steps have NOT been completed, the sample is NOT viable for testing.

(5) PROCESSING

Processed by:

Date: _____ **Time:** _____

- Transfer specimen to urine cup with freezer pack.
- Immediately deliver the sample to the Vista workstation.

Sample was handed off to

Name _____

Time: _____

(3) COURIER

(You MUST answer YES or NO to the questions below)

Courier Name: _____

Date: _____ **Time of pick-up:** _____

- Was the sample frozen when the client gave it to you?
Circle YES or NO
- Was the sample maintained on dry ice at all times during transport to the Operations Center?
Circle YES or NO

Sample was handed off to

Name: _____

Time: _____

(6) ANALYSIS

Note: If analysis cannot be immediately performed, request TPA to place aliquot in dry ice.

- Allow sample to thaw at room temperature. Set an audible reminder timer to check on thawing progress frequently.
- Once thawed, mix the sample well and immediately remove an aliquot of plasma for testing. Remaining sample is kept cool in cup with ice pack in the event that testing must be repeated.
- Program the sample to fail autofile using accession number modified by AMN. Program as stat.
- Set a timer for 10 minutes as a reminder that an ammonia is in progress.
- When a verifiable result is obtained, verify in LIS. If repeat testing is required, use the sample maintained on ice.

Result verified at

Time: _____ **Tech Code:** _____

**RETURN COMPLETED FORM TO CENTRAL RECEIVING
FOR ELECTRONIC SCANNING**