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

# Review of the Obstetrical Delivery Log - Blood Bank

Document Type: Procedure



# I. PURPOSE AND OBJECTIVE:

The purpose of this document is to provide policies and procedures for reviewing the *Obstetrical Delivery Log to* facilitate compliance with the Transfusion Medicine Policies for each obstetric patient who delivers at a Corewell Health East facility; most importantly, that Rh Immune Globulin (RhIG) is administered and is administered in the correct dose, when indicated.

# II. SCOPE:

This policies applies to the following Corewell East Blood Banks with active labor and delivery departments.

- Corewell Health Dearborn Hospital
- Corewell Health Farmington Hills Hospital
- Corewell Health Beaumont Grosse Pointe Hospital
- Corewell Health Beaumont Troy Hospital
- Corewell Health Trenton Hospital
- Corewell Health Wayne Hospital
- Corewell Health William Beaumont Royal Oak Hospital

# III. INTRODUCTION:

A. The *Obstetrical Delivery Log* is used for evaluating postpartum patients to make sure

appropriate testing, preparation, and follow-up are completed for potential RhIG candidates and patients that have RBC antibody(ies).

B. The *Obstetrical Delivery Log* is accessed in Epic daily by Blood Bank and printed.

C. The Obstetrical department documents outside deliveries and deliveries that do not result in a live birth on the attachment *Downtime/Outside Delivery Obstetrical Delivery Log*. The delivery date is documented at the bottom of the log. For each applicable delivery, the site Labor and Delivery department will document the time of delivery, the mother's legal name, medical record number (MRN), and the mother's ABO/Rh type. If available, the baby's name and baby's MRN will also be documented on the log. The site Labor and Delivery department should make a separate entry for each birth (multiple entries are made for obstetric patients of multiples). The site Labor and Delivery department should send the documented log to their site Blood Bank by 8 am the following day.

D. In the event of an Epic downtime, the Labor and Delivery department will document all deliveries on the attachment *Downtime/Outside Delivery Obstetrical Delivery Log*. The delivery date is documented at the bottom of the log. For each applicable delivery, the site Labor and Delivery department will document the time of delivery, the mother's legal name, medical record number (MRN), the mother's ABO/Rh type, baby's name in Epic, and baby's MRN. The Labor and Delivery department should make a separate entry for each birth (multiple entries are made for obstetric patients of multiples). The Labor and Delivery department should send the documented log to their site Blood Bank by 8 am the following day.

E. The Obstetrical Delivery Blood Bank Documentation log will be competed each day by the Blood Bank as described in the Procedure section of this policy. The completion of this log will facilitate compliance with the following policies:

    1. Transfusion Medicine policy, Rh Immune Globulin Evaluation - Blood Bank.
    2. Transfusion Medicine policy, Newborn Blood Bank Work Up and Cord Blood Evaluation - Blood Bank.
    3. Crossmatching for neonate when the obstetric patient has unexpected antibodies; refer to Transfusion Medicine policy, Newborn Compatibility Testing Guidelines - Blood Bank.



# IV. DEFINITIONS AND ACRONYMS:

A. **Delivery**: As used in this document the 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.

B. **Designee**: The Blood Bank Fellow, Blood Bank Manager, Blood Bank Supervisor, or Blood Bank Lead Technologist

C. **Outside Delivery**: Neonate delivered outside of the Hospital Labor and Delivery Department and/or outside the Hospital

D. **BBIS**: Blood Bank Information System

E. **LIS:** Laboratory Information System

F. **HIS:** Hospital Information System

G. **HDN**: Also referred to as HDFN (Hemolytic Disease of the Fetus / Newborn). The destruction of fetal or newborn red blood cells by maternal alloantibodies specific for inherited paternal red cell antigens.

H. **Unexpected antibodies**: Any antibody (other than naturally occurring anti-A or anti-B that is regularly found in normal serum or plasma) that is currently or was historically present in a patient's sample.

I. **FMH**: Refers to the RBC fetal assay; the quantitative feto-maternal hemorrhage test that is performed in the flow cytometry laboratory at BH-Royal Oak.

J. **FCS**: Fetal Cell Screen

K. **MAB**: Maternal Antibody

L. **NEX**: Not Eligible for Electronic Crossmatch

M. **NDC**: National Drug Code

# V. POLICIES:

Any information documented on the *Downtime/Outside Deliveries Obstetrical Delivery Log* by the Labor and Delivery department that appears to be inaccurate or incomplete must be investigated and corrected before proceeding. Corrections to the Log may be made by one of the following methods:

A. The technologist may correct the information after verbally confirming the information and documenting the ID number of the employee that it was confirmed with, or

B. A photocopy of the delivery log may be corrected by an employee in the Labor and Delivery department and attached to the original copy of the *Downtime/Outside Deliveries Obstetrical Delivery Log*.



## A. If the Maternal ABO/Rh Documented on the Log Does Not Match the ABO/Rh in the BBIS

1. Have the *Downtime/Outside Deliveries Obstetrical Delivery Log* corrected by one of the methods listed above.
2. If the Labor and Delivery Department thinks the ABO/Rh of the patient in the Blood Bank computer system is incorrect or does not match the patient's chart, do not assume that they are incorrect. Order a new Type and Screen. Investigate the cause of the discrepancy and take appropriate actions. For example:
    a. Document a variance.
    b. If applicable, refer to Transfusion Medicine policy, Resolution of ABO and Rh Discrepancies - Blood Bank
    c. Consider the possibility of a WBIT (Wrong Blood in Tube Event).

# B. RhIG Should be Administered Within 72 Hours from Delivery

1. Postpartum RhIG administration should occur within 72 hours from delivery, or as soon as possible after delivery. For additional information, refer to Transfusion Medicine policy, Rh Immune Globulin Evaluation - Blood Bank.

# C. Locations of Documents / Delivery Log Binder

1. Each site will have a storage location identified to temporarily store *RhIG Control Forms* as they are returned (if applicable per site), shingles for RhIG Evaluation orders, RhIG Evaluation Forms (if applicable per site), orders for patients with pending FCS or FMH tests, etc. The day shift technologist assigned to review the Obstetrical Delivery Log will retrieve these documents at the beginning of their shift.
2. After all required RhIG vials have been issued, the patient's RhIG evaluation paperwork and order shingles may be discarded. If the first vial of RhIG is prepared but the FMH is still pending, return the paperwork to the appropriate storage area (do not discard until the FMH has been completed).
    a. If applicable per site, the documented *RhIG Control Forms* will be affixed to the dispense form and remaining portion of the Derivative Tag for the patient, and filed.
3. Each site will have storage location for Completed Obstetrical Delivery Logs.
    a. Royal Oak Only - The Delivery Log binder is located at the Rounds area and contains the following documents:
        i. Completed *Obstetrical Delivery Logs*, for the current and previous months
        ii. *FMH or RhIG Injection Pending* stickers
        iii. *Supplemental Obstetrical Delivery Log*



# D. Responsibilities Relating to the Obstetrical Delivery Log

1. The Labor and Delivery department documents the *Downtime/Outside Deliveries Obstetrical Delivery Log* to record all outside deliveries, deliveries that did not result in a live birth, and all deliveries during an Epic downtime for the applicable date, and sends the log to their site Blood Bank by 8 am the next day.
2. **Medical Technologist Review (deliveries that occurred on the previous day)**: On the current day, the technologist assigned to review the log will document the *Obstetrical Delivery Blood Bank Documentation log* for all deliveries that occurred on the previous day as described in the *Procedure* section of this document.
    a. For example: On April 16$^{th}$ the technologist assigned to review the log will complete the Blood Bank documentation on the log for all deliveries that occurred on April 15$^{th}$.

3. **Review 2 Days Post Delivery**: Two days after the delivery date, a final review of each woman who is Rh negative, weak D positive/D variant, or unresolved Rh Type, has a positive antibody screen, or has a history of unexpected antibodies is performed to verify that all required steps of the *Procedure* have been completed and that the log has been documented correctly. This final review is performed by the technologist assigned to review the Obstetrical Delivery Log that day.
    1. This technologist will document the "Review 2 Days Post Delivery" column of the applicable log only if all required steps of the *Procedure* have been completed.
    2. If all required steps of the *Procedure* have NOT been completed, the "Review 2 Days Post Delivery" column must NOT be documented. The technologist must follow up with the steps that have not been completed.
        a. If the steps that have not been completed relate to the completion of an FMH or confirmation of RhIG injection, site specific work flows can be used to remind Blood Bank staff to follow up on this patient and to verify that RhIG is administered within 72 hours from the delivery. For example, at Royal Oak Blood Bank an *FMH or RhIG Injection Pending* sticker will be affixed to the *Communication Log*.
        b. If the steps of the *Procedure* cannot be completed, a variance should be submitted.

    Examples:

        a. The current date is April 16th; the technologist assigned to review the Obstetrical Delivery Log will document the April 15th log (for all deliveries that occurred on April 15th). In addition, this technologist will make a final review of the April 14th log. This "Review 2 Days Post Delivery" of the April 14th log is performed only for mothers who were documented as Rh negative, weak/variant D treated as Rh negative, unresolved Rh Type, has a positive antibody screen, or has a history of unexpected antibodies.
            i. If all required steps of the Procedure have been completed on the April 14th log for each woman who is Rh negative, weak/variant D treated as Rh negative, unresolved Rh Type, has a positive antibody screen, or has a history of unexpected antibodies, the "Review 2 Days Post Delivery" column is documented on April 16th.
            ii. RhIG was indicated for a mother on the April 14th log and was issued, but the Blood Bank still has not received documentation that it was injected (*RhIG Control Form* has not yet been returned, and there is no documentation in EPIC to verify the RhIG injection). The "Review 2 Days Post Delivery" column should NOT be documented for this mother at this time. The technologist calls the nurse to request the return of the *RhIG Control Form*, and then affixes an *FMH or RhIG Injection Pending* sticker to the April 14th delivery log and to the *Communication*

*Log*. On April 17th, the *RhIG Control Form* is returned and the "Review 2 Days Post Delivery" column is documented.

4. A **Blood Bank technologist** will verify that the total number of RhIG vials that are indicated on the log have been injected (and not merely dispensed). The verification of RhIG injection can be viewed in the patient's chart in EPIC by going to the SnapShot tab (SnapShot with Recent Visits view) in Chart Review, the injection(s) will be listed in the Immunizations/Injections section. The return of a completed RhIG control form can also be used to verify RhIG injection. The completed *RhIG Control Form* should be initialed by the nurse who injects the RhIG and should be returned to the Blood Bank (if applicable per site specific policy). The return of this completed form, initialed by the nurse, indicates that the RhIG has been injected.

# E. Use of the Optional Supplemental Obstetrical Delivery Log

1. RhIG samples are usually evaluated by day shift the day after delivery so that it is assessed the same day the log is received from the site Labor and Delivery department. However, if a RhIG sample is received the same day of delivery, the RhIG evaluation may also be performed on the day of delivery, even though the Blood Bank has not yet received the log for the patient from the site Labor and Delivery department. In these cases the technologist may, at their discretion, use the *Supplemental Obstetrical Delivery Log*.
    a. The supplemental log is intended to assist the technologist who is preparing RhIG for a mother whose RhIG sample is received on the same day of delivery, because the technologist does not have the benefit of using the normal *Obstetrical Delivery Log*. Although the supplemental log is intended to assist the technologist, use of it is not mandatory.
    b. Even if the supplemental log may be used, the normal *Obstetrical Delivery Blood Bank Documentation log* must still be documented for this patient the day following delivery. The supplemental log should be stapled to the applicable *Obstetrical Delivery Log*.
2. The *Supplemental Obstetrical Delivery Log* may also be used to document RhIG evaluations for outside deliveries if they are not documented on a *Downtime/Outside Deliveries Obstetrical Delivery Log*.

# F. Use of the FMH or RhIG Injection Pending Sticker

1. RhIG administration should occur within 72 hours from delivery. To facilitate Blood Bank communications over several shifts, the *FMH or RhIG Injection Pending* sticker can be used. This sticker can be used if, for example:
    1. A sample was sent to flow cytometry or hematology and the FMH is pending.
    2. For the "Review 2 Days Post Delivery" the Blood Bank still has not received documentation that RhIG was injected.
    3. The floor has not requested the RhIG in a timely manner; it has not been issued.
2. The sticker will serve as a reminder to the Blood Bank to follow up on this patient, to verify that

RhIG is administered within 72 hours from the delivery.

3. Mandatory at Royal Oak Campus: The *FMH or RhIG Injection Pending* sticker is documented and affixed to the *Communication Log*.

# VI. PROCEDURE:

The Blood Bank technologist assigned to review the Obstetrical Delivery Log will obtain and affix the following 2 documents together ensuring that the chart rows line up appropriately:

- A printed copy of the Delivery Log report in Epic for the previous day
- A printed copy of the *Obstetrical Delivery Blood Bank Documentation log*

A. Initial and date in the space provided at the bottom of the log.
    1. Each day, the Medical Technologist assigned to review the Obstetrical Delivery Log will document the log for deliveries that occurred on the previous day, as described in the following steps.

B. Access the Maternal record in the BBIS using the mother's MRN that is listed on the Delivery Log report from Epic or Downtime Delivery Log from the Labor and Delivery Department. Verify the spelling of the patient's name and the patient's MRN are documented correctly when using the downtime delivery log.

C. Verify the maternal ABO/Rh documented on the Delivery Log matches the ABO/Rh in the BBIS, by checking the Blood Type listed in the Patient-At-A-Glance Bar, and by checking the Notes and Special Requirements for evidence of Weak D/D Variant or an Unresolved ABO and/or Rh.
    1. Document the log with a check mark in the Maternal ABO/Rh Verified column to indicate that the ABO and Rh types match.
    2. Document the log with Y or N in the Weak D/D Var, or RND column to confirm the patient's Rh(D) status.

D. Document the log with a check mark in the Current Sample column to indicate that a Type and Screen has been performed on a *current* maternal sample.
    1. The Type and Screen should be current on the day of delivery. It is not required that the Type and Screen is still current when the delivery log is reviewed the following day.

E. Determine whether the mother has a current or historical antibody record. If the mother has an antibody, document the antibody specificity on the log, in the space provided.
    1. If anti-D was historically or currently identified, remember to consult the Medical Director.

F. Perform the following steps if the mother has a positive screen or a historical antibody record. If not, proceed to step G.
    1. Access the neonate's record in the BBIS using the neonate's MRN that is listed on the Delivery Log report from Epic or Downtime Delivery Log from the Labor and Delivery Department. Verify the spelling of the patient's name and the patient's MRN are documented correctly when using the downtime delivery log.

2. Document the "Cord or Heel Stick Workup" column with a check mark to indicate the survey has been completed, or as "NI" (not indicated) for clinically insignificant antibodies. Refer to Transfusion Medicine Policy, Newborn Blood Bank Work Up and Cord Blood Evaluation - Blood Bank. A completed workup includes the following test codes:
    a. Type
    b. DAT
    c. Antigen Typing, if indicated
    d. Eluate, if indicated
    e. HDN
3. Document the "MAB and antigen negative Special Requirement" column with a check mark to indicate that the MAB Antibody code has been added, applicable Antigen negative RBC Special Requirements have been added, and that a Patient Profile Note has been added to the baby's chart in the BBIS indicating the maternal history.
4. Document the log with a check mark to indicate that a unit has been crossmatched for the baby. Document as "NI" (not indicated) for DIG (Anti-D due to RhIG).

G. Proceed as follows, based on maternal Rh.
    1. If the mother is Rh positive, proceed to step O.
    2. If the mother is Rh negative, Weak D/D Variant, or an Unresolved Rh then proceed to step H.

H. Access the neonate's record in the BBIS using the neonate's MRN that is listed on the Delivery Log report from Epic or Downtime Delivery Log from the Labor and Delivery Department. Verify the spelling of the patient's name and the patient's MRN are documented correctly when using the downtime delivery log.
    1. For multiple births, confirm using a separate entry for each neonate on the log.

I. Document the Neonate columns as follows:
    1. If the baby is Rh positive:
        a. Document the "Neonate Rh Type" column as "POS"
        b. Document the "Repeat Rh Type" column as NI (not indicated).
        c. Document the "Weak D/D Var or RND" column as "N" (No)
    2. If the baby is Rh negative:
        a. If the neonate Rh testing was completed using automated gel method (Rh Type completed as part of a Cord Blood Evaluation, Activity log in BBIS shows "Test complete" transaction has User ID: svc_safetrace4 OR Patient Profile Note indicates testing completed in automated gel method but manually resulted in BBIS):
            i. Document the "Neonate Rh Type" column as "NEG"
            ii. Document the "Repeat Rh Type" column as NI (not indicated).

iii. Document the "Weak D/D Var or RND" column as "N" (No)

b. Note: If the neonate Rh testing was performed using the manual tube method (Rh Type completed as part of a Newborn Blood Bank Workup OR ABO/Rh on heel stick specimen OR Patient Profile Note indicates testing was completed in manual tube method) verify that the Rh test and repeat Rh test have been taken through the antihuman globulin (AHG) phase, the repeat testing should be resulted in the **Weak D Tube E/S** test ID and inital testing as a patient profile note. Document the "Neonate Rh Type" and "Repeat Rh Type" columns as "NEG".

i. Verify that a Patient Profile Note was added indicating the initial tube Rh test was repeated the first time a negative result was obtained on the patient.

3. If the baby is Weak D/D Variant or Unresolved Rh(D):

a. Document the "Neonate Rh Type" column as "NEG"

b. Document the "Repeat Rh Type" column as "NEG" or "NI", as applicable.

i. If the neonate Rh testing was performed in gel, a repeat Rh is not indicated. Document the "Repeat Rh Type" as NI

c. Document the "Weak D/D Var or RND" column as "Y" (Yes)

d. **Remember that the mother is a candidate for RhIG in these cases.**

i. Postpartum maternal specimen can not be used for FCS and must be sent for FMH testing

J. Document the Mother Columns as indicated below. Refer to Transfusion Medicine Policies, Rh Immune Globulin Evaluation - Blood Bank and Fetal Cell Screening Using the FMH Rapid Screen Kit

1. If the mother **is not** an RhIG candidate:

a. In the BBIS result the Postpartum RhIG Evaluation as follows (or confirm results are completed)

i. FBSLOT Interpretation: INV (Invalid)

ii. FETALBLDSC:

a. Reactions: NT (Not Tested)

b. Interpretation: INV (Invalid)

iii. RHIGCAN:

a. Interpretation: N (No)

b. Result Comment: RNCDN (Not RhIG Candidate; Baby is Rh negative)

iv. FMHA Interpretation: NA (Not Applicable)

v. Cancel the Rh Immune Globulin Derivative Order

a. Go to Orders tab → Go to Items tab → click Edit Order

→ Select the Derivative order → click Cancel Items

vi. Complete final verification of results in LIS.

b. On Delivery log chart enter on applicable columns:

i. RhIG Candidate: N (No)

ii. FCS Result: NI (Not Indicated)

iii. Total # of Vials Indicated: 0

c. Proceed to step N.

2. If the mother **is** an RhIG candidate:

a. In the BBIS result the Postpartum RhIG Evaluation as follows (or confirm results are completed)

i. FBSLOT:

a. Interpretation: LOT or NA

b. Result Comment: [if testing is completed, enter lot number for reagent kit]

c. FETALBLDSC:

i. Reactions: NT or enter patient and QC results (use 0 for negative, 1 for positive)

ii. Interpretation: INV, POS, or NEG (Invalid, Positive, or Negative)

ii. FMHA Interpretation:

a. If testing is not indicated: NA (Not Applicable)

b. If testing is indicated leave pending until FMH testing is completed.

iii. RHIGCAN:

a. Interpretation: Y (YES)

b. Applicable Result Comment, refer to Transfusion Medicine Policy, Rh Immune Globulin Evaluation - Blood Bank.

b. On Delivery log chart enter on applicable columns:

i. RhIG Candidate: N (No)

ii. FCS Result: NI (Not Indicated)

iii. FMH Sent: ✓ or blank

iv. 1 vial RhIG set up: ✓ (For patients eligible for FMH testing do not wait for the FMH results to be completed to set up 1 vial of RhIG.)

v. Total # vials RhIG:

a. FMH not indicated: 1

b. FMH indicated: leave blank until FMH testing completed

c. If FMH testing was indicated refer to XI.B and/or XI.C. in Transfusion Medicine Policy, Fetal Cell Screening Using the FMH Rapid Screen Kit - Blood Bank:

i. Order FMH testing and send to appropriate testing department to complete testing.

ii. Use site-specific method of communication of Pending FMH. Example: Document and affix a *FMH or RhIG Injection Pending* Sticker to the *Communication Log*

iii. Proceed to step K.

d. If FMH testing was not indicated proceed to step L.

K. After the FMH is completed:

1. Document the FMH results on the log in the Fetal Cell Result (%) column.
2. Result the FMHA test in the BBIS.
   a. Interpretation: SEE (See Comment)
   b. If no additional vials are required enter Result Comment: RHIG1 AND free text "Additional Testing Complete".
   c. If additional vials are required enter free text Result Comment: "Additional Testing Complete. (Insert #) total number of vials of Rh Immune Globulin indicated" Notify the patient's caregiver and free text: "Insert Name/ID of caregiver notified on date/time by tech"
3. Document the Resulted FMHA column on the log with a check mark to indicate that all test results have been finalized.
4. Document the log with the total number of vials that are indicated based on the FMH results.

L. Repeat the steps of this *Procedure* for each mother who appears on the log.

M. The Blood Bank Medical Director or designee will initial and date in the space provided at the top of the log, to indicate that the correct dose of RhIG was prepared for each mother who, as indicated by the Blood Bank on this log, is a RhIG candidate.

N. On the second day after the deliveries have occurred, the technologist assigned to review the log will perform the "Review 2 Days Post Delivery" of all mothers who are Rh negative, weak D/D variant, unresolved Rh(D), has a positive antibody screen, or has a history of unexpected antibodies.

1. Confirm RhIG has been injected
   a. Refer to Policy D. 4. above for how to obtain injection confirmation.
   b. The technologist will check mark, initial, and date the applicable column of the log to indicate that the total number of RhIG vials that are indicated on

the log have been injected.

2. Confirm RhIG billing was completed in the BBIS.
    a. Patient/Order → Patient Search → Open Patient record → Orders Tab → Check for Service - RhIG Dose (# should match the amount injected)
    b. If the patient was not billed in the BBIS email RMSLab@corewellhealth.org with the following information:
        i. "Please add RhIG product charge (636J279001) to each of the patients listed below:"
        ii. Provide: Patient MRN, Issue Date, # of vials Rh Immune Globulin, and the NDC
            a. HyperRHO NDC: 13533-631-XX
            b. RhoGAM NDC: 0562-7805-XX
            c. Rhophylac NDC: 44206-300-XX
            d. Note: obtain the final 2 digits of the NDC from the box, the number is lot specific.
    c. Check mark, initial, and date the RhIG Billing Comp. column on the log to confirm billing is completed.
3. Check pending Derivative orders in BBIS
    a. Pending Work Log → clear Tech ID and confirm site Location → Click Search → Click Derivative
    b. Follow-up with caregiver for pending RhIG that still need to be issued, cancel when appropriate
4. Check Epic Outstanding List for pending Postpartum RhIG Evaluation orders
    a. Confirm testing is completed and RhIG issued.
    b. Complete Final Verification of results.

O. Document the "Review 2 Days Post Delivery" column of the applicable log **only if** all required steps to the *Procedure* have been completed and if the log has been documented correctly. This reviewing technologist must independently confirm the accuracy of all of the information that was documented on the log for each mother who is Rh negative, weak D/D variant, unresolved Rh(D), has a positive antibody screen, or has a history of unexpected antibodies.

P. If all required steps of the *Procedure* have NOT been completed, **do not document** the "Review 2 Days Post Delivery column. The technologist must follow-up with the steps that have not been completed. If the steps of the *Procedure* cannot be completed, a variance should be submitted.

# VII. 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.

## Attachments

Downtime Obstetrical Delivery Log (Revised 9/16/24)pdf

FMH or RhIG Injection Pending Sticker

Obstetrical Delivery Blood Bank Documentation log (revised 10/11/24)

Supplemental Obstetrical Delivery Log (revised 10/3/24)

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| | Ann Marie Blenc: System Med Dir, Hematopath | 10/25/2024 |
| | Jeremy Powers: Chief, Pathology | 10/23/2024 |
| | Muhammad Arshad: Chief, Pathology | 10/22/2024 |
| | Kristina Davis: Staff Physician | 10/17/2024 |
| | Hassan Kanaan: OUWB Clinical Faculty | 10/16/2024 |
| | Ryan Johnson: OUWB Clinical Faculty | 10/16/2024 |
| | Masood Siddiqui: Staff Pathologist | 10/15/2024 |
| | John Pui: Chief, Pathology | 10/15/2024 |
| Policy and Forms Steering Committe (if needed) | Kelly Sartor: Mgr, Division Laboratory | 10/15/2024 |
| | Kristen DiCicco: Mgr, Laboratory | 10/14/2024 |
| | Ashley Beesley: Mgr, Laboratory | 10/14/2024 |
| | Katherine Persinger: Mgr, Laboratory | 10/14/2024 |

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|---|---|
| Fatima Bazzi: Supv, Laboratory | 10/14/2024 |
| Suzanne Chahine: Medical Technologist Lead | 10/14/2024 |
| Hilary Morey: Medical Technologist Lead | 10/11/2024 |
| Teresa Lovins: Supv, Laboratory [KS] | 10/11/2024 |
| Karrie Torgerson: Medical Technologist Lead [KS] | 10/11/2024 |
| Kelly Sartor: Mgr, Division Laboratory | 10/11/2024 |
| Kelly Sartor: Mgr, Division Laboratory | 10/11/2024 |

## Applicability

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