

ATTACHMENT IX

NOT PART OF THE MEDICAL RECORD

To the Escort: Please complete this checklist within 48 hours after return to Guam then submit it to your immediate supervisor within 72 hours after return to Guam.

ITEM	RECEIVING DEPARTMENT	PERSON RECEIVING ITEM		DATE/TIME RECEIVED
		PRINT NAME	SIGNATURE	
1. Equipment	(Biomed, RT, CSR, etc.)			
a.				
b.				
c.				
d.				
e.				
f.				
2. Supplies	Central Supply			
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
3. Documents				
a. Patient Transfer Record (Attachment VI)	Medical Record			
b. Transfer Expense Report (Attachment VII)	Accounting			
c. Airline Ticket	Accounting			
d. Boarding Pass	Accounting			
e. Medical Referral Mileage Bank Account Waiver Form (Attachment X)	Accounting			
f. Request for Per Diem (Attachment IX)	Accounting			
g. Admin Leave Form	Unit Supervisor/Accounting			
h. Blood Transfusion Slip	Laboratory			
i. Patient Escort Clinical Competence Checklist (Attachment I)	Nursing Office			

SIGNATURES		PRINT NAME	TITLE	UNIT/AGENCY	DATE
PATIENT ESCORT					
UNIT SUPERVISOR/CHARGE					

POST-TRANSFER CHECKLIST

Patient ID

GUAM MEMORIAL HOSPITAL AUTHORITY
Reviewed/Revised: NM 11/15; MEC 11/15; EMC 12/15
Online Form