

TravaLab Quality Control Assessment

| Assessor/QC Manager: _ | |
|------------------------|---|
| Date: | |
| Laboratory: | _ |
| Patient Name: | |
| Technician: | |

Assessment: For each question, please write the number 1 if the answer is "Yes" and the number 0 if the answer is "No." As a general standard, a score of 90% or higher in each category would be considered to be within acceptable assurance parameters for patient care.

Scheduling Assessment

| | YES-1 | NO-0 | Comments |
|--|-------|------|----------|
| Has appointment been scheduled through TravaLab (TL) website by patient? | | | |
| Has appointment been routed to technicians in service area requested through TL application? | | | |
| Has appointment been reviewed and accepted by TL technician? | | | |
| Has technician reached out to patient to confirm date and time of requested draw? | | | |
| Did technician perform blood draw safely and according to TL protocol? | | | |
| Were sample(s) labeled and shipped out according to TL protocol and within mandatory time frame? | | | |
| Did technician provide tracking number for sent sample(s)? | | | |

Scheduling Incidental Assessment

| | YES-1 | NO-0 | Comments |
|--|-------|------|----------|
| Was a technician unavailable requested service area? If so, was a technician rerouted by TL? | | | |
| If so, was a technician rerouted by TL? | | | |
| Did an issue with mislabeling and/or shipping & handling occur? | | | |
| If so, did TL schedule a redraw? | | | |
| Was there an issue with the kit provided (expired, exhausted vacuum, broken tube)? | | | |
| If so, did TL schedule a redraw with the appropriate kit? | | | |
| Did the patient fail to show for requested appointment? (Note: If patient fails to show, they will be liable for the cost of the appointment and are responsible for notifying the TL technician). | | | |

Phlebotomy Incidental Assessment

| | YES-1 | NO-0 | Comments |
|---|-------|------|----------|
| Did the technician miss the patient's vein? | | | |
| Did the technician encounter patient with hard veins? | | | |
| Did patient experience syncope during blood draw procedure? | | | |
| Was patient dehydrated for procedure? | | | |
| Did the patient tamper with the kit provided? (opened tube, left in vehicle or exposed sunlight for long periods of time, received expired kit) | | | |
| Did technician fail to stabilize arm? | | | |
| Did technician fail to follow basic phlebotomy SOP's and mandatory lab protocols? | | | |
| Did technician fail to access both veins as necessary? | | | |
| Did technician fail to properly label tubes? | | | |