

**MESA Exam 7 Phlebotomy - Supervisor Checklist**

DATE:     
mo day year

Field Center:

Technician Name/ID:

Supervisor:

Please check the appropriate box if technician performance is satisfactory for each line item. Please note any comments or remedial action taken in 'Comments' section if performance was not satisfactory.

**Preparation:**

- 1.  Phlebotomy area properly prepared and stocked with supplies (tube rocker, ice bucket, extra draw tubes & labels, etc.).
- 2.  Phlebotomy Form is correct Blood Draw Type based on participant's consent.
- 3.  Draw tubes labeled with participant ID and in the correct order for the Blood Draw Type.
- 4.  Questions on Phlebotomy Form asked and answers recorded.

**Venipuncture:**

- 5.  Script properly delivered
- 6.  Non-permeable lab coat, gloves, and face shields used.
- 7.  Correct preparation of venipuncture site.
- 8.  Venipuncture smoothly executed.
- 9.  Tubes filled in correct draw tube priority order.
- 10.  Any replacement tubes correctly labeled.
- 11.  Tourniquet released within 2 minutes; tourniquet maybe reapplied if necessary.
- 12.  Proper appropriate care of venipuncture site after needle is removed.
- 13.  Needle & tubing appropriately disposed.

**Handling of filled draw tubes:**

- 14.  The correct tubes inverted and placed on the rocker for the time limits specified in the MOP.
- 15.  Filled tubes placed in the correct racks - on ice or at room temperature – ASAP per MOP.
- 16.  EDTA or Serum tubes <1/2 full discarded

**P/P Form:**

- 17.  Check correct Participant ID barcode labels are on both Phlebotomy and Processing forms.
- 18.  Venipuncture starts and end times legibly recorded on the Phlebotomy form.
- 19.  Elapsed tourniquet time(s) noted on form (if reapplied, note additional elapsed tourniquet times).
- 20.  Form completely filled out, and any comments recorded in the Comments section.

**Urine:**

- 22.  Urine collection container correctly labeled and urine section on Phlebotomy Form completed.

Comments: \_\_\_\_\_

***Supervisor Signature*** \_\_\_\_\_

**MESA Exam 7 Laboratory Processing - Supervisor Checklist**

DATE:

mo

day

year

Field Center:

Technician Name/ID:

Supervisor:

Please check the appropriate box if technician performance is satisfactory for each line item. Please note any comments or remedial action taken in 'Comments' section if performance was not satisfactory.

**Preparation:**

1.  Aliquot racks organized and cryovials checked that they are correctly labeled. Blind duplicate aliquot cryovials labeled when appropriate.
2.  Personal protective equipment in use (Non-permeable lab coats, gloves, and face shields used).

**Blood Processing:**

3.  Time checked to ensure tubes are processed within the correct time limits post venipuncture per protocol.
4.  Equipment is checked to ensure all tubes requiring centrifuging are centrifuged at the correct temperature and speed.
5.  All EDTA plasma pooled before aliquoting into correctly labeled and color-coded cryovials.
6.  Serum tubes pooled before aliquoting into correctly labeled and color-coded cryovials (no serum pooling step at Northwestern).
7.  New pipet tip used for each Participant's sample type and aliquots kept on ice during aliquoting.
8.  Filled cryovials checked off on the Processing Form and frozen upright @ -80 °C within 10 minutes. Partial (< specified vol) cryovials are marked with a "P" on the label and Processing Form.

**Processing Completion:**

9.  Urine is kept refrigerated until aliquoting into correctly labeled tubes.
10.  Processing area and equipment is cleaned with appropriate disinfectant.
11.  Processing Form completely filled out, including recording all blood and urine aliquots obtained and if any are less than the required volume (partials). Any comments noted in comment section.

Comments:

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*Supervisor Signature*

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