

## TRAINING UPDATE

**Lab Location:** WOMC and FWMC      **Date Implemented:** 3/10/2022  
**Department:** Blood Bank      **Due Date:** 3/16/2022

### DESCRIPTION OF PROCEDURE REVISION

#### **Name of procedure:**

Referral of Blood Bank Workups from FWMC to WOMC

#### **Description of change(s):**

Effective Wednesday, March 16, the FWMC T&S order will generate 2 labels.

- The TS label will be used to collect the T&S specimen using the BB/TS armbanding system
- The BBWO label will be used to collect an extra pink tube to be sent to WOMC for storage. The extra pink tube will be used to complete AbID and ABO discrepancy testing if needed.

This change was made to help decrease the time delays related to sample recollection and transport when a workup must be referred to WOMC. We will send all samples with the next available courier. If blood is ordered and additional workup is needed, a STAT courier will be called to transport the specimen.

FWMC BB staff members will complete the "Blood Bank Workup Referral Form" and fax to WOMC BB when antibody ID or ABO discrepancy testing is required.

1. The FWMC BB staff member will notify the patient care area that the sample is being referred and compatible blood products may be delayed.
2. The FWMC BB staff member will also obtain the patient's pregnancy, RhIG, and transfusion history.
3. The completed form will be faxed to WOMC BB when workup is required.

### Blood Bank Workup Referral Form

Patient Information			
Name		Birthdate	
MRN		Gender	
T&S Accession		Collection Date	
Diagnosis		Transfuse Orders? Is blood needed STAT?	

FWMC Hospital Notification	
Name of person notified	
Date and time of notification	
Tech code	

Obtain Patient History	
What is the patient's pregnancy history?	<input type="checkbox"/> Currently pregnant <input type="checkbox"/> Has been pregnant in the past <input type="checkbox"/> Never pregnant <input type="checkbox"/> Pregnancy history unknown/unavailable
Has the patient received RhIG within the past 90 days?	<input type="checkbox"/> Yes date given: <input type="checkbox"/> No <input type="checkbox"/> RhIG history unknown/unavailable
Has the patient been transfused?	<input type="checkbox"/> Yes, within the previous 90 days <input type="checkbox"/> Yes, but not within the past 90 days <input type="checkbox"/> Never transfused <input type="checkbox"/> Transfusion history unknown/unavailable
Has the patient been hospitalized within the past 90 days?	<input type="checkbox"/> Yes Hospital Name: Approximate Date: <input type="checkbox"/> No <input type="checkbox"/> Hospitalization history unknown/unavailable
Name and Phone Number of FWMC Hospital Contact	

Fax This Form AND Below Information to WOMC BB at 301-388-7506	
Antibody Identification Workup	Antibody screen results on antigram
ABO Discrepancy Workup	Original ABO/Rh typing results Repeat ABO/Rh typing results

Non-Technical SOP

<b>Title</b>	<b>Referral of Blood Bank Workups from FWMC to WOMC</b>	
<b>Prepared by</b>	Stephanie Codina	Date: 3/9/22
<b>Owner</b>	Stephanie Codina	Date: 3/9/22

<b>Laboratory Approval</b>		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

**TABLE OF CONTENTS**

1. PURPOSE.....	1
2. SCOPE .....	1
3. RESPONSIBILITY.....	1
4. DEFINITIONS.....	2
5. PROCEDURE.....	2
6. RELATED DOCUMENTS .....	3
7. REFERENCES .....	3
8. REVISION HISTORY.....	3
9. ADDENDA AND APPENDICES.....	3

- 
- 1. PURPOSE**  
 To define the process for referring blood bank workups from Fort Washington Medical Center to White Oak Medical Center.
  
  - 2. SCOPE**  
 This procedure applies to any Fort Washington Medical Center Blood Bank specimen that needs to be referred to White Oak Medical Center for additional testing.
  
  - 3. RESPONSIBILITY**  
 All blood bank staff members must understand and adhere to this procedure when referring blood bank specimens for testing.

4. **DEFINITIONS**

NA

5. **PROCEDURE**

Step	Action
1	<p>Each T&amp;S order placed at FWMC will generate a separate “BBWO” order.</p> <ul style="list-style-type: none"> <li>A. The BBWO order requires the collection of a 6mL pink tube of blood.</li> <li>B. The BBWO tube will be referred to WOMC with the next available courier using routine tracking.</li> <li>C. Blood bank staff will result the BBWO test using the code “ATWO” which translates to “Additional Tube at White Oak Medical Center.”</li> </ul> <p>The BBWO tube will be used to complete additional blood testing as indicated based on the T&amp;S results. The original T&amp;S tube will remain at FWMC for crossmatch testing after the workup is complete.</p> <p><b>The specimen should be sent via STAT courier if the patient is awaiting transfusion.</b></p>
2	<p>When additional testing is necessary, FWMC staff will complete the “Blood Bank Workup Referral Form” and fax the completed form to WOMC.</p>
3	<p>Complete the patient information section of the form.</p> <ul style="list-style-type: none"> <li>A. Document the patient’s full name, medical record number, birthdate, gender, and diagnosis.</li> <li>B. Document the T&amp;S accession number and collection date.</li> <li>C. Indicate if transfuse orders have been placed.</li> </ul>
4	<p>Immediately notify the patient care area when testing indicates the need to refer a specimen for additional testing. This includes, but is not limited to, a positive antibody screen or ABO discrepancy.</p> <ul style="list-style-type: none"> <li>A. Document the name of the person notified and time of notification on the form.</li> <li>B. Inform the patient care area that crossmatch compatible blood products will be delayed.</li> <li>C. Offer emergency release blood products as needed.</li> </ul>
5	<p>Ask the patient’s primary nurse or provider the following questions and document the responses on the form.</p> <ul style="list-style-type: none"> <li>A. What is the patient’s pregnancy status?</li> <li>B. Has the patient received RhIG in the past 90 days?</li> <li>C. Has the patient been transfused within the previous 90 days?</li> <li>D. Has the patient been hospitalized within the previous 90 days? If yes, determine the hospital name/location and approximate admission date.</li> <li>E. Does the workup need to be completed STAT?</li> </ul>

Step	Action
6	Fax the completed form and the supporting documents to the WOMC laboratory. A. Send the completed antigram for positive antibody screens. B. Send downtime documentation of the original and repeat ABO testing for ABO discrepancy workups.
7	WOMC staff members will complete the workup (including resulting and billing) per procedure. A. Blood products may be provided by WOMC blood bank or ordered from Inova Blood Donor Services. Avoid sending ARC units to FWMC due to contract and billing issues. B. Crossmatching may be performed to ensure blood products are compatible, but IS and gel crossmatched must be performed by FWMC staff using the original T&S specimen prior to issue.

**6. RELATED DOCUMENTS**  
 Blood Bank Referral Form (AG.FW31)

**7. REFERENCES**  
 NA

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By

**9. ADDENDA AND APPENDICES**  
 NA