The purpose of this manual is to give you information you will need throughout the Phlebotomy course. It is intended as a supplement to the College Catalogue and the Student Handbook and supplements, but does not negate the information they contain. When policy is not specifically mentioned in this manual, the College policy applies. As new policies or procedures are instituted, you will be notified.

Please keep this manual for your reference. As you receive additional information, attach it to the manual. If you have questions at any time, please see the Instructor.

This manual has undergone legal review.
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INTRODUCTION

A phlebotomist is a member of the health care delivery team whose primary responsibility is that of collecting blood specimens from patients. These specimens are used for clinical laboratory analysis and thereby provide physicians with vital information used in making diagnoses, following progress, and treating patients. Phlebotomists are in great demand for employment in hospitals, physicians’ offices or clinics, or by commercial reference laboratories. Phlebotomists must be able to collect blood competently, safely, and in a professional manner.

Upon successful completion of this 4-credit, one semester course, students should be employable as phlebotomists. This course can also serve as the first step on the career ladder, leading to the further pursuit of education as medical laboratory technicians, medical technologists, or in other allied health or medical fields.

PROGRAM APPROVAL

The Montgomery County Community College Phlebotomy Course is approved by the National Accrediting Agency for Clinical Laboratory Science (NAACLS).* The purpose of program approval is to identify educational programs which are structured so that graduates will possess stated entry-level competencies. The competencies specify the minimum academic requirements, both skills and knowledge, that are required to function effectively in this career field. Program approval provides a measure of assurance to potential students and employers that this program’s structure and content conforms to nationally accepted standards. The Program was most recently awarded continuing approval for four years on April 30, 2013.

* National Accrediting Agency for Clinical Laboratory Sciences, 5600 N. River Road, Suite 720, Rosemont, IL 60018
  www.naacls.org  773-714-8880

MISSION STATEMENT

It is the mission of the Phlebotomy Program to respond to the needs of the community by educating students to perform phlebotomy and related procedures and prepare these students to perform competently as phlebotomists upon program completion.

ESSENTIAL FUNCTIONS

In addition to the academic admission requirements of students taking the Phlebotomy Technician course, the following Essential Functions are also expected of all students:

1. Students must be able to distinguish various colored blood collection tubes. Students must be able to visualize small objects like the bevel or opening of needles.
2. Students must possess sufficient motor skills and manual dexterity to obtain and manipulate specimens in a manner that does not endanger themselves and others.
3. Students must possess effective written and oral communication skills in order to accurately transmit information to patients, physicians and other healthcare professionals. Students must possess the ability to read and write in English.
4. Students must demonstrate professional attitudes and behaviors. Students must be able to use reasonable judgment under stressful conditions to make decisions that impact patient care. Students must be able to work independently as a member of a team to maintain the highest standards in the delivery of patient care.
Students must be able to move easily from one location to another in the Laboratory to do testing and through patient areas to perform phlebotomy.

COURSE OBJECTIVES

Upon completion of the Phlebotomy course, the student will be able to:

1. list the departments within a clinical laboratory organization.
2. identify the components of a health care delivery system.
3. evaluate legal implications of phlebotomy.
4. define basic medical terms.
5. describe the anatomy and physiology of body systems to the extent needed to relate basic laboratory tests to common pathologic conditions.
6. use of a variety of collection equipment properly.
7. perform venipunctures on cooperative adult patients and children.*
8. perform capillary punctures and collect specimens from small children and infants.**
9. make acceptable blood smears from blood samples.
10. perform Ivy bleeding time tests.
11. demonstrate safe and aseptic technique and infection control measures in the laboratory environment.
12. identify different types of test requisition systems and specimen handling, transportation, and processing needs.
13. state procedures to ensure proper patient identification and assure quality specimens.
14. communicate and interact with patients and colleagues in a professional manner.
15. demonstrate professional conduct and appearance.
16. perform adult CPR using certified standards.

* A minimum of 100 successful venipunctures must be completed.
**A minimum of 25 successful capillary collections must be completed.

COURSE STRUCTURE

Fall and Spring 15 Week Sessions
The Phlebotomy course meets for one semester. For the first ten weeks, instruction takes place on campus as lectures and student (simulated) laboratory exercises. The remainder of the time (100 hours) is spent at a clinical site (hospital). Students must be available multiple days of the week to complete these hours. Students MUST complete their clinical experience during day time business hours (approximately 7:00 AM to 3:30 PM). Weekend and evening hours will not be options for completing these hours. (See current course syllabus for details.)

Spring/Summer Accelerated 10 Week Session
For the first five weeks, instruction takes place on campus as lecturers and student (simulated) laboratory exercises. The remainder of the time (100 hours) is spent at a clinical site (hospital). Students must be available multiple days of the week to complete these hours. Students MUST complete their clinical experience during day time business hours (approximately 7:00 AM to 3:30 PM). Weekend and evening hours will not be options for completing these hours. (See current course syllabus for details.)
CERTIFICATION

Persons who complete the Phlebotomy course with a grade of "C" or better will be eligible to sit for the national certification examination offered by:

The Board of Certification – Phlebotomy Technician, PBT (ASCP)

Certification is a valued personal credential which attests to one's knowledge in this area. Many employers prefer to have certified personnel.

NOTE: The College will issue a Certificate of Completion to students who successfully complete the Program. This certificate is not contingent upon passing external certification or licensure examinations.

FACULTY

The course is taught by certified medical technologists who are experienced in phlebotomy and other areas of the clinical laboratory. It is under the auspices of the Medical Laboratory Technician (MLT) Program. Inquiries can be directed to:

Phlebotomy Coordinator/Faculty:

Kathleen Perlmutter, MBA, MT (ASCP)
Email: kperlmutter@mc3.edu
Office: Science Center 338
Phone: 215-641-6465

Gloria Stauffer, MS, MT (ASCP)
Email: GStauffe@mc3.edu

CLINICAL AFFILIATES

For the clinical practice component of the course, students are assigned to an area hospital laboratory. These affiliates are under contract with the College to provide practical hands-on blood collection experience. A designated Phlebotomy Coordinator either directly supervises students or delegates this responsibility to a staff member.

Current affiliates include:

Grand View Hospital
700 Lawn Avenue
Sellersville, PA 18960
Telephone: 215-453-4370
Coordinator: Madelyn Franko

Einstein Medical Center Montgomery
559 W. Germantown Pike
East Norriton, PA 19403
Telephone: 484-622-1465
Coordinator: Joanne Katarynick

Pottstown Memorial Medical Center
High Street & Armand Hammer Blvd.
Pottstown, PA 19464
Telephone: 610-327-7131
Coordinator: Gloria Stauffer
*Mercy Suburban Hospital
2701 DeKalb Pike
Norristown, PA 19401
Telephone: 610-278-2329

*Abington Memorial Hospital
1200 Old York Road
Abington, PA 19001
Telephone: 215-480-8953

*These affiliates participate in the accelerated Spring/Summer session.

**CLINIC ASSIGNMENT GUIDELINES**

Enrollment in the Phlebotomy Program does not exceed the number of available clinical site placements based on current affiliation contracts. However, if this should occur due to unforeseen circumstances, students will be ranked and assigned using the following criteria:

- Current grade in course – those with a higher cumulative average will be given preference. Every attempt will be made to place students at current clinical sites if agreed upon by the clinical site and Program Director. A site may exceed the designated student number on a temporary basis.

**PROFESSIONAL DEVELOPMENT**

Professional development is an integral part of the Phlebotomy curriculum. Clear guidelines are communicated to students so that their behavior conforms to standards of professional practice. (See Appendix A, Affective Competencies.)

Students are expected to respect the confidentiality of information. Personal confidences and private information concerning patients and obtained while practicing or studying must be regarded as privileged communication. Abuse of this privilege is unethical.

Students may not accept gratuities or gifts for any services rendered. Solicitation in the laboratory (on campus or at hospitals) is prohibited.

**PLEDGE TO THE PROFESSION**

As a clinical laboratory professional, I strive to:

- Maintain and promote standards of excellence in performing and advancing the art and science of my profession
- Preserve the dignity and privacy of others
- Uphold and maintain the dignity and respect of our profession
- Seek to establish cooperative and respectful working relationships with other health professionals
- Contribute to the general well being of the community

I will actively demonstrate my commitment to these responsibilities throughout my professional life.

(The American Society for Clinical Laboratory Science)
STUDENT ACADEMIC CODE OF ETHICS AND CODE OF CONDUCT


Students are expected to treat all members of the College community with dignity, respect, fairness and civility and to behave in a responsible manner at all times both in and outside the classroom. Please refer to the Student Code of Conduct [http://www.mc3.edu/about-us/policies/125](http://www.mc3.edu/about-us/policies/125).

SAFETY

Because students may be exposed to a variety of hazards (e.g., infectious agents, chemicals, etc.) throughout the course, safety is heavily emphasized in course instruction. Through proper education, risks to students are minimized. Students who have questions about the risk of AIDS, hepatitis, etc. should contact the faculty.

Students are responsible for knowing and following all laboratory safety procedures both at the College and at the Hospital as long as they are enrolled in the course. Safety is taught as part of the curriculum. Hospital procedures, such as those for isolation rooms or nurseries, are taught at each clinical laboratory. (See Appendix F for Program Safety Procedures.) Students must speak English in the student laboratory or clinical site at all times so that instructors can assist students quickly in an emergency.

LABORATORY ACCIDENTS

Anyone involved in a laboratory accident must document the incident. A standard accident report form must be completed. Forms are available in the MLT office or from the College Nurse. Accident reports must be returned to the Program Director who will then contact the College Nurse or Public Safety. Students will be provided information on baseline testing, treatment, etc. related to the exposure. All accident report forms are filed in the student file in the MLT office and the offices of the College Nurse and Public Safety.

Students are expected to report all injuries involving biohazardous materials. The person supervising the student will provide first aid and contact the Program Director who will carry out the procedures established in the “Student, Employee and Patient Occupational Exposure Policy.” A copy of this Plan will be distributed to each student during orientation. Students will sign an acknowledgement form indicating they have received a copy of this document. The acknowledgement form will be kept in their files. Every effort will be made to assure confidentiality of records. Information will be released only when appropriate authorization is obtained.

LIABILITY INSURANCE

Students are required to purchase professional liability insurance and to show proof of coverage. Information and applications are provided by the instructor at the mandatory orientation.
CHILD ABUSE HISTORY CLEARANCE AND CRIMINAL RECORD CHECKS POLICY

I. Policy

The Health Sciences Division is committed to providing meaningful experiential learning opportunities for all students enrolled in its Health Programs as a means to reinforce discipline specific knowledge and assist in developing appropriate professional skills and attributes. To this end the Health Programs enter into agreements with various persons and agencies to assist in providing student learning opportunities. A component of these agreements requires maintenance of student records regarding Child Abuse History Clearance, Pennsylvania Criminal Record Check, and FBI Criminal History Background Check.

II. Procedure

A. Students submit evidence of a Child Abuse History Clearance, Pennsylvania Criminal Record Check, and FBI Criminal History Background Check to the discipline specific Program Office as described in the discipline specific Program Handbook.

B. The Child Abuse History Clearance
1. The student will complete a Pennsylvania Child Abuse History Clearance application.
   a. Identify all information requested in Section I of the document
   b. Enclose the required money order
2. The student will submit the original Child Abuse History Clearance report to the Program Office where it will be placed in the student’s file.
3. A positive Child Abuse History Clearance report will exclude a student from participation in the clinical component of a Health Program at Montgomery County Community College regardless of when the offense occurred.

C. The Pennsylvania Criminal Record Check
1. The student will complete a Pennsylvania State Police Request for Criminal Record Check via:
   a. On-line format (recommended)
      i. [https://epatch.state.pa.us/Home.jsp](https://epatch.state.pa.us/Home.jsp)
      ii. Submit Record Check Status page from website to the identified Health Program
      iii. If record exists, submit information provided by State Police to the specific Program office
   OR
   b. Paper format
      i. Identify all information requested in Part I of the Request
      ii. Enclose the required certified check or money order
      iii. Document will be mailed directly to the identified Health Program
D. FBI Criminal History Background Check

In addition to the Pennsylvania Criminal Record Check, students complete an FBI Criminal History Background Check.

1. Students can utilize the Cogent Systems to process fingerprint-based FBI Criminal History Background checks, as is the required by the Department of Public Welfare.
2. The fingerprint-based criminal history background check is a multiple step process.
3. The Cogent Systems Web site www.pa.cogentid.com allows individuals to apply online, as well as provide detailed information regarding the application process.
4. Original Department of Welfare certification must be submitted to the identified Program Office.
5. There is a cost to obtain the FBI Criminal History Background Check.

E. Submission of a negative Child Abuse History Clearance report, and Pennsylvania Criminal Record and FBI Criminal History Background checks free of offenses, to the Health Program by its identified due date, results in criminal clearance for clinically based learning opportunities in the specific Health Program.

F. The Pennsylvania Older Adults Protective Services Act identifies offenses that make a person ineligible for employment as a Health Care Provider. A Criminal Record check that discloses these offenses, regardless of the date, will prohibit a student from participating in the clinical component of a Health Program at Montgomery County Community College. Refer to http://www.portal.state.pa.us/portal/server.pt?open=514&objID=616725&mode=2 for description of Act 169 and criminal offenses that make a person ineligible for employment as a Health Care Provider.

G. If you are found to have a history of offense(s) as identified in the Pennsylvania Criminal Record Check, FBI Criminal History Background Check and/or Child Abuse History Clearance, you will be denied participation in any clinical courses, thus withdrawing you from the Program. An offense committed since the Child Abuse History Clearance, Criminal Record and FBI Criminal History Background checks were completed and submitted to the Health Program, will also result in immediate removal from the Program. There is no statute of limitations. If you have a potential concern regarding this requirement, contact your Program Director to discuss this matter in confidence.

H. The Child Abuse History Clearance, Pennsylvania Criminal Record and FBI Criminal History Background checks documents must be current while the student is enrolled in the Health Program and are required to be updated annually. The original Child Abuse History Clearance, Pennsylvania Criminal Record Check and FBI Criminal History Background Check reports should be submitted to the appropriate Program Office and will be placed in the student's file.
I. It is the student’s responsibility to immediately notify the Program Director of any events or changes in the Child Abuse History Clearance, Pennsylvania Criminal Record, and FBI Criminal History Background Check which may affect continued eligibility to participate in the clinical component of the Health Program.

J. A student with a potential concern regarding the Child Abuse History Clearance, Pennsylvania Criminal Record Check, and FBI Criminal History Background Check, is encouraged to contact the discipline specific Health Program Director to discuss the matter in confidence.

STUDENT RECORDS

The College accords all the rights under the Family Educational Rights and Privacy Act of 1974 to its students. A copy of this entire policy can be found at http://www.mc3.edu/about-us/policies/143. In addition to the official records kept elsewhere in the College, students’ files are maintained in the MLT office. While the student is in the program, current files are kept which include formative and summative evaluation, advising records, copies of official letters, records of grades and attendance, and accident reports. Formative evaluations are kept for 4 years after graduation, and are then shredded.

The MLT office also keeps a record of students’ addresses and telephone numbers. It is the student’s obligation to notify the Program Director of changes.

Students who wish to review their file in the MLT office should make an appointment with the Program Director. Records may not be removed from the Department Office.

UNIFORMS

Uniforms must be worn for all laboratory periods on campus and in the hospital. (Phlebotomy students will wear royal blue scrub pants and tops. The goal remains to ensure that the phlebotomy student attire reflects the tradition of “professional appearance” and recognizes the current attire in most clinical laboratories.) Students not properly attired will not be permitted in the laboratory. A white lab coat must be worn as the outermost garment for all clinical assignments, and is recommended for the student laboratory as well. Students will be required to purchase scrubs and lab coats from MP Nursing Apparel. All garments will be personalized to include the student’s full name and program of study.

White leather shoes are required. No open-toe, backless, sandal styles or clogs are permitted. Clean, white sneakers are acceptable.
PERSONAL CARE

Conservative habits are essential. Use of cosmetics is restricted to those suitable for daytime wear in a hospital. Use of jewelry is limited to watches, wedding/engagement rings, button earrings and simple chains. Hair longer than shoulder length or hair which falls onto working materials must be tied back. Beards must be short. Nails must be kept short and only clear polish may be used. **False nails are not permitted.**

Students should take extra precautions to guard against body odors, clothing odors, (due to cigarette smoke or other causes), or bad breath since these can be unpleasant for patients as well as co-workers.

The following **ARE PROHIBITED** in clinical and the student laboratory: Tongue rings, any facial jewelry, and gauges.

All tattoos **MUST** be covered at all times in the clinical and student laboratory settings.

*When a clinical site has a dress code more restrictive than this policy, the student is expected to adhere to the more restrictive code.***

ATTENDANCE

Attendance is required at and recorded for all scheduled instructional periods. (An instructional period is defined as any scheduled class, student laboratory, or clinic assignment). Students absent for medical reasons may be expected to furnish a note from a physician. Students absent for any other reason are considered unexcused. After two (2) absences from class, a verbal warning will be given to the student and an anecdotal will be placed in their class file. After three (3) absences, the student will be required to withdraw from the course. Missed tests will be made up upon the student’s return to class. All missed classwork is the student’s responsibility.

Students are expected to attend all clinic sessions as scheduled. It may be unlikely that time missed can be made up. If a student misses more than two scheduled days or is late three or more scheduled days from clinic they will be required to withdraw from MLT106.

Absences due to extraordinary circumstances will be evaluated on an individual basis provided that students inform the faculty.

**STUDENTS ARE REQUIRED TO NOTIFY INSTRUCTORS AT THE COLLEGE (215-641-6437) OR CLINIC OF ANTICIPATED ABSENCE AS SOON AS POSSIBLE AND TO FURNISH A REASON.**
CELL PHONE USE POLICY

Students are required to silence all cell phones during class hours. Students who fail to do so will be given a warning for the first offense. Subsequent offenses will result in the students being asked to leave class when the offense occurs. Students who have three offenses during a semester will only be permitted to return to class after meeting with the Program Director. Students may request an exception to this policy for extenuating circumstances. The instructor, at his or her discretion, may approve this exception prior to class. Students should not make a habit of requesting exceptions to this policy.

WEATHER EMERGENCY

Students are expected to be present for all classes and clinic assignments, even in inclement weather, unless the College is closed. In the event of snow, students should listen for MCCC's school number 320 for closing information. For class cancellation due to weather conditions or other emergency situations, listen to KYW 1060 AM, WNPV 1440 AM or WPAZ 1370 AM on the radio, check the home page of the College web site (www.mc3.edu) or call 215-641-6300 for Central Campus information and select option #1. You may also opt to have emergency notification sent via email or text messaging. To enroll visit http://www.mc3.edu/txt/. If College is one hour late – class starts on time. If College is two hours late – class starts at 10:00 a.m. Do not report to the clinic if the College is closed. If there is a delayed opening, students will report to class or clinical at the following times: 1 hour delay = 9:00 AM, 2 hour delay = 10:00 AM.

PROMPTNESS

All instructional periods begin promptly at the time scheduled. Students are expected to be seated and ready to learn at that time. All conditions which might delay students, such as weather, traffic, parking, elevators and lavatory visits should be considered when planning arrivals. Prompt return from breaks is also expected.

Students who arrive late are responsible for work missed. The opportunity to make up quizzes missed because of lateness is at the instructor's discretion.

Lateness at the College and Clinic is recorded in the student's files.

TRANSPORTATION

Transportation to all classes and clinical assignments is the responsibility of the student. It is recommended that students have the use of a car in good working order and have a plan of alternative transportation in case of car trouble. In general, car pooling may not be feasible for clinical assignments, and public transportation schedules too infrequent to be reliable.
BASIS FOR EVALUATION

Students are evaluated on the basis of their ability to meet goals described previously (see Course Competencies). Evaluation is based on three areas of achievement: cognitive ability which consists of knowledge and understanding, psychomotor ability which is skill related and affective behavior which is related to professional attitudes and traits. Satisfactory evaluation in each of the three areas described is required. High achievement in any one area does not compensate for deficiencies in other areas.

DESCRIPTION OF EVALUATION METHODS

Cognitive Evaluation is based upon written assignments, quizzes, and examinations. These include class quizzes, assignments made in lectures and/or student laboratory, unit examinations, and a final examination.

Quizzes are given at the beginning of each lecture unless otherwise announced. They are based on the objectives of the previous lecture and on previously learned material. A short-answer format is generally used. Graded quizzes are returned to students within one week. A grade of zero will be recorded for all missed quizzes. Only 1 make-up quiz may be permitted to a student only if the instructor is properly notified prior to the start of the missed class.

Unit examinations are given and dates are specified in the course schedule. They cover large units of instruction and are always in a multiple-choice and short answer format. Students who miss examinations for any reason receive no grade for the first missed exam and a zero for any exams missed subsequently. Exams are not returned to students for them to keep.

Students who wish to review previous Unit exams may do so under the following conditions:

  Appointments must be scheduled at least one day in advance with the Department Secretary or in her absence, with the Instructor. Students must indicate the time period they will need to review exams as well as the date and subject of the exam(s) requested. No more than four students will be scheduled for any one-hour period. For this reason, students are urged to review exams well ahead of the date scheduled for final exams. Students will not be permitted to copy questions. Students may make brief notes which will be subject to review by the proctor. At the end of the specified time period, papers will be collected.

Final examinations are given during exam week. They cover the entire semester's work. Format and procedures for review are the same as those for unit exams.

  NOTE: No opportunity is routinely given to students to make up exams which are missed. In such cases a zero is recorded. Any exception to this policy requires a decision by the Program Director and the Instructor.

Assignments may be given to students, either in the handout for each lecture or announced by the instructor. Assignments may include reading, problem solving, lab reports, journal reviews, compositions, etc. Graded assignments are returned to students within one week. Assignments will be assessed a 10% penalty for being late. After three weeks a zero will be given.
The following items (where applicable) will be used to evaluate and grade lab reports:

a) answers to questions from interpretation section of lab procedure, including correctness, thoroughness and completeness of responses.
b) neatness of any/all of above.
c) grammar, spelling, and English composition of any/all of above.

The faculty expects that students will write complete sentences or paragraphs whenever possible, as opposed to writing phrases or words, unless directed otherwise. Points will be deducted for misspelled words and grammatical errors.

**Psychomotor evaluation** is based upon instructor observation of student performance of specified tasks or skills. Psychomotor evaluation methods include competency checklists, laboratory practicals, task performance at the clinic, and Daily Clinic and student Lab Review forms (see Appendices C, D and E).

**Affective evaluation** is based upon instructor observations of manifestations of student's attitudes. Standards are described in Affective Competencies (see Appendix A). Evaluation methods include the Daily Clinic Review and Daily Laboratory Review forms (see Appendices C, D and E).

**GRADING SYSTEM**

One letter grade is given for the course which reflects the student's overall performance in the course.

Students must achieve a grade of "C" or better in the course in order to qualify for certification exams.

There will be weekly quizzes and two unit exams covering didactic material. Laboratory skills will be assessed via instructor observation and checklists. Clinical work will be evaluated using the Daily Clinic Review (DCR) and Summative Evaluation (see Appendix G) rating forms. Upon completion of the clinical (hospital) component, students will return to the campus for a comprehensive written final exam.

**Grade Calculation**

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</tr>
</thead>
<tbody>
<tr>
<td>Quiz average</td>
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</tr>
<tr>
<td>Unit exam average</td>
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</tr>
<tr>
<td>Final exam</td>
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</tr>
<tr>
<td>Daily Lab Review average</td>
<td>10%</td>
</tr>
<tr>
<td>Lab competencies</td>
<td>10%</td>
</tr>
<tr>
<td>Clinic Evaluation</td>
<td>25%</td>
</tr>
<tr>
<td>Blackboard use</td>
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</tr>
</tbody>
</table>
Numerical grades will be converted to a letter grade by the following formula:

<table>
<thead>
<tr>
<th>Numerical Grade</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>93-100</td>
<td>A</td>
</tr>
<tr>
<td>90-92</td>
<td>A-</td>
</tr>
<tr>
<td>87-89</td>
<td>B+</td>
</tr>
<tr>
<td>84-86</td>
<td>B</td>
</tr>
<tr>
<td>80-83</td>
<td>B-</td>
</tr>
<tr>
<td>77-79</td>
<td>C+</td>
</tr>
<tr>
<td>70-76</td>
<td>C</td>
</tr>
<tr>
<td>65-69</td>
<td>D</td>
</tr>
<tr>
<td>less than 65</td>
<td>F</td>
</tr>
</tbody>
</table>


You must pass the three components of the course – lecture, student laboratory AND clinical internship – in order to pass this course. Failure to complete internship within SIX months of starting results in failure of the course.

**WITHDRAW POLICY**

Students may withdraw from this course up to the first day of final exams. The instructor’s signature may be required to do so. Exact dates will be provided to the class when determined by the registrar.

**VOLUNTARY WITHDRAWAL**

Students who experience academic or personal difficulties should consult the Instructor as soon as possible before making any decision to withdraw from the course. In many cases, withdrawal may be avoided.

**NONVOLUNTARY WITHDRAWAL**

Students cannot be dismissed from the course due to one incident or single Instructor’s evaluation except for the following reasons. Students will be notified in writing and recommended for immediate dismissal from the program in cases of:

- Cheating
- Abuse of confidential information
- Violation of ethical principles
- Failure to admit error
- Insubordination
- Theft
- Use of narcotics, alcohol, or other illegal substances
- Wilful destruction of property

**AUDIT STATUS**

Students who have registered as AUDIT STATUS (AU) for this course must notify the instructor on the first day of class. Any student who voluntarily changes his/her class registration status during the semester MUST immediately notify the instructor. Audit status does not allow the student to receive a letter grade for the course and a Certificate of Completion cannot be granted upon successful completion of the course.
GRADE APPEAL (Effective Fall 2014)

The College provides an appeal process for a student who believes that a recorded final grade does not accurately reflect his/her performance in a course. As the initiator of the process, the burden of proof is on the student to demonstrate otherwise. It is incumbent upon the student to strictly adhere to the established grade appeal procedures in an attempt to resolve the issue.

The policy can be found at http://www.mc3.edu/about-us/policies/113

HEALTH

Health maintenance and care is an individual responsibility of the student. You are strongly urged to carry health insurance.

HEALTH RECORDS POLICY

I. Policy

The Health Sciences Division is committed to providing meaningful experiential learning opportunities for all students enrolled in its Health Career Programs as a means to reinforce discipline specific knowledge and assist in developing appropriate professional skills and attributes. To this end the Health Career Programs enter into agreements with various persons and agencies to assist in providing student learning opportunities. A component of these agreements requires maintenance of student records regarding health status.

II. Procedure

A. Students submit the appropriate Physical Form to the individual Program office prior to the beginning of the semester. Physical Form A is completed and submitted at the beginning of the first year of study and Physical Form B is submitted each subsequent year.

B. The Physical Form requires…..

1. Identifying Information and Health History, which is completed by the student. The Physician/Nurse Practitioner/Physician Assistant completes all other sections of the Physical Form.

2. Results of Tuberculosis Exposure Screening (Mantoux 2 step-PPD tine test, OR QuantiFERON Gold Blood test) or chest x-ray on admission to the Health Career Program and a one-step PPD OR QuantiFERON Gold Blood test all subsequent years.

3. A statement regarding ability to undertake the specified Health Career Program. A statement of limited cognitive/mental or physical activity must be followed by a detailed description.

4. Selected immunizations. Date of vaccination or antibody titer levels with accompanying laboratory reports for identified diseases and microorganisms is required to verify immunity. Student must have begun the Hepatitis B series of injections and provide date of inoculation(s) or a signed Declination Statement waiver.
5. Urine drug screening with accompanying laboratory report. A negative finding is expected in order to be eligible for participation in the clinical component of the specified Health Career Program. A positive result requires retesting at a College designated site to ensure standardization of test results for all students.

C. Submission of a completed Physical Form with accompanying laboratory reports by the required due date results in health clearance for experiential learning opportunities in the specific Health Career Program.

D. Influenza Vaccination Documentation
   1. Enrolled Students: Students enrolled in a Health Career Program submit the Influenza Vaccination Documentation form to the appropriate individual Program office prior to October 31st of each year.
   2. Entering Students: Students accepted to begin a Health Career Program in January submit the Influenza Vaccination Documentation form to the appropriate individual Program office at a date determined by the Program.

E. Students with disabilities may be eligible for reasonable accommodations. Prior to the start of the Program, please contact the Disability Services Center, College Hall 225, (215) 641-6575, for more information. At the West Campus, contact the Coordinator of Disability Services in the Student Success Center at (610) 718-1853.

Originated: June, 2004
Updated: March, 2007
Updated: October, 2007
Updated: April, 2008
Updated: January, 2011
Updated: August, 2012
Updated: October, 2012
Updated: November 2013

IMPAIRED STUDENT PERFORMANCE IN THE LABORATORY AND/OR CLINICAL SETTING POLICY

I. Policy

The Division of Health Sciences is committed to providing safe and meaningful learning experiences for students and so must provide for the safe and effective care of clients by students in the laboratory and/or clinical setting. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of HS division student in the laboratory or clinical setting results in unacceptable risk for clients, colleagues, the College and the healthcare agency. Illegal or unauthorized manufacture, sale, possession or use of alcoholic beverages and/or controlled substances by students while engaged in any part of educational experiences poses an unacceptable risk for clients, colleagues, the College and the healthcare agency and is strictly prohibited. Any behavior resulting in the impairment of the student’s judgment or motor coordination resulting from unmanaged medical conditions is also included under the terms of this policy.
II. Procedure

A. On Campus: Didactic

Students are expected to adhere to the College’s Student Code of Conduct (http://www.mc3.edu/component/content/article/93-about-us/policies/sa-4/125-student-code-of-conduct) the rules and regulations of the Pennsylvania Board of Professional and Occupational Affairs (http://www.dos.state.pa.us/portal/server.pt/community/bureau_of_professional___occupational_affairs/12483) and the ethical standards of relevant professional organizations. Violation of the College’s Student Code of Conduct will follow the procedure as stated in the document. In addition, the Division Dean will be notified and at her/his discretion, further action may then be taken.

B. On and Off Campus: Laboratory/Clinical

1. The student will be immediately dismissed from the clinical setting if there is a reasonable suspicion of impaired performance and placed on probationary status. (Reasonable suspicion will include but not be limited to observations based on the items set forth therein: Slurred speech, incoordination; unsteady gait; drowsiness; impaired judgment, attention, memory or social function; irritability; paranoia; belligerence; euphoria; dilated or constricted pupils.) If necessary, in order to assure safety for the student in his/her immediate egress from the laboratory or clinical setting, the student’s Emergency Contact Person will be notified to come and pick up the student; the student will be required to remain at the site, but away from client contact, until said Emergency Contact Person arrives whether on or off the College campus.

2. The clinical faculty will complete the College’s ACCIDENT/ILLNESS/INJURY form and submit it to the Program Director (copy) and Director of Public Safety (original).

3. The student will not be permitted back into the laboratory/clinical setting until the following have been met:

   i. The student is required to meet with Program Director or designee.
   
   ii. The student will be referred to appropriate support services by the Program Director or designee.
   
   iii. The Program Director or designee reserves the right to require assessments as appropriate and/or verification of ongoing treatment of identified substance abuse or medical condition which has caused impaired student performance. Said assessment and/or verification must be obtained from the student’s Primary Care Practitioner and/or appropriate professional expert at the student’s expense.

4. An incident of impaired behavior may result in program dismissal.

C. This policy shall not limit or be in lieu of any other College discipline in accordance with all other College policies governing student behavior and conduct.
WORKER’S COMPENSATION

Students injured while working in the laboratories must report to a laboratory supervisor or student Clinical Coordinator immediately. All injuries, regardless of severity, must be reported. Worker’s Compensation benefits do not extend to students in affiliated hospitals.

EMERGENCY SERVICES

Emergency care is available for students who become ill during the period of clinical assignment when immediate attention is required and when the students are too ill to report to the College Nurse. Costs incurred will generally be the responsibility of the students.

LABORATORY SERVICES

No laboratory tests will be done on students except upon written request of a physician and at the student's expense. Written results will be sent to the requesting physician.

BRENDLINGER LIBRARY

The MLT Program has an extensive collection of books, periodicals, videotapes, etc. for student use in the library. In addition to required assignments, students are urged to use the library collections for supplemental help and the library facilities as a quiet place for study.

SERVICES FOR STUDENTS WITH DISABILITIES

Students with disabilities may be eligible for accommodations in this course. Please contact the Director of Services for Students with Disabilities, College Hall 225, at 215-641-6575 for more information. At the West Campus, contact the Coordinator of Disability Services in the Student Success Center at 610-718-1853.

SERVICE WORK

Students are not permitted to be used as substitutes for, or replacement of, paid laboratory personnel to carry out normal service functions.

CLINIC ASSIGNMENT GUIDELINES

If the number of students who are eligible for clinic exceeds the number of clinic site seats available during a given academic semester, students will be ranked and assigned using the following criteria:

1. Grade earned in didactic/student laboratory components – those with higher grades will be given preference.
2. Length of time students are on wait list for clinical practicum – students on the wait list for a longer period of time will be given preference.
BLACKBOARD USE

Blackboard is used as a supplement in all MLT courses. Students are required to check Blackboard at least once per week for the entire semester for pertinent announcements, grade postings, etc. The instructor will monitor each student’s use on a weekly basis. This will constitute 5% of the overall grade. A deduction of ½% per week will occur when students do not access Blackboard per this course requirement.

ADVISING

Students with the CS. PBT major (Certificate in Phlebotomy) should contact Sharon Connolly, the MLT/PBT Advisor in the Student Success Center, at 215-641-6686 or sconnoll@mc3.edu for advising appointments. Students may also meet with Kathleen Perlmutter, Phlebotomy Coordinator, to discuss the MLT 106 course and its requirements.
APPENDIX A: AFFECTIVE COMPETENCIES OF PHLEBOTOMY TECHNICIAN STUDENTS

MONTGOMERY COUNTY COMMUNITY COLLEGE
Medical Laboratory Technician Program

INTEREST IN THE FIELD

Phlebotomy Technicians are expected to have a sincere interest in their work which is reflected in day to day attitudes and behaviors. Because it is a constantly changing profession, the Phlebotomy Technician must be sufficiently self-motivated to keep pace with rapid technological advances and other changes.

The Phlebotomy Technician who is interested in her work and learning will demonstrate initiative in beginning tasks and will follow them through to completion without prompting from instructors. An eagerness or enthusiasm for learning new tasks is another characteristic. Students are encouraged to regularly read medical technology journals, participate in professional societies and discuss current issues in the field.

DEPENDABILITY

To ensure the smooth and orderly functioning of the laboratory, it is important for the Phlebotomy Technician to be dependable. As students, Phlebotomy Technicians must develop the discipline needed to report to instructional assignments on time, to return promptly from breaks, and to complete work thoroughly and without delay. When unavoidable absence or lateness is anticipated, dependable Phlebotomy Technician students will notify their instructors in advance to minimize any inconveniences or other problems.

In a broader sense, dependability will be attained by the Phlebotomy Technician when she/he has gained the total trust of instructors and supervisors. This will occur when the student Phlebotomy Technician displays all of the knowledge, skills, and attitudes characteristic of the competent Phlebotomy Technician.

INTERPERSONAL SKILLS

The ability to relate well to a variety of people is important for the Phlebotomy Technician, who must work as part of a medical team and provide services to patients.

Phlebotomy Technician students must be able to ask for and willingly accept the guidance and criticism of instructors, just as practicing Phlebotomy Technicians must work under the supervision of department supervisors and pathologists. Cooperation with colleagues in the performance of daily tasks is also necessary, as laboratory work is often a team effort, especially when emergencies arise. Being sensitive to the needs of other staff members and offering needed assistance is an expected trait for the Phlebotomy Technician. In their contacts with other medical personnel (nurses, physicians, etc.), Phlebotomy Technicians should strive to represent the laboratory and their profession in the best possible way through courteous behavior and cooperation.
Most importantly, patients have the right to services performed not only skillfully but with the proper professional attitude. When drawing blood from patients, Phlebotomy Technicians must be aware of the nature of their illnesses or other conditions, and respond accordingly. Phlebotomy Technicians must be able to interact appropriately with a variety of patients; well or ill, young or old, infirm or able. Patients need reassurance, communication, and courtesy from Phlebotomy Technicians.

COMMUNICATION

Phlebotomy Technicians must be able to effectively exchange information both in writing and verbally.

Much information is transmitted both between various groups in the hospital and within the clinical laboratory. As a member of the health care team, the Phlebotomy Technician is required to participate in this exchange.

Phlebotomy Technicians must be able to appropriately communicate to patients the nature of the blood collection procedures to be performed, taking into consideration the patient's age and emotional and physical states.

In the laboratory, Phlebotomy Technicians must be able to use appropriate symbols and words in such a way that there is no doubt as to their meaning. Clerical errors can have serious consequences for the patient and cannot be tolerated in the work of the Phlebotomy Technician. Phlebotomy Technicians must be able to convey information verbally in a clear and concise manner with other members of the health care team both in person and over the telephone, often when time is limited. Phlebotomy Technicians must be able to follow both written test procedures and the verbal instructions of their supervisors.

INTEGRITY

Phlebotomy Technicians are expected to uphold the moral principles of their profession by exhibiting honesty and adhering to the accepted code of medical ethics.

Phlebotomy Technicians must report only those test results which they feel reflect their best work, and openly admit to a supervisor when they are unsure. Recognizing personal limitations, double checking results, and asking for help when necessary are all actions characteristic of an honest worker.

Because Phlebotomy Technicians have access to patient records, they are expected to use this information only when it directly relates to the work they are performing. Confidential information about patients, gained while performing one's job, should never be disclosed outside of the laboratory. Even within the laboratory or hospital, discretion should be used when discussing patient cases with colleagues. The results of all laboratory tests are considered privileged information and are therefore confidential.

Laboratory tests can only be performed upon the orders of a licensed physician who has the medical knowledge to accurately interpret the results. For this reason, Phlebotomy Technicians should never draw blood for tests which have not been ordered by a doctor, or report results directly to a patient. Using the laboratory facilities for the performance of unauthorized tests can be considered stealing revenue from the laboratory.
DEMEANOR

Students in the Phlebotomy Technician program are expected to display professional conduct and bearing worthy of admiration, praise, and respect. Personal concerns must not be allowed to interfere with work, responses to stress should be appropriate, and emotions should be held in check while carrying out duties. The Phlebotomy Technician should be self-confident and perceived as positive and pleasant by others.

Students must remember that demeanor is regarded as a reflection of their professional personalities. Patients, colleagues, other allied health professionals, and physicians observe demeanor before they are able to factually determine one's competence. Students have a responsibility to enhance their reputations as laboratory professionals, thus contributing to high regard for the profession itself.

APPEARANCE

It is important for Phlebotomy Technicians to present a professional appearance at all times. Often people are judged solely by their physical appearance; other times, it makes a lasting first impression. Often there is an inference that people who care about their looks also care about their jobs. Unfortunately, such judgments may be made of Phlebotomy Technicians irrespective of their professional competence.

Phlebotomy Technicians are expected to be neat, clean, and well-groomed, as they must work in close physical proximity to patients and co-workers. The wearing of scrubs, lab coat and name tag while in the Phlebotomy Technician program help identify the student as a member of a distinct professional group within the hospital, and thus worthy, at least outwardly, of the respect of others.
APPENDIX B: PROGRAM COMPETENCIES

The Phlebotomy Program utilizes the NAACLS Entry Level Phlebotomist Competencies to structure its curriculum.

1.00 Demonstrate knowledge of the health care delivery system and medical terminology.
   1.1 Identify the health care providers in hospitals and clinics and the phlebotomist's role as a member of this health care team.
   1.2 Describe the various hospital departments and their major functions in which the phlebotomist may interact in his/her role.
   1.3 Describe the organizational structure of the clinical laboratory department.
   1.4 Discuss the roles of the clinical laboratory personnel and their qualifications for these professional positions.
   1.5 List the types of laboratory procedures performed in the various disciplines of the clinical laboratory department.
   1.6 Describe how laboratory testing is used to assess body functions and disease.
   1.7 Use common medical terminology.

2.00 Demonstrate knowledge of infection control and safety.
   2.1 Identify policies and procedures for maintaining laboratory safety.
   2.2 Demonstrate accepted practices for infection control, isolation techniques, aseptic techniques and methods for disease prevention.
      2.2.1 Identify and discuss the modes of transmission of infection and methods for prevention.
      2.2.2 Identify and properly label biohazardous specimens.
      2.2.3 Discuss in detail and perform proper infection control techniques, such as hand hygiene, gowning, gloving, masking, and double-bagging.
      2.2.4 Define and discuss the term “healthcare-acquired infection.”
2.3 Comply with federal, state and locally mandated regulations regarding safety practices.

2.3.1 Observe the OSHA Bloodborne Pathogens Standard and Needle Safety Precaution Act.

2.3.2 Use prescribed procedures to handle electrical, radiation, biological and fire hazards.

2.3.3 Use appropriate practices, as outlined in the OSHA Hazard Communications Standard, including the correct use of the Material Safety Data Sheet as directed.

2.4 Describe measures used to insure patient safety in various patient settings, i.e., inpatient, outpatient, pediatrics, etc.

3.00 Demonstrate basic understanding of the anatomy and physiology of body systems and anatomic terminology in order to relate major areas of the clinical laboratory to general pathologic conditions associated with the body systems.

3.1 Describe the basic functions of each of the main body systems, and demonstrate basic knowledge of the circulatory, urinary, and other body systems necessary to perform assigned specimen collection tasks.

3.2 Identify the veins of the arms and hands on which phlebotomy is performed.

3.3 Explain the functions of the major constituents of blood, and differentiate between whole blood, serum and plasma.

3.4 Define hemostasis.

3.5 Describe the stages of coagulation.

3.6 Discuss the properties of arterial blood, venous blood, and capillary blood.

4.00 Demonstrate understanding of the importance of specimen collection and specimen integrity in the delivery of patient care.

4.1 Describe the legal and ethical importance of proper patient/sample identification.

4.2 Describe the types of patient specimens that are analyzed in the clinical laboratory.

4.3 Define the phlebotomist's role in collecting and/or transporting these specimens to the laboratory.

4.4 List the general criteria for suitability of a specimen for analysis, and reasons for specimen rejection or recollection.

4.5 Explain the importance of timed, fasting and stat specimens, as related to specimen integrity and patient care.
5.00 Demonstrate knowledge of collection equipment, various types of additives used, special precautions necessary and substances that can interfere in clinical analysis of blood constituents.

5.1 Identify the various types of additives used in blood collection, and explain the reasons for their use.

5.2 Identify the evacuated tube color codes associated with the additives.

5.3 Describe the proper order of draw for specimen collections.

5.4 Describe substances that can interfere in clinical analysis of blood constituents and ways in which the phlebotomist can help to avoid these occurrences.

5.5 List and select the types of equipment needed to collect blood by venipuncture and capillary (dermal) puncture.

5.6 Identify special precautions necessary during blood collections by venipuncture and capillary (dermal) puncture.

6.00 Follow standard operating procedures to collect specimens.

6.1 Identify potential sites for venipuncture and capillary (dermal) puncture.

6.2 Differentiate between sterile and antiseptic techniques.

6.3 Describe and demonstrate the steps in the preparation of a puncture site.

6.4 List the effects of tourniquet, hand squeezing and heating pads on specimens collected by venipuncture and capillary (dermal) puncture.

6.5 Recognize proper needle insertion and withdrawal techniques, including direction, angle, depth and aspiration, for venipuncture.

6.6 Describe and perform correct procedure for capillary (dermal) collection methods.

6.7 Describe the limitations and precautions of alternate collection sites for venipuncture and capillary (dermal) puncture.

6.8 Explain the causes of phlebotomy complications.

6.9 Describe signs and symptoms of physical problems that may occur during blood collection.

6.10 List the steps necessary to perform a venipuncture and a capillary (dermal) puncture in order.

6.11 Demonstrate a successful venipuncture following standard operating procedures.

6.12 Demonstrate a successful capillary (dermal) puncture following standard operating procedures.
7.00 Demonstrate understanding of requisitioning, specimen transport and specimen processing.

7.1 Describe the process by which a request for a laboratory test is generated.

7.2 Instruct patients in the proper collection and preservation for non-blood specimens.

7.3 Explain methods for transporting and processing specimens for routine and special testing.

7.4 Explain methods for processing and transporting specimens for testing at reference laboratories.

7.5 Identify and report potential pre-analytical errors that may occur during specimen collection, labeling, transporting, and processing.

7.6 Describe and follow the criteria for collection and processing of specimens that will be used as legal evidence, i.e. paternity testing, chain of custody, blood alcohol levels, etc.

8.00 Demonstrate understanding of quality assurance and quality control in phlebotomy.

8.1 Describe quality assurance in the collection of blood specimens.

8.2 Identify policies and procedures used in the clinical laboratory to assure quality in the obtaining of blood specimens.

8.2.1 Perform quality control procedures.

8.2.2 Record quality control results.

8.2.3 Identify and report control results that do not meet pre-determined criteria.

9.00 Communicate (verbally and nonverbally) effectively and appropriately in the workplace.

9.1 Maintain confidentiality of privileged information on individuals, according to federal regulations (e.g. HIPAA).

9.2 Demonstrate respect for diversity in the workplace.

9.3 Interact appropriately and professionally.

9.4 Demonstrate an understanding of the major points of the American Hospital Associations’ Patient’s Bill of Rights and the Patient’s Bill of Rights from the workplace.

9.5 Comply with the American Hospital Associations’ Patient’s Bill of Rights and the Patient’s Bill of Rights from the workplace.
9.6 Model professional appearance and appropriate behavior.

9.7 Follow written and verbal instructions.

9.8 Define and use medicolegal terms and discuss policies and protocol designed to avoid medicolegal problems.

9.9 List the causes of stress in the work environment and discuss the coping skills used to deal with stress in the work environment.

9.10 Demonstrate ability to use computer information systems necessary to accomplish job functions.
MLT Program

To newly admitted Phlebotomy students:

The MLT Department recommends that students be actively immunized against Hepatitis B before beginning the course. This is because a student can expect to be in constant contact with blood and body fluids in all areas of the clinical laboratory. Also, students will draw blood from patients and during the procedure, there is a possibility that an accidental "stick" involving a known or unknown carrier will occur.

Furthermore Hepatitis B can be a serious infection. It often has a protracted course of 2-3 weeks of illness followed by several weeks of convalescence, with the possibilities of serious sequellae and of becoming a carrier.

Occasionally there are objections to vaccination. Some of these are given together with an answer to the objection.

1. This vaccine costs too much.

   Actually, it costs less, is more effective, and provides longer lasting immunity than Hepatitis B immune globulin (HBIg) which is the only other substance that can be given to prevent this disease.

2. The vaccine might transmit other infections.

   There have been no instances of this vaccine transmitting another infection. (This includes AIDS.)

3. Hepatitis can be prevented by giving gamma globulin after exposure.

   a. The fact that exposure has occurred is not always apparent.
   b. Gamma globulin is not effective and HBlg is only 75% effective in preventing Hepatitis B.
   c. Protection only lasts 8 weeks.
   d. HBlg can be more than twice as expensive as the vaccine.

If you decide to receive this immunization, you should contact your personal physician. If you have any questions you may call Dr. Irwin Hollander at 215-453-4680.

Sincerely,

Irwin Hollander, M.D.
MLT Medical Director
APPENDIX D: DAILY CLINIC REVIEW FORM

Due in MLT Office: ________________

MONTGOMERY COUNTY COMMUNITY COLLEGE
MLT PROGRAM
MLT 106 Phlebotomy

Student: _____________________________ Date: _____________________________
Instructor: ___________________________ Hospital: ____________________________

This form is to be used as a learning/teaching tool for the purpose of providing feedback to the student. Circle the number in the space which best describes the student’s performance, then sum the numbers. (Complete descriptions of each rating are found in the DCR Rating Descriptors.) Please fill out the form each day as soon as the student is finished work and share your comments and evaluation with her/him. Be as fair and accurate as possible. Students: Place your initials by your name to indicate you have read this.

<table>
<thead>
<tr>
<th>WORK PRACTICES</th>
<th>Very Good</th>
<th>Good with minor deviation</th>
<th>Minimally competent, improvement needed</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Quality of work</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Quantity of work</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Knowledge/Preparation</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Safety</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Initiative</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

| COMMUNICATIONS                  |           |                           |                                        |              |
| Verbal skills                   | 10        | 8                         | 5                                      | 0            |

| INTEGRITY                      |           |                           |                                        |              |
| Ethics                          | 5         | X                         | X                                      | 0            |
| Trustworthiness                 | 5         | X                         | 2                                      | 0            |

| INTERPERSONAL SKILLS            |           |                           |                                        |              |
| With patients                   | 6         | 4                         | 2                                      | 0            |
| With supervisors/instructors    | 5         | 3                         | 2                                      | 0            |
| With colleagues                 | 5         | 3                         | 2                                      | 0            |

| PERSONAL TRAITS                 |           |                           |                                        |              |
| Appearance                      | 5         | 3                         | 2                                      | 0            |
| Demeanor                        | 5         | 3                         | 2                                      | 0            |
| Dependability                    | 7         | 4                         | 2                                      | 0            |

SUM

# Venipunctures Successful ________________ Attempted: ________________
# Capillary punctures Successful ________________ Attempted: ________________
Other procedures: ________________________________________________________________
## APPENDIX E: DAILY AND SUMMATIVE CLINIC REVIEW RATING DESCRIPTORS

### MONTGOMERY COUNTY COMMUNITY COLLEGE

*Phlebotomy Technician Program*

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good, with minor deviation</th>
<th>Minimally competent improvement needed</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td>extremely well-organized; can arrange priorities and organize equipment; self-starter</td>
<td>usually has supplies organized, needs some help with priorities</td>
<td>needs occasional help in keeping work in order and setting priorities</td>
<td>frequently disorganized; has trouble keeping work in order; has trouble setting priorities</td>
</tr>
<tr>
<td><strong>Quality of Work</strong></td>
<td>consistently obtains specimens according to procedure; repeats not usually necessary; can correct own mistakes</td>
<td>misses few patients; follows procedures; able to recognize own errors</td>
<td>frequently misses difficult patients; needs help recognizing and correcting mistakes</td>
<td>can’t consistently obtain blood from even easy patients; makes too many errors</td>
</tr>
<tr>
<td><strong>Quantity of Work</strong></td>
<td>collect specimens in ideal amount of time; very efficient</td>
<td>collects specimens in reasonable time</td>
<td>needs prompting to work faster, but efficiency is acceptable</td>
<td>unacceptably slow at specimen collection</td>
</tr>
<tr>
<td><strong>Knowledge and Preparation</strong></td>
<td>always knows what tubes to draw; knows all procedures</td>
<td>occasionally needs reminders</td>
<td>frequently needs to refer to charts or check with technician</td>
<td>unprepared; forgetful of collection procedures</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>always follows policy</td>
<td>occasionally makes careless mistakes or acts thoughtlessly</td>
<td>occasionally acts without regard to safety policy</td>
<td>knowingly disregards safety policy</td>
</tr>
<tr>
<td><strong>Initiative</strong></td>
<td>Self-starter: works without prompting; offers to help others; looks for added responsibility</td>
<td>Knows what needs to be done; requires little direction; does what is required</td>
<td>Needs direction; needs occasional reminder to complete tasks; doesn’t expand extra effort</td>
<td>Requires constant supervision; needs frequent reminder for completion of tasks</td>
</tr>
<tr>
<td><strong>Verbal Skills</strong></td>
<td>expresses self clearly and concisely; uses correct medical or technical terms</td>
<td>makes self understood; could be more clear and concise; attempts to use medical or technical terms</td>
<td>doesn’t use medical or technical terms, but makes self understood</td>
<td>avoids communication; talks excessively; is not understood by others</td>
</tr>
<tr>
<td><strong>Ethics</strong></td>
<td>handles confidential information in appropriate manner; collects blood only with doctor’s orders</td>
<td></td>
<td></td>
<td>indiscriminately discusses confidential information; collects blood without doctor’s orders</td>
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<tr>
<td><strong>Trustworthiness</strong></td>
<td>admits errors and seeks to correct them</td>
<td>admits errors, but lets others correct them</td>
<td></td>
<td>does not recognize or correct mistakes; covers up; allows personal feelings to outweigh professional ethics</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>Good, with minor deviation</td>
<td>Minimally competent improvement needed</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Skills with Patients</strong></td>
<td>actively contributes to patients' mental and physical comfort</td>
<td>respects patients’ feelings and needs</td>
<td>aloof but polite</td>
<td>indifferent; rude; abrupt</td>
</tr>
<tr>
<td><strong>Skills with Supervisors</strong></td>
<td>actively seeks and positively appreciates guidance; uses feedback to correct deficiencies</td>
<td>accepts and responds appropriately to criticism</td>
<td>passively accepts most criticism</td>
<td>rejects and is defensive of criticism; refuses to perform tasks</td>
</tr>
<tr>
<td><strong>Skills with Colleagues</strong></td>
<td>shows appropriate interest in and concern for a variety of people; cooperative and helpful</td>
<td>cooperative; doesn’t interfere with others’ work</td>
<td>has difficulty relating to some people, but work doesn’t suffer</td>
<td>can’t work with others; aloof; indifferent; uncooperative</td>
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<tr>
<td><strong>Appearance</strong></td>
<td>complies with dress code; neat, clean, well-groomed</td>
<td>complies with dress code; not as neat or clean as expected of professional</td>
<td>doesn’t comply with dress code; personal hygiene neglected</td>
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<tr>
<td><strong>Demeanor</strong></td>
<td>self-confident, positive, pleasant; emotions under control; works well under stress</td>
<td>usually good-natured; fairly self-confident; easily flustered</td>
<td>occasionally moody, impatient; not very positive or confident</td>
<td>can’t function under stress; lets personal life interfere with work</td>
</tr>
<tr>
<td><strong>Dependability</strong></td>
<td>ready to work at assigned time; returns promptly from breaks</td>
<td>on time, but not ready to work</td>
<td>late due to personal emergency, but notified in advance</td>
<td>late or absent; no excuse, late returning from break</td>
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**APPENDIX F: SUMMATIVE CLINIC EVALUATION**

Due in MLT Office: ________________

MONTGOMERY COUNTY COMMUNITY COLLEGE  
PBT PROGRAM  
MLT 106

Student: ____________________________________  Instructor: __________________________

Date: __________ Hospital: ______________________________ Department: ______________________

Circle the number in the space which best describes the student’s performance at the end of the rotation. Refer to the DCR Rating Descriptors for complete descriptions of each category.

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<th>Minimally competent Improvement Needed</th>
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<td>Organization</td>
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<td>4</td>
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<td>Problem Solving</td>
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<tr>
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<td>Knowledge/Preparation</td>
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<td>4</td>
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<tr>
<td>With supervisors/instructors</td>
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<tr>
<td>With colleagues</td>
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<td>6</td>
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**SUM**

COMMENTS: Please use this space to identify the student’s strengths and weaknesses.
APPENDIX G: SAFETY PROCEDURES FOR THE MLT PROGRAM AND LABORATORY

Purpose of the Safety Program

1. To protect the health and well-being of the students and faculty while working in the student laboratory.

2. To eliminate the spread of potentially infectious agents outside of the laboratory.

3. To protect the College housekeeping staff who clean the facilities.

4. To teach students the principles of safety and asepsis so they can work safely at the clinical sites and in their future employment.

Safety Hazards

Safety hazards in the MLT student and clinical laboratories include biohazards, chemicals, fire and electricity. Biohazards are those agents capable of transmitting infectious diseases, such as blood, urine and body fluids or inanimate objects contaminated with these substances. Microbiological cultures are also potential biohazards. Biohazards are encountered routinely by Phlebotomy students. Potentially harmful chemicals used in the lab include acids and bases, alcohols and other caustic or poisonous chemicals. Because open flames are not used in the MLT student laboratory, the risk of fire is limited to only that associated with the operation of electrical equipment. If used properly, electrical equipment (analytical instruments) should pose no danger for students.

The risks to students are minimized through education. Lectures, reading assignments and lab exercises continually present safety information. Students’ work in the lab is closely monitored by instructors. CLINICAL SPECIMENS FROM PATIENTS WITH HEPATITIS B OR AIDS ARE NEVER INTENTIONALLY BROUGHT INTO THE STUDENT LABORATORY. Furthermore, the use of harmful chemicals is minimized whenever possible and analytical instruments are maintained in good working order.

Safety Guidelines for Students

1. Eating, drinking, smoking and gum chewing are prohibited in the MLT student lab. There should be no hand to mouth contact for any reason.

2. Non-latex gloves are to be worn for all work with blood, urine, or other body fluids. Gloves which become obviously contaminated or torn should be discarded and a new pair obtained.

3. Hands are to be washed using antiseptic before leaving the lab and anytime they are soiled with a biohazard.

4. Lab surfaces (bench tops, floors, etc.) which have been contaminated with a biohazard via a spill or splash are to be disinfected for five minutes before being cleaned with paper towels.
5. The work surface of the lab stations are to be covered with protective mats at all times. Used mats are changed at the end of each lab period and discarded in biohazard bags.

6. Students will keep a small biohazard bag at their lab stations and place non-sharp contaminated disposable items directly into them. These bags are then placed in the larger biohazard bags at the end of the lab period. Sharp or rigid biohazards are discarded into large, red containers on the bench tops.

7. All disposables contaminated with biohazards (e.g., tissues, pipet tips, etc.) are to be discarded directly into biohazard bags or rigid containers. (Instructors will notify students when clinical specimens may be discarded.)

8. Contaminated non-disposable glassware is to be placed in specially marked containers of disinfectant.

9. Mouth pipetting is prohibited. Suction bulbs, aspirators, or automatic pipettes must be used at all times.

10. Students may not wear street clothes in the lab. Proper uniforms and lab coats must be worn, long hair must be tied back, and nails must be kept short.

11. Safety goggles are to be worn for all work with chemicals.

12. Students may not operate any electrical equipment (instruments, etc.) until instructed in their proper use.

13. Centrifuges must be closed and balanced for operation and should never be opened until they have come to a complete stop.

14. Reagent labels, product literature and lab procedures should be read carefully before beginning work.

15. All clinical specimens must be handled as if they are infectious and necessary safety precautions taken. (Note: It is never known with certainly if specimens are free of hepatitis B or AIDS viruses!)

16. Venipuncture needles should not be resheathed after use. Special devices for removing and discarding needles are provided in the lab.

17. Broken glass will be discarded in a special rigid container.

18. All cases of accidents, personal injury (even if very minor) or lab spills need to be reported to the instructor immediately.

19. Students are expected to concentrate on their work, keep alert and use common sense at all times.
Fire Procedure (Steps are to be followed in the order listed below.)

1. Remove any persons in immediate danger.

2. Sound the fire alarm which is located on the wall in the hallway across from the MLT lab entrance.

3. Phone the College switchboard by dialing 6666 and report the fire location. The closest phone is in the MLT Laboratory.

4. If feasible, fight the fire using the fire extinguisher which is located on the wall by the refrigerator.
# APPENDIX H: MLT DEPARTMENT RESOURCES

## MLT Department Textbook List

### Textbooks

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Publisher</th>
<th>Publication Year</th>
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<tr>
<td><strong>MLT 106 - Phlebotomy</strong></td>
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<td>McCall, Ruth</td>
<td>Phlebotomy Essentials</td>
<td>Lippincott, Williams &amp; Wilkins</td>
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<td>Phlebotomy Exam Review</td>
<td>Lippincott, Williams &amp; Wilkins</td>
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<td><strong>MLT 110 – Introduction to MLT</strong></td>
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<tr>
<td>Estridge &amp; Reynolds</td>
<td>Basic Clinical Laboratory Techniques</td>
<td>Delmar, Cengage Learning</td>
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<td>Flynn Jr., John C</td>
<td>Procedures in Phlebotomy</td>
<td>Elsevier Saunders</td>
<td>2012</td>
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<td><strong>MLT 123/124 – Immunohematology Lecture and Laboratory</strong></td>
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<tr>
<td>Blaney &amp; Howard</td>
<td>Basic &amp; Applied Concepts of Immunohematology</td>
<td>Mosby Elsevier</td>
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<tr>
<td><strong>MLT 125/126 – Hematology Lecture and Laboratory</strong></td>
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<td>Carr &amp; Rodak</td>
<td>Clinical Hematology Atlas</td>
<td>Saunders Elsevier</td>
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<tr>
<td>Ciesla, Betty</td>
<td>Hematology in Practice</td>
<td>F.A. Davis</td>
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</tr>
<tr>
<td>Author</td>
<td>Title</td>
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</table>
| Bishop, Michael L, et.al | Clinical Chemistry: Techniques
Principles, Correlations | Lippincott, Williams & Wilkins               | 2013             |
| Brunzel, Nancy A       | Fundamentals of Urine and Body Fluid Analysis   | Elsevier Saunders                        | 2012             |

**MLT 235 – Clinical Practicum I**

No additional textbooks required

**MLT 244 – Professional Issues in MLT**

Harmening, Denise M

Laboratory Management:
Principles and Processes


**MLT 245- Clinical Practicum II**

Harr, Robert

Clinical Laboratory Science Review

F.A. Davis Company 2013

**MLT 246 – MLT Seminar**

No additional textbooks required
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<tr>
<td>Abbus, Lichtmann &amp; Pillai</td>
<td>Basic Immunology: Functions And Disorders of the Immune System</td>
<td>Saunders Elsevier</td>
<td>2014</td>
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<td>Tille, Patricia M.</td>
<td>Bailey &amp; Scott’s Diagnostic Microbiology</td>
<td>Elsevier Mosby</td>
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<td>Stevens, Christine</td>
<td>Clinical Immunology &amp; Serology: A Laboratory Perspective</td>
<td>F.A. Davis Company</td>
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<td>Tortura, Gerard J, et.al</td>
<td>Microbiology: An Introduction</td>
<td>Benjamin Cummings</td>
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## Reference Books

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<th>Publisher</th>
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<td>Arneson &amp; Brickell</td>
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<td>Di Lorenzo &amp; Strasinger</td>
<td>Blood Collection – A Short Course</td>
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<td>Mathematics for the Clinical Laboratory</td>
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<td>Medical Terminology Systems</td>
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<td>Harmening, Denise M.</td>
<td>Modern Blood Banking and Transfusion Practices</td>
<td>F.A. Davis Company</td>
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<td>Leventhal &amp; Cheadle</td>
<td>Medical Parasitology</td>
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<td>Kaplan &amp; Pesce</td>
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<td>Mosby Elsevier</td>
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<td>Kiser, Karen M, et.al</td>
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<td>Pearson</td>
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<td>Mosby’s Manual of Diagnostic and Laboratory Tests</td>
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<td>Mosby Elsevier</td>
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**Videos /CD-Roms/DVDs**

- Basic Venipuncture, Preventing Preanalytical Errors,
  Avoiding Phlebotomy-Related Lawsuits (Digitized and Networked) - Center for Phlebotomy Education
- Blood Collection: Modern Blood Collection Techniques
  Troubleshooting and Helpful Hints
  Microcollection Techniques
  (Digitized and Networked) - BD Vacutainer Systems
- Bloodborne Safety - Medcom
- Making a Difference through Newborn Screening:
  Blood Collection on Filter Paper - CLSI (NCCLS)
- Simplate Bleeding Time: The Standard - Organon Teknika Corporation
**Supplemental Videos /DVDs**

- Acute and Chronic Renal Failure – Video 3962 2000
- Confidentiality: Who Needs to Know – Video 3683 2001
- Cultural Diversity in Health Care: A Different Point of View – Video 2975 1994
- Pharmacology Principles: Roadside Assistance – DVD 2632 2007
- The Human Body – Video 4109 2001
- Test Taking Techniques – Video 757 1986
- Tucked in Tight: Honoring the Aging Patient – DVD 1260 2005

**Print Periodicals**

- Advance for Medical Laboratory Professionals, Merion Publications 2011-2012
  (Located in the MLT Office Suite)

- Lab Medicine 2007-2012

**Virtual Reality Product**

- Computer Skills Simulator- Virtual Phlebotomy  Laerdel Medical Corporation
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<td>Analytical Cellular Pathology</td>
<td>IOS Press</td>
<td>Volume 13, Number 1 (1997)</td>
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<td>Archives of Pathology and Laboratory Medicine</td>
<td>College of American Pathologists</td>
<td>Volume 127, Number 1 (2003)</td>
<td>Present</td>
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<td>Clinical Chemistry and Laboratory Medicine</td>
<td>De Gruyter</td>
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<td>Present</td>
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<td>Clinical Laboratory Reference</td>
<td>NP Communications, LLC</td>
<td>Volume 40, Number 11 (2008)</td>
<td>Present</td>
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<td>Clinical Laboratory Science</td>
<td>American Society for Clinical Laboratory Science</td>
<td>Volume 17, Number 1 (2004)</td>
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<td>Hemoglobin</td>
<td>Taylor &amp; Francis</td>
<td>Volume 25, Number 1 (2001)</td>
<td>Present (18 month embargo)</td>
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<td>Histopathology</td>
<td>Wiley-Blackwell</td>
<td>Volume 31, Number 1 (1998)</td>
<td>Present (1 year embargo)</td>
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<td>Internet Journal of Hematology</td>
<td>Internet Scientific Publications LLC</td>
<td>Volume 1, Number 1 (2003)</td>
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<td>Laboratory Medicine (also in print)</td>
<td>American Society for Clinical Pathology</td>
<td>Volume 31, Number 1 (2000)</td>
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<td>Transfusion Medicine</td>
<td>Wiley-Blackwell</td>
<td>Volume 8, Number 1 (1998)</td>
<td>Present (1 year embargo)</td>
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<tr>
<td>Ultrastructural Pathology</td>
<td>Taylor &amp; Francis Ltd</td>
<td>Volume 23, Number 1 (1999)</td>
<td>Present (18 month embargo)</td>
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*An embargo means that there is not online full-text access available for the most recent issues. If it is December 2013 and there is a one year embargo, then only issues through December 2012 would be available.*