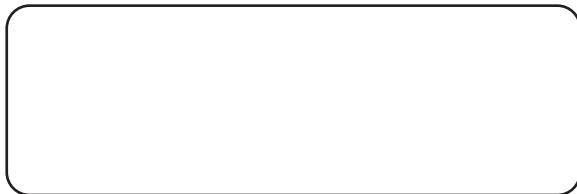


# UCSF Health Blood Bank Lab Samples

## Attestation by a **SECOND** licensed clinician

**Required if both T&S and Blood Type confirmation samples are collected by the same clinician.**

- A second clinician must verify and attest to matching the 2 patient identifiers on
    - 1) the patient's ID band, 2) the label on specimen tube and 3) the requisition, when applicable.
1. Affix **patient label** below



**Verify** Name & MRN on patient's ID band matches name & MRN on the specimen label on tube(s), & requisition (if used)

I, \_\_\_\_\_ (full name), as the **second** licensed clinician, verified that the Name & MRN on the **specimen label(s)** matched Name & MRN on the **patient's ID band**.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Location/Room# \_\_\_\_\_

**Blood Bank Use Only**

Verified by: \_\_\_\_\_