

AlloMap Blood Sample Collection

Purpose This document describes the process for obtaining AlloMap blood sample.

- Policy**
- CareDx AlloMap Test requisition form must be completed by the provider.
 - LSPM 244 AlloMap Specimen Handling Form and Process Map must be initiated at the 4900 MOB Laboratory
 - Specimen, the CareDx AlloMap Test Requisition Form and AlloMap Specimen Handling Form and Process Map must be **immediately hand-delivered, and do a warm hand-off to CLS/MLT at 4867 main** laboratory for processing upon collection.
 - A Manager in the main laboratory is notified of an AlloMap specimen being collected.
 - Do not use expired XDx AlloMap Collection Kit. Place order with XDx (1-888-ALLOMAP or 1-888-255-6627) if necessary.
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Workplace Safety All laboratory employees are expected to maintain a safe working environment and an injury-free workplace. Laboratory employees are responsible for their own safety, the safety of others and adhering to all departmental and medical center safety policies and procedures.

- For standard precautions and safety practices in the laboratory; see LGM 8000, specifically, but not limited to, equipment safety, proper body mechanics, sharps exposure and proper use of personal protective equipment (PPE).

Supplies AlloMap Collection Kit (BD Vacutainer CPT Cell Preparation Tube with sodium citrate- (tiger blue/blk top glass tube)

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AlloMap Blood Sample Collection

Procedure **Obtaining Blood Sample for AlloMap**

Step	Action	
1	If Outpatient	If Inpatient
	<ul style="list-style-type: none"> • Provider/nursing is to give the completed XDx AlloMap Test Requisition Form to the patient and instruct patient to go to the 4900 Sunset 3rd floor draw station for AlloMap blood sample collection. • Lab staff is to ensure the AlloMap Test Requisition Form has been completely filled out by the provider prior to blood collection. • Nurse staff that collect AlloMap must be instructed to hand deliver specimens to a manager in the main laboratory 	<ul style="list-style-type: none"> • Provider completes the AlloMap Requisition Form. • Nursing will notify 4867 Main Laboratory via telephone of the AlloMap Test Request. • 4867 Main Laboratory will dispatch a phlebotomist to the requesting nursing unit with the XDx AlloMap Collection Kit containing the special CPT Cell Preparation Tube with sodium citrate.
	<ul style="list-style-type: none"> • 	

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AlloMap Blood Sample Collection, Continued

Obtaining Blood Sample for AlloMap - Continued

2	Perform positive patient identification using 2 unique identifiers.
3	Draw 8ml of blood into a BD Vacutainer CPT Cell Preparation Tube with sodium citrate.
4	Mix by inverting the tube at least 10 times. DO NOT SHAKE.
5	Label the tube in the presence of the patient according to the current laboratory specimen labeling SOP.
6	Note the Sample Collection Date and Time on requisition form.
7	Initiate the AlloMap specimen handling form
8	Laboratory Assistant to call Supervisor/ Manager in the MOB Laboratory
9	MOB Laboratory Supervisor/Manager calls Supervisor/ Manager at 4867 Laboratory to alert that the AlloMap specimen is in transit to main Lab.
10	<p>MOB staff to hand deliver AlloMap Specimen to Main Lab and hand-off to the appropriate sections as follows:</p> <ul style="list-style-type: none"> -CLS or MLT in Manual Chem- AM Shift -CLS or MLT in Bact- PM Shift <p>Note: <i>Notify a manager at 4867 Main Laboratory via telephone prior to sending the specimen.</i></p> <p>DO NOT send samples through the pneumatic tube system.</p>

AlloMap Blood Sample Collection, Continued

Controlled Documents

The table below lists the controlled documents

Document Number	Document Name
LGM 8000	Standard Precautions and Safety Practices in the Laboratory
LPhM 205	Labeling Blood Specimens
LPhM 200	Performing Venipuncture at KP LAMC
LPhM 212	Adverse Reaction to Phlebotomy
LSPM 242	Specimen Transportation by Medical Center Staff to the Laboratory or B&T Lab on LAMC Campus

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Uncontrolled Documents

The table below lists the uncontrolled documents

Document Number	Document Name
NA	XDx AlloMap Sample Preparation and Shipping Instruction Cards.

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ALLOMAP SPECIMEN HANDLING FORM

(One form for each patient)

To be initiated and completed by...

MOB Laboratory staff if collected at the MOB (i.e. 4900 Sunset) or

4867 Laboratory staff if collected by RN and delivered by RN or courier

Manager must be informed of all Allomap specimens.

Patient Name: _____ Date: _____

MRN: _____

1) Specimen Collected By (NUID): _____ Time: _____

2) Manager informed of Allomap Specimen

4900 MOB Supervisor Notification to 4867 Manager/Supervisor: _____ Time: _____

3) Specimen hand-delivered to CLS by MOB/Main lab staff (NUID) _____ Time: _____

To Be Completed by Staff at 4867 Laboratory:

4) Specimen received & processed* by CLS/MLT (NUID): _____ Time: _____

*Specimen aliquot must be frozen

5) Manager/Supervisor notified by CLS/MLT: _____ Time: _____

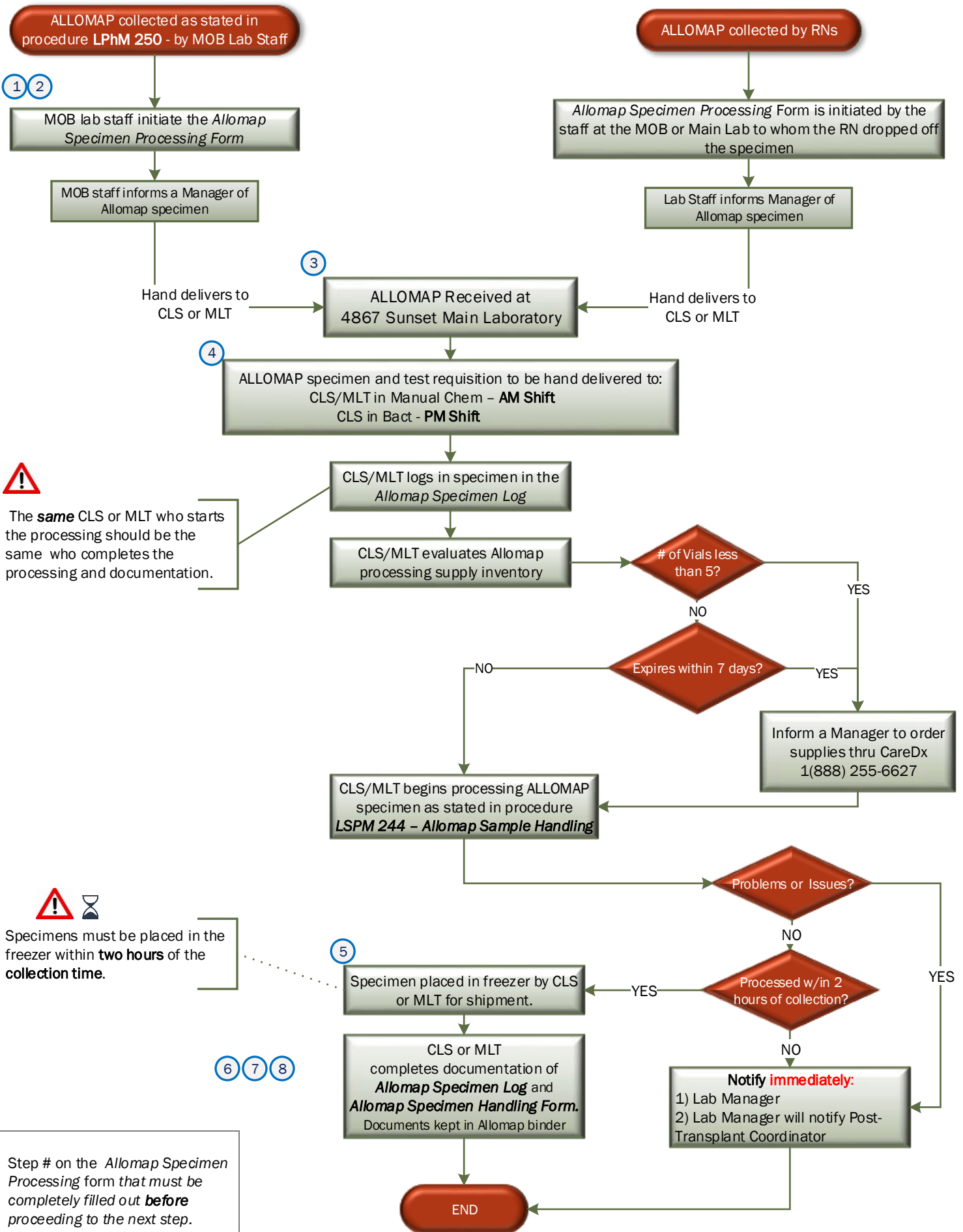
6) Specimen Prepared for shipment by Lab Asst. (NUID): _____ Time: _____

7) Manager notified by Lab Asst. of package readiness : _____ Time: _____

8) Manager/Supervisor Confirmed packaging & shipping: _____ Time: _____

*Manager to keep this form in the Allomap binder for future reference

ALLOMAP SPECIMEN HANDLING FORM AND PROCESS MAP



The **same** CLS or MLT who starts the processing should be the same who completes the processing and documentation.

Specimens must be placed in the freezer within **two hours** of the collection time.

Step # on the *Allomap Specimen Processing form* that must be completely filled out **before** proceeding to the next step.

Instructions for Shipping AlloMap® Samples to the XDx Reference Laboratory

AlloMap®

- Once you begin this process, work quickly and do NOT let the samples thaw.
- Have dry ice ready and keep the samples in the freezer as long as possible.
- Do not expect dry ice to last more than 24 hours after packing the box.

1. **Remove the contents** from the shipping box (absorbent pouch, bags, labels, etc.)
2. **Insert up to 6 frozen sample tubes** into an AQUI-Pak 6-Bay pouch.
3. **Roll the pouch with the tubes**, put it into the 95 kPa Specimen Transport Bag, and seal the bag. Up to 6 specimens can be shipped in one cooler. If there are more than 6 tubes to ship, use a second Frozen Shipper Pack.
4. **Place the Transport Bag** in the cooler. Pack the cooler with dry ice.
5. **Place the lid on the cooler.** DO NOT tape shut.
6. **Place the test requisition form(s)** into the plastic zip bag.
7. **Place the plastic bag and List of Contents card on top of the lid.**
8. **Close the outer box and seal** with packing tape.
9. **Select the appropriate Shipping Packet:** one packet contains an airbill for shipping Monday through Thursday. The other packet contains an airbill and labels for shipping on Friday for Saturday delivery. Select one packet and discard the other.
10. **Ensure the weight of dry ice (in kg) and total weight of the package (in kg) has been entered on the airbill.**
11. **Check to ensure the Dry Ice label on the side of the shipper is complete and accurate.** The weight of the dry ice must match the weight entered on the airbill.
12. **Affix the appropriate airbill to the outside of the box.** Monday through Thursday shipments do not require additional labels. If sending a shipment on Friday for Saturday Delivery, please use the "Saturday Hold" and "SDR" labels. If using a "Saturday Hold" label, ensure that the address on the label reads "900 Gateway Blvd., South San Francisco, CA 94080".
13. Call FedEx at 1-800-GOFEDEX for express pick-up.

