TRAINING UPDATE

Lab Location:

SGAH and WAH

Date Implemented:

5.16.2013

Department:

Blood Bank

Due Date:

5.20.2013

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Transfer of Blood Products

Description of change(s):

- ARC has a new form for transferring blood products between sites.
- The form is called, "Hospital-to-Hospital Accounting Form."
- Instructions for completing the form are on the back of the form.
- Please note, the copies for sending hospital, receiving hospital, and ARC are DIFFERENT and cannot be interchanged.
- The SOP was updated to reflect changes in the form.

Non-Technical SOP

Title	Transfer of Blood Products	
Prepared by	Stephanie Codina	Date: 3/21/2011
Owner	Stephanie Codina	Date: 3/21/2011

Laboratory Approval				
Print Name and Title	Signature	Date		
Refer to the electronic signature page for approval and approval dates.				
	*			
Local Issue Date:	Local Effective Date:	_		

Review:				
Print Name	Signature	Date		

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1. PURPOSE

Blood products may be transferred to another facility or returned to the supplier for inventory management purposes. Blood products must be packaged to maintain an appropriate temperature range during shipment. Disposition of the blood products must be documented in the LIS.

2. SCOPE

This procedure applies to any situation in which blood products will be transferred to another location for inventory or transfusion.

3. RESPONSIBILITY

All blood bank staff members must understand the process used to transfer blood products to another location.

4. **DEFINITIONS**

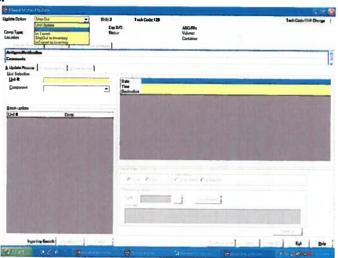
N/A

5. PROCEDURE

Transferring Units OUT of Inventory [Ship Out in LIS]

Step	Action				
1	Select the units to be transferred.				
	A. Transfers or returns to the blood supplier require pre-authorization.				
	Notify the blood supplier and request a "Return Authorization Form."				
	B. Transfers to hospitals outside the local AHC System (WAH, SGAH,				
	and GEC) will be facilitated by the blood supplier or via the Hospital				
	Inventory Visibility System (HIVS).				
	C. To transfer to GEC, refer to procedure, "Germantown ED Blood Bank Support."				
	D. If an autologous unit is to be transferred and the unit has a positive				
	test for an infectious disease, the receiving unit must be informed of				
	the result and agree to receive the units prior to shipment.				
	a. If possible, have the blood supplier facilitate the transfer and				
	the required paperwork.				
	b. If the blood supplier is unable to complete the paperwork, fax a				
	copy of the paperwork that we signed prior to accepting				
	shipment of the unit and request that the facility to which the				
	unit will be transferred signs also.				
2	Remove the blood products from their startes containers. Devenue 11 -14				
~	Remove the blood products from their storage containers. Remove all site- specific labels from the red cell units (this includes antigen typing labels).				
	Leave labels adhered if they cannot be removed without tearing the base label.				
	Leave labels authored it they cannot be removed without tearing the base label.				
3	Visually inspect each unit for color and appearance. Compare RBC segments				
	to the primary bags. Unacceptable units cannot be transferred unless they are				
	being returned to the blood supplier for unacceptable appearance.				
4	Complete the transfer form.				
	A. If the units were supplied by the American Red Cross (ARC),				
	complete a "Hospital-to-Hospital Accounting Form."				
	a. Autologous units must be placed on a separate form and cannot be commingled with other products.				
	b. Refer to appendix A for the transfer to and from customer				
	numbers.				
	c. Complete the "Initiated by" section of the form by filling in				
	your name along with the current date and time.				
	d. Fill in the donor identification number (DIN), product code,				
	and expiration date of each blood product to be transferred.				
	e. Circle the correct storage temperature for the products being				
	transferred.				
	f. Sign and date the statement indicating that the blood products				
	have been maintained at the appropriate storage temperature.				

- A. Access Sunquest function "Blood Status Update."
- B. In the "Update Option" area, select "Ship Out" from the dropdown menu.



- C. At the "Unit #" prompt, scan the unit number (the number may be typed if it is damaged and does not scan properly).
- D. At the "supplier" prompt, scan the collection facility.
- E. At the "Component" prompt, select the correct component type from the dropdown menu.
- F. Click the "Submit" button.
- G. Follow steps C-F to add any additional units that will be transferred.
- H. Press the "tab" button twice to default the current date and time. Alternatively, type in a date and time.
- At the "Destination" prompt, type the location to which the blood products will be transferred or select a hospital from the dropdown menu.
 - a. Type "WAH" for Washington Adventist Hospital.
 - b. Type "SGAH" for Shady Grove Adventist Hospital.
 - c. Type "GER" for Germantown Emergency Center.
 - d. Type "ARC" to return the blood product to the American Red Cross.

Step	Action			
5	J. At the "Pass Visual Inspection for All Units?" prompt, click the "Yes			
Cont	box if the units passed visual inspection and "No" if the units did not pass visual inspection.			
10	K. Click the "Continue" button.			
	L. Click the "Save" button.			
6	Pack the unit in a shipping container.			
	A. Autologous blood products will be packaged separately from			
	homologous blood products. Autologous products from different			
	donors will be packaged separately.			
	B. For red cells,			
	a. Place an activated temperature indicator on each unit to be shipped.			
	b. Ship red cells between affiliated sites (SGAH and WAH) in a			
	blood product transport cooler per procedure, "Issuing Blood Products in a 930 Medical Transport Cooler."			
	c. Ship red cells to outside locations using a blood supplier box.			
	Refer to procedure, "Shipping Boxes Packing and Quality Control."			
	C. For frozen products, request a shipping container containing an			
	appropriate amount of dry ice from the blood supplier. Place the units			
	in the box and pack the dry ice on top of the units. Refer to procedure,			
	"Shipping Boxes Packing and Quality Control."			
	D. For platelet products, place the platelets in the blood supplier's box			
	and wrap with paper or bubble wrap. Place room temperature gel			
	packs in the box with the platelets. Refer to procedure, "Shipping			
	Boxes Packing and Quality Control."			
7	Place the "Receiving Hospital" copy of the shipping form in the box with the			
	units and seal the box.			
	A. Attach a paper indicating the destination of the units to the top of the			
	cooler or shipping box.			
	B. If the units are going to ARC, attach a green RETURN label to the outside of the box.			
	Calling of the box.			
8	Arrange for transportation of the units. The RECEIVING facility should			
	always call and pay for the courier fees.			
	Note: Obtain supervisor approval to now accoming to			
	Note: Obtain supervisor approval to pay courier fees when shipping short dated products out of inventory and the receiving facility does not want to pay			
	for the courier.			
9	Fax a copy of the "Hospital-to-Hospital Accounting Form" or "Blood			
	Shipping Form" to ARC or NBE. Document the fax transmission. Retain			
	copies in the appropriate folder for blood product billing reconciliation.			

Transferring Units INTO Inventory When Shipped Between Sites (WAH & SGAH) [Ship Out to Inventory in LIS]

Ston	House the second				
Step 1	Action When units arrive, unpack the units and				
1					
	A. Ensure the appropriate temperature range was maintained.B. The units pass the visual inspection.				
	D. The units pass the visual inspection.				
2	Document the receipt on the bottom of the form.				
=	A. Sign, date, and time the "Hospital-to-Hospital Accounting Form" to				
	indicate the units were received at the appropriate temperature and				
	passed visual inspection.				
	B. Stamp the form with the "Visual Inspection OK" stamp, date, and				
	initial.				
3	Receive the blood products in the LIS.				
	A. Access Sunquest function "Blood Status Update."				
	B. In the "Update Option" area, select "Ship Out to Inventory" from the				
	dropdown menu.				
	C. At the "Unit #" prompt, scan the unit number (the number may be				
	typed if it is damaged and does not scan properly).				
	D. At the "supplier" prompt, scan the collection facility.				
	E. At the "Component" prompt, select the correct component type from				
	the dropdown menu.				
	F. Follow steps C-F to add any additional units that will be transferred.				
	G. Press the "tab" button twice to default the current date and time.				
	Alternatively, type in a date and time.				
	H. In the "New Status" field, select "INV Inventory" from the dropdown menu.				
	I. At the "Pass Visual Inspection" prompt, select "Y" for yes if the units				
	passed visual inspection. If they did not pass, select "N" and place the				
	units into quarantine per procedure, "Quarantine of Blood Products."				
	J. Click on the "Unit Location" button.				
	a. Select the receiving hospital from the list.				
	b. Click the "OK" button.				
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	K. Click the "Save" button.				
4	Store the blood products in the appropriate storage container.				

Title: Transfer of Blood Products

6. RELATED DOCUMENTS

SOP: Germantown ED Blood Bank Support

SOP: Quarantine of Blood Products

SOP: Shipping Boxes Packing and Quality Control

Form: American Red Cross Hospital-to-Hospital Accounting Form Form: National Blood Exchange Invoice Blood Shipping Form

7. REFERENCES

- Roback, J.D., Combs, M.R., Grossman, B.J., Hillyer, C.D. 2008. Technical Manual of the <u>AABB</u>, 16th ed. AABB Publishing, Bethesda, Maryland.
- 2. Standards for Blood Banks and Transfusion Services, 2011. AABB, 27th ed. AABB Publishing, Bethesda, Maryland.

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes WAB315.00,SGAH B315.002		
000	5.15.2013	Sections 5: ARC form changed from "Transfer Notification Form" to "Hospital-to-Hospital Accounting Form." Section 6: ARC and NBE forms added Section 9: ARC and NBE forms removed	SCodina	NCacciabeve
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9. ADDENDA AND APPENDICES

Appendix A: ARC Location Codes for the Local Area

Appendix A

ARC Location Codes for the Local Area

Code	Hospital
B0VALR	Baltimore VA Medical Center
BONOAR	Baltimore Washington Medical Center
BOBONS	Bon Secours Hospital
BICALV	Calvert Memorial Hospital
BOCRRI	Carroll Hospital Center
BICHIL	Children's National Medical Center (DC)
B1PHYS	Civista Medical Center
B1DRCM	Doctor's Community Hospital
BIFTWA	Fort Washington Medical Center
B0FRNK	Franklin Square Hospital Center
B0FRED	Frederick Memorial Hospital
BOBGMC	Greater Baltimore Medical Center
BIGWUH	George Washington University Hospital
BIGTWN	
B0GOOD	Georgetown University Hospital
BOHRBR	Good Samaritan Hospital
BOHARF	Harbor Hospital
BOHWRD	Hartford Memorial Hospital
ВОНОРК	Howard County General Hospital
BOFKEY	Johns Hopkins Hospital
ВОЈНРН	Johns Hopkins Bayview Medical center
BOMDGN	Johns Hopkins Oncology
BOYKMH	Maryland General Hospital
BOMRCY	Memorial Hospital, York
BOBLCO	Mercy Hospital
BINFPH	Northwest Hospital Center
BIHOLY	Not For Profit Hospital (Previously UMC)
BIHOWD	Holy Cross Hospital
BIGRLR	Howard University Hospital
BIPGHC	Laurel Regional Hospital
BIMONT	Prince George's Hospital Center
BIPRWM	Montgomery General Hospital (MedStar)
B1REST	Prince William Hospital
	Reston Hospital Center
BISHAD	Shady Grove Adventist Hospital
BIPOTO	Sentara Potomac Hospital
BOSNAI	Sinai Hospital
B1SOMD	Southern Maryland Hospital Center
BOSTAG	St. Agnes Hospital
BOSTJO	St. Joseph Medical Center
BISTMY	St. Mary's Hospital
BISUBU	Suburban Hospital
BOUMCC	University of Maryland Medical Center
BOFALL	Upper Chesapeake Medical Center
BOUNMH	Union Memorial Hospital
BOUMHC	University of Maryland Hospital for Children
BIARLN	Virginia Hospital Center-Arlington
BIWADV	Washington Adventist Hospital
BIVADC	Washington DC VA Medical Center
B1WAHC	Washington Hospital Center

American Red Cross Washington, DC 20006

Hospital-to-Hospital Accounting Form



Initiated by Name:		Date:	THE DESIGNATION	Time:	
Transferred from (Credit)			Transferred	sferred to (Billed)	
Customer Code:		Customer Code:			
Customer Name:					
City:	State:	City:		State:	
BLOOD PRODUCT INFOR					
DIN, WBN, or Pool Number	Product Co	de	Expiration Date	Comments	
			<u>Largadon</u>	= MEG	
				COURT AND THE STATE OF	
32 3					
FOR SHIPPING HOSPITA	AL USE ONLY				
Product Storage Range:	Red Blood Cell Pro Platelet Products: Frozen Plasma Pro	20°C to 24°C	with continuous gent		
Except where noted, I certify that control of the hospital blood bank Code of Federal Regulations, and	s, have been stored cont	inuously at th	e appropriate tempera	have not been out of sture in accordance with the	
Signature:		Packed: ►	Time Packe	ed:▶	

Form: Hospital-to-Hospital Accounting Form