



**PHOENIX
CHILDREN'S**
Hospital

Blood Bank Identification

Apply Patient Label

We certify that before collection of the specimen the following checks have been made:

1. The patient has an appropriate identification band.
2. The name and medical record on the patient's identification band matches this form.
3. The name and medical record number on the patient's identification band matches the labels used for the specimen.

Collected by:		Observed by:	
Print Name:		Print Name:	
Employee Number:		Employee Number:	
Date:	Time:	Date:	Time:
_____ Signature		_____ Signature	

