Beaumont Laboratory
Royal Oak

Effective Date:
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Related Documents: ~~P101,~~ P104, P108, P117, P225, P401, P403, P419, P421, P514, P515, P623, Triaging and Identifying Acceptable Samples for Testing

EMERGENCY ISSUE

RC.BB.IRI.PR.404.r03.08.00

Principle

When blood is needed in an emergency, the patient's physician must weigh the risks of transfusing blood components before required compatibility testing is completed with the risks of delaying transfusion. Such a delay may deprive the patient of oxygen-carrying capacity.

Purpose

The purpose of this document is to provide the Blood Bank staff with policies and stepwise instructions for preparing and dispensing blood and blood components in an emergency, before required compatibility testing is complete.

When emergency issue products are requested on a neonate or unborn fetus, products are dispensed on downtime according to P419, *Downtime Emergency Issue*.

While the Blood Bank computer is used to prepare and dispense blood components in an emergency, this document does not include stepwise computer directions. The *Blood Bank Computer Documentation Manual* (BBCDM) contains these directions and is referred to extensively throughout this document. A set of BBCDMs are located at the triage processing area.

Policies

Required Information

The Blood Bank requires the following information in order to dispense blood components under the emergency issue protocol:

- patient's name
- medical record number (MRN)
- wrist band number
- number and kind of components requested

Requirement for Written Documentation of the Required Information

In order to dispense components, the runner must present **written** documentation of the patient's name, MRN, wristband number, and number and kind of components requested. The *Request for Emergency Dispense of Uncrossmatched Blood Products* (F-1565) is usually used for this purpose.

All attempts will be made to obtain the required written information; i.e. the runner can complete F-1565 or F-1564 if they have the patient's name, medical record number, and

wristband number. The runner may also call to the patient's location to acquire the required information.

Notification to the Blood Bank of a Request for Uncrossmatched Blood Components

The following are acceptable means of notifying the Blood Bank of a request for emergency issue components:

- Advance notice by a phone call to the Blood Bank. The Blood Bank staff will obtain the required information and will document the information on F-421, *Blood Bank Communication Form for Massive Transfusion or Emergency Issue*. The Blood Bank will attempt to prepare and dispense the component(s) while the runner is en route to the Blood Bank. Note that even if such communication occurs, the *Requirement for Written Documentation of the Required Information* still applies. The technologist should attempt to document form F-421 as completely as possible under the circumstances. Copies of this form are located next to every workstation throughout the Blood Bank.
- Presenting a *Request for Emergency Dispense of Uncrossmatched Blood Products*, Form-1565. This method is less time effective, as the Blood Bank will have no advance notice of the request.

Authorization / Signature for Emergency Issue Blood Components

The clinician's authorization for emergency issue of blood components must be documented by a written signature on the *Request for Emergency Dispense of Uncrossmatched Blood Products,* Form-1565. This form may be signed before or after the incident; the signature is not required at the time of issue. The authorization may be from any of the patient's clinicians (e.g., a surgeon, anesthesiologist, physician's assistant, certified registered nurse anesthetist, resident, fellow, etc.).

Documentation of the Communication Log

All emergency issue and massive transfusion cases should be documented by the Blood Bank on F-008c, *Communications and Daily Blood Bank Rounds Log*, after the occurrence when time permits. These cases will be reviewed at the next daily rounds by the Medical Director or designee and manager or designee.

Massive Transfusion Protocol

If a Medical Technologist becomes aware that six (6) or more RBCs have been dispensed from the Blood Bank on a given patient within one (1) hour, then the technologist should communicate with the patient's caregiver(s) the potential for activation of the massive transfusion protocol. See P421, *Providing Blood Components to Massive Transfusion.*

Computer Related Problems- Manual Preparation and Dispense of Blood Components for Emergency Issue

On occasion, the Blood Bank computer may be unavailable or may not be functioning at optimal capacity. Blood components requested for emergency issue shall never be delayed due to a computer related problem. If necessary, components may be prepared and dispensed manually as described in P419, *Downtime Emergency Issue.*

Competency Testing

Blood Bank technologists shall periodically perform a competency assessment in the Blood Bank computer.

Plasma Inventory

In anticipation of an activation of the massive transfusion protocol or an emergency issue event, the Blood Bank will attempt to maintain the following minimum inventory of thawed plasma at all times: 3 group AB, 3 group A, and 3 group O.

In addition to thawed plasma, the Blood Bank will maintain an inventory of group A liquid plasma that may be used in certain massive transfusion situations. Refer to P421, *Providing Blood Components to Massive Transfusion* for additional information.

General ABO and Rh(D) Requirements for Components Dispensed under the Emergency Issue Protocol

In general:

- RBCs dispensed under the emergency issue protocol should be type O negative.
- Platelets, plasma, and cryoprecipitate dispensed under the emergency issue protocol should be group AB. If plasma is emergency issued as part of a massive transfusion protocol, group A liquid plasma may be used instead of group AB thawed plasma. Refer to P421, *Providing Blood Components to Massive Transfusion* for additional information.
- Platelet components should be Rh(D) negative, if possible. See the policy *Transfusion of Rh(D) Components that are not Rh(D) Compatible*, below.

More specific guidelines account for inventory concerns, the age and sex of the patient, the degree of completed/required compatibility testing, the kind of component requested, etc. These guidelines are located in the following tables:

- Table 404-2: *Appropriate ABO and Rh(D) of Emergency Issue* ***RBCs***
- Table 404-3: *Appropriate ABO and Rh(D) of Emergency Issue* ***Platelets, Plasma, and Cryoprecipitate.***

Transfusion of Components that are not Rh(D) Compatible

The Blood Bank will attempt to dispense RBC and platelet components that are Rh(D) compatible. However, if RBC or platelet components that are not Rh(D) compatible must be dispensed, then the patient's physician must be notified after the event if the patient is

- a female 50 years old or younger, or
- a male 18 years old or younger.

In this case, then the technologist shall:

- Submit a variance.
- Suggest the use of WinRho or Rh Immune Globulin by contacting the patient's caregiver.

Use of Coolers

In many cases, components dispensed under the emergency issue protocol will be dispensed in coolers. The policies of P403, *Transporting Blood Components in a Cooler* apply during an emergency issue event.

Post-Issue Crossmatching

A post-issue crossmatch will most likely be required on RBCs dispensed under this emergency issue protocol. For additional information, refer to P117, *Crossmatching RBCs Post-Issue.*

Special Messages and Transfusion Requirements

The Blood Bank will attempt to supply components that meet patients' special messages / transfusion requirements. However, the first priority will be to dispense components expeditiously; it may not always be possible to dispense components that meet the patient's special messages / transfusion requirements. The Blood Bank will attempt to notify the requesting physician, if appropriate; this notification shall be documented on an electronic variance form. For example:

A request for emergency issue RBCs is received for a patient with clinically significant antibodies. Antigen negative RBCs are unavailable. The Blood Bank notifies the requesting physician, and RBCs that are not tested for the applicable antigen are dispensed.

A request for emergency issue RBCs is received for a patient with a special message for irradiated components. The Blood Bank may dispense non-irradiated RBCs if irradiated RBCs are unavailable.

SoftBank will not warn you when emergency issuing non-irradiated components to a patient with the irradiated components required special message. The patient's caution window should be reviewed for this special message prior to product dispense.

Compatibility Testing

Under normal conditions, compatibility testing must be complete in order to dispense blood components. In an emergency issue event, blood components may be dispensed before compatibility testing is complete. Compatibility testing and sample labeling requirements are listed in the following table.

Table 404-1: Non-Emergency Required Compatibility Testing and Sample Labeling Requirements

Requirements		Notes
Sample Labeling Requirements Patient must have a current sample that is properly labeled.		• "Current sample" is defined in the *Definitions* section. • Refer to Transfusion Medicine policy, ~~P101,~~ *Triaging and Identifying Acceptable Blood Samples for Testing.*
Antibody Screen Testing Requirement An antibody screen must be performed on the current sample. If antibody screen is:		Compare screen results (even negative screen results) to historical record, see P104 / *Comparison of Current Antibody Screen to Historical Record.*
Negative	Antibody screen requirement is met.	
Positive	Perform antibody identification studies, if necessary.	
ABO/Rh Testing Requirements All patients must have two (2) *complete*, separate sets of ABO/Rh results in the Blood Bank computer before RBCs are crossmatched. The source of these two (2) separate typings may be: • two (2) different typings performed by two (2) different technologists on the current sample, or • two (2) different typings performed by an automated instrument, or • one (1) typing performed on the current sample, and one (1) typing performed on a historical sample.		• If applicable; see P623, *Resolution of ABO and Rh(D) Discrepancies*. • Any ABO discrepancy must be resolved before non-group O RBCs are crossmatched. • Rh(D) discrepancies must be resolved before Rh(D) positive RBCs may be crossmatched. • "Complete blood type" and "current sample" are defined in the *Definitions* section of this SOP.
Crossmatch Requirement Crossmatches must be performed and completed by the appropriate method (serologic or electronic).		See P108, *RBC Crossmatch Guidelines.*

Appropriate ABO and Rh(D) of Components for Emergency Issue

It is not necessary for compatibility testing requirements to be completed before components are dispensed under the Emergency Issue protocol.

- RBCs are dispensed according to Table 404-2; Group O RBCs are usually required, but ABO compatible RBCs may be dispensed if the ABO/Rh Testing Requirements (Table 404-1) are met. Rh negative RBCs are preferred.
- Platelets, plasma, and cryoprecipitate are dispensed according to Table 404-3, below.

Table 404-2: Appropriate ABO and Rh(D) of Emergency Issue RBCs
NOTE: This table is posted as a Job Aid at Triage.

Degree of Compatibility Testing Performed	**RBCs shall be:**		**Notes**
	ABO Type	**Rh**	
Required ABO/Rh testing requirements are **incomplete** for any reason. For example: • no current sample • sample mislabeled • sample received, but not yet tested	O	Negative	• RBCs must be group O. • The first 3 RBCs should be irradiated, unless it has been confirmed and documented on the blood release form that the patient does not require irradiation. These instances will be reviewed by Blood Bank personnel in a timely manner after the event. • The first twelve (12) RBCs dispensed should be Rh negative if at all possible. After 12 units are dispensed, Rh negative RBCs are preferred, but if inventory concerns exist then Rh positive RBCs may be issued If applicable, see the P404 policy, *Transfusion of Components that are not Rh(D) Compatible*. • If a patient has a history of clinically significant antibodies, then antigen negative RBCs should be issued, if available. • Rh(D) positive RBCs may be issued if patient has a history of anti-c (little-c) or anti-e (little-e).
Required ABO/Rh testing requirements are complete, But: • **antibody screen is incomplete**, or • antibody identification, unit antigen typing, or gel crossmatches are incomplete (when indicated)	ABO identical or ABO compatible	Rh(D) identical or Rh(D) compatible	These ABO/Rh-related terms are defined in the *Definitions* section.

EMERGENCY ISSUE

All compatibility testing requirements are met	See P108, *RBC Crossmatch Guidelines;* emergency issue blood components not required.

Table 404-3: Appropriate ABO and Rh(D) of Emergency Issue Platelets, Plasma, or Cryoprecipitate[1]

NOTE: This table is posted as a Job Aid at Triage. Refer to the footnotes below this table, when applicable.

Component	Age/sex of Patient	Appropriate ABO and Rh(D) of platelets, plasma, or cryoprecipitate that is dispensed before completion of required compatibility testing	
		ABO	**Rh**
Plasma	4 months old or greater	Group AB[4]	Any Rh(D) type
	Less than 4 months old	Group AB [24]	Any Rh(D) type
Cryo-precipitate	Less than 12 years old	Group AB, if available. If group AB is unavailable, then any group, but group O is least preferred	Any Rh(D) type.
	12 years old or greater	any ABO group	Any Rh(D) type
Platelets (ABO consid-erations)	Less than 12 years	Group AB, if available. If group AB is unavailable, then any group, but group O is least preferred.	See *Platelets- Rh(D) Considerations*, below.
	12 years old or greater	Any ABO group, but group O is least preferred.	
Platelets (Rh consid-erations)	Females 50 years old or less, and males 18 years old or less	See *Platelets- ABO Considerations*, above.	Rh(D) negative, if available [3]
	Females greater than 50 years old and males greater than 18 years old		Rh(D) neg or Rh(D) pos

Table 404-3 Notes

1. It is not necessary to consider or to wait for antibody screen results when dispensing platelets, plasma, or cryoprecipitate. Once the patient's required ABO/Rh testing is complete (Table 404-1), then platelets, plasma, or cryoprecipitate of the appropriate ABO/Rh may be dispensed.
2. *If possible*, neonates should be transfused with plasma that has been thawed in the 24 hours preceding the time of dispense. For additional information, refer to P515, *Policies for the Selection of Blood Components for Neonatal transfusion* / to the *Policy to Transfuse Neonates with Plasma that has been Thawed in the 24 Hours Preceding Dispense*.
3. If it is necessary to transfuse platelets that are not Rh(D) compatible to an Rh(D) negative female 50 years old or less, or to a male 18 years old or less, then the use of Rh Immune Globulin or WinRho should be considered. See the policy *Transfusion of Components that are not Rh(D) Compatible* in this procedure for further information.

4. If plasma is emergency issued as part of a massive transfusion protocol, group A liquid plasma may be used instead of group AB thawed plasma. Refer to P421, *Providing Blood Components to Massive Transfusion* for additional information.

Definitions

- **Current sample:** A sample that was collected no more than 3 days before the current date. For example, if a sample is drawn on Monday (day 0), then the sample remains "current" all day Monday, Tuesday, Wednesday, and Thursday.
- **CRYO:** Abbreviation for Cryoprecipitate.
- **Dispense:** Process of issuing blood products for transfusion.
- **Plasma:** Refer to any type of plasma product, including liquid plasma and thawed plasma.
- **ABO-identical:** A component that is of the identical ABO blood group as the recipient.
- **ABO-plasma-compatible:** Refers to platelets, plasma, or cryoprecipitate. A component that does not contain ABO antibodies corresponding to the recipient's ABO antigens.
- **ABO compatible RBCs:** Donor RBCs that lack the ABO antigens corresponding to the recipient's ABO antibodies.
- **Rh(D) identical component:** A component that is of the identical Rh as the recipient.
- **Rh(D) compatible component:** A blood component of the following specificity:
  - For an Rh(D) negative recipient, the component is Rh(D) negative.
  - For an Rh(D) positive recipient, the component is either Rh(D) positive or Rh(D) negative.
  - For a recipient with an Rh(D) type that is undetermined for any reason, the component is Rh(D) negative.
- **Massive transfusion:** The administration of 8-10 RBC units within a 24 hour period, or the acute administration of 4-5 RBC units within a one-hour period to an adult patient
- **Trauma massive transfusion:** The acute administration of 4-5 red cell units within one hour.
- **Compatibility testing:** Testing that must be completed prior to dispense in non-emergency situations. Includes sample labeling requirements, ABO and Rh(D) testing, antibody screening, possible antibody investigations and crossmatching; see Table 404-1
- **Emergency issue:** A bleeding event in which the attending physician determines that blood components must be dispensed/transfused prior to completion of required compatibility testing

- **Standard Blood Bank cooler:** A temperature-monitored cooler used for inpatients that:
  - Has been validated for the transport of blood components
  - Is intended for the transport of 1 - 6 blood component which require refrigeration.

- **Massive transfusion cooler:** A large, temperature-monitored cooler
  - That is intended for use during the massive transfusion protocol for the transport of 6 RBCs and 6 plasma, or
  - That is intended for transport of up to 14 plasma during a therapeutic plasma exchange, and
  - That has been validated for the transport of blood components and
  - Is described in P421, *Providing Blood Components for Massive Transfus*ion.

- **Complete ABO/Rh typing:** ABO/Rh typing that includes both a forward and a reverse typing. Note that a neonatal typing is not considered a complete ABO/Rh type because a reverse typing is not performed; see P514, *Forward Typing Determination of Neonatal ABO and Rh(D) by the Tube Method.*

- **Neonates:** Patients less than 4 months old.

- **Valid blood type:** An ABO/Rh interpretation for which no discrepancies are observed.

Specimen Collection and Handling

A specimen is not required to initially dispense components under the Emergency Issue Protocol. However, it is preferable to obtain a specimen that was collected prior to transfusion to avoid typing discrepancies. Specimens must meet the requirements of **Transfusion Medicine policy,** ~~**P101,**~~ *Triaging and Identifying Acceptable Blood Samples for Testing.*

Forms and labels

- F-1565, *Request For Emergency Dispense of Uncrossmatched Blood Products*
- Form F- 1566, *Report of Transfusion Form*
- F-421, *Blood Bank Communication Form for Massive Transfusion or Emergency Issue*
- Pink *Emergency Blood* tag, Form 191 090711 OSB

Procedure

Table 404-3: Emergency Issue Procedure

Step	Action	Notes
1	Obtain the following information: • patient's name • medical record number (MRN) • wrist band number • number and kind of components requested.	This required information will usually be presented on F-1565, *Request For Emergency Dispense of Uncrossmatched Blood Products.* See the following policies: • *Required Information* • *Requirement for Written Documentation of the Required Information*
2	Review the caution window for any special transfusion requirements for the patient.	Refer to the *Special Messages and Transfusion Requirements* section of this document.
3	Determine the appropriate ABO and Rh(D) for the requested components.	Refer to Tables 404-2, *Appropriate ABO and Rh(D) of Emergency Issue* ***RBCs*** and 404-3, *Appropriate ABO and Rh(D) of Emergency Issue* ***Platelets, Plasma, and Cryoprecipitate****.*
4	In the Blood Bank computer, select components of the appropriate ABO and Rh(D) and generate crossmatch tags.	• If necessary, refer to the Triage CDM flow *Emergency Issue*. • Note that once RBCs are selected in the EI function, the process must be completed (from the computer)
5	Attach crossmatch tags to the component(s).	Refer to P225, *Tagging Blood Components*. It may be necessary to handwrite the wrist band number on the crossmatch tag.
6	Attach a pink *Emergency Blood* tag to the component.	This tag indicates that compatibility testing was not completed at the time of dispense.
7	For RBCs, remove two segments and attach a sticker with the donor unit number to the segments.	The segments will be used to perform post issue crossmatches; see P117, *Crossmatching RBCs Post-Issue.*
8	Dispense components in the Blood Bank computer.	If necessary, refer to P401, *Dispensing Blood Components.*
9	Retain a copy of the *Request For Emergency Dispense of Uncrossmatched Blood Products Form,* F-1565.	• This form, along with the segment, will first be used by the technologist performing the post issue crossmatch, and will then be placed on the Blood Bank clerk's desk for filing. • At least 1 copy of F-1565 must be signed by the person authorizing the emergency issue; see the

		policy *Authorization for Emergency Issue Blood Components.*
10	Once the patient's sample is received in the Blood Bank, initiate compatibility testing.	Refer to Table 404-1: *Non – Emergency Required Compatibility and Sample Labeling Requirements*.

Notes

The required compatibility testing policies, as described in Table 404-1, are fully applicable to autologous components.

References

AABB, *Technical Manual*, current edition

Authorized Reviewers

Chief, Pathology and Laboratory Medicine
Medical Director and/or Designee, Blood Bank
Manager and/or Designee, Blood Bank

EMERGENCY ISSUE

Document Control

Location of Master: Master electronic file stored on the Beaumont Laboratory server under S:/

Master printed document stored in the *Transfusion Medicine Standard Operating Manual*.

Number of Controlled Copies posted for educational purposes: 0

Number of circulating Controlled Copies: 1

Location of circulating Controlled Copies: Copies of tables 404-2, *Appropriate ABO and Rh of Emergency Issue RBCs* and 404-3, *Appropriate ABO/Rh of Emergency Issue Platelets, Plasma, and Cryoprecipitate* are posted as a Job Aid at triage.

Document History

Signature	Date	Revision #	Modification	Related Documents Reviewed/ Updated
Prepared by: Jennifer Sarhan	06/15/2010	r03.00.00	Revision r03.00.00 was completely revised.	
Validated by: M. Vollenweider	06/22/2010			
QA: Louisa Serafimovska	07/16/2010			
Supervisor: Judy Easter	09/19/2010			
Approved by: Peter Millward, MD	09/26/2010			

Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated
Reviewed by: Peter Millward, MD	07/28/2011			
Reviewed by: Peter Millward, MD	07/30/2012			
Revised by: Jennifer Sarhan	08/19/2013	r03.00.01		
Approved by: Peter Millward, MD	08/19/2013			

Modifications to r03.00.01

- Reformatted to new template, replaced all "<" and ">" signs, and removed the policy *Notification of the Medical Director,* thereby removing the reference to archived P010, *Criteria for Notification of the Medical Director.*
- Removed the reference to the outdated policy of creating an alias MRN under the policy *Extenuating Circumstances / Unable to Obtain the Required Information.*
- Removed reference to the archived, red Emergency Issue CDM manual and to the archived F-302A, *Rh Pos to Rh Neg Recipient.*
- Corrected the form number of the *Variance Report* (from F-302 to F-303) and of the *Blood Bank Communication For Massive Transfusion or Emergency Issue* (to F-421).
- Corrected the number of the Pink Emergency Blood tag, to Form 191 090711 OSB (From F-210).
- Updated reference to the Soft CDM flows (instead of HCLL CDM flows).
- Copies of tables 404-2, Appropriate ABO and Rh of Emergency Issue RBCs and 404-3, Appropriate ABO/Rh of Emergency Issue Platelets, Plasma, and Cryoprecipitate are posted as a Job Aid at triage (they are no longer Attachment A).

Revised by: Jennifer Sarhan, QA	12/04/2013	r03.01.00	On page 3: replaced "4" with "2" in the policy *Keep 2 Group AB Plasma Units Thawed at All Times.*	
Supervisor: Judy Easter	12/11/2013			
Approved by: Peter Millward, MD	12/04/2013			

Printed copies of this document are not considered up-to-date. Please verify current version date with online document.

EMERGENCY ISSUE

Document Control, continued

Signature	Date	Revision #	Modification	Related Documents Reviewed/ Updated
Revised by: Jennifer Sarhan	10/15/2014	r03.02.00	Revised the policies *Notification to the Blood Bank of a Request for Uncrossmatched Blood Components* and *Authorization / Signature for Emergency Issue Blood Components*.	
Supervisor: Judy Easter	10/16/2014			
Approved by: Peter Millward, MD	10/16/2014			
Revised by: Ashley Wilson	03/17/2015	r03.03.00	Updated *Pre-Thawed Plasma Inventory Policy*, Standard Blood Bank Cooler definition and Massive Transfusion Cooler definition. Removed references to F-1564 *Blood Product Dispense.*	
QA: Jennifer Sarhan	03/23/2015			
Supervisor: Judy Easter	03/23/2015			
Approved by: Peter Millward, MD	03/23/2015			
Revised by: Ashley Wilson	02/24/2016	r03.04.00	Updated Extenuating Circumstances to be consistent with P419, changed Table 404-2 to 6 units of RBCs.	
QA: Anne Sepienza	03/30/2016			
Supervisor: Judy Easter	03/30/2016			
Approved by: Peter Millward, MD	03/30/2016			
Revised by: Billie Ketelsen	02/16/2017	r03.05.00	New SOP format. Included information about neonate emergency issue. Changed to electronic variances. Removed the policy *Extenuating Circumstances/Unable to obtain the Required Information*.	
QA: Anne Sepienza	02/24/2017			
Supervisor: Judy Easter	03/02/2017			
Approved by: Peter Millward, MD	03/06/2017			
Approved by: Elizabeth Sykes, MD	02/22/2018			
Revised by: Christopher Ferguson	11/05/2018	r03.06.00	Added statement to clarify that SoftBank will not give a warning when emergency issuing non-irradiated products to a patient that requires them. Added that two ABO/Rh typings by automation is acceptable. Changed preferred number of Rh negative RBCs issued from 6 to 12 before potentially switching to Rh positive. Added anti-e (little-e) to acceptable cases to issue Rh positive RBCs. Changed *supervisor* to *manager*.	
QA: Anne Sepienza	11/30/2018			
Manager: Billie Ketelsen	11/12/2018			
Approved by: Craig Fletcher, MD	02/15/2019			
Approved by: Peter Millward, MD	02/26/2019			
Approved by: Craig Fletcher, MD	07/23/2020			
Revised by: Christopher Ferguson	01/26/2021	r03.07.00	Group A liquid plasma may be used instead of AB FFP if the EI plasma is part of a massive transfusion. Clarified statement that post-issue crossmatches are most likely required on EI RBCs instead of saying they must be done.	
Manager: Billie Ketelsen	02/03/2021			
Approved by: Craig Fletcher, MD	02/03/2021			
Revised by: Samantha Maynard	10/01/2021	r03.08.00	Will give first 3 EI RBCs irradiated units unless it is checked and documented that the patient does not require irradiation.	
Manager:				
Approved by: Craig Fletcher, MD				