

## Surgical Site Marking Form

Patient Name:

Date of Birth:

Hospital number:

Sex: Male or Female

**This form is not intended to replace site marking on the patient.**

It is only for use, as an alternative, in the following cases:

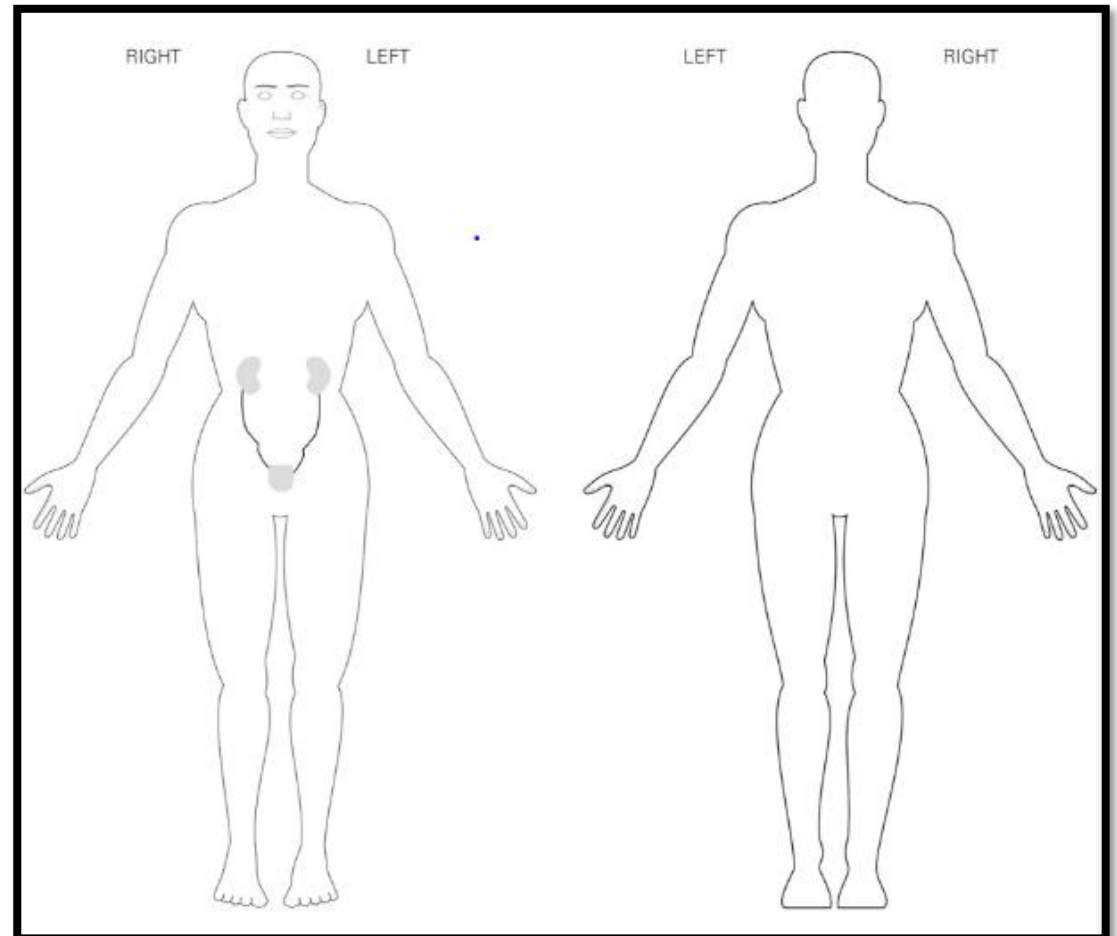
- The procedure site is difficult or anatomically impossible to mark
- The patient cannot be marked (e.g. premature infant)
- The patient or family refuses site marking

Identify the exact location of the surgical site by clearly labelling the body diagram.

The diagram will be referenced during the WHO surgical safety checklist time out to verify the site.

Name and signature of operating surgeon

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### Reference

[Using an Alternative Site Marking Form to Comply With the Universal Protocol - Norton - 2011 - AORN Journal - Wiley Online Library](#)

Alternative Site Marking Form, Boston Children's Hospital, 2010