

## Pharmacist Checklist

PATIENT INFORMATION	
Patient name:	
Address:	
Telephone number:	
Family Physician:	

CHECKLIST	NOTES
<input type="checkbox"/> <a href="#">AHS Self-Assessment Screening</a> completed with patient	
<input type="checkbox"/> Patient screened as ASYMPTOMATIC	
<input type="checkbox"/> Patient Consent Script completed with patient including testing protocols and results notification processes.. Consent provided.	
<input type="checkbox"/> <a href="#">APL Requisition</a> for COVID-19 Throat Swab Sample completed	
<input type="checkbox"/> <a href="#">Environmental Controls</a> and <a href="#">Infections Control</a> Protocols confirmed and in place PRIOR to testing	
<input type="checkbox"/> PPE (mask, gloves, faceshield/goggles) <a href="#">donned</a> according to guidelines.	
<input type="checkbox"/> Throat Swab Sample Test Kit prepared and ready for sample collection.	
<input type="checkbox"/> Patient informed of sample collection procedure and experience	
<input type="checkbox"/> <a href="#">Throat swab sample</a> collected as per protocol.	
<input type="checkbox"/> Sample placed in collection media as per protocol.	
<input type="checkbox"/> Sample packaged and labelled with patient information and requisition as per protocol.	
<input type="checkbox"/> Results notification reviewed with patient and contact information confirmed.	
<input type="checkbox"/> Patient released from pharmacy testing area.	
<input type="checkbox"/> Collected sample stored as per protocols and readied for return to APL.	
<input type="checkbox"/> Environmental Controls, Infections Control Protocols and PPE <a href="#">doffing</a> completed AFTER sample collection completed and patient released.	
<input type="checkbox"/> Materials prepared and ready for next asymptomatic test.	