Guideline SK 3

Patient Identification and Labelling of Pre-transfusion Samples

1.0 Principle

1.1 To positively identify a patient and correctly procure blood samples for pre-transfusion testing with voluntary use of the Saskatchewan Transfusion Service Identification Number System (SK TSIN System).

1.2 A misidentified patient or mislabelled blood sample could lead to an incompatible transfusion and a fatal blood transfusion reaction.

2.0 Definitions

2.1 Health Service Number (HSN) – A unique nine-digit numeric identifier assigned to every Saskatchewan resident registered for health insurance in the province; equivalent to personal health number (PHN) from other provinces/territories.

2.2 Laboratory Information System (LIS) – is a software system that records, manages, and stores data for clinical laboratories.

2.3 Medical Record Number (MRN) – facility or program generated number for the client's medical chart, also referred to as health record number (HRN).

2.4 Saskatchewan Transfusion Service Identification Number System (SK TSIN System) – a provincial blood recipient identification system designed to establish unequivocal identification of the transfusion recipient through the combined use of a transfusion specific identification number and band.

2.5 Transfusion Service Identification Number (TSIN) – a unique, randomly assigned alphanumeric code (7 character = 3 letters + 4 numbers) used to establish a continuous, specific identification link between the patient, their pre-transfusion sample, selected blood components for transfusion and any required forms.

2.6 Verbal Confirmation – means asking the patient/client/resident/guardian to state his/her first and last name and date of birth.

2.7 Verification/Confirmation of Patient identification – is the process by which a patient's proper identity is ensured using two person specific identifiers that are cross-referenced with a reliable source (i.e. hospital generated label or requisition).

3.0 Acronyms

3.1 HSN – Health Service Number

3.2 LIS – Laboratory Information System

3.3 MRN – Medical Record Number

3.4 SK TSIN System – Saskatchewan Transfusion Service Identification Number System

3.5 TSIN – transfusion specific identification number

3.6 TML – Transfusion Medicine Laboratory

4.0 Scope and Related Policies

Transfusion Orders

4.1 Requisitions for pre-transfusion testing and blood components/products shall contain sufficient information to ensure positive identification of the intended patient and the physician/authorized health practitioner.

4.2 Refer to Guideline SK 2 Transfusion Orders for Pre-Transfusion Tests and Blood Components/Products.

Patient Identification at Sample Collection

4.3 Only authorized, trained individuals shall collect pre-transfusion samples.

4.4 Unless there are qualifying exemptions, all facility-registered patients must be wearing a patient identification band at the time of sample collection. WCDAA TM.7.0.3; CSA 10.2.1, 10.2.5, 10.2.7

4.5 All non-registered patients without a patient identification band must provide valid proof of identification (i.e. Health Service card or government-issued proof of identification) and verbal confirmation of their first and last name and date of birth prior to sample collection.

4.6 Transfusion Medicine Standards specifically require verification of the patient's first and last name, date of birth, HSN, MRN or other unique identification number, and TSIN where applicable, before collection of a pre-transfusion sample.

4.7 A **two-person patient identity verification** (or a one-person patient identity verification accompanied by an electronic identification system, e.g. bar-coding) shall be done at the **patient's bedside** *before* collection of a pre-transfusion sample. WCDAA TM.7.0.3; CSA 10.2.6

4.7.1 The person who draws the patient's pre-transfusion sample verifies the patient's identity. The patient's first and last name, date of birth, HSN, MRN or other unique identification number, and TSIN where applicable, is compared with the corresponding information on the patient's identification band or government-issued proof of identity, requisition and/or computer label to ensure they match.

4.7.2 The patient should provide verbal confirmation of their identity and serve as a witness, if able to do so. In situations where the patient is too young, is not competent, is unable to communicate or has no identification, a family member, caregiver or a qualified healthcare professional familiar with the patient may provide verbal verification of the patient's identifiers and serve as a witness. The patient or second person identifier must be able to state at least the patient's first and last name and date of birth.

Note: The person who confirms the identity of the patient MUST be different from the person who collects the blood sample.

4.7.3 The two-person patient identity verification shall be documented on the pre-transfusion test requisition. One signature from the phlebotomist (collected by) and a second signature from a witness (identified by) must be completed at the patient's side.

4.8 Non pre-transfusion tests (ABO/Rh confirm, cord blood test, DAT, FMH screen, cold agglutinin screen, etc.) and perinatal tests require a **one-person patient identify verification** prior to collection. The signature from the phlebotomist (collected by) shall be documented on the requisition.

4.9 If inaccuracies or discrepancies are discovered during the patient identification process, blood samples shall not be collected until the inaccuracies or discrepancies have been satisfactorily resolved.

4.10 In emergency situations where the patient cannot be immediately identified, a temporary identification number (i.e. trauma number), estimated date of birth and sex shall be used until the patient's identity can be verified. Unknown patients must be wearing a temporary identification band at the time of sample collection.
WCDAA TM.7.0.3; CSA 10.2.1, 10.2.5, 10.2.7

4.10.1 Verification/confirmation of patient identification should occur as soon as possible and once confirmed this identifying information should be used instead of the temporary identification.

4.10.2 The facility shall have a process to merge a patient's temporary identification into a permanent identification after verification/confirmation of patient identification. Extreme caution is required ensure accidental linkage to the wrong identification does not occur.

SK TSIN System

4.11 The Saskatchewan Transfusion Service Identification Number System (SK TSIN System) is designed to minimize the risk of mislabelled pre-transfusion samples and incompatible transfusions by linking the patient to the pre-transfusion sample and the donor unit via the TSIN in transfusing facilities that have adopted its use.

4.11.1 The Transfusion Service Identification Number (TSIN) is used as a unique continuous identifier for the unequivocal identification of patients, pre-transfusion samples and blood components throughout the entire transfusion process. The TSIN is displayed on the patient's TSIN band, requisition, collected samples, facility-specific transfusion forms and blood components to be transfused.

4.11.2 Use of SK TSIN System is beneficial in situations where an identical unique patient identification number is not consistently used in different clinical settings/healthcare facilities and as a result, the same unique patient identification number not always present from sample collection through to transfusion.

4.12 At facilities where implemented, a TSIN band is applied when a transfusion order for a blood component (i.e. RBCs, platelets, plasma) requires a valid type and screen.

4.12.1 A TSIN band should also be used when "Collect and Hold" or "Just in Case" samples are collected and transfusion of a blood component is potentially required.

Note: Refer to local policy for application of SK TSIN System.

4.12.2 The TSIN band must be worn until the associated type and screen is expired or a physician/authorized health practitioner has confirmed a

transfusion is no longer needed. The removal of the TSIN band invalidates the type and screen.

4.12.3 If the patient is already wearing a TSIN band, the health care provider must confirm that the associated type and screen is expired before removing the band. This may be done by checking the testing report or contacting the TML directly.

4.12.4 If the TSIN band is not physically attached to the patient, or is illegible, a new type and screen sample collection is required.

Sample Labelling

4.13 Blood samples shall be labelled in the physical presence of the patient at the time of collection and the tube shall be labelled as follows: WCDAA TM.7.0.3; CSA 10.3.1, 10.3.2

Mandatory:

a) patient's first and last name

b) HSN, MRN, or other unique patient identification number

c) date/time of sample collection

d) signature of collector/identifier

Best Practice Recommendations:

e) patient's date of birth

f) TSIN

4.14 Cord blood samples shall be clearly identified as 'cord blood' and labelled with:

a) Infant's gender, last name, HSN, MRN or other unique identifier, and date of birth

b) Sample type identified as 'CORD BLOOD' on label

Note: For referrals to Saskatoon, the cord blood sample must be labelled with infant's gender, last name, HSN, date of birth AND Mother's first and last name, HSN and date of birth.

4.15 For non pre-transfusion tests and perinatal tests, sample labelling must conform to local or referral TML procedures.

4.16 The person taking the sample shall verify that the sample label information matches the identity of the patient. The completed label shall be attached to the sample tube before leaving the patient's side. WCDAA TM.7.0.3; CSA 10.3.2

4.17 Unlabelled, illegibly-labelled, mislabelled, or inadequately labelled blood samples shall not be accepted for pre-transfusion testing.

4.17.1 Rejected samples shall be documented.

4.17.2 For all rejected samples, the TML shall send a report to the clinical unit, documenting the reason for the rejection with date and time.

4.18 The information on the blood sample and the requisition shall be checked before testing begins. Any discrepancies or errors must be satisfactorily resolved or new samples collected. WCDAA TM.7.0.6; CSA 10.3.3

Sample Expiry

4.19 If the type and screen sample expiry is extended for Preoperative Assessment Clinic (PAC) patients, it is critical that the patient's transfusion and pregnancy history be verified at time of sample collection to ensure patient safety.

4.20 Refer to Guideline SK 4 Acceptance Criteria and Sample Suitability for Pre-transfusion Testing.

Second Sample Requirement for ABO Confirmation

4.21 Refer to Guideline SK 4 Acceptance Criteria and Sample Suitability for Pre-transfusion Testing.

5.0 Materials

5.1 Patient identification band, Saskatchewan Health Services card, or government-issued proof of identity

5.2 Requisition or electronic request entry

5.3 Computer-generated/pre-printed/hand-written sample labels

5.4 Orange Safeguard® Insert Wristbands (TSIN bands) and Typflex-It number (TSIN) labels.

5.5 Materials for venipuncture.

5.6 Sample: EDTA anticoagulated whole blood

5.7 Related documents:

5.8 Related resources available online at www.saskblood.ca:

- Appendix # 4 SK TSIN System – Patient Information
- Appendix # 5 SK TSIN System – Training Guide
- Guideline SK 2 Transfusion Orders for Pre-Transfusion Tests and Blood Components/Products
- Guideline SK 4 Acceptance Criteria and Sample Suitability for Pre-transfusion Testing

6.0 Supplies for SK TSIN System

Orange TSIN Bands				
Safeguard® Insert Wristbands	**Distributor**	**Product Number**	**Quantity**	**UOM**
Safeguard® Insert Wristband Adult/Pedi Orange	Stevens Company	252-821-PDJ (insert cards are included)	250	250/box
Safeguard® Insert Wristband Adult Orange	Stevens Company	252-841-PDJ (insert cards are included)	250	250/box
Safeguard® Insert Wristband Super Wide Adult Orange	Stevens Company	252-881-PDJ (insert cards are included)	250	250/box
TSIN Labels				
Short Typflex-It Number Labels	**Distributor**	**Part Number**	**Quantity**	**UOM**
LA145 TYPFLEX 7855-S	National Print-It Centres	7855-S01000	1,000	500/box
	National Print-It Centres	7855-S02000	2,000	500/box
	National Print-It Centres	7855-S03000	3,000	500/box
	National Print-It Centres	7855-S04000	4,000	500/box
	National Print-It Centres	7855-S05000	5,000	500/box
	National Print-It Centres	7855-S10000	10,000	500/box

Long Typflex-It Number Labels	Distributor	Part Number	Quantity	UOM
LA145 TYPFLEX 7880-L	National Print-It Centres	7880-L00100	100	100/box
	National Print-It Centres	7880-L00500	500	500/box
	National Print-It Centres	7880-L01000	1,000	500/box
	National Print-It Centres	7880-L02000	2,000	500/box
	National Print-It Centres	7880-L03000	3,000	500/box
	National Print-It Centres	7880-L04000	4,000	500/box
	National Print-It Centres	7880-L05000	5,000	500/box
	National Print-It Centres	7880-L10000	10,000	500/box

6.1 Notes:

6.1.1 All Safeguard® Insert Wristbands are latex-free.

6.1.2 Typflex-It number labels include a QR code and a unique alphanumeric code (7 character = 3 alpha + 4 numerical).

6.1.3 The Typflex-It number labels are available in short and long product types with water-resistance being the primary difference between the two.

6.1.3.1 The short Typflex-It number label is not water-resistant. Recommended for inpatient use.

6.1.3.2 The long Typflex-It number label sheet comes with a clear, water-resistant adhesive cover to seal the band pocket opening. Recommended for outpatient use (e.g. presurgical patients).

7.0 Quality Management

7.1 The TML shall have a system in place to reduce the risk of misidentification of the intended recipient at the time of collection of the pre-transfusion testing sample, during laboratory testing and preparation of units to be issued, and at the time of transfusion. CAP TRM.30575

7.1.1 Effective interventions include:

a) Verifying the ABO group of the intended recipient on a second sample collected at a separate phlebotomy (including the recording of the result in the patient's historical record).

b) An electronic identification verification system that ensures that the patient from whom the pre-transfusion sample was collected is the same patient who is about to be transfused.

c) Other approaches capable of reducing the risk of mistransfusion may be used.

7.2 All errors in patient identification and sample labelling must be documented in an incident report according to established facility procedure. Corrective action must be taken and this action should be documented.

7.3 The TML shall have a quality improvement system in place to monitor positive compliance to accurate patient identification and sample labelling. This could be done through random audits of record keeping systems and /or other quality improvement mechanisms. CSA 4.6.1.1, 4.6.3.1

7.4 A formal, documented training program that includes both initial and ongoing training of personnel in the necessary skills related to their responsibilities in

patient identification and sample collection labelling shall be in place. A system shall be in place to assess the effectiveness of their training programs and the frequency of this assessment shall be defined. WCDAA TM.1.2.3; CSA 4.3.2.1, 4.3.2.2, 4.3.4, 4.3.6.2, 14.4.2

7.5 A formal competency assessment program shall be in place for all personnel involved in patient identification and sample collection labelling. Competency shall be assessed and documented following training and at regular and routine intervals thereafter. The effectiveness of the competency assessment program shall be evaluated periodically as needed and this evaluation shall be documented. WCDAA TM 1.2.4; CSA 4.3.3.1, 4.3.3.2, 4.3.4, 4.3.6.2, 14.4.2

8.0 Procedure

8.1 Verify that the requisition contains sufficient information to uniquely identify the patient and the physician/authorized health practitioner.

8.2 Verify that a patient identification band is physically attached to the patient.

8.2.1 If the patient is an inpatient or emergency department patient and does not have an identification band, then a qualified person shall positively identify the patient and have an identification band attached to the patient prior to sample collection, as per facility policy.

Note: DO NOT collect the sample until an identification band has been attached to the patient.

8.2.2 If the patient is a non-registered patient and does not have an identification band, then the patient must provide valid proof of identification (i.e. Health Service card or government-issued proof of identification) and verbal confirmation of their first and last name and date of birth prior to sample collection, as per facility policy.

8.2.3 If the patient's clinical condition prohibits physical placement of an identification band on one of the patient's limbs, then the patient must be positively identified by a primary caregiver.

8.3 Identify the patient **before** collecting the pre-transfusion sample.

8.3.1 Ask the patient to state their first and last name and date of birth.

8.3.2 If the patient is unable to verbally confirm their first and last name and date of birth, ask a second person to identify the patient. The second person may be a family member, caregiver or a qualified healthcare professional. The person who identifies the patient must be able to state at least the patient's full name (first and last name) and date of birth.

8.3.3 For facility-registered patients, compare the patient's last and first name, HSN, MRN or other unique identification number and date of birth on the requisition to the patient identification band.

8.3.4 For non-registered patients compare the patient's information on the requisition to their Health Service card or government-issued proof of identification.

8.3.5 All compared patient identifiers must be **identical**; any discrepancies must be resolved before sample collection.

8.3.6 The patient or the second person who identifies the patient must sign the requisition on the signature line next to "Identified By" section on the requisition. Record date and time of identification completed at the patient's bedside on the requisition.

8.4 If the identity of the patient is unknown, the patient must be registered by Health Information Management (HIM) and be given a temporary identification before sample collection, as per facility policy.

The temporary identification and TSIN (optional) will be the unique identifiers. These must appear on the sample labels and the requisition.

8.4.1 Verify that the patient has a temporary identification band.

8.4.2 DO NOT collect the samples until a temporary identification band has been attached to the patient.

8.4.3 A second person must identify the patient. The second person must be a qualified healthcare professional.

8.4.4 The second person will state the patient's first and last name and date of birth as recorded on the patient's temporary identification band.

8.4.5 The second person must sign the requisition at the patient's bedside.

8.5 Check/complete the preoperative assessment section on the requisition for completeness for applicable patients. If incomplete, ask the patient the following questions and record the information.

8.5.1 Ask the patient if they have been pregnant (if the patient is a woman less than 50 years of age) or transfused within the last three months.

8.5.1.1 If the answer to either question is "yes", testing is only valid for 96 hours.

8.5.2 Ask the patient the date of their upcoming surgery or planned outpatient transfusion.

8.5.2.1 Record the relevant dates on the requisition.

8.5.2.2 If surgery is scheduled more than the length of time samples can be stored and used for pre-transfusion testing defined by the TML, advise the patient to return for testing within the acceptable timeframe of their scheduled surgery date.

8.6 If the patient is wearing an existing orange SK TSIN band, STOP and check with the TML to see if a new type and screen sample is required.

8.6.1 If a new sample is required from the patient, the existing orange SK TSIN band must be removed and replaced with a new one, in adherence to patient identification steps detailed in step 9.2.

8.7 Prepare an orange SK TSIN band for the patient.

8.7.1 Detach a band card insert from the Card Code 841 pad and apply the patient's LIS label or transcribe the patient's information to the SK TSIN band card insert.

8.7.1.1 The following patient information must be included:

- Patient last and first name(s)

- Patient date of birth
- HSN, MRN, or other unique identification number
- Date placed on patient

8.7.1.2 When hand writing information on the SK TSIN band card insert, print clearly and carefully. Discrepancies created by transcription errors or illegible labels will result in sample rejection.

8.7.2 Apply TSIN sticker to band card insert and assemble SK TSIN band.

8.7.2.1 If using the *short* TypeFlex number label and Safeguard® Sealident® wristband:

- Affix one red TSIN sticker on the right-hand side of the band card insert. Do not obstruct patient information.
- Place the card insert inside the pocket of Safeguard® Sealident® wristband and tear off excess.
- With the band on a hard surface, firmly press the card slot flap over pocket opening.

8.7.2.2 If using the *long* TypeFlex number label with clear self-laminating shield and Safeguard® Sealident® wristband:

- Affix one red TSIN sticker on the band card insert. Do not obstruct patient information.
- Place the card insert inside the pocket of Safeguard® Sealident® wristband and tear off excess.
- With the band on a hard surface, firmly press the card slot flap over pocket opening.
- Peel the waterproof clear self-laminating shield from the long TypeFlex number label and cover the card slot seam.

8.7.3 Place SK TSIN band around the patient's wrist (or ankle), slip tip of band under paper tab, and adjust for a comfortable fit. Ensure that the band is not too tight as some patients may experience swelling.

8.7.4 Pull out paper tab and firmly press adhesive closure. Cut off excess portion of strap. The TSIN band is now complete.

8.8 Draw blood sample tubes.

8.9 Label the tube(s) immediately after the blood sample collection, before leaving the patient’s side. The samples must be labelled with a computer generated, pre-printed or hand-written label and must contain the following information:

- Patient last and first name(s)
- Patient date of birth (best practice recommendation)
- HSN, MRN, or other unique identification number
- TSIN (best practice recommendation)

- Date and time of collection
- Identification of the phlebotomist (name, initials or computer identification)

8.9.1 When hand writing information on tubes and/or the requisition, print clearly and carefully. Discrepancies created by transcription errors or illegible labels will result in sample rejection.

8.10 Affix one red TSIN sticker to the patient's sample tube and requisition. Do not obstruct patient information.

8.11 Sign the requisition on the signature line next to "Collected By" section on the requisition. Record the date and time of collection on the requisition at the patient's bedside.

8.12 Explain to the patient that the TSIN band must be worn until removed by hospital personnel or after discharge. If the band is removed for any reason:

- The sample must be redrawn for transfusion purposes
- The surgery or medical procedure may be delayed

8.13 Provide a copy of Appendix # 4 SK TSIN Patient Information to the patient.

8.14 Perform a final check before leaving the patient. Compare the patient's last and first names, date of birth, HSN, MRN or other unique identification number and TSIN on:

- Sample tube label(s)
- Requisition
- Patient identification band
- TSIN band

8.15 Forward the requisition and pre-transfusion sample(s) to the TML for testing.

9.0 Procedural Notes

9.1 In the event of an identification discrepancy, resolve the issue and repeat the identification process prior to collection of the sample.

9.2 The SK TSIN band must remain on the patient from time of pre-transfusion sample collection to completion of the transfusion process.

9.2.1 Pre-transfusion samples collected without proper use of this system will require recollection.

9.2.2 Removal of the SK TSIN band or an illegible TSIN will result in recollection of the sample.

9.3 If changing the location of the SK TSIN band becomes necessary, it may be done as long as the TSIN and the patient are not physically separated.

9.4 If an additional sample is required by the TML to complete antibody identification, application of a new TSIN is not necessary. Label additional sample with patient's name, patient's date of birth, HSN, MRN or other unique identification number, original TSIN, date and time of collection and identification of the phlebotomist.

9.5 The TSIN is a unique identification number and cannot be used twice. If a duplicate TSIN is encountered, the discrepancy must be corrected before a blood sample is collected.

9.5.1 The error must be documented in an occurrence/incident safety report according to local procedure. Corrective action must be taken and documented.

9.6 The TML will enter the TSIN or scan the 2-D barcode into the LIS. The same TSIN must be affixed to the blood component compatibility tag and issue voucher when blood components are issued for transfusion.

9.7 Failure to follow correct patient identification and pre-transfusion sample labelling will result in sample rejection.

10.0 Documentation

10.1 All documentation that accompanies a patient blood sample shall contain sufficient information to unequivocally link it with the patient and the sample. WCDAA TM.7.0.3; CSA 10.3.2

10.2 The following information shall be documented on the pre-transfusion testing requisition after collection of the patient's pre-transfusion sample:

a) TSIN (best practice recommendation);

b) signature of the person collecting the sample;

c) signature of the patient if self-identified or signature of the second person who identifies the patient; and

d) date and time of collection.

10.3 The name of the person collecting the patient's pre-transfusion sample and the date and time of collection shall be retained for one year in a place where it can be readily retrieved if needed (e.g., the patient's chart or the transfusion record or the written or electronic request for the sample). WCDAA TM.2.1.5; CSA 10.3.1, 20.6.3.5

11.0 References

11.1 Accreditation Canada's Transfusion Services Standards. Ver. 12.

11.2 Alberta Health Services. Sample Collection for Pre Transfusion Type and Screen and/or Compatibility Testing (Crossmatch). Document Number: NPSCSS00002MUL. Version: 1.3. Effective Date: 24 July 2017. https://www.albertahealthservices.ca/assets/wf/lab/ul/wf-lab-specimen-collection-for-pre-transfusion-type-and-screen-or-compatibility.pdf. Accessed July 27, 2022.

11.3 Canadian Society of Transfusion Medicine. Standards for Hospital Transfusion Services. Version 5. December 2021.

11.4 Canadian Standards Association. Blood and blood components. CAN/CSA-Z902:20. March 2020.

11.5 Choosing Wisely Canada. Drop the Pre-op. A toolkit for reducing unnecessary visits and investigations in pre-operative clinics. Version 1.1 May 2019. https://choosingwiselycanada.org/wp-content/uploads/2017/07/CWC_Pre-Op_Toolkit_v1.2_2017-07-12.pdf. Accessed January 2, 2020.

11.6 College of American Pathologists. Transfusion Medicine Checklist. CAP Accreditation Program.

11.7 Narvios AB, Rozner M, Lichtiger B. Thirty-day typing and screening for patients undergoing elective surgery: experience at a large cancer center. Transfusion. 2006 Mar; 46(3):348-51. doi: 10.1111/j.1537-2995.2006.00728.x. PMID: 16533275. https://pubmed.ncbi.nlm.nih.gov/16533275/. Accessed January 27, 2021.

11.8 Ontario Regional Blood Coordinating Network (ORBCON). Ontario Regional Blood Coordinating Network Transfusion Technical Resource Manual (OTTRM). PA.001 Patient Identification and Sample Labelling. Date Revised: 2014-01-31

11.9 Precision Dynamics Corporation. Card Code 841. W-841-45-01 Rev.A.

11.10 Regina Qu'Appelle Health Region. Identification of Client/Patient/Resident – Regional Procedure. Reference Number: 612-1. July 2010.

11.11 Regina Qu'Appelle Health Region. (2012). LABTranOP7011 Use of the Typenex Red Arm Band System, Last approved date: 6/27/2012. Regina, SK: Regina Qu'Appelle Health Region.

11.12 Patient Safety Alert. File Number: 16/17-04. February 7, 2017. https://www.ehealthsask.ca/services/resources/Resources/PSA-2016-17-04-Correct-ID-Prior-to-Transfusion.pdf. Accessed February 19, 2020.

11.13 Western Canada Diagnostic Accreditation Alliance (WCDAA) Standards for Diagnostic Laboratory Accreditation: Transfusion Medicine, Version: February 2020 – v8.

12.0 Revision History

Date Revised:	
Section Number	**Summary of Revision**
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