(A) Policy Statement

Each patient receiving any therapeutic radiation procedure will be positively identified by Radiation Oncology personnel prior to receiving any care, treatment or services. The two identifiers used are the patient’s name and Date of Birth. A photo ID is taken.

(B) Purpose of Policy

To prevent the misadministration of ionizing radiation, or any other error, which may inconvenience or jeopardize patient safety.

(C) Procedure

1. To assure that a therapeutic radiation therapy procedure is being performed on the correct patient, the therapist or appropriate staff will use at least two patient identifiers prior to starting a procedure:

   a) Out-patient:
      (i) Ask the patient their name
      (ii) Ask patient date of birth
      (iii) Examine patient’s photo

   b) In-patient:
      (i) Ask the patient their name
      (ii) Check the patient’s ID bracelet
      (iii) Check MR#

2. Clerical personnel will verify the identification of all outpatients via Name and birthdate. Pre-registration of these patients scans a copy of the ID into Athena/Star.

4. If sufficient positive identification cannot be provided, the patient's physician will be contacted for verification before the procedure is done.
5. Failures to adequately check identification of a patient, which results in radiation exposure to the wrong patient, will be regarded as a breach of policy and disciplinary action will be taken.

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>11/21/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changhu Chen, MD</td>
<td>Date</td>
</tr>
<tr>
<td>Professor &amp; Chairman, Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>Daniel Barbee, RN, BSN, MBA</td>
<td>12/10/2017</td>
</tr>
<tr>
<td>Chief Executive Officer - UTMC</td>
<td></td>
</tr>
</tbody>
</table>

Review/Revision Completed By: Michelle Giovanioli

Review/Revision Date: 8/24/1990
6/16/2000
8/1/2005
5/2008
6/4/2010
7/1/2013
6/1/2016
12/1/2017

Next Review Date: 12/1/2020

Policies Superseded by This Policy: 38-98