Status Scheduled PolicyStat ID 16692189

Beaumont

Origination	6/24/2020
Last Approved	10/2/2024
Effective	10/17/2024
Last Revised	10/2/2024
Next Review	10/2/2026

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Area	Laboratory-Services
Applicability	All Beaumont Hospitals

Transfusion Services Criteria for Specimen Acceptability

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

A. The Blood Bank adheres to strict sample labeling requirements to ensure proper patient identification and to foster patient safety. The purpose of this document is to provide Nursing these requirements.

B. The correct collection and identification of a patient's specimen for blood typing and/or crossmatching is one of the most important aspects of Blood Bank practice. Incorrect identification of the patient sample or donor unit may lead to severe and possibly fatal reactions.

II. POLICY STATEMENT:

Every step of patient identification, specimen collection, and specimen labeling must take place at the patient's bedside and all specimens are to be labeled at the bedside.

III. PROCEDURE:

A. **Patient Identification**

1. Ask the patient to state his/her name and date of birth (if physically able).
2. Compare the demographic information on the label with the patient's wristband.
    a. **If there is no wristband present, or if any discrepancies are found, do not proceed until a wristband with all the correct information has been placed on the patient by the responsible party.**
    b. **If the wristband has been changed, contact Blood Bank.**

Samples that arrive in Blood Bank with a different band number from previous specimen may be rejected due to differences or may not be able to be collected due to a current type and screen.

3. If the patient's demographics change after the specimen is drawn and received in the lab (name, site medical record number), the following guidelines will apply:
    a. Not an emergency situation - Obtain a new order and a new specimen, both with the changed information. Complete all testing on the new specimen.
    b. Emergency situation - Issue uncrossmatched products if necessary.
        i. Obtain a new specimen as soon as possible, repeat all testing on the new specimen, and use the new specimen for all further testing.

B. **Specimen Labeling**

1. The person collecting the specimen should have the label in hand before drawing the blood.
2. Specimens must be properly labeled (at the bedside) and legible with patient first and last name, Date of Birth, Medical Record Number (MRN), wristband B number (required), collection date and time
    a. If EPIC is not available-collector must write their Epic log-on ID, or first initial and complete last name on the label.
3. The patient's complete correctly spelled first and last name is required. However, patients' names with many characters may be truncated on the computer generated specimen collection label; the labeling is considered acceptable so long as the label and computer record are compared, and the discrepancy may be attributed to the truncation of characters on the computer generated collection label.
4. **All pre-transfusion specimens must be labeled with patient wristband numbers. Wrist band numbers must appear in the following format: Two prefix letters, followed by four digit number, followed by suffix letter. (Example: BD1234X) There must only be one B Number present on a patient sample. The presence of two different wrist band numbers on a patient sample will result in a sample rejection. The B number on the specimen must match the electronic documented B number.**
5. The label shall be affixed to the tube before leaving the side of the intended recipient.
6. The information may be hand written if no labels are available, all required information must be present.
7. Cord Blood Samples, collected at the time of neonatal birth from the umbilical cord, may not be used for transfusion purposes. Cord Blood samples may only be used to assess maternal RhIg candidacy or to evaluate for potential Hemolytic Disease of the Newborn. These samples must be identified as Cord samples per your institutions labeling requirements and must be labeled with neonate first and last name, neonate MRN (Medical Record Number), time of collection and collector's ID. If a neonatal transfusion is required a second sample obtained direct from the infant is required and must be labeled in accordance with pretransfusion sample

requirements listed above.

C. **Policy Against Relabeling Samples**

1. It is unacceptable for anyone to correct identifying information on an incorrectly labeled specimen after the specimen has left the patient's bedside. Specimens cannot be returned to the department for correction, they must be held in the laboratory and the patient redrawn. The laboratory will notify the caregiver that specimen recollection is required per department guidelines.

D. **Specimen Requirements**

1. The specimen of choice is a 6 ml. K2 EDTA tube with affixed identifying label for all Blood Bank orders. (Type and Screen, Crossmatch RBC/Platelets/Fresh Frozen Plasma, Direct Antiglobulin test, Rhogam Eligibility, etc.)
2. The specimen must be of sufficient quantity to perform the ordered tests. In general, the minimal sample volume for an adult Type & Screen is approximately 2 ml and for neonatal testing it is approximately 0.5 ml.
    a. All samples received will be evaluated and if the sample volume is insufficient it will be rejected. The laboratory will notify the caregiver or the person collecting the specimen that recollection is required.
3. If more than 6 units are ordered to be crossmatched an additional specimen should be collected.
4. The specimen should be non-hemolyzed to yield accurate observable results.
    a. Tests performed with a hemolyzed sample may create difficulties in evaluating test results and antibody-induced hemolysis may be masked.
    b. If hemolysis in the sample is present but minimal, then the sample is acceptable for testing.
    c. If a hemolyzed sample is used for testing, then a comment may be added to the test to note the hemolysis.
    d. It may be helpful to compare the degree of hemolysis present in the sample itself to the degree of hemolysis in the test system at completion.
    e. If gross hemolysis is present in the sample, a second sample should be collected.
    f. If the second sample is also grossly hemolyzed, then it may be tested however the test results should be interpreted with caution.
    g. If the second sample is not grossly hemolyzed, then the second sample may be tested and the first sample should be rejected.
    h. If a specimen is drawn from an infusion line, the tubing should be flushed with saline and the first 20 ml of blood should be discarded before the specimen is obtained.
5. A properly identified sample will be considered **current** or in date, and eligible for transfusion purposes for three days following the draw date.
6. If multiple tubes are sent, use 1 tube for all testing; label the additional tube(s) as

'extra'. An 'extra' tube may be used if the first tube has been used up.

7. Before proceeding with testing, the technologist shall confirm that all required identifying information is present and agrees with the test requisition and computer order information.

E. **Specimen Rejection**
If a specimen is improperly labeled, hemolyzed, or not of sufficient quantity or dating to perform testing, the specimen will be rejected by laboratory personnel. The laboratory will notify the person collecting the specimen that recollection is required.

IV. REFERENCES:

Standard 5.1.6.3, American Association of Blood Banks, STANDARDS for Blood Banks and Transfusion Services, Bethesda, MD.

American Association of Blood Banks, Technical Manual, Current Edition, Bethesda, MD.

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Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne