BLOOD BANK GENERAL INFORMATION, SPECIMEN REJECTION, AND RESULT REVIEW

I. PRINCIPLE

The purpose of this policy is to provide a guideline for reagents, quality control, rejecting specimens, and result review in Blood Bank.

II. CLINICAL SIGNIFICANCE

UnityPoint Health Pekin will utilize this procedure when using reagents, rejecting improper specimens for Blood Bank, and reviewing results in Blood Bank.

III. GENERAL INFORMATION

A. Reagents and Quality Control:

1. Tests in Blood Bank are done using commercial antisera and reagent red blood cell products.
2. These reagents are tested once daily using Immu corQC testing reagents. The anti- seras that are not used on a daily basis (Anti-C, c, E, e, Fya, and K) are tested with a known positive and negative screen or panel cell for the corresponding antibody once daily when patient testing is performed. Anti-IgG,-C3d (polyspecific coombs) reagent is tested with Coombscell-E reagent once daily when patient testing is performed.
3. Any reagent that does not react as expected is discarded and a new vial is opened, checked and placed into use.
4. Document in the action log on the back side of the Blood Bank QC form.

B. Specimen:

1. Blood is collected in a 6 ml pink top EDTA tube. ABO+Rh confirmation testing can be performed on a pink or lavender top EDTA tube.
2. Patient samples should be labeled with collector's initials, date and time of draw, two forms of patient ID, such as patient name, birth date or medical record number, and with a barcode label from the Blood Bank Armband. After a specimen has expired, if there are extra labels from the Blood Bank Armband still on the patient's current armband, the Blood Bank Armband does not need to be cut off. A new tube may be drawn on the patient and labeled as above with one of the remaining Blood Bank Armband number labels placed on the new tube. If no extra labels remain on the band, then the armband must be cut off and a new one attatched when a new Blood Bank specimen is collected.

3. Patient blood samples are centrifuged and the plasma separated into a properly labeled (two forms of patient ID, date and time of collection, and Blood Bank armband number) blue screw top tube.
4. Covered tubes that have testing performed on them are held for 14 days in the Blood Bank refrigerator. Tubes drawn for possible testing later are held in the Blood Bank refrigerator for 3 days.

C. Criteria for Rejecting a Specimen for Blood Bank:
   1. The specimen is improperly labeled (must have complete patient first and last name, identification number, and/or date of birth, Blood Bank armband identification number, date and time of collection, and initials of the phlebotomist).
   2. The specimen is hemolyzed.
   3. The specimen is more than three days old at time of anticipated transfusion (more than seven days old if an outpatient that has not been pregnant or transfused within the past three months). The day of the sample draw is day zero.
   4. Patient does not have a Blood Bank armband in place.
   5. The specimen is not in the proper type of tube (pink top tube only).
   6. Blood drawn for type and crossmatch must be drawn by a UnityPoint Health Pekin employee.

IV. PROCEDURE

A. Removal or Replacement of Blood Bank Armband: When a Blood Bank armband has to be removed for uncontrollable reasons (i.e. patient comfort due to arm swelling or to switch the placement of an IV), the Blood Bank should be notified to see which of the following steps need to be taken:
   1. Check if blood is set up or on hold and still within 3 days since specimen collection (or 7 days for an outpatient surgery that meets specified criteria). If not, then the Blood Bank armband may be removed. A new armband will have to be placed on the patient and a new pink top tube collected and properly labeled if blood products are needed.
   2. If blood is still available, a nurse and a staff member from the Blood Bank are to check the Blood Bank armband against the hospital armband for name and ID number to make sure they match.
      a. If both armbands match, the Blood Bank arm band may be moved by cutting it off and sliding it into a clear plastic armband or by using a Typenex Medical Reattachment band. Make sure all information on the original Blood Bank band is still visible and it is secured on the patient's other arm. The reattachment of the Blood Bank arm band must be done by a staff member from the Blood Bank.

b. If the numbers do not agree, the patient must be redrawn and a new Blood Bank armband put on the patient. All testing must be repeated on the new sample.

B. Result Review:

1. Results of tests performed in the Blood Bank will be reviewed within the department.
2. Recorded reactions must correlate with interpretations of reactions and all testing and information must be completed. This review will be done by the Blood Bank Charge technologist or supervisor.
3. Document the review and any corrective action taken on the Blood Bank worksheet for downtimes or for non-downtimes on the BBR-22 and BBR-7 reports.
    a. Any changes on the Blood Bank worksheet for downtimes are to be made by:
        1) Drawing a single line through the incorrect result.
        2) Indicated date and initials of person making change.
        3) Do not use corrective fluid or obscure results in any form.
        4) Results of all reactions must be completely recorded

V. REFERENCES

A. AABB Technical Manual, Bethesda, Maryland, 19th Edition, 2017.

POLICY CREATION :	***Date***
Author: Sharrol Brisbin, MT (ASCP)	***0201/1997***
Medical Director: : Sheikh, MA, MD	***02/02/1997***

MEDICAL DIRECTOR		
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6/04/19	Lori Racsa	LR DO
SECTION MEDICAL DIRECTOR		

REVISION HISTORY (began tracking 2011)			
Rev	Description of Change	Author	Effective Date
01	Added info, if stickers left on BB ID band, do not need to cut band off, keep same number and put on a new specimen if needed.	Jenny Turner	05/03/19

Reviewed by

Lead	Date	Coordinator/ Manager	Date	Medical Director	Date
Jennifer Turner	5-3-19				