Status **Scheduled** PolicyStat ID **13191472**

Beaumont

Origination	8/24/2021
Last Approved	5/19/2023
Effective	6/3/2023
Last Revised	5/19/2023
Next Review	5/18/2025

Document Contact	Kelly Sartor: Mgr, Division Laboratory
Area	Laboratory-Blood Bank
Applicability	All Beaumont Hospitals

Triaging And Identifying Acceptable Samples For Testing- Blood Bank

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

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 Blood Bank staff with instructions that will enable them to triage and identify acceptable blood samples for testing.

II. DEFINITIONS/ACRONYMS:

A. **ABOCN**: ABO Confirmation test code in the Blood Bank computer.
B. **BRL specimens**: Blood samples received through the Beaumont Reference Laboratory.
C. **HIS**: Hospital Information System - the hospital-wide computer system.
D. **BBCDM**: Blood Bank Computer Documentation Manual.
E. **Neonates**: Patients less than four (4) months old.
F. **Hemolysis**: Rupture of cells causing the supernatant fluid to appear pink or red.
G. **MLS**: Mislabeled Specimen.
H. **WBIT**: "Wrong Blood in Tube" event, sample collection error.
I. **QNS**: Quantity Not Sufficient.
J. **TS**: Type and Screen
K. **NPR**: No Previous Record in the Blood Bank computer.
L. **FH**: Beaumont Farmington Hills
M. **RO**: Beaumont Royal Oak

N. **Wristband number (B#)**: A unique number found on the patient's wristband and composed of the "B + your sites one letter designation" prefix, 4 digits, and a suffix letter (e.g., BR1234X). The wristband number of neonatal samples may be composed of only the letter "N" prefix letter followed by 5 digits (e.g., N12345).

O. **Pre-transfusion samples**: Samples labeled with a wristband number that are collected from patients who may potentially be transfused within the three days following the date of sample collection. For example, inpatients, patients admitted for surgery or delivery, and pre-surgical testing when the surgery is scheduled within 3 days from collection.

P. **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.

Q. **ATLAS Labworks**: A third party vendor software, web based, that is being utilized as the middleware to connect outreach client offices with the Beaumont Health LIS (Beaker).

1. Consists of an electronically connected ordering and reporting system.
2. Utilizes a Patient Centric Repository – a real-time copy of all patients within the Beaumont EPIC One Chart database (patient demographics and insurance information only).

III. POLICIES:

A. **General**

1. Unclear test orders that accompany a specimen must be clarified with the patient's caregiver.
2. The original label on a blood sample must be firmly attached and must accurately identify the patient from whom it was drawn.
3. Samples should be received in the original sample collection tube.

B. **Types of Samples**

1. Sample labeling requirements depend on the type of sample. There are 5 general types of samples:
    a. **Pre-transfusion samples:** Samples labeled with a wristband number that are collected from patients who may potentially be transfused within the three days following the date of sample collection. For example: inpatients, patients admitted for surgery or delivery and pre-surgical testing when the surgery is scheduled within 3 days from collection.
    b. **BRL samples:** Beaumont Reference Laboratory samples, also referred to as Beaumont Laboratory Outreach samples. For example, samples collected at the office of BRL physicians (most often obstetrical patients).
    c. **BRL samples with ATLAS labels:** Beaumont Reference Laboratory samples, also referred to as Beaumont Laboratory Outreach samples, used in the integration of laboratory services with outreach clients and our affiliate laboratories at other Beaumont Health System Hospitals.
    d. **Other types of outpatient samples (non-BRL):** For example, samples collected in the MOB (Medical Office Building) or for pre-surgical testing when the surgery is not scheduled within 3 days from collection.

Note that in some cases, BRL or outpatient samples may be collected for potential pre-transfusion purposes. In these cases, the sample must meet all of the same labeling requirements for pre-transfusion samples.

e. **Cord Blood Samples:** Samples collected at the time of neonatal birth from the umbilical cord, which are used to assess maternal RhIG candidacy and perform Hemolytic Disease of the Newborn (HDN) Surveys.

Type of Sample	Labeling Requirements	
Pre-Transfusion Samples	1. First and last name 2. Wristband number 3. Medical Record Number (MRN) 4. Collection date/time 5. Phlebotomist identification Note: The collection date/time and phlebotomist identification must be on the sample label or in the computer.	
BRL Samples (with or without ATLAS Labels)	1. First and last name 2. Additional, unique identifier: the MRN, crack and peel number (C&P number) or other unique client identifier based on site requirements, the ATLAS Label or the Sample ID number.	In some cases, BRL or outpatient samples may be collected for potential pre-transfusion purposes. In these cases, the sample must meet all of the same labeling requirements as for pre-transfusion samples.
Outpatient (non-BRL)	1. First and last name 2. MRN	
Cord Blood Samples	1. Neonate's first and last name per corporate newborn naming policies. 2. Neonate's MRN 3. N number from Neonates Wristband 4. Mother's first and last name as applicable 5. Mother's MRN (RO, Troy, and FH) 6. Collection date	

	7. Phlebotomist identification 8. Identification of sample as a "Cord Blood" on specimen per site policy. Note: Cord Blood Samples from multiple births are not acceptable for any testing. Samples obtained direct from infants of multiple birth are required to complete any blood bank testing.

C. **Sample Labeling Requirements**

1. Sample labeling requirements depend on the type of sample. If a sample is not labeled completely, accurately, and legibly with the following labeling requirements then the sample must be rejected as described in the Section V. *Procedure M. Sample Rejection*.

D. **Sample Labeling Requirements for Pre-transfusion Samples (additional notes)**

1. **First and Last Name**: 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.
2. **Wristband Numbers for Pre-transfusion Samples:** The samples of patients who are potential transfusion candidates within the three days following the date of sample collection (pre-transfusion samples) must be labeled with the patient's wristband number at the time of collection. Wristband numbers must appear in the following format: site prefix (BD, BF, BG, BN, BR, BT, BW, BY) followed by four-digit number followed by suffix letter (e.g., BR1234X).
    a. There must only be one wristband number present on a patient sample. If there are multiple wristband numbers present on a sample (written or typed) they must match, or all but one must be clearly and completely crossed out prior to arriving in the Blood Bank. The presence of two different wristband numbers on a patient sample will result in sample rejection.
3. **MRN:** Pre-transfusion samples must be labeled with the medical record number (MRN)
4. **Collection Date and Time:** The collection date and time for pre-transfusion samples must be documented on the sample label, or in the computer.
5. **Identity of the Phlebotomist:** For pre-transfusion samples, there must be a dependable method to identify the phlebotomist who collected the blood sample. Any of the following methods of identifying the phlebotomist are acceptable:
    a. The phlebotomist's identification may be handwritten on the sample.
    b. The phlebotomist's identification may be documented in the computer.

E. **Samples Collected in the Emergency Center at Royal Oak**

1. Patient samples that are collected in the emergency center require two separate employee identifications on the sample. The only exception to this is when a phlebotomist is doing the sample collection instead of an emergency center employee. For this reason, any sample collected in the emergency center with only one collector

identification on it must be investigated to determine if the collector was a phlebotomist or an emergency center employee.

F. **Additional Information on the Collection Label**

1. In some cases, additional identifying information may be included on the collection label; e.g., the birthdate or a social security number on an outpatient sample. Any additional information that is included on the collection label must be correct as compared to the information in the hospital informatics system (HIS). If any additional information is incorrect, the sample shall be rejected as described in the section V. *Procedure M. Sample Rejection*.

G. **Relabeling Samples**

1. Specimens should not be relabeled in a manner which obscures the original collection information; however, an additional (secondary) specimen label may be affixed (flagged) to the original specimen when required for additional testing on the ORTHO VISION™.

H. **Mislabeled or QNS Samples**

1. If a sample is not labeled completely, accurately, and legibly upon arrival in the Blood Bank, it must not be released for subsequent label completion or correction.
2. Once samples are received in the Blood Bank they must not be returned to the collector or caregivers.
3. Any sample that does not meet labeling requirements, is illegibly labeled, or contains insufficient volume for testing should not be tested but should be rejected as described in the *section Sample Rejection*. However, if applicable refer to the section III.P *Rejected BRL or Outpatient Samples / Returning for Surgery or Transfusion while Sample Remains Current*.

I. **Sample Dating**

1. The sample's draw date is considered day zero.
2. For pre-transfusion purposes, a sample is considered "current" or "in-date" for 3 days following the draw date.
3. The sample collection date and expiration date are documented in the Blood Bank computer.
4. If a new sample is received, and the Blood Bank has already tested a sample that has less than 24 hours remaining to be considered current, then the new sample should be tested. If units were set up on the previous sample, they should be released to inventory once testing is complete on the new sample.
5. In order to select and issue RBCs for a patient (in non-emergency cases), the sample must be current and compatibility testing must be complete.
6. In order to select and issue platelets, plasma, and cryoprecipitate (in non-emergency cases), ABO/Rh testing must be complete on a sample from the current admission.

J. **Historical Record Check**

1. A historical record check must be performed to compare ABO, Rh, and antibody screen test results against results of the same tests recorded previously. Available laboratory records for each patient must be routinely searched whenever compatibility testing is

performed. This allows for the detection of discrepancies, and for the identification of patients with historical antibody records and special transfusion requirements. For additional information, refer to Transfusion Medicine policy, Historical Blood Bank Record Check.

K. **Requesting a Cord Blood Sample**

1. If a sample is triaged for a patient in the Labor and Delivery Unit who has a history of unexpected antibodies, then a cord blood should be requested from the delivery care team. This sample will be used to perform the testing described in Transfusion Medicine policy, *Hemolytic Disease of the Newborn (HDN) Survey/Cord Blood Evaluation.* This request may be documented in the Blood Bank computer as a comment to the order of the maternal Type & Screen.

L. **Antibodies / Potential Delay**

1. The patient's caregivers should be notified upon detection of a positive antibody screen or at the time of sample triage if the patient has an historical antibody record that has the potential to delay the Blood Bank in providing blood components for a patient. A comment is added to the antibody screen test, indicating that there may be a delay.

M. **Sample Volume**

1. 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. These are only guidelines and the required sample volume depends on factors such as the hematocrit and whether antibody studies are required. It may be beneficial to evaluate the sample's volume *after* centrifugation. If the sample volume appears insufficient, the sample should be rejected as described in section V. Procedure M. *Sample Rejection.*

N. **Hemolysis**

1. Tests performed with a hemolyzed sample may create difficulties in evaluating test results and antibody-induced hemolysis may be masked. Refer to V. Procedure, K. *Assessment of Hemolysis.*

O. **Wrong Blood in Tube Event (WBIT)**

1. When the ABO or Rh of a current sample does not match the historical ABO or Rh and in some cases of improper sample labeling, the Blood Bank must consider the possibility of a WBIT event. If applicable, refer to section V Procedure, J. *Wrong Blood in Tube Event (WBIT).*

P. **Mislabeled BRL or Outpatient Samples for Patients that are Returning for Hospital Admission while Sample Remains Current**

1. If the pre-transfusion sample is unacceptable for transfusion purposes and the outpatient will be returning to the hospital while the sample remains current, then the following apply:
    a. The sample will be triaged and the testing performed as ordered.
    b. If the antibody screen is positive, a workup will be performed.
    c. Sample outdate will be updated upon completion of testing, with an external comment that the sample is not eligible for transfusion purposes.
    d. The area in which the patient will be admitted to will be notified to recollect a

new specimen upon patient arrival so that they can plan for collection of a new sample to avoid any procedural delays.

Q. **Additional Policies Relating to BRL Samples**

1. **Labeling of BRL Samples by the Collection Facility:**
The HIS label for BRL / Outreach / OP samples will usually have a yellow stripe on the label. The HIS label for BRL / Outreach / OP samples labeled with an ATLAS Label will have a blue stripe on the label. They may be labeled in one of three manners, depending on where they are collected.

    a. Samples may be collected by a Beaumont phlebotomist at a Patient Service Center (PSC).The order will be placed in the HIS by the PSC, and a Beaumont phlebotomist will affix the HIS label to the sample.

    b. Samples may be collected at a facility that is not a PSC (e.g., at the physician's office). These facilities do not place the orders in the HIS, and therefore do not label the samples with HIS labels. These samples are sent to Client Services/ Processing, who then orders the tests in the HIS and generates the HIS label. Client Services/Processing then sends the HIS label and sample to the Blood Bank together in a plastic bag. The Blood Bank then affixes the HIS label to the sample as described in the section *Affixing HIS Label to BRL Samples (collected at a facility that is not a PSC).* These BRL samples must be labeled at the facility with the first and last name and an additional unique identifier described in the chart above.
    Note: If the sample is labeled with the C&P or unique client identifier number, then the C&P number on the sample must match the C&P number on the client requisition. To view the C&P number go to the hospital chart in EPIC via the MRN chart review media. Find the requisition and compare the C&P numbers.

    c. ATLAS Label Specimens – Samples may be collected at a facility that is not a PSC (e.g., at the physician's office). The order will be placed in ATLAS by the physician's office and will be electronically sent from ATLAS to EPIC/Beaker. These samples will be processed in by Client Services/Processing, but do not require a HIS label to be affixed to the sample. These ATLAS Label specimens can be scanned by EPIC/Beaker, Softbank, and the automated instruments.

R. **Affixing HIS Label to BRL Samples (collected at a facility that is not a PSC):** The name and unique identifier on the sample must match the name and unique identifier on the HIS label and/or in EPIC/Beaker. Any other identifiers on the sample (in addition to the name and one required numeric identifier) must also match the identifiers on the label and/or in EPIC/Beaker. For example:
A sample is correctly labeled with the name and MRN. In addition, the sample is labeled with the birthdate and middle name. The birthdate and middle name on the sample must match that on the HIS label.
After verifying that the sample has been labeled properly by the collection facility, the Blood Bank will affix the HIS label to the sample, and must **initial the label**.

S. **Discrepancies due to Recent Name Changes:** A common reason for this type of occurrence is a recent marriage. After the marriage, the patient's documents (e.g., driver's license, insurance cards, etc.) may not be updated at the time of the sample collection. Therefore, registration may not update the patient's name immediately in EPIC, but instead will add an alias to the record. For example:

1. *A patient was recently married. She has updated her name on her driver's license, but has*

not yet updated her name on her insurance card. The sample is labeled with her new married name, but the HIS label still has the old name. Registration has created an alias record in EPIC.

2. For discrepancies due to recent name changes, determine whether registration has added an alias to the record in Epic.
    a. If an alias record has been created then the technologist may affix the label to the sample, and test the sample based on the name on the HIS label.
    b. If an alias record has not been created, then proceed as described in the section *Clarification of Orders or Identifying Information with Client Services* below.

T. **Clarification of Orders or Identifying Information with Client Services**
The Blood Bank should contact Client Services to resolve any labeling or ordering concerns, following department guidelines.
    1. The sample should be tested on a downtime form pending the clarification.
    2. After testing is completed the sample and the downtime form will be placed in a designated area at your site if applicable.
    3. Based on Client Services' resolution, the sample will either be tested or treated as a mislabeled sample as per policy *Appropriate Actions for Mislabeled BRL Samples*.

U. **Appropriate Actions for Mislabeled BRL Samples:** In cases where the sample was not correctly labeled by the collection facility, the following apply:
    1. The Blood Bank will not return the sample to BRL.
    2. The Blood Bank will document the rejected specimen per site guidelines.
    3. The Blood Bank will notify BRL processing that the sample is mislabeled, and BRL will notify the client that the test will be canceled.
    4. The Blood Bank will cancel the test in EPIC/Beaker.
    5. If the sample is not tested, the label can be flagged so as not to cover any of the written information. The sample will be placed in a designated area for mislabeled specimens.

V. **BRL Samples Labeled with a Wristband Number (B#):** In some cases, BRL or outpatient samples may be collected for potential pre-transfusion purposes. In these cases, the sample must meet all of the same labeling requirements for pre-transfusion samples. If applicable, refer to the section *Rejected BRL or Outpatient Samples for Patients that are Returning for Hospital Admission while Sample Remains Current*.

W. **BRL Samples Labeled with a Wristband Number, but only an ABO/Rh or Antibody Screen is Ordered:** If the BRL sample is labeled with a wristband number, the patient may be a transfusion candidate. This unclear test order should be clarified with Client Services; the physician most likely intended to order a Type **and** Screen.

IV. SPECIMEN COLLECTION AND HANDLING:

A. The specimen of choice is an EDTA sample collected in either a PINK or PURPLE top collection tube with affixed identifying label.

B. Samples drawn in serum separator tubes are generally not acceptable.

C. Pre-transfusion samples are collected according to the Transfusion Medicine policy, Transfusion Services Criteria for Specimen Acceptability.

V. PROCEDURE: SAMPLE TRIAGE:

A. Receive the sample in EPIC/Beaker (can be either in processing or Blood Bank).
    1. Specimens that arrive in the Blood Bank already received in Beaker should use the tracking functionality if applicable
        a. Open your tracking tab in Beaker.
        b. Select your tracking reason.
        c. Scan specimen to document arrival in your Blood Bank.
        d. Tracking information is now part of the sample history.

B. Review the sample label and begin to triage the sample in **Soft Bank** as described in the Blood Bank CDM - Triaging Samples in Soft Bank. As the patient's caution window appears, determine whether the patient has a historical ABO/Rh type, special messages, antibodies, or autologous / directed units.

C. If the specimen is from a banded patient who does not have a historic ABO/Rh type and the sample is collected using Positive Patient Identification (PPID), then order an NPR (No Previous Record) test in Softbank.
    1. Samples known to not be collected using PPID should have an ABO Confirmation (ABOCN test) ordered. The ABOCN is performed on a different properly labeled second specimen. The following examples apply:
        a. If a sample is collected during downtime, an ABOCN is ordered.
        b. If a sample is collected from a Long Term Care facility (i.e. Vibra), an ABOCN is ordered.
        c. If a sample arrives with a chart/mylar label and the collection is not complete in Beaker, an ABOCN is ordered. If the sample can be verified as collected in Beaker (Band number present in Beaker) and the label is due to a hardware error, an NPR is ordered.
    2. If the specimen is from a non-banded patient who does not have a historic ABO/Rh type, then a NPR or ABOCN test is not required.

D. If the patient does have a historic ABO/Rh type, then write this type on the patient's HIS order/ shingle.

E. If applicable, retrieve the patient's antibody card if available at your site.

F. If the patient does not have a shingle and you would like to create or print one if applicable (e.g., for BRL and outpatient samples). To print an additional shingle from EPIC:
    1. Enter your patient MRN in EPIC and go to Chart Review -> Labs -> BB
    2. Click on the order you need an additional shingle for
    3. Once order opens, scroll down to Order Requisition
    4. Click the hyperlinked within the Order Requisition box
    5. Print shingle

Note: The printed shingle from EPIC does not look the same as our standard shingle but contains needed information.

G. As the sample is triaged in Soft Bank, verify that the sample is labeled completely, accurately, and legibly. For **pre-transfusion samples**, verify that:

1. The name (first and last) is spelled completely.
2. The wristband number on the sample matches the wristband number that appears in Soft Bank.
    a. If the electronic B# on the sample matches the electronic B# in Soft Bank, accept the specimen.
    b. If there is a handwritten B# on the specimen and that B# matches the electronic B# in Soft Bank, accept the specimen.
    c. If the electronic B# on the sample does not match the electronic B# in Soft Bank, reject the specimen.
    Note: Patient specimens should only have one B# on them, if more than one B# is present, contact the provider and reject the specimen.
3. The MRN on the sample is complete and accurate.
4. The collection date appears on the sample label, or is documented in the computer.
5. The phlebotomist identification is documented on the sample label or in the computer.
6. Refer to the section *Sample Labeling Requirements*.
7. Any information on the sample label (e.g., middle name or birth date), in addition to the required information, must be accurate.

H. Review the requisition or shingle and verify that the identifying information matches the information on the sample label. Also review the shingle for any special transfusion requirements (e.g., irradiation, CMV negative, sickle cell disease, etc.).

1. Be aware of potential MRN mismatches. Any mismatches should be investigated before testing; e.g., a merge may be required. If applicable, add special messages to the patient's computer record.
2. For FH, Troy, and RO: If applicable, document Medical Director Review of Special Transfusion Requirements form for review.

I. **New or Different Wristband Number during the Same Admission**

1. If a sample with a new or different wristband from a previous sample is received during the same admission, take the following actions:
    a. The Blood Bank should communicate with the patient's caregivers to determine which wristband number is actually on the wristband that the patient is wearing.
    b. If the previous wristband number is determined to be incorrect, then any blood products have been selected for the patient under the previous wristband number should be released to available inventory. The previous sample should be outdated.
    c. If the wristband number on the new sample is determined to be incorrect, then the new sample must be rejected. Proceed to the section V. Procedure

M. *Sample Rejection*.

d. Royal Oak: If the wristband number recorded on the dispense form was incorrect, document *Problems Related to the Blood Product Dispense Form* and return form to the floor via the pneumatic tube system.

e. If a patient has been rebanded:

   i. With the same MRN number and a different wristband number, add the "REBAN" comment to the type and follow the steps in the Blood Bank CDM - Rebanded Patients *(new B#, same MRN)*.

   ii. With a new MRN, refer to Blood Bank CDM - Changing Demographic Discrepancies in SoftBank and Blood Bank CDM - Demographic Report Workflow, relating to the patient demographic changes.

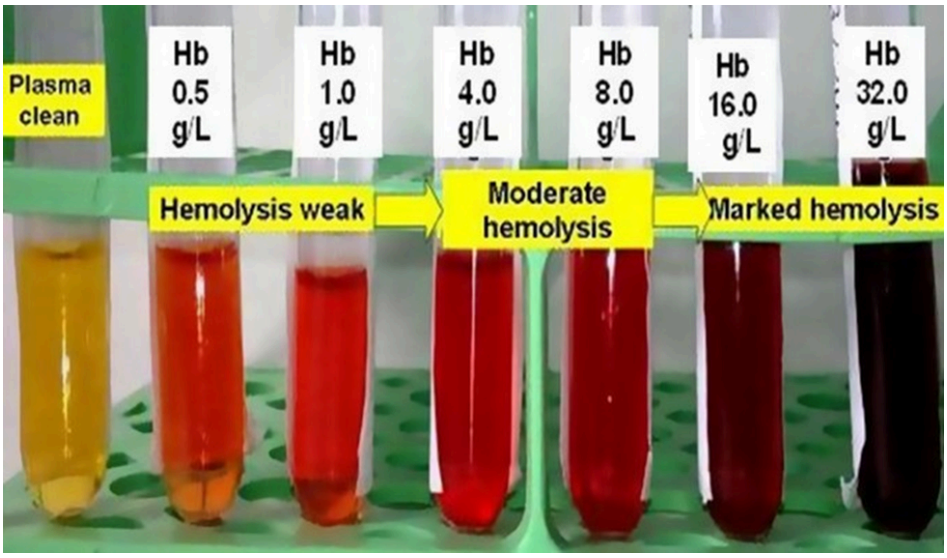
f. Consider the possibility and if applicable, proceed to the section V. Procedure J. *Wrong Blood in Tube Event (WBIT),* below.

J. **Wrong Blood in Tube Event (WBIT)**

1. If applicable and if possible, repeat the ABO/Rh of the historical sample, redraw the current sample, and repeat the ABO/Rh on this new sample.
2. Invalidate / correct any Blood Bank tests that may have been completed from the improper sample.
3. Ensure that the patient's ABO and Rh of record (demographic screen) correspond to the correct testing from the correct sample(s).
4. Document the event in a variance report per department guidelines.

K. **Assessment for Hemolysis**

1. A hemolyzed specimen may be used for all routine testing (other than post transfusion reaction evaluation samples) provided there is evidence of a cell button and an internal comment is added to the test to indicate the degree of hemolysis.
2. Centrifuge the sample at the calibrated time and RPM of the centrifuge.
3. If after centrifugation, the color of the plasma is of questionable acceptability, extract a portion of the plasma using a pipette.
   a. Place plasma sample on a white background.
   b. Compare color tabs on the the grading chart below to grade the hemolysis of the plasma

c. 

4. If the sample is used for post transfusion reaction evaluation and moderate/marked hemolysis is present in the sample, a second sample should be requested for collection.
    a. If the second sample is acceptable, then the second sample may be tested and the first sample should be rejected as described in the section V. Procedure M. *Sample Rejection*.
    b. If the second sample is also unacceptable, then contact the nurse/ phlebotomist to discuss the draw and verify if it was a traumatic draw.
        i. If there is evidence to suggest a traumatic draw, request a third collection
        ii. If there is no evidence of a traumatic draw after second/third collection obtain patient's diagnosis and consult a pathologist for approval to test with appropriate patient controls where the degree of hemolysis present in the sample itself is compared to the degree of hemolysis in the test system at completion.
    c. If an acute hemolytic transfusion reaction is suspected, refer to Transfusion Medicine policy *Laboratory Investigation of a Suspected Transfusion Reaction*. A suspected acute hemolytic transfusion reaction is considered a critical value; refer also to Transfusion Medicine policy, Critical Value Notification Policy for Transfusion Medicine.

L. With a new MRN, refer to the BBCDMs, Blood Bank CDM - Changing Demographic Discrepancies in SoftBank and Blood Bank CDM - Demographic Report Workflow, relating to the patient demographic changes.
    1. Consider the possibility and if applicable, proceed to the section *V, Procedure J. Wrong Blood in Tube Event (WBIT)*.

M. **Sample Rejection**
If the sample must be rejected for any reason, e.g., missing wristband number, name spelled incorrectly, hemolysis, quantity not sufficient:
    1. Notify the caregivers that the sample has been rejected and request a new sample.
    2. Place a new order in Beaker for the caregivers to collect.

3. Document the sample rejection in accordance with Transfusion Medicine policy, Variance Reporting.
4. Process the sample in SoftBank. The rejected sample will be canceled and an order comment will be added, to indicate the reason the sample was rejected.

VI. REFERENCES:

1. AABB, *Technical Manual*, current edition.
2. AABB, *Standards for Blood Banks and Transfusion Services*, current edition.
3. College of American Pathologists, Transfusion Medicine Checklist, Current edition.

Approval Signatures

Step Description	Approver	Date
	Kristina Davis: Staff Physician	5/19/2023
	Ann Marie Blenc: System Med Dir, Hematopath	3/23/2023
	Muhammad Arshad: Physician	3/22/2023
	Ryan Johnson: OUWB Clinical Faculty	3/21/2023
	Jeremy Powers: Chief, Pathology	3/21/2023
	John Pui: Chief, Pathology	3/20/2023
	Vaishali Pansare: Chief, Pathology	3/20/2023
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Mgr Laboratory	3/20/2023
	Kristen Lafond: Mgr Laboratory	3/1/2023
	Fatima Bazzi: Medical Technologist Lead	2/28/2023
	Ashley Beesley: Mgr Laboratory	2/28/2023
	Hilary Morey: Medical Technologist Lead	2/28/2023
	Abigail Swaney: Medical Technologist Lead	2/26/2023
	Katherine Persinger: Mgr Laboratory	2/23/2023
	Teresa Lovins: Supv, Laboratory	2/23/2023

Kelly Sartor: Supv, Laboratory	2/22/2023
Michele Ferla: Medical Technologist Lead	2/22/2023
Karrie Torgerson: Supv, Laboratory	2/22/2023
Brooke Klapatch: Medical Technologist Lead	2/22/2023
Kelly Sartor: Supv, Laboratory	2/22/2023