## **Lab Exemplar Nomination Form**

*A lab exemplar is an individual or a team whose behavior and contribution best exemplify the mission, values and professionalism of [****your organization****].*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nominated by: |  |  | Title: |  | Date: |  |

|  |  |
| --- | --- |
| Individual or Team Nominee: |  |

|  |  |
| --- | --- |
| Division(s): |  |

**Approval Signature(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Manager: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Director: |  | Date: |  |

##### Award Justification

Please include the following criteria as justification for your nomination. Include in your description the capacity in which you know the nominee, what qualities lead you to nominate the individual or team and any events which support the nomination (accomplishments, certification, education level and academic degree granting institution, involvement with mentoring, innovation in laboratory practice, utilization of evidence based practice or quality improvement, community service, committee involvement, professional organization activities, and impact on patient care, exemplars of meeting [your hospital}’s mission, values and strategic plan):