Tag Form

This form must be filled out prior to attaching or moving any patient or container tag.

Primary Employee Name_____
Other Employee Names_____

Step 1: Look in the database for the correct numbers to use, and cross reference with any existing tags on containers and subcontainers.

Step 2: If a new container is required, create the new container in the database and also label the new physical container with the correct oc_container.ContainerNum.

Step 3: Make a list of tagging actions that fully describe all movements.

Item Being Moved		(enter zero if does not apply)	
either PatNum	or ContainerNum	From ContainerNum	To ContainerNum

Notes:

☐ Something has been mislabeled, come loose, or needs to be replaced. Fixing this sort of problem must always be done by two people together, one of whom is a supervisor. Document here what action will be taken.

Step 4: Make any necessary tags.

Step 5: Management Approval_____ Date_____
Comments_____

Step 6: Perform tagging of tissue and/or containers. If any revisions need to be made to the above, get management involved.

Step 7: ☐ Check box to indicate all tagging is completely done.

Step 8: Add a series of entries to the oc_tagaction table in the database matching those in the grid above.

Step 9: Immediate Management Review _____