Status **Active** PolicyStat ID **14720501**

Beaumont

Origination	2/2/2024
Last Approved	1/3/2024
Effective	2/2/2024
Last Revised	1/3/2024
Next Review	1/2/2026

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Area	Laboratory-Blood Bank
Applicability	All Beaumont Hospitals

Rh Immune Globulin Evaluation - Blood Bank

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document will provide Blood Bank policies relating to Rh Immune Globulin (RhIG) candidacy and the preparation of RhIG.

II. CLINICAL SIGNIFICANCE:

Rh(D) immunization in pregnancy most commonly results from the fact that, at delivery, a variable volume of fetal blood enters the maternal circulation when the placenta separates from the uterine wall. Rh(D) immunization may result if the mother produces antibodies that are directed at antigens present on the fetal red blood cells (RBCs) but absent on the maternal RBCs. Rh(D) negative mothers delivering Rh(D) positive infants are most susceptible. In most cases, Rh(D) immunization can be prevented by the administration of Rh Immune Globulin (RhIG) within 72 hours from the time of delivery. One standard 300 µg dose of RhIG is generally sufficient to prevent immunization when up to 30 ml of fetal whole blood (approximately 15 ml of RBCs) have entered the maternal circulation.

III. SCOPE:

A. This document is applicable for the following patients:

1. Postpartum and antepartum patients for whom a Rh Immune Globulin evaluation is ordered by a physician; e.g., a pregnant patient in the emergency room, or a post-partum patient or
2. Patients identified by the Blood Bank as potential RhIG candidates; e.g., when the OB Delivery List is provided.

B. At Corewell Health East (CWE) the patient caregivers will order one of two available tests:

1. Rh Immune Globulin Evaluation – Antepartum (**RHGAN**) ; a complex test code ordered in EPIC using order code LAB5288, and comprised of:
    a. Maternal ABO/Rh
    b. Maternal Antibody Screen
    c. RhIG Candidacy Report (**RHIGC**)
2. Rh Immune Globulin Evaluation - Postpartum (**RHGPP**); a complex test code ordered in EPIC using order code LAB5287, and comprised of:
    a. Fetal Cell Screen (**FCS**)
    b. RhIG Candidacy Report (**RHIGC**)

IV. DEFINITIONS/ACRONYMS:

A. 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 Mon., Tues., Wed., and Thur.

B. Delivery: as used in this document this term refers to the cessation of all pregnancies greater than 18 weeks gestation including full-term births and pregnancies that are terminated or interrupted for any reason.

C. CAP: College of American Pathologists

D. Designee: a Blood Blood Technical Director or Blood Bank fellow.

E. RHGAN: The Blood Bank computer test code assigned to the Rh Immune Globulin - Antenatal profile.

F. RHGPP: The Blood Bank computer test code assigned to the Rh Immune Globulin - Postpartum profile.

G. RHIGC: The Blood Bank computer test code assigned to the RhIG Candidacy report.

H. RhIG: Rh Immune Globulin

I. Rhogam®: Trade name for Rh Immune Globulin.

J. HyperRho® : Trade name for Rh Immune Globulin.

K. FMH: Fetal Maternal Hemorrhage

L. FCS: refers to the qualitative fetal cell screen test that is performed in the Blood Bank. This test is called the FMH Rapid Screen; see the package insert provided by Immucor/ Gamma®. FCS is the computer test code for this Blood Bank test.

M. FRBCG: The EPIC Beaker test code assigned to the quantitative flow cytometry test for Fetal RBC Assay.; LAB6413

N. ACDEL: The EPIC Beaker test code assigned to the Hematology Acid Elution test used for Kleihauer Betke testing on patients; LAB5135

V. SPECIMEN COLLECTION AND HANDLING:

A. The sample required is an EDTA sample with affixed identifying label. Refer to Transfusion Medicine Policy, Triaging And Identifying Acceptable Samples For Testing.

B. Postpartum testing requires a blood specimen collected from the mother after delivery of all products of conception. It is best to wait about an hour after delivery to allow any fetal RBCs to mix thoroughly in the maternal circulation, but the sample should be collected as soon as possible thereafter.

VI. POLICIES:

A. **Indications for Antepartum RhIG Administration**

1. It is the responsibility of the patient's physician to determine whether antepartum RhIG is indicated. If the physician orders antepartum RhIG, the Blood Bank will set up the RhIG as described in ; *Antepartum Determination of RhIG Candidacy*.
2. Possible reasons that the patient's physician may order antepartum RhIG include:
    a. 28 week prophylaxis
    b. Threatened miscarriage or vaginal bleeding
    c. Ectopic pregnancy, placenta previa, or abdominal trauma
    d. Known or suspected fetal-maternal hemorrhage
    e. Invasive obstetrical procedures (amniocentesis, chorionic villus sampling, percutaneous umbilical cord sampling [PUBS], and manipulative procedures such as an external cephalic version)

B. **Rh Immunoglobulin Preparation Without a Current Sample**

1. When assessing maternal RhIG candidacy it is preferred to complete a maternal ABO/Rh and antibody screen and antibody identification studies if indicated on a current sample. However, the Blood Bank should not refuse to dispense RhIG if the patient's physician or caregiver chooses not to order and collect the tests that are normally required to prepare RhIG based on this document. *For example, the physician chooses not to order a current maternal Type & Screen or fetal cell screen, however the procedures indicates that this testing should be performed.*
    a. When a request for RhIG without maternal testing is received, the RhIG Antepartum (RHGAN) or RhIG Postpartum (RHGPP) test shall be ordered in the HIS.
    b. Collect and receive the sample in the computer but do not physically collect a specimen.
    c. Add a comment to the order indicating that no sample was collected.
    d. Cancel the subtests that are a part of the Antepartum or Postpartum RhIG Eval except RhIG Candicacy Report.
    e. Result the RhIG Candidacy Report using the Blood Bank CDM, Resulting the Candidacy Report.

2. It is acceptable to issue one vial of RhIG if requested for patients with a historic blood type available in LIS or Medical Record but no current specimen is available or results are still pending.
3. It is also acceptable to issue one vial of RhIG if there is no historical blood type on file but patient is known to be Rh Negative by outside hospital testing provided that verification of the previous test results has been obtained.
4. A written request for RhIG without maternal testing shall be documented in the EPIC RhIG order by the caregivers. *For example, the RhIG order should include a statement such as "request for RhIG without testing per [physician's name].*
   When a request for RhIG without maternal testing is received, the RhIG Antepartum or RhIG Postpartum test shall be ordered in the HIS.
5. A variance must be submitted for review and follow up.

C. **Determination of Neonatal Rh(D)**
Before assessing postpartum maternal RhIG candidacy, neonatal Rh(D) testing should be completed on a sample from the current admission. Neonatal Rh(D) is determined as described in Transfusion Medicine Policies *Cord Blood Evaluation,* Rh T*yping of Neonatal Samples to Assess Maternal RhIG Candidacy and* Forward Typing Determination Of Neonatal ABO and Rh for Patients Less Than Four Months of Age By Tube Method.

D. **Maternal Rh(D) Sensitization /Requirement for Medical Director Review.**
Mothers who are previously sensitized to Rh(D) are not candidates for RhIG. However, in some cases it may be difficult to determine whether the mother is truly sensitized to Rh(D). For this reason:

1. All RhIG evaluations that are interpreted as Ineligible and resulted with the canned comment code **RNCSD** (Not Rh Immune Globulin Candidate; Patient is sensitized to the Rh (D) Antigen) shall be reviewed by Medical Director or designee.
2. All RhIG evaluation cases for patients in which there is any question as to whether Anti- D specificity is due to recent RhIG administration or to alloimmunization (**DUNK** antibody determination) shall be considered RhIg candidates. Final determination whether RhIG is to be given is to be made by the ordering physician.

   Refer to Transfusion Medicine Policy, Policies Specific to Patients with Passive Anti-D (Due to Recent RH Immune Globulin Administration).

E. **Maternal Fetal Cell Screening**

1. Fetal cell screening is performed when indicated as described in Transfusion Medicine Policy, *Fetal Cell Screening Using the FMH Rapid Screen Kit*.
2. The FCS may be performed only on a sample from a Rh(D) negative mother after the delivery of a Rh(D) positive neonate. It is not performed on antepartum patients. The specimen used to perform the FCS test must be collected after delivery of all products of conception.
3. The FCS is a qualitative test only, and is used to determine whether one vial of RhIG is sufficient or if quantitative FMH testing is required to determine the total number of vials of RhIG that are indicated.

F. **Fetal Maternal Hemorrhage Flow Cytometry (FRBCG)Testing**

1. Fetal RBC Assay testing is performed in the following situations:
    a. When the FCS test is positive.
    b. When the mother or baby is weak D / partial D positive.
    c. When the Rh(D) of the mother or neonate / fetus cannot be determined or if a sample cannot be obtained for any reason; e.g., intra-uterine fetal death (IUFD), medical interruption of pregnancy (MIP), when an unresolved Rh(D) discrepancy is present, etc.
    d. When delivery has not yet occurred; e.g., in antepartum cases greater than 18 weeks gestation as described in Table Antepartum Determination of RhIG Candidacy.
    Note that flow cytometry testing is not required for gestations less than 18 weeks since 1 vial of Rh Immune globulin is indicated for these patients.
    e. When indicated a sample will be sent to the Flow Cytometry laboratory for the quantitative Fetal RBC Assay test (FRBCG). The results of this test are used to determine the total number of vials of RhIG that are indicated.
2. When indicated a sample will be sent to the Flow Cytometry laboratory for the quantitative Fetal RBC Assay test (FRBCG). The results of this test are used to determine the total number of vials of RhIG that are indicated. Note: Samples from Troy may be tested by Flow Cytometry or Kleihauer-Betke Test (KBT).
3. If the Fetal RBC Assay test is indicated for any reason one vial of RhIG should be prepared as soon as possible; do not wait until the flow cytometry is complete.

G. **Kleihauer-Betke Test (KBT)**

1. If the Fetal Maternal hemorrhage testing is ordered stat associated with maternal trauma and the flow cytometry testing test cannot be performed timely (e.g., the Flow Cytometry laboratory may be closed on certain holidays or weekends), then the Kleihauer Betke stain is used as an alternative method.
2. If a order is placed directly by a patient caregiver for the Fetal RBC Assay than both the Fetal RBC Assay and Kleihauer Betke test will reflex. Flow Cytometry and Hematology will decide which laboratory will perform the testing and will cancel the applicable unperformed test.
3. The hematology laboratory at Royal Oak,will perform stat KBT testing when requested for patients seen in the emergency room or for mothers being discharged at Grosse Pointe, and Royal Oak. **Note: Stat Quantitative testing at Grosse Pointe will require blood bank medical director approval.**
4. The blood bank at Dearborn will perform stat KBT testing for patients seen in the emergency room or for mothers being discharged at Dearborn, Taylor, Trenton or Wayne before the Flow Cytometry laboratory will reopen. **Note: Stat Quantitative testing at Taylor, Trenton and Wayne will require medical director approval.**
5. The hematology laboratory at Troy will perform KBT testing for patients seen in the emergency room or for mothers being discharged at Troy.

6. The hematology laboratory at Farmington Hills will perform all KBT testing for patients seen in the emergency room or for mothers being discharged at Farmington Hills. **Note: Stat Quantitative testing at Farmington Hills will require blood bank medical director approval.**

H. **Ordering the FMHA test code**

1. Whenever the RBC Fetal Assay or Acid Elution testing is indicated the SoftBank test code FMHA should be ordered. This will appear on the Pending Test Report as a place holder until all testing is complete.
2. The FMHA is canceled upon completion of the RBC Fetal Assay/Kleihauer Betke.
3. Determining RhIG Dosage
    a. RhIG dosage is determined based upon the the % Fetal Cells determined by the results of the Fetal RBC Assay or Kleihauer Betke methods as indicated in the following table:

Rh Immune Globulin Dosage	
% Fetal Cells	**Vials of RhIg Indicated**
<0.3	1
0.3 - 0.8	2
0.9 - 1.4	3
1.5 - 2.0	4
2.1 - 2.6	5

For each additional "% fetal cell" row, one additional vial of RhIG is indicated. Each row is calculated by adding 0.6 to the prior row's % range.

    b. The Blood bank may also use a validated calculator to determine the number of RhIG vials for the patient.

I. **Refusal of Rhogam**

If a patient or the patient's physician refuses to administer RhIG when indicated, as described in this document, the refusal should be documented and a variance report should be submitted.

1. Dearborn, Grosse Pointe, Farmington Hills, Taylor, Trenton, Wayne:
    a. Details regarding the refusal must be included in the comment canceling the RhIG in Soft
2. Royal Oak, Troy Only:
   The following forms are used to document this refusal:
    a. Physician's Decision not to Administer Rh Immune Globulin
    b. Patient Refusal of Rh Immune Globulin and Release from Responsibility
3. Complete an internal variance for follow up.

J. **Timing of RhIG Administration**

1. Postpartum RhIG administration should occur within 72 hours or as soon as

possible after delivery.

2. Antepartum RhIG should be administered within 72 hours, or as soon as possible after known or potential exposure to Rh(D) positive red blood cells.
3. If the FMH test is indicated for any reason as described in tables 1 & 2 below one vial of RhIG should be prepared and dispensed as soon as possible. Do not wait until the FMH is complete.
4. The Blood Bank will supply prophylactic RhIG at 28 weeks gestation when ordered by the patient's physician as described in Table 2: Antepartum Determination of RhIG Candidacy.
5. If a dose of RhIG is indicated but is not administered within 72 hours:
    a. The dose should be administered as soon as possible; it may still be beneficial to administer the indicated RhIG dose for up to approximately 21 days. The half-life of RhIG is about 24 days.
    b. A variance report should be submitted.
6. The Blood Bank should issue RhIG within approximately 24 hours from the time that eligibility is determined. Therefore, each morning, a technologist will verify that all vials that were set up on previous dates have been dispensed from the Blood Bank. A report from SoftBank was created to assist with this process. If any vials have not been dispensed, the patient's caregivers should be notified. This verification and any required notifications will be documented on Communication Logs/Boards, Site Specific Delivery Logs or on the Daily Temperature and Quality Control Record (Royal Oak).

K. **Disposition of the RhIG**

1. A RhIG vial that is dispensed by the Blood Bank will be issued in the Blood Bank Computer.

L. **Return of the RhIG Control Form to the Blood Bank**

1. In most instances the completed RhIG Control Form is scanned into Epic Chart and not returned to Blood Bank. However, a copy of the RhIG Control Form may be returned to the Blood Bank, indicating that a vial has been injected to the patient. Upon return, the Blood Bank will confirm the RhIG vial is issued in the Blood Bank computer then file the RhIG Control form with the daily product dispense forms.
2. Royal Oak Only:
    a. A copy of the RhIG Control Form should be returned to the Blood Bank, indicating that the vial has been injected to the patient.
    b. Upon return, the Blood Bank will proceed as follows:
        i. If RhIG vial was dispensed by the Blood Bank, the issue of RhIG will appear in the Blood Bank computer. The Blood Bank will document that the RhIG was injected on the OB Delivery List.
        ii. If the RhIG vial was not dispensed by the Blood Bank, the issue of RhIG will not appear in the Blood Bank computer. The Blood Bank will document that the RhIG was injected by adding a

patient comment. For example: "Patient received RhIG on [date] in the emergency center."

M. **Return of Unused RhoGAM® Vials to the Blood Bank**

There may be instances when an unused vial of RhoGAM® is returned to the Blood Bank after it was issued for a patient. In these situations, the RhoGAM® will be inspected to determine whether or not it should be discarded or can still be used.

1. If the returned RhoGAM® vial was not opened and the integrity is not in question (i.e. there is no visible damage to the RhoGAM®, the plunger was not pushed into the vial, the needle cover was not removed, etc.), the RhoGAM® may be set up and used again, as long as it is has been returned within 6 hours.
    a. When the RhoGAM® is set up for a new patient, a new RhIG Control Form must be documented.
2. If the returned RhoGAM® is clearly damaged or the vial has been opened, it should be discarded in a sharps biohazard container and a variance should be submitted.
3. If the RhoGam® vial has been returned after 6 hours and/or the integrity of the RhoGAM® is in question for any reason, it should be placed into quarantine until it is reviewed by the Medical Director. This should be documented on department communication logs or white boards where applicable.

VII. SUPPLIES:

A. Rh Immune Globulin, 300 µg
B. F-1564 Blood Product Dispense Form

VIII. PROCEDURE:

A. Perform maternal compatibility testing.
Complete the maternal ABO/Rh, antibody screen, and antibody identification (if applicable). Refer to Transfusion Medicine Policies, Determining The ABO and RhD Of Patients Who Are At Least Four Months Old, Antibody Screening, Antibody Identification and Routine Testing on the Ortho Vision Analyzer

B. If RhIG is ordered post partum, initiate/complete neonatal Rh(D) testing if the mother is Rh(D) negative, weak D/partial D, or if the Rh(D) of the mother is undetermined.
    1. Access the neonate's record in EPIC to verify that you are testing the correct baby, to check for multiple births etc. Refer to the Blood Bank CDM, *To View Mother / Baby Linking in EPIC.*
    2. Perform ABO/Rh of baby and include weak D testing if the Rh(D) reaction is negative with manual tube method. Refer to Transfusion Medicine Policy, Weak D Testing and Forward Typing Determination of Neonatal ABO and RH

C. Fetal Cell Screening.

1. Determine whether FCS testing is indicated.
    a. FCS testing is indicated only for a Rh(D) negative mother after the delivery of a Rh(D) positive neonate or the cessation of pregnancy with a gestation of greater than 18 weeks.
    b. If the RhIG evaluation is ordered postpartum and the fetal screen is not indicated cancel the FCS test as described in Blood Bank CDM, Canceling Orders in SoftBank
    c. Refer to the attachments *Antepartum Determination of RhIG Candidacy* & *Postpartum Determination of RhIG Candidacy*
2. Perform Fetal Screen testing if indicated as described in Transfusion Medicine Policy, *Fetal Cell Screening Using the FMH Rapid Screen Kit.* FCS testing is documented in the computer under Patient/ Orders/ Results as described in the Blood Bank CDM, Resulting the FCS Test.

D. Fetal Maternal Hemorrhage (FMH) Testing
1. Order a RBC Fetal Assay if indicated (and not already ordered by the patient's physician) as described in the Blood Bank CDM, Ordering the RBC Fetal Assay.
    a. Fetal Cell Quantitation is indicated if:
        i. Gestational age > 18 weeks
        ii. Fetal screen is positive or
        iii. Mother or Infant is Weak D Positive
2. If the RBC Fetal Assay is indicated but cannot be performed (e.g., flow cytometry is closed) order and submit a sample for Kleihauer-Betke Testing if stat testing is indicated.
3. One vial of RhIG should be prepared as soon as possible as described in step E; do not wait until the FMH is complete.
Refer to Transfusion Medicine Policy, Fetal Cell Screening Using the FMH Rapid Screen Kit.

E. Resulting RhIG Candidacy Report
1. If RhIg evaluation is ordered antepartum, result the RHIGC (RhIG Candidacy Report) using the Blood Bank CDM, Resulting the Candidacy Report and the computer codes indicated in the attachment *Antepartum Determination of RhIG Candidacy*
2. If RhIg evaluation is ordered postpartum, result the RHIGC (RhIG Candidacy Report) using the Blood Bank CDM,*Resulting the Candidacy Report* and the computer codes indicated in the table *Postpartum Determination of RhIG Candidacy*.

F. If the patient is a RhIG candidate
1. Obtain one vial of RhIG from the refrigerator.
2. Order an action for the RhIG. Refer to the Blood Bank CDM, Ordering RhIG Action Code.
3. If preparing the RhIG in advance for the patient print accession label and affix to

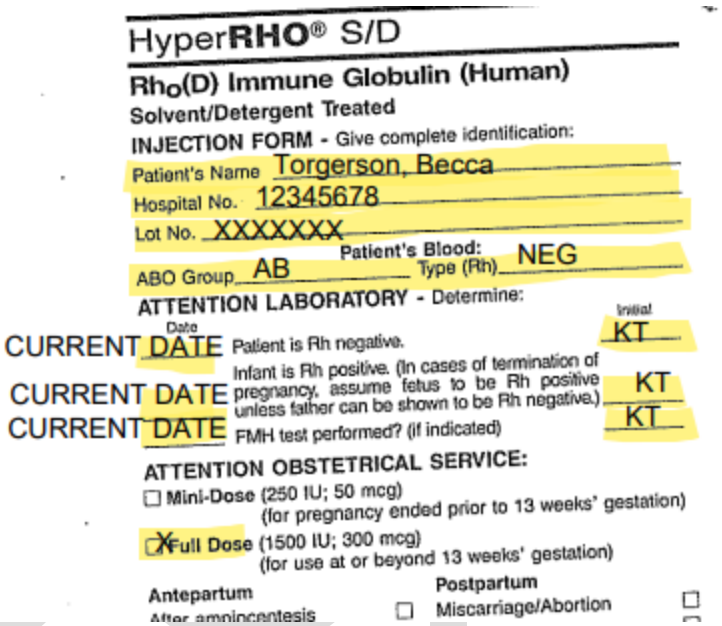
plastic bag or box. Refer to the Blood Bank CDM, Reprint RhIG Accession Labels.

a. DB,FH,GP, RO,TTW: Document the Control Form with the Patients Name, Hospital Medical Record Number and Room Number. A patient accession label may also be used for this purpose.

b. Verify completion of patient's Rh type, baby's Rh type and FMH screen result as applicable.

c. Enter the lot number and expiration date of the RhIg.

d. Initial where indicated on the form.


HyperRHO® S/D
Rho(D) Immune Globulin (Human)
Solvent/Detergent Treated
INJECTION FORM - Give complete identification:
Patient's Name Torgerson, Becca
Hospital No. 12345678
Lot No. XXXXXXX
Patient's Blood: ABO Group AB Type (Rh) NEG
ATTENTION LABORATORY - Determine:
Date Initial
CURRENT DATE Patient is Rh negative. KT
CURRENT DATE Infant is Rh positive. (In cases of termination of pregnancy, assume fetus to be Rh positive unless father can be shown to be Rh negative.) KT
CURRENT DATE FMH test performed? (if indicated) KT
ATTENTION OBSTETRICAL SERVICE:
☐ Mini-Dose (250 IU; 50 mcg) (for pregnancy ended prior to 13 weeks' gestation)
☒ Full Dose (1500 IU; 300 mcg) (for use at or beyond 13 weeks' gestation)
Antepartum
After amniocentesis ☐
Postpartum
☐ Miscarriage/Abortion ☐

4. Place the insert and control card back in the bag /box.
5. Place the RhIG vial in the designated area in the crossmatch refrigerator.

G. When the dispense form or verbal request to dispense is received for the RhIG, issue each vial of RhIG that has been allocated for the patient.

1. Using Blood Bank CDM, Issuing RhIG generate and affix the RhIG sticker that is printed with computer work flow to the plastic bag of the product or box.
2. Attach the Rh Immune Globulin Product tag that prints at issue to the plastic bag.
3. Retain the dispense copy of the tag in the blood bank.

H. If FMH testing was indicated, upon completion of the RBC Fetal Assay test (or Kleihauer Betke tests) perform the following:

1. Obtain the FMH results from EPIC.Refer to the Blood Bank CDM, Viewing FMH Results in EPIC.
2. Finalize the RHIGC report with the FMH results. Refer to Blood Bank CDM, Finalizing RhIG Report Post FMH.
3. Cancel the FMHA test. Refer to Blood Bank CDM, Canceling Tests in Soft Bank.
4. Based on the FMH results, if additional RhIG vials are required then prepare and

document the Control Form for each vial of RhIG. Refer to step F of this Procedure.

5. Notify the patient's caregivers that the additional RhIG vials are ready, and document this notification as a comment to the RHIGC report.

IX. SPECIAL NOTES:

A. At some sites, a patient will arrive at the hospital outpatient laboratory with a script for a Type & Screen and RhIG Evaluation. In these cases, the Type & Screen sample should be tested as soon as possible by the Blood Bank. The patient should be directed to the L&D or Family Birth Center, where the RhIG will be administered, if applicable.

B. It is not necessary to obtain informed consent for a blood transfusion in order to administer Rh Immune Globulin (RhIG is not considered a blood product).

C. The Blood Bank typically dispenses RhIG for postpartum patients who delivered at Beaumont Health, or for antepartum patients in Labor & Delivery/Family Birth Centers At some site RhIG may be dispensed for patients in other locations by the pharmacy. However, if RhIG is requested from the Blood Bank for any patient in any location at this facility, the Blood Bank will supply the RhIG.

D. The dispense of RhIG should not be delayed while waiting for testing to be completed. For example, in situations where physician intends to discharge the patient prior to completion of testing.

E. At Grosse Pointe, outpatients are given a Rhogam Study Information sheet that provides additional information to the blood bank. Any outpatient that has had a miscarriage or possible miscarriage are not to be sent to the obstetrics (OB) unit to receive RhIG. Staff must call OB and request that a nurse come to the outpatient laboratory to give the injection.

X. REFERENCES:

1. Rho(D) immune Gloubulin Human HyperRho ® package insert, Rev 06/2018
2. College of American Pathologists Transfusion Medicine Checklist, current edition.
3. AABB Technical Manual, current edition.
4. AABB Standards for Blood Banks and Transfusion Services, current edition.
5. Transfusion Therapy: Clinical Principles and Practice, 2nd ed. Mintz PD, ed.Bethesda, MD: AABB Press, 2005.

Attachments

Antepartum Determination of RhIG Candidacy.pdf

Postpartum Determination of RhIG Candidacy.pdf

Approval Signatures

Step Description	Approver	Date
	Kristina Davis: Staff Physician	1/3/2024
	Muhammad Arshad: Chief, Pathology	12/4/2023
	Jeremy Powers: Chief, Pathology	12/1/2023
	Ann Marie Blenc: System Med Dir, Hematopath	11/29/2023
	Vaishali Pansare: Chief, Pathology	11/29/2023
	Ryan Johnson: OUWB Clinical Faculty	11/27/2023
	John Pui: Chief, Pathology	11/27/2023
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Mgr, Division Laboratory	11/27/2023
	Kristen DiCicco: Mgr, Laboratory	11/27/2023
	Fatima Bazzi: Medical Technologist Lead	11/21/2023
	Katherine Persinger: Mgr, Laboratory	11/21/2023
	Hilary Morey: Medical Technologist Lead	11/21/2023
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	Karrie Torgerson: Supv, Laboratory	11/20/2023
	Abigail Swaney: Medical Technologist Lead	11/20/2023
	Teresa Lovins: Supv, Laboratory	11/20/2023
	Ashley Beesley: Mgr, Laboratory [KG]	11/19/2023
	Kelly Sartor: Mgr, Division Laboratory	11/17/2023

	Kelly Sartor: Mgr, Division Laboratory	11/17/2023

Applicability

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