

Student Name _____
 Clinical Site _____

Total Number of Hours _____
Daily Phlebotomy Training Log

Date	Device Used	Venipunctures		Special Collections	Special Collections		Comments: Describe any unusual situation/problems	Time In/Out	Total # Hours	Mentor Initials
		Successful	Missed		Successful	Missed				
	Vacutainer			Finger				In		
	Syringe			Heel						
	Butterfly-S			BL Cult				Out		
	Butterfly-V			B.T.						
	Vacutainer			Finger				In		
	Syringe			Heel						
	Butterfly-S			BL Cult				Out		
	Butterfly-V			B.T.						
	Vacutainer			Finger				In		
	Syringe			Heel						
	Butterfly-S			BL Cult				Out		
	Butterfly-V			B.T.						
	Vacutainer			Finger				In		
	Syringe			Heel						
	Butterfly-S			BL Cult				Out		
	Butterfly-V			B.T.						
	Vacutainer			Finger				In		
	Syringe			Heel						
	Butterfly-S			BL Cult				Out		
	Butterfly-V			B.T.						
TOTAL										