**DBS FIELD EVALUATION**

1. Did HCW engage patient in what was happening?

Yes No

1. Did HCW ensure patient’s hands were warmed up?

Yes No

1. Were gloves worn before touching anything to be used in DBS collection?

Yes No

1. Were all DBS collection supplies removed and prepared before starting procedure? (***Tick all that applies***)

|  |  |
| --- | --- |
| **DBS Supplies** | **Tick (√)** |
| Cotton wool |  |
| Plaster |  |
| Lancet |  |
| DBS card |  |
| Sharps boxes |  |
| Alcohol swab  |  |

1. Did HCW fill in patients details on both DBS card and requisition form before collection? (***Tick all that applies***)

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUISITION FORM** | **Tick (√)** | **DBS CARD** | **Tick (√)** |
| Collection date and time |  | Collection date and time |  |
| PID |  | PID |  |
| Sex |  | Sex |  |
| Study/visit |  | Clinic/Facility name |  |
| Sample storage |  |  |  |
| Clinic/Facility name |  |  |  |

1. Was the patient’s finger cleaned with an alcohol swab in one direction?

Yes No

1. Did HCW ensure that the patients hand was below the heart during DBS collection?

Yes No

1. Was lancet properly positioned? (i.e. not too close to the tip or side of the finger).

Yes No

1. Was lancet disposed in sharps boxes?

Yes No

1. Was puncture done correctly?

Yes No

1. Was patient’s finger messaged properly?

Yes No

1. Was the collected DBS valid?

Yes No

1. Were details filled in correctly on the requisition forms?

Yes No

1. Was the collected DBS packaged properly?

Yes No