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*Kaiser Permanente Medical Center, San Francisco*
*Northern California Region*
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# Work Instruction

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| **Title:** | **TS-Blood Bank Specimen and Requisition** | **WI Number** SFOWI-0079<br>**Revision:** 21 |
| **Department:**<br>Immunohematology<br>**Area:**<br>2425 Geary Blvd SFO Hospital Lab | ***Document is in the Final Approval Process. 2 - approvals are required*** | |
| **Type of Document:**<br>Work Instruction | | **Review Period -** 340 **Days** |

## PURPOSE

To specify the requisition and specimen requirements and describe the process of processing request for Transfusion Service.

## PROCEDURE

### A. Transfusion Requisition

#### 1. General Requirements

a. All specimens including Double Check specimen and Hold specimen, must be accompanied by a requisition.

b. Specimen that come without any requisition or vice versa will be discarded after proper notification and documentation (refer to section F. Rejections and Allowable Corrections).

c. The Transfusion Service shall only accept requisitions that are completely, accurately and legibly labeled with the patient's name and MR#.

d. **Types of Requisitions**

**i) Double Check Requisition**

- A copy or re-print of the original Blood Bank Requisition (Draw and Hold for Transfusion Service, Type and Screen, Type and Crossmatch, or Transfuse) can be used as the Double Check Requisition per protocol.

**ii) KPHC Type & Screen Requisition**

**(Note: Type & Cross Requisition is limited to Ambulatory PreOp)**

- Orders placed in KPHC will post to LIS when released except for Hold BB and Hold Cord.
- At the same time, a paper requisition and its corresponding barcoded sample label will print on nursing unit.

- Blood Bank Requisitions should be printed from KPHC except for Operating Room, in emergencies, and MTP.
- In case of technical issue when KPHC requisition cannot be re-printed, a Transfusion Service manual requisition can be used, but it must have all the required information and the appropriate date/time/signature/initials/NUID as required for Blood Bank Requisition.
- Add-on requisition does not require blood draw information.

**iii) KPHC Prepare Order**

- Prepare Order is an order to crossmatch RBC or set-up blood products.
- Inpatient Prepare Orders autoprint in Blood Bank and post to LIS when released from KPHC.
- Prepare Order will not have any blood draw information.
- Additional units cannot be added-on to a Prepare Order.

2. **Required Information**

Requisition must have the following information before they can be processed for testing:

a. Patient's first and last name.
b. Medical record number (disregard the first 4 digits (1100) which are HealthConnect prefix).
c. Ordering Provider (physician or Nurse Practitioner).
d. Signature/initials/NUID of phlebotomist and date/time drawn (not required for subsequent add on tests).
e. Test ordered.
f. Blood product(s) and quantity of each.

If any of the above information is missing or erroneous, refer to section F. Rejections and Allowable Corrections.

3. **Other helpful information** may include the following:

a. Priority.
b. Preoperative patient signs at Transfusion/Pregnancy Verification if applicable (to qualify sample for extension to 30 day expiration).
c. Patient location.
d. Date of surgery or transfusion.
e. Special requirement (CMV negative, irradiated, leukoreduced, etc)

4. **Add-on Order**

a. Requisition is required to convert Hold specimen for testing.
b. Request for additional blood product for transfusion requires a new order.
c. In general, no routine request will be processed without an appropriate order.

5. **Verbal Request**

a. Phone request is not accepted unless it is an emergency and order cannot be sent before products are needed.

b. Phone request must be documented on the original requisition or on a blank Transfusion Service requisition form with the following information:

i) The date and time of request.
ii) Number and type of products requested.
iii) Name of person who called.
iv) Name of the ordering provider with provider's ID (if known).
v) Read back confirmation.
vi) CLS/LA who took the request.

c. Verbal request must be followed up with a written or KPHC requisition ASAP. See Procedure Notes.

6. **Emergency Release and Massive Transfusion Protocol**
Requisition is not required for Emergency Release of uncrossmatched RBCs or to initiate the MTP. ***Refer to Urgent requirements for Blood and Components SOP and Massive Transfusion SOP.***

**B. Specimen**

**NOTE: Specimens already affixed with barcoded RILIS labels should be logged-in after verifying acceptability.**

1**. General Requirements**

a. All pretransfusion specimens must have label affixed to the tube before the phlebotomist leaves the patient.
b. The Transfusion Service shall only accept specimens that are completely, accurately and legibly labeled.
i) Request redraw if there is any conflicting or doubtful information.
ii) Specimen with Name, MR# and/or Draw date error(s) will be discarded.
iii) Specimen that is accompanied by requisition with Name or MR# errors will be discarded.
iv) Specimen that come without any requisition or vice versa are considered mismatched and will be discarded.

Refer to section F. Rejections and Allowable Corrections.

2. **Required Information**

The label of the specimen must have the following information before it can be processed for testing:
a. Patient's first and last name.
b. Medical record number (disregard the first 4 digits (1100) which are HealthConnect prefix).
c. Signature/initials/NUID of phlebotomist.
d. Date and time drawn.

If any of the above information is missing or erroneous, refer to section F. Rejections and Allowable Corrections.

3. **Double Check**

a. DBCK is a second specimen drawn by re-identifying the patient at a different time (preferably drawn by a different person whenever possible).
b. If the DBCK specimen is to be collected with the initial sample (i.e. in situations requiring urgent blood products transfusion), **two** licensed personnel
i) must verify the patient's identity independent of each other

**and**

ii) draw the samples separately with documentation of their

signature/initials/NUID on the respective samples and requisitions.

c. DBCK must fulfill the same requirements as a Type & Screen specimen.

4. **Cord blood** label must have the mother's last name and the gender of the baby, medical record number, time/date and the signature of the person who collected the cord blood.

**C. Non-transfusion Testing** using the General Laboratory Requisition

1. Phlebotomist's signature and time drawn are not required.
2. These specimens are entered with the Order Comment 'Not for TS', which indicates that it is for non-transfusion testing.

**D. Emergency Patient Identification**

1. If the identity of the patient cannot be established at the time of registration, the Emergency Department will assign a unique name and MR# to the patient.

**E. Specimen Type**

1. Plasma, a full EDTA 6-ml pink-top tube, is the specimen of choice.
2. Serum is acceptable for manual testing.
3. SST tube is only accepted in an emergency if it has not been spun. Pour sample into a new tube labeled appropriately. Keep the original together with the new tube.
4. **DAT sample :**
   a. EDTA (lavender top) is preferred.
   b. Clotted specimen is acceptable if EDTA tube is not available.
   c. If a clotted specimen is used for testing and a positive result is obtained using anti-complement reagent, the test must be repeated using an EDTA specimen.
5. **Neonatal (< 4 months old):**
   a. At least 1.0 ml of EDTA whole blood.
   b. Two to three heparinized capillaries for ABO/Rh.
   c. Cord blood can be used as Double Check.
   d. Plasma or serum from the mother may be used to perform antibody screen and/or identification.

**F. Rejections and Allowable Corrections**

**NOTE: Samples sent simultaneously will be considered the same draw except under certain circumstances at the discretion of the CLS, e.g. patient in the OR, emergency.**

1. **Allowable Corrections:**
   a. Missing or erroneous **draw time** on either **specimen** or **requisition.**
   b. Missing or erroneous **phlebotomist's initials/signature/NUID** on **requisition** only.
   c. Missing or erroneous **draw date** on **requisition** only.

2. **Rejections:**
   a. **Patient's name** or **MRN** errors on either **specimen** or **requisition.**
   b. Missing or erroneous **phlebotomist's**

**initials/signature/NUID** on **specimen.**

c. Missing or erroneous **draw date** on **specimen.**

d. A sample submitted by itself without any requisition.

3. **Documentation:**

a. For both Allowable Corrections and Rejections, the Transfusion Service staff will notify the nursing unit or the phlebotomist of the error and enter the information into the Access database form called 'BB Specimen Problem Log'.

b. Make a copy or save the requisition. For rejected samples, peel label off tube and affix to requisition. Write the Case ID # on the requisition.

c. The Transfusion Service staff will document the phlebotomist's name as the person who corrected the error in the 'BB Specimen Problem Log'.

d. 'Responsible Reporting Form' (RRF) will be filed for occurrences which adversely impact patient care and safety.

4. Rejected specimens will be ***discarded*** after proper notification.

5. **Specimen Label Error Correction:**

a. Only the phlebotomist who drew the sample is allowed to make the correction on the specimen label.

b. In an emergency situation ie. phlebotomist is in the OR or in outpatient clinics, the specimen(s) can be transported to the phlebotomist for correction via runner or the dumbwaiter.

6. **Requisition Error:**

a. A new requisition with the corrected or missing information is acceptable provided the initial/signature/NUID matches the original received requisition and specimen.

7. **Name Change:** If MR# on specimen/requisition matches the MR# in the computer systems but there is a name change that can be verified, Transfusion Service staff will fill out the 'Name Verification For Positive Patient Identification' form.

a. For an **inpatient**, fax form to RN on nursing unit. RN will complete and sign the form and fax back to Transfusion Service.

b. For an **outpatient**, Transfusion Service staff will contact patient at home to verify name change and document on form.

c. If the name alias(es) is/are documented in HealthConnect demographics, the form is unnecessary but the alias should be added to the Blood Bank Comments.

## G. Specimen expiration

1. **3 day sample**

a. A sample is good for 3 days **if any one of the following conditions applies:**

i) Patient has been **transfused** in the **preceding 3 months** with blood or a component containing **allogeneic** red cells
ii) Patient has been **pregnant** within the **preceding 3 months**
iii) Patient's transfusion history is uncertain or unavailable
iv) **Current ABSC** is **positive** or has **current antibody(ies)**
v) Patient **requires** extended crossmatch

2. **30 day PreOp sample (Hold BB does not qualify)**
   a. A 30-day specimen **must meet all the following requirements:**
      i) Patient must be 18 years or older
      ii) **Not transfused** with **allogeneic** red cells and/or **not pregnant** (for females only) in the **preceding 3 months**
      iii) **No** historical or current antibody(ies)
      iv) Does **NOT** need extended crossmatch
      v) Patient or representative (if patient is unable to sign due to a handicap) must sign the Transfusion/Pregnancy verification section of the requisition form and check 'No'.

   b. T/S will expire 3 days after the first allogeneic red cells transfusion or on the 30th day if no transfusion.
   c. A 30-day specimen expiration can be extended to 33 days if transfusion occurs on the 30th day.

   d. **A 30-day specimen will revert to a 3-day specimen if any one of the following conditions applies:**
      i) The current Antibody Screen is positive
      ii) A new antibody is identified on a patient without previous history of antibody
      iii) After the initial testing, it is discovered later that the patient has been transfused in the preceding 3 months with blood or a component containing allogeneic red cells, has been pregnant within the preceding 3 months, or if the history is uncertain **or** unavailable eg. patient was admitted as a trauma case to a hospital within the last 3 months
      iv) On the day of surgery, patient answers 'Yes' to being transfused or pregnant after the initial testing. PreOp RN will notify Transfusion Service and send a new sample STAT.
   e. Flex the sample expiration to 30 days (make sure the expiration time is 2359) in the computer system. Ordering CLS should flex the sample and the Resulting CLS should verify the accuracy of the sample expiration date and time.
   f. The DBCK specimen must be flexed to the same expiration date as the 30-day Type & Screen.

3. Hold BB and Cord blood samples do not qualify for 30 day expiration due to the current computer system's limitations.

4. A new Type & Screen is required if a patient returns after being discharged even if the Type & Screen from the previous admission is still within 3 days. Exception to this rule are **PreOp patients whose specimens will expire 3 days after surgery or sooner**.

5. Type & Screen for Outpatient Infusion is good for three days from the draw date. The current Outpatient Type & Screen is valid for **Infusion/Oncology Center patients** who are sent to Emergency Room or admitted for transfusion

**H. Neonatal (less than 4 months old) transfusion**

1. If the initial antibody screen is negative, it is unnecessary to repeat Type & Screen or perform serological crossmatch for the duration of the hospital stay.
2. Repeat pre-transfusion testing **using the baby's blood** is required for subsequent admissions.
3. Flex the neonate sample (either TS or peripheral DBCK) expiration to 120 days. Ordering CLS should flex the sample and the Resulting CLS should verify the accuracy of the sample expiration date and time.
4. ***Refer to Neonatal Transfusion SOP for additional requirements and instructions.***

**I. Processing Specimen and Requisition**

1. Time stamp all requisitions upon receipt. Hand write the receipt date and time if time stamper is unavailable and initial.
2. Initial on the requisition for specimen Label Check if information on specimen and requisition matches and is complete.
3. Specimens can be checked for clots by using two wood applicator sticks. If specimen is clotted, remove clots and indicate on the specimen label.
4. Centrifuge for calibrated time and speed to separate plasma and red cells.
5. **Historical records** of blood type, antibodies, special transfusion requirements and adverse reactions are checked and documented on the requisition.
    a. Check the patient's Blood Bank history in CIPS.
        i) PATIENT (patient's MR#), CATEGORY (Lab), VIEW (Menu), FR DATE (01/01/92) and TO DATE (today's date).
        ii) Under 'TEST MNEMONICS', type BB, then <Enter>.
        iii) Record the patient's previous ABORH and/or ABSC and atypical antibody on the requisition.
        iv) Press F8 for additional history. Note any discrepancy or special comments. (F7 to page back and F3 to start over).
        v) Check patient's demographic information or alias in HealthConnect if necessary.
    b. Check and record patient's testing and transfusion history from the LIS (PPI and ORV in Millennium - note if there is a Prepare Order dispatched).
    c. Check and record patient's testing and transfusion history from LifeLine/Access database until 5/15/08.
    d. Initial on the requisition for all historical checks.
    e. If there is a Prepare Order dispatched in ORV for Inpatients or Infusion/Oncology patients, retrieve the paper Prepare Order from the

'Pending Prepare Order' tray.

f. Enter or update the patient's diagnosis and/or treatment as PPI comments e.g. Sickle Cell/HSCT/anti-CD38 therapy, if applicable per protocol.

g. Enter or update the patient's Special Requirement(s) e.g. IRR/Washed/HLA-matched platelets, if applicable per protocol.

6. Specimens should have barcoded labels except for Hold BB, Hold Cord, during downtime, emergency, MTP and specimens drawn in surgery. DBCK specimens may not have barcoded labels.

7. Log-in samples with barcoded labels and print an Accession# label for the TYSC or TYXM to affix on the requisition.

8. For non-barcoded samples (only apply to tests not interfaced), enter the requested test(s) in the LIS.

9. Confirm any questionable order/apparent duplicate order/questionable Special Requirement(s) with RN/provider as soon as possible. ***Refer to Unusual Product Request Policy.***

10. **NOTE:** If test(s) is a duplicate or unnecessary, cancel it and order the appropriate test e.g. cancel TYSC and order Hold BB or cancel ABSC and keep ABORh if DBCK if needed.

11. If test was manually entered, match the printed barcoded RILIS label to the specimen and affix it without covering the patient's name and MR# on the primary label.

12. Perform testing according to the priority indicated on the requisition.

13. **Prepare Order**

a. **Prepare Order Autoprints**
   i) All Prepare Orders except for Ambulatory PreOp TYXM autoprint on the designated BB printer when released from KPHC.
   ii) Time stamp Prepare Orders upon receipt.

b. **Exempt from KPHC Prepare Orders**
   i) Emergency Release, MTP and In-Surgery are exempted from provider's placed Prepare Orders.
   ii) Refer to ***Processing Blood Units for CVS and OR*** SOP for instructions on processing blood products for surgery.

c. **Check CIPs, PPI and ORV**
   i) Use the autoprinted Prepare Order to check patient history and to determine if any sample/test is needed.
   ii) Under normal circumstances, Blood Bank should never get faxed Prepare Order.

d. **Types of Prepare Order in ORV**
   i) **Inpatient Prepare Order** = IP PR in ORV
   ii) **Outpatient Prepare Order** = BB TR in ORV
   iii) **Ambulatory PreOp Prepare RBC** = IP PR RBC. **NOTE:** Ambulatory PreOP IP PR RBC only posts to ORV and has no printout.

e. **Processing Prepare Order**

i) Locate the Prepare Order Acc# with Order Date and Time in ORV that matches the printing date and time of the Prepare Order.

ii) If there is **a valid Hold BB or Hold Cord**, call RN to fax TYSC/Cord Workup requisition (tell RN to discard both the requisition and barcoded labels after faxing to prevent mislabeling) and NOT to draw sample.

iii) If **no sample or test is needed** and the order is for **transfusion <u>NOW</u>**, log-in the Prepare Order. If there is a TYSC dispatched in ORV, notify RN NOT to draw.

iv) If **sample is needed** and there is no TYSC dispatched in ORV, notify RN and do not log-in Prepare Order. File the Prepare printout on the 'Pending Prepare Order' tray while waiting for sample. Retrieve printout when sample is received and attach to requisition.

v) **Non-surgery Prepare RBC** Order must be **linked to the <u>current TYSC</u>** sample draw date and time at time of log-in.

vi) **Prepare FFP/PLT/Cry**o Orders can be **logged-in with <u>current date and time</u>** at the time of set-up or crossmatch.

vii) **For non-surgery Prepare Orders**, **print as many Acc# <u>aliquot</u> labels as the number of units ordered**.

- Affix **one long Acc# label** on the paper Prepare Order.
- The Prepare Acc# **aliquot label** is to be **placed on** the top right quadrant of **each yellow chart copy.**
- **Scan** the Prepare **aliquot label** at Dispense.

f. **Additional Autoprinted Prepare Order**
(**NOTE:** MD can order more Prepare units than for transfusion e.g. Prepare 2 units but Transfuse 1 unit)

i) If patient **still have blood product** set-up (from a previous Prepare Order), inquire with RN the total number of units needed.

ii) If the new **Prepare Order is a duplicate**, log it in and print the new Prepare Acc# aliquot labels to affix over the previous Acc# on the yellow chart copies. Release any extra units to inventory.

iii) If the **previous Prepare Order was for SX**, log-in the new Prepare Order and print the new Prepare Acc# aliquot labels to affix on the yellow chart copies. Release any extra units to inventory.

iv) If for example, 1 unit is available and the new Prepare Order specifies 2 units but only total of 2 units needed, log-in and print 2 aliquot labels – one label to attach over the old Acc# of the 1 available unit and one label for the 2nd unit.

v) If the new **Prepare Order is NOT a duplicate**, process it as usual.

vi) If **NO unit is needed**, inform RN that provider needs to **discontinue/cancel** both the Transfusion Order and Prepare Order **in KPHC**. Release all blood product to inventory.

g. **No Matching Prepare Order in ORV**
   i) Review paper Prepare Order for large freetext comments (limited to 60 characters) in the Additional Req(uirements) field.
   ii) Notify provider to cancel and place new order with shorter comments.

h. **Verbal Orders Not Acceptable**
   i) CLS cannot add-on to completed Prepare Order. Additional units for transfusion require new Prepare Order.
   ii) Prepare Order generated by BB cannot be used for transfusion outside of surgery.

i. **Infusion Center/Oncology Prepare Order NOT for ER or Inpatients**
   i) New Prepare Order is needed when Infusion Center patient is admitted to ER or hospital.
   ii) Notify ER provider to place a Transfuse Order.

j. **When Blood Products Ready**
   i) Verify Prepare Order.
   ii) For urgent transfusion (e.g. STAT, Life-threatening, patient waiting), notify RN and document i.e. date, time and name/NUID of person notified.

## J. Pending Log

1. Every CLS is to check the Pending Log frequently to prevent missed test(s) and delay of blood products.
2. If an order is still pending or a sample is not received after a reasonable time, investigate and perform the appropriate corrective action to resolve problem.
3. If a test is determined to be a duplicate or unnecessary, cancel and append appropriate cancellation comments.

## K. Retention and Storage of Specimens

1. Retain for a minimum of 42 days from draw date. Day zero is the day of draw.
2. Store in the racks labeled with collection day and date.
3. File by the last digit of the MR#. Type&Screen/Crossmatch specimens are in the front while Hold and other specimens are in the back of the rack.
4. Each day, evening shift rotates the racks clockwise downwards. The 0-day specimens will become 1-day specimens and so on.
5. The 15th day specimens will go into a biohazard bag and be placed in the Week 2 tray. There are 5 trays with each tray containing a week's samples (Sun - Sat).
6. On Sundays, evening shift discards the specimens in the Week 6 tray (samples drawn 42-49 days ago) and moves the position of the trays +1 week so that the empty tray will now occupy Week 2.
7. Cord blood is retained for 9 days. Each day, the 9th day specimens are discarded.

## L. Reflex Tests

The following tests may/will be performed and ordered by Transfusion Service staff as reflex tests when warranted. These tests do not need to be ordered by a provider.

1. **Antibody Identification (ABID)** when the Antibody Screen (ABSC) is Positive.
2. **Antibody Identification (ABID)** when investigating Incompatible Crossmatch.
3. **DAT UNIT** when investigating Incompatible Crossmatch.
4. **DAT** when the Auto Control / Saline Control / Albumin Control is Positive.
5. **DAT** when only ABORh is ordered on neonates.
6. **ABORh** when only DAT is ordered on neonates.
7. **ABORh** on a second properly labeled specimen when DBCK is needed.
8. **Type & Screen** on the mother when investigating Positive DAT in neonates.
9. **Type & Cross** on patients with history of difficult antibody(ies) e.g. c, e, Fya, Jka, k and etc who are undergoing major surgery when only Hold BB is ordered.
10. **Crossmatch of 2 RBCs** for Surgery patients with antibody(ies) when only Type & Screen is ordered.
11. **Crossmatch of additional RBCs** for Surgery patients with antibody(ies) that has low percentage of compatible units e.g. c, e, Fya, Jka, k and etc. The number of units crossmatched will depend on their availability.
12. **Elution** when the DAT IgG is Positive and patient has been recently transfused (in general within the last 3 months) or during the investigation of suspected HDN in neonates.
13. **Transfusion Reaction Workup** when delayed transfusion reaction is suspected.
14. **Antigen Typing** as part of the ABID workup.
15. **Unit Antigen Typing** when selecting antigen negative RBCs for patients with antibody(ies).
16. **ABO Discrepancy Workup** when ABO discrepancy is encountered during ABO typing.
17. **Titer** (send out to Regional Lab) as part of the Antibody Identification (ABID) or HDN Workup.

**PROCEDURE NOTES**

1. Under Clinical Laboratory Improvement Amendment (CLIA) regulations, a laboratory must solicit written or electronic authorization for verbal test orders **within 30 days** of the laboratory's receipt of the order, or the laboratory must maintain documentation of its efforts to obtain authorization.
2. Pursuant to 42 CFR 482.24(c)(2) - All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. This requirement applies to verbal orders associated with both inpatients and outpatients.

**REFERENCES**


1. AABB, Standards for Blood Banks and Transfusion Services, current edition, Bethesda, MD.
2. AABB, Technical Manual, current edition, Bethesda, MD.
3. CLIA Regulations.


**Appendices**

| | | |
|---|---|---|
| A | CLS PreOp KPHC Job Aid | |

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|---|---|---|
| | | SFOWI-0079 Appendix A (Overview).vsd |
| B | Job Aid: Lab Receptionist Releasing PreOP TYSC/TYXM Orders | blood_rd_release.pdf |
| C | KPSF BPAM Workflow and Quick Reference | KPSF BPAM Workflow and Quick Reference_4-24-18.vsdx |

## Associated Documents:

External Documents

Associated Documents:

SFOWI-0105 -- TS-Neonatal Transfusion
SFOWI-0054 -- TS-Double Check
SFOWI-0113 -- TS-Urgent requirements for Blood and Components
SFOWI-0110 -- TS-Massive Transfusion
SFOWI-0107 -- TS-Unusual Product Request Policy
SFOWI-0112 -- TS-Processing Blood Units for CVS and OR

Click to Open an Associated Document

## Documents Generated:

## Document Revision History:

| | | |
|---|---|---|
| **Revision:** 21 | **Date Created:** 09/21/2005<br>**Date of Last Revision:** 05/01/2018 | **Last Approval Date:** 01/03/2017 |

| | |
|---|---|
| **Document Author:**<br>Cara H Lim/CA/KAIPERM | **Document Manager:**<br>Richard Chui/CA/KAIPERM |

## Reason for Change:

| Revision: | Sec/Para Changed | Change Made: | Date |
|---|---|---|---|
| 1 | N/A | Initial Issue of Document | |
| 2 | a.Recipient sample for pretransfusion testing.<br>b.Processing Specimen and Requisition.<br>c.Allowable corrections.<br>d.Emergency patient identification.<br>e.Transfusion Requisition | Deleted section as it pertains to phlebotomy.<br><br>Added section with instructions on specimen processing.<br>Specify what information on specimen/requisition that can be corrected.<br>Specify what emergency identification the hospital uses.<br>Clarify verbal request acceptance and documentation. | |
| 3 | A.Transfusion Requisition<br>B. Specimen<br>F.Allowable Corrections | Added A.3<br>Added B.2.c<br>Specified that corrections to patient's name or MR# on either specimen or requisition are not acceptable. | |
| 4 | Approver | New Lab Director | 01/01/07 |
| 5 | Processing Specimen and requisition. | Added : 1.Check Lifeline/Access database for history.<br>2.Initial for label and historical checks. | 7/9/07 |
| 6 | Non-Transfusion Testing<br>Double Check | Replaced date and time 00:00 with Order Comment 'Not for TS'.<br>Added two licensed/certified personnels are required to identify patient for DBCK drawn at the same time as the initial sample. | 8/01/07 |
| 7 | Procedure<br>Specimen Expiration<br>Retention and Storage of Specimens | Extend expiration from 14 days to 17 days if transfusion occurs on the 14th day.<br>Change retention from 21 days to 24 days. | 7/31/08 |

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|---|---|---|---|
| 8 | Procedure<br>Transfusion Requisition | KPHC pre-op TS and TC order steps. | 12/12/08 |
| 9 | Procedure<br>Transfusion Requisition | Physician changed to Provider to include Nurse Practitioner | 3/31/09 |
| 10 | Procedure A. Transfusion Requisition 1.<br><br>Procedure B. Specimen 2.<br><br>Procedure F. Allowable Corrections 2.<br>3.<br>4.<br>5. | Specimen without requisition or vice versa will be discarded after proper notification and documentation.<br>Specimens without requisitions or vice versa are considered mismatched and will be discarded.<br>Changed form to log.<br>Added Specimen Label Error.<br>Added Requisition Error.<br>Added : The Transfusion Service staff will document the phlebotomist's full name as the person who corrected the error on the 'Specimen Identification and Labeling Problem' log . | 9/16/09 |
| 11 | Procedure A.1.<br>Procedure A.2.<br>Procedure F.7<br><br>Procedure H.1.<br>Procedure H.3.<br><br>Procedure I.6.<br><br>Procedure K. | Changed 'Specimens for transfusion purposes' to 'All specimens'.<br>Changed 'must' to 'should'.<br>Added 'Responsible Reporting Form' (RRF) will be filed for occurrences which adversely impact patient care and safety.<br>Added 'serological'.<br>Added 'Refer to 'Neonatal Transfusion' protocol for additional requirements and instructions'.<br>Added 'Affix the barcoded label on the specimen without covering the patient's name and MR# on the primary label.'<br>Added section ''Reflex Tests'. | 1/20/10 |
| 12 | Procedure A.2. and B.1.<br>Procedure F.<br><br>Procedure G.2.e. | Changed 'should' to 'must'. Added 'before they can be processed for testing' and 'If any of the above information is missing or erroneous, refer to section F. Rejections and Allowable Corrections.'<br>Specimens with signature/initials and/or date error will be discarded.<br>If it was discovered that patient has been transfused or pregnant or transfusion history is uncertain, the 14 day sample will revert to 3 days. | 3/12/10 |
| 13 | Procedure A.8.<br>Appendices<br>Procedure G.2.a<br>Procedure G.2.c.<br><br>Procedure.<br><br><br>Approver | Deleted references to RILIS Classic.<br>Deleted Appendix B and C. Changed Appendix D to B.<br>Added age requirement for 14 day sample.<br>Added that patient's representative can sign if patient has a handicap. Updated Appendix A.<br>Added phlebotomist's NUID<br>Added F. 1. d: allow correction for missing requisition.<br>Removed. F.2.d. to agree with F.1.d.<br>Change Medical Director. | 5/13/11 |
| 14 | Procedure I.1.<br>Procedure A.1. | Added instructions to document receipt date and time on requisitions.<br>Added 'NOTE: The appropriate KPHC print-out i.e. Transfuse Packed RBC, will serve as both requisition and pick-up form for 'Crossmatch and Dispense on demand'. | 9/13/11 |
| 15 | Procedure B. | Label affixed to the tube before leaving the patient's side. | 11/11/11 |
| 16 | Approver<br>Whole document<br>Procedure K.17.<br>Procedure I.5.a.<br>Procedure F.<br>Procedure F.1.d.<br>Procedure E.1.<br>Procedure G.1. & 2.<br>Procedure G.2.e.<br>Procedure Notes<br>Procedure B.3.a.<br>Procedure A. & B.<br>Procedure H.<br><br>Procedure J.<br>Procedure A.1.d.i)<br>Procedure A.1.d.ii)<br><br>Procedure I.5.iii) & iv)<br>Procedure I.5.v)<br>Procedure I.2., & 3. | New BB Medical Director.<br>Reformatted.<br>Added 'send out to Regional Lab'.<br>Changed number format from uppercase alphabet to lowercase roman numerals.<br>Added NOTE about samples sent simultaneously considered as same draw.<br>Deleted as two samples sent together are considered the same draw.<br>Added 'a full'.<br>Revised. Added new criteria 'current antibody'.<br>New. Added to flex sample expiration to 14 day.<br>New. Added federal requirements for verbal order.<br>Revised. Added preferred DBCK drawn by different person.<br>Renumbered.<br>Added to omit repeat T&S for duration of neonate hospital stay<br>days.<br>Revised to reflect current practice of keeping samples a minimu<br>Added original.<br>Added that BB Requisitions should be from KPHC except for OI<br>MTP. Added 'Transfuse' requisitions should be reprinted from T<br>Revised. Added to note discrepancy and special comments fro<br>Deleted CIPs as demographics check has been disabled.<br>Revised. Added clarification for Label Check and clot check. | 8/1/13 |
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| 17 | Procedure G.4. & 5. | Clarified T&S expiration for Inpatient, PreOp and Outpt Infusion. | 9/12/14 |
| 18 | Procedure G 2. | Revised. Added 30-day specimen requirement. | 7/28/15 |
| 18 | Implementation date | Changed from 9/1/15 to 10/5/15 due to postponement of the 30 Day Pre-Op Specimen implementation. | 8/31/15 |
| 19 | Procedure F.3<br><br>Procedure G.4<br>Procedure H.2<br><br>Approver | Revised instructions to document specimen error in Access database instead of using manual form.<br>Added that Pre-Op samples will expire 3 days or sooner after surgery.<br>Added that baby's blood is used for pre-transfusion testing on subsequent admissions after discharge.<br>New CLIA Director. | 7/26/16 |
| 20 | Procedure G.2.e. and H.3. | Clarified CLS responsibility for Flexing. Clarified the types of neonatal sample that can be flexed. | 12/30/16 |
| 21 | Whole document<br>Procedure A.1.d.ii | Revised due to KPHC BPAM (Blood Product Administration Module) implementation on 3/20/18.<br>Deleted reference to KPHC 'Transfuse' requisition which no longer applies. | 2/7/18 |

## Notification List:

## Approvals:

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**Title:** Transfusion Service Medical Director

**Second Approver's Signature**

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**Document History Section**