

Barton Community College  
Phlebotomy and Medical Laboratory Technology Program

**Notice of Understanding for *Cooperating Laboratory***

Student: \_\_\_\_\_

Nature of the Cooperating Laboratory Experience: (check all that apply)

\_\_\_ MLT Program *or*

\_\_\_ Phlebotomy Training

Name of Cooperating Laboratory: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

When signed by the appropriate parties, this **Notice of Understanding** indicates that the College and the Cooperating Laboratory, both being desirous of cooperating in a plan to provide education experiences for medical laboratory technology and phlebotomy students, both mutually agree as follows: Within the terms of this Notice, the **Cooperating Laboratory** will:

- Maintain the standards necessary for a medical laboratory as specified by State and Federal guidelines
- Retain responsibility for overall supervision and delivery of patient care
- Make available to the student the clinical facilities of the institution including necessary procedure manuals, equipment, supplies and available instructional materials
- Allow personnel from the laboratory to provide direct on-site supervision and basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, and to give other valuable assistance as needed
- Provide instruction that "mirrors" the basic training received in the Great Bend campus BCC MLT Laboratory and help the student develop basic medical laboratory or phlebotomy competencies to the specified target level
- Provide adequate staffing in the clinical areas so that no student will be expected to give service to patients in the Cooperating Laboratory apart from that rendered for its educational value as a part of the planned medical laboratory technology or phlebotomy curriculum
- Provide liability coverage for the operation of its facility and to save and hold harmless the College for and against any and all liability for damages to any person and/or property of any and all persons resulting from negligent operations of the Cooperating Laboratory
- Regard students of the College, when assigned for clinical experience, as having the status of learners who will not replace Cooperating Laboratory employees
- Retain the right to restrict a student, faculty member, or other agent of the College from participating in the clinical experience or from the Cooperating Laboratory grounds for good cause shown
- Ensure the provision of emergency care for illness or injury to the student

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Within the terms of this Notice the **College** will:

- Offer courses related to medical laboratory technology and phlebotomy
- Provide qualified instructors who will plan and coordinate the didactic learning experiences of the students
- Provide guidelines for the experience in the Cooperating Laboratory
- Maintain an appropriate certificate of insurance stating that each student and faculty member, while performing the duties or services arising in performance of this Notice, shall have liability insurance
- Hold the Cooperating Laboratory harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program

Within the terms of this Notice the **Student** will:

- Abide by existing rules and regulations of the Cooperating Laboratory
- Maintain the confidentiality of patient records
- Provide proof of meeting the requirements for immunizations as specified by the College or cooperative lab institution (Verified Credentials)
- Maintain proof of medical insurance coverage (Verified Credentials)
- Hold the Cooperating Laboratory and the College harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program
- Reimburse the Cooperating Laboratory and/or the College for the cost of any damage to equipment used inappropriately or in a negligent manner

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Student name Printed \_\_\_\_\_

Coop Lab Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Coop Lab Supervisor printed \_\_\_\_\_

Signature of MLT Program Director \_\_\_\_\_ Date \_\_\_\_\_

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**Clinical Facility Fact Sheet (CLS/MT & CLT/MLT)**

Institution: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
\_\_\_\_\_

Accredited by: Please check appropriate agency;

Joint Commission \_\_\_\_\_, CAP \_\_\_\_\_, COLA \_\_\_\_\_, CLIA \_\_\_\_\_, Other \_\_\_\_\_

If you are **not** accredited by any of the above agencies or checked OTHER, please complete the  
“Documentation of Safety Measures” form.

Clinical Coordinator or Contact Person at site: (name Printed) \_\_\_\_\_  
\_\_\_\_\_

(email) \_\_\_\_\_ (phone) \_\_\_\_\_  
\_\_\_\_\_

Clinical Laboratory Volume (specify annual number of procedures): \_\_\_\_\_

Indicate whether tests are performed in the following areas:

Hematology: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Microbiology: \_\_\_\_\_  
\_\_\_\_\_

Immunology/Serology: \_\_\_\_\_ Immunohematology: \_\_\_\_\_ Urinalysis: \_\_\_\_\_  
\_\_\_\_\_

Molecular Diagnostics: \_\_\_\_\_

Number of Daytime laboratory staff (convert part-time to full-time equivalent) \_\_\_\_\_

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**Essential Skills Checklist** (complete *only* for areas you are supporting)

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

*Please check each skill or procedure that your laboratory will be able to provide the Phlebotomy and/or MLT student as a clinical affiliate.*

**PHLEBOTOMY and Specimen collections**

- Patient identification procedures
- Specimen collection by venipuncture
- Specimen collections by skin puncture
- Specimen processing

**UA and Body Fluids**

- Routine QC of reagents and equipment
- Safety
- Dilutions and Serial dilutions
- Routine urinalysis: physical, chemical, and microscopic (normal & abnormal)  
List backup (confirmatory) testing: \_\_\_\_\_
- Urine /Serum pregnancy tests
- Occult blood on stool
- Body fluids
  - cell count  manual  automated
  - CSF
  - Synovial fluid
  - Amniotic fluid
  - Seminal fluid
  - Other: (please specify) \_\_\_\_\_

**Hematology/Coagulation**

- Peripheral smears: evaluation of WBC, RBC & platelet morphology (normal & abnormal)
  - Polychromatic stain
- Manual WBC count
- Manual platelet count
- Reticulocyte count
- Erythrocyte sedimentation rate
- Routine coagulation analyzer: Operation, quality control, routine maintenance and basic troubleshooting for:
  - Protime with INR
  - APTT
  - Fibrinogen
  - FDP or D-Dimer
  - Other list \_\_\_\_\_

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- Routine quality control of reagents and equipment
- Dilutions and Serial dilutions

**Immunology/Serology**

- Routine quality control of reagents and equipment
- Safety
- Agglutination methods (ie latex, heme)list: \_\_\_\_\_
- Dilutions and Serial Dilutions
- Syphilis Testing (VDRL/ RPR)
- Chromatographic EIA (please list): \_\_\_\_\_
- List kits tests performed: \_\_\_\_\_

**Immunoematology/Blood Bank**

- Method:**  tube  gel
- ABO, Rh including weak D
  - Antibody screen
  - Crossmatch, immediate spin & complete
  - Direct antiglobulin test
  - Issue of product for transfusion
  - Cord blood testing: ABO, Rh, DAT
  - Routine quality control of reagents and equipment

**Clinical Chemistry**

- Routine chemistry analyzer: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Immunochemistry analyzer: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Routine blood gas analyzer: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Routine quality control of reagents and equipment
- Dilutions and serial dilutions

**Pathogenic Microbiology**

- Routine QC of reagents and equipment
- Safety
- Gram stain (preparation, interpretation, and performance)
  - direct
  - from culture

Culture setup and interpretation for the following: (colony morphology, Gram stain, routine media & set up, interpretation)

- Blood
- Urine
- Stool
- Respiratory (upper, lower)

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- Genital
- CSF and other body fluids
- Wound

Identification of the following organisms:

- Staph aureus
- Coagulase negative staph
- S. pyogenes
- S. agalactiae
- E. faecalis
- S. pneumoniae
- E. coli
- Kleb pneumo
- Proteus mirabilis
- Ent cloacae
- Salmonella
- Shigella
- Bacillus (not anthracis)
- Corynebacterium spp.
- Pseudomonas aeruginosa
- H. influenza
- Campylobacter jejuni
- N. gonorrhoeae
- N. meningitis

Automated identification (please list): \_\_\_\_\_

Antibiotic susceptibility testing

- Automated panels
- Kirby-Bauer
- Other (please list) \_\_\_\_\_

**Anaerobes** (mark to what level)

- collect and send
- ID only
- ID and suscep.

**Parasitology** (mark to what level)

- collect and send
- ID (wet mount, sedimentation, perm)
- ID serologically

**Mycology** (mark to what level)

- collect and send
- ID (culture) send for ID
- ID (serologically)

**Mycobacterium** (mark to what level)

- collect and send

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\_\_ ID (cult)  
\_\_ ID and susc

**Note:** if *not* accredited by Joint Commission, COLA, CAP, CLIA, provide a list of safety equipment:

Does the Laboratory Policy and Procedure Manual contain information about and procedures for emergencies in the following areas?

- |   |       |      |
|---|-------|------|
| 1. Biohazards, lab orientation and safety, and PPE? | Yes__ | No__ |
| 2. Chemical accidents?                              | Yes__ | No__ |
| 3. Slips and spills?                                | Yes__ | No__ |
| 4. Fire safety and emergency procedures?            | Yes__ | No__ |
| 5. Electric hazards?                                | Yes__ | No__ |
| 6. HIPPA?   | Yes__ | No__ |
| 7. Other  |       |      |
| 8. Other  |       |      |
| 9. Other  |       |      |

Please list frequency of employee orientation \_\_\_\_\_

Please list frequency of updates \_\_\_\_\_

Please list safety equipment available in your laboratory, i.e. Safety shower, sharps containers, PPE....

Printed name of individual completing this form \_\_\_\_\_

\_\_\_\_\_  
Name of Clinical Laboratory

\_\_\_\_\_  
Printed Name of Lab Manager/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lab Manager/Supervisor

8/10/2020 kg