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|  | **Collection and Labeling of Blood Bank Samples**  **IPP#18** | **Dept:** | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **2/17/2011** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

1) **General Procedure Statement:** To give guidelines to staff concerning the proper process for collecting and labeling samples for Blood Bank,

* 1. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
  2. **Responsible Department/Party/Parties:** 
     1. Procedure owner/ Implementer: Inpatient Phlebotomy, Blood Bank
     2. Procedure prepared by: Laurie Watson MT(ASCP)
     3. Who Performs procedure: Inpatient Phlebotomy

1. **Procedure: Collection and Labeling for Blood Bank Samples**

The collection of a properly identified blood sample from the intended recipient is an essential step for a safe blood transfusion. Blood Bank samples that will be used for identifying blood products for recipients require 2 forms for identification. These forms are the Wake One Request Form and the hospital identification band. These identifications include the medical record number and the patient’s name.

**PROCEDURE:**

1. Confirm the patient name and medical record number on all documents. Requests for cross matches will be a Wake One Blood Bank requisition. The requisition and the patient armband must have exactly the same information. Any observed discrepancies must be resolved before the sample is collected.
2. Collect the blood sample following the Venipuncture Procedure IPP#9. The Blood Bank requires one 7 mL pink top EDTA for testing. Three purple bullets may be substituted for pediatric patients.
3. Date a BBID number bracelet and place it on the patient’s arm.
4. Attach labels to the specimen tubes at the bedside. Acceptable labels include barcoded lab generated labels or document labels. Each label contains the following information:
5. The patient’s full name, as it appears on the forms and patient identification bracelet
6. Medical record number
7. Patient’s date of birth
8. BBID number armband with the expiration date on it
9. Write the name of the collector on the Blood Bank requisition form along with the date and time collected.
10. Deliver the sample to the Blood Bank. Always inform someone in the Blood Bank that a specimen is being delivered.

**Procedure Notes**

1. Incorrectly labeled samples will not be returned for corrections.
2. A crossmatch sample may be used for 3 days. The day drawn counts as day 0 and expires at midnight of day 3. (Example: A sample drawn on Monday expires at midnight Thursday.)
3. Remove the old Blood Bank armbands after the crossmatch has expired.
4. The Blood Bank may request additional samples to be drawn on a patient. The phlebotomist will be instructed as to how much blood will be required as well as how much blood to draw. The current BBID number must be written on each tube.
5. Not all tests performed in the Blood Bank require a BBID. The table below lists the orderable tests and the BBID requirement.

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| **Test Code** | **Procedure** | **BBID** |
| XM | Crossmatch | Yes |
| TSX | Type and Screen | Yes |
| TPL | Transfuse Platelets | No |
| TCRY | Transfuse Cryoprecipitate | No |
| TFFP | Transfuse Plasma | No |
| GTX | Group and Type | No |
| DATX | Direct Antiglobulin Test | No |
| TNEO | Transfuse Neonate | No |
| UADX | Antibody Screen | No |

1. **Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.

1. **Related Procedures: IPP#9 Specimen Collection**
2. **References: GEN.40493**
3. **Attachments:** **N/A**
4. **Revised/Reviewed Dates and Signatures:**

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| --- | --- | --- | --- |
| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 3/5/2019 | Revised signature page | Laurie Watson, MT, ASCP |
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