

Memorandum

To:

Blood Bank Medical Directors

Blood Bank Supervisors

From:

Nanette Johnson, IRL Director

Subject:

Changes in Patient Reports Effective October 6, 2014

The Red Cross, Greater Chesapeake and Potomac Region would like to update you on some exciting changes in our patient antibody identification reports. The average time for transmittal of our preliminary reports, complete with transfusion recommendations and billing information, is consistently less than 24 hours. Transmittal of the final report is desired within five calendar days, but we have not been able to achieve this goal as of yet (currently six to seven calendar days). We are moving to completion of a standard report template upon conclusion of the patient case work which will eliminate the preliminary report in the majority of cases and should serve to drastically reduce this turnaround time.

Date: September 29, 2014

Report content will not change but the format will be slightly different. There will be four types of reports: FINAL, PRELIMINARY, PARTIAL and AMENDED. The type of report will appear at the top above "Reference and Consultation Report". A report in FINAL status indicates all test results are complete and reviewed. A report in PRELIMINARY status indicates all test results are complete but have not been reviewed. PRELIMINARY reports will be accompanied by an Urgent Release of Test Results form. A PARTIAL report contains incomplete, yet reviewed test results. A report in the AMENDED status provides additional information after a FINAL report has been sent. PARTIAL and AMENDED reports will have a reviewer name and signature while PRELIMINARY reports will not. FINAL reports will always have a reviewer name but the presence of a signature is dependent on if the reviewer is on-site (signed) or off-site (not signed). FINAL reports without a signature will be signed and re-transmitted. Please see the attached example of a FINAL report.

Should you have any questions or concerns about the new report, please address them to the contacts below.

Contact Phone Numbers

Nanette Johnson: 410-764-4614

IRL: 410-764-4650 or 1-800-728-5411

Thank you for your support as we continuously try to improve our services to our customers.



HOSPITAL: BLOOD BANK

Hospital Name 123 Name of Road City, State 22222 Greater Chesapeake & Potomac Blood Services Region 4700 Mount Hope Drive Baltimore, MD 21215-3231 410-764-7000

Status is reported here

FINAL

REFERENCE A	ND CONSULTATION REPORT
Patient Name: Jane Doe	Sample Collection Date: 09/26/2014
Date of Birth: 01/01/1975	Sample Receipt Date: 09/26/2014

ARC Log Number: 113-14 Report Date: 09/27/2014
Sample comments (if applicable): Slightly icteric

Initial Test Results:

ABO/Rh:	DAT Polyspecific AHG:	DAT Monospecific anti-lgG	DAT Monospecific anti-C3	Saline Control		
O Positive	Positive (2+)	Positive (2+)	Negative	Negative		
Historical or antibody(s) detected by hospital:	Anti-E				

Serological Antigen Typing:

С	٠E	, C	8	K	k	Fy ⁸	Fyb	Jkª	Jk ^b	M	N.	S	8	Lea	i.eb	P ₁		43		
+	Ö	0	+	0	+	0	+	+	0	+	+	0	+	0	+	+				
Prob	able	Phe	notyp	e:		RIR	1 (D	Ce/D	Ce)							1	 			
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Serum/Plasma Studies:

Antibody:	Phase(s) of Reactivity:	
Anti-c	LISS 37°C (2+) IAT (2+)	
Anti-E	Not reactive	

Eluate Studies:

יאוועווען,	Phase(s) of Reactivity:
Anti-c	LISS 37°C (1+), IAT (2+)

Methods/Remarks:

All other clinically significant alloantibodies to common red cell anitgens have been excluded by LISS.

Transfusion Therapy Recommendations:

Transfusion requirements of this patient are best evalutated by your Transfusion Service Medical Director.

If transfusion therapy is indicated for this patient, select ABO and D compatible, crossmatch compatible blood negative for the E and c antigens.

Technologist/Date:	Technologist Name/Date	
	Reviewer Name/Date Preliminary reports unil be sent ph	W
	ew performed, reviewer signature to follow to KNCU W/	H -
Results released urgent	ity, reviewed report to follow 2 1000 OF TEST Documents	Cocho

Abbreviations: DAT=direct antiglobulin test NT=not tested CDP=chloroquine diphosphate IAT=indirect antiglobulin test RESt=rabbit erythrocyte stroma AET=2-aminoethytisothicuronium bromide DTT=dithictbreitol ALB=albumin PEG=polyathytene glycol QNS=quantitiy not sufficient LISS=low lonic strength solution mf=mixed field EGA=EDTA glycine acid IS=immediate spin RT=room temperature DTT=dithictbreitol W=weak PEG=polyathytene glycol m=microscopic

Template: Patient Report