# Applicable Laboratory(s):

[x]  North Carolina Baptist Hospital (NCBH)

[ ]  Lexington Medical Center (LMC)

[ ]  Davie Medical Center (DMC)

[ ]  Wilkes Medical Center (WMC)

[ ]  High Point Medical Center (HPMC)

[ ]  Westchester

[ ]  Clemmons

# Purpose

The purpose of this procedure is to ensure collection of a properly labeled blood specimen from the intended recipient as this is critical to safe blood transfusion. The person drawing the blood must identify the intended recipient in a positive manner by using the PPID process and rover whenever possible. Labeling must be done before leaving the side of the intended recipient. Any discrepancies must be resolved before collecting the specimen. The blood bank shall accept only complete, accurate and legible requests collected with PPID, or a sample collected with two signatures when PPID is not available. Blood bank cannot take specimens from other labs for testing ABO/Rh, Type/Screen/Crossmatch or those collected without using the PPID process. Specimens for other tests may be used with the approval of the medical director/manager. The following is to define acceptance criteria, assure specimens are legible and correctly labeled. The Blood Bank will no longer use Blood Bank Identification Number System (BBID#) or requisitions submitted simultaneously with specimens.

# Scope

This procedure applies to

# Definitions

1. Procedure: A process or method for accomplishing a specific task or objective.
2. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.
3. ID: Identification
4. MRN: Medical Record Number
5. PPID: Positive Patient Identification

# Supplies/Materials

Computer with Epic and Sunquest Access

# Protocol

1. Unclear orders, tests requests, instructions
2. All special requests made by physicians, clinical staff, family members must be brought to management’s attention and approved by the medical director.
3. Examples:
* Thaw an unusual number of products
* CMV negative blood products needed
* Specific anticoagulant for blood needed
* Request to accept mislabeled/collected blood specimens, etc.
* IgA deficient plasma requested
* HLA compatible platelets
1. If there is any doubt about the identity of the patient, a new specimen must be obtained. It is unacceptable to correct identifying information.
2. Labeling questions should be directed to manager/designee.
3. The staff should offer the option of EMERGENCY RELEASE blood if a labeling discrepancy cannot be immediately resolved, and the patient requires a transfusion.
4. Specimen Tube Type
5. A stoppered EDTA (pink top tube, 7mL draw) is preferred for all tests.
6. Purple/lavender topped EDTA tubes are acceptable.
7. Purple/lavender top EDTA bullets or pediatric tubes for neonates/pediatric paitents
8. Plain clot tubes (no serum separator) may be used for manual testing; but note that plasma is the preferred specimen for gel testing.
9. Automation requires and EDTA tube
10. Age and Storage of Specimens
11. Blood specimens for use in crossmatch testing should be collected no more than 3 days before the intended transfusion
12. If the patient has **not** been pregnant or transfused within the preceding 3 months and has no history of antibodies the expiration may be extended up to 30 days

*Refer to BB-SOP-0144 Delayed Crossmatch Testing for Surgeries at WFBMC and DMCBR*

1. Plasma should be free of hemolysis. Hemolysis in a specimen is an alert (Refer to step I below).
2. Stoppered/sealed samples are stored in monitored refrigerators for 14 days in the designated rack/row.
3. Label Requirements
4. The specimen must be legibly labeled with
5. Patients full name (first and last) spelled correctly.
6. Medical Record number (DOB, SSN, CSN may be used if the patient does not have a medical record number).
7. All inpatient sample should be collected with PPID.
8. When PPID has not been used, a second verifier is required.
9. Two signatures/initials must be on blood specimen tube.
10. Inpatient samples not collected with either PPID or second verifier will not be accepted.
11. Not all outpatient locations are equipped or capable of collecting samples with PPID. Outpatient samples must be labeled correctly (as above) and if drawn for transfusion, must have two verifiers of collection. Samples not drawn for transfusion (example prenatal samples) are acceptable for testing if labeled correctly.
12. Double labeling is acceptable only if both labels are legible and patient name and MRN are identical.
13. Labeling cannot be corrected in the blood bank after receipt.
14. Blood Bank Order Requisition
15. Requisition/request forms will print in the blood bank prior to sample arrival.
16. Patient information (name/MRN) on requisitions, specimen labels, and lab computer system must all agree.
17. Downtime requests must be legibly written.
18. Quality Control
19. When a specimen is received in the laboratory a trained member of the staff must confirm that the information on the label, Encompass, and lab LIS computer system match.
20. If there is any doubt about the identity of the patient (PPID or second verifier was not used when required), a new specimen must be obtained.
21. Labeling questions should be directed to management.
22. Staff should offer Emergency Release blood if labeling discrepancy cannot be immediately resolved and the patient sample is for transfusion.
23. Labeling Errors
24. If PPID or second verifier was not used when required, a new specimen must be collected.
25. Place an ALERT SAMPLE NOT SATISFACTORY FOR USE label on the specimen

**ALERT**

**SAMPLE NOT**

**SATISFACTORY**

**FOR USE**

1. Log the specimen on the MISLABELED SPECIMEN LOG
2. In Encompass, send test for recollection. If received in Encompass cancel test and notify care team that a new order will be needed.
3. Enter information in RL6.
4. NOTIFY the care team that a new specimen is required.
5. Place the specimen in the day’s rack and the requisition form in the appropriate box. Do not discard.
6. Mislabeled specimens CANNOT be sent back to the collectors.
7. Name changes / Merges
8. Merges will be handled by the Encompass team.
9. Name changes in the computer systems after a specimen has been received in the laboratory are not acceptable because the specimen and BB requisition must match the computer.
10. Exceptions:
	1. Neonates: as long as the patient MRN# does not change and the patient has not been discharged or readmitted, orders may be processed under the original neonate demographic and retain the expiration of 4 months after birth. Changing a MRN requires a new specimen.
	2. Trauma/Unks: If a specimen originates as a trauma unknown with a name change from UNK name to KNOWN name and the MRN stays the same, a new specimen is not required. Traumas that change both name and MRN (merge) must be recollected.
11. Spun samples demonstrating moderate to gross hemolysis must be recollected to rule out mechanical hemolysis.



1. If a sample is rejected from ED or a STAT order from ANY location, offer blood on emergency release even if no products are currently ordered.
2. Document who was notified and whether ER units were needed on the BB req or sample rejection log.
3. Neonatal blood specimens
4. The neonate blood specimen is discarded after 14 days.
5. As long as the MRN does not change and the patient has not been discharged and readmitted, orders may be processed under the original neonate demographic and blood specimen expiration date is 4 months after birth.
6. Historic blood type
7. Under NO circumstances will the patient’s historic blood type be used to issue packed red cells or whole blood unless the patient’s current specimen is collected and tested at NCBH.
8. The blood bank will NOT rely on any other site within/or out of the Atrium system for blood type results.
9. Plasma and platelet orders require a group and type within the past year.
10. Samples from other labs.
11. Blood bank cannot accept specimens from other labs for testing of ABO/RH, Type and Screen or Crossmatch for patients to be transfused at main campus unless PPID was used.

# Literature References:

AABB Technical Manual, revised periodically

AABB Standards for Blood Banks and Transfusion Services, revised periodically

# Related Procedures/Policies in Navex:

# Attachments/Linked Documents in Title 21:

# Revision Dates: Review Change Summary as represented in Title 21.