

**TRAINING UPDATE**

**Lab Location:** WOMC                      **Date Implemented:** 1/3/23  
**Department:** Blood Bank              **Due Date:** 1/18/23

**DESCRIPTION OF PROCEDURE REVISION**

**Name of procedure:**

Referral of Blood Bank Workups from FWMC to WOMC

**Description of change(s):**

1. FWMC will send segments for up to 4 ABO/Rh compatible units from the FWMC inventory with every AbID workup.
2. Units will be documented on the referral form with the results of the FWMC crossmatch testing. This will help guide WOMC staff when performing antigen typing after AbID. WOMC will antigen type compatible units first.
3. WOMC staff will document the time specimen received and time workup started in the appropriate boxes of the referral form. **ALL WORKUPS MUST BE STARTED WITHIN 30 MINUTES OF RECEIPT.** This will be monitored going forward.
4. WOMC staff must call FWMC BB staff to give an update if the workup is not complete within 2 hours. FWMC BB staff are responsible for calling the patient care area to keep them updated. This notification must be documented also.



Fort Washington Medical Center

**Blood Bank Workup Referral Form**

Patient Information			
Name		Birthdate	
MRN		Gender	
T&S Accession		Collection Date	
Diagnosis		Transfuse Orders and Priority?	
Time Received (WOMC)		Time Workup Started (WOMC)	

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 Was an antibody screen done prior to RhIG administration? Y N Antibody (-ies) Identified:
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

Screening Crossmatch Results (Do not label units for issue)					
EMERGENCY RELEASE FORM REQUIRED FOR ISSUE UNTIL ALL TESTING IS COMPLETE					
Unit Number	ABO/Rh	IS XM	Gel XM	Interp	Tech

# AHC.BB 7002 Referral of Blood Bank Workups from FWMC to WOMC

Copy of version 4.0 (approved and current)

Periodic review not required

Controlled Copy of a Manual ID 30576

Effective Date 12/23/2022

Location FWMC BB vol 1

Organization Fort Washington Medical Center

## Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	12/23/2022	4.0	<i>Senda Beltaifa</i> Senda Beltaifa	
Approval	BB Approval	12/21/2022	4.0	Stephanie Codina	
Approval	Lab Director	12/21/2022	3.0	<i>Senda Beltaifa</i> Senda Beltaifa	
Approval	BB Approval	12/19/2022	3.0	Stephanie Codina	
Approval	Lab Director	11/7/2022	2.0	Senda Beltaifa	
Approval	BB Approval	11/2/2022	2.0	Stephanie Codina	
Approval	Lab Director	3/30/2022	1.0	Senda Beltaifa	

## Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
4.0	Approved and Current	Major revision	12/21/2022	12/23/2022	Indefinite
3.0	Retired	Major revision	12/19/2022	12/21/2022	12/23/2022
2.0	Retired	Major revision	11/2/2022	11/7/2022	12/21/2022
1.0	Retired	Initial version	3/9/2022	3/30/2022	11/7/2022

Adventist HealthCare  
 Site: White Oak Medical Center, Fort Washington Medical Center

Title: Referral of Blood Bank Workups from  
 FWMC to WOMC

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

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**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 specimen does not require labeling with the BB/TS armbanding system. Labeling should include the patient’s full name and medical record number, date and time of collection, and the collector’s ID or initials. Refer to the “Sample Specifications for Blood Bank Testing” procedure for additional details.</li> <li>C. The BBWO tube will be referred to WOMC with the next available courier using routine tracking. Specimens that require additional workup will be sent via STAT courier.</li> <li>D. 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>
2	<p>FWMC staff will perform the T&amp;S testing from the primary T&amp;S tube (the one with the BB/TS labeling system).</p>
3	<p>FWMC staff will complete the “Blood Bank Workup Referral Form” when additional workup is required.</p> <ul style="list-style-type: none"> <li>A. Complete the patient information section of the form.                             <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> </li> <li>B. 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.                             <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> </li> </ul>

Step	Action
3 Cont	<p>C. 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. If the patient has received RhIG, was an antibody screen performed prior to the RhIG administration? If yes, what were the results (positive or negative and antibodies identified).</li> <li>d. Has the patient been transfused within the previous 90 days?</li> <li>e. Has the patient been hospitalized within the previous 90 days? If yes, determine the hospital name/location and approximate admission date.</li> <li>f. Does the workup need to be completed STAT?</li> </ul>
4	<p>If the initial antibody screen is positive, FWMC will immediately pull three segments from up to four ABO/Rh-compatible red cells.</p> <ul style="list-style-type: none"> <li>A. Label each segment with the full unit number.</li> <li>B. Write (or adhere) the unit numbers in the designated area of the referral form.</li> </ul>
5	<p>FWMC staff will contact a STAT courier to pickup the patient specimen and two segments from each red cell unit to be screened (up to 4 units) if indicated.</p>
6	<p>FWMC will immediately perform a screening crossmatch (immediate spin and gel) of up to 4 ABO/Rh compatible units (the units for which segments were sent to WOMC). The screening crossmatch will be documented in the appropriate area of the referral form. The screening crossmatch results will be used to help assess which units will be best suited for the patient should emergency release blood be requested.</p> <ul style="list-style-type: none"> <li>A. Do not tag the red blood cells for issue (do not place patient identifiers on the red cell units).</li> <li>B. Units must be issued with an emergency release form if requested before all blood bank testing has been completed.</li> </ul>
7	<p>FWMC staff will fax the completed form and the supporting documents to the WOMC blood bank at 301-388-7506 and call the blood bank at 240-637-5160 to ensure they received the paperwork.</p> <ul style="list-style-type: none"> <li>A. Send the completed antigram for positive antibody screens.</li> <li>B. Send downtime documentation of the original and repeat ABO testing for ABO discrepancy workups.</li> </ul>

Step	Action
8	<p>WOMC staff members will complete the workup (including resulting and billing) per procedure.</p> <ul style="list-style-type: none"> <li>A. Workup will be started within 30 minutes of specimen arrival at WOMC. WOMC staff will give a status update to the FWMC blood bank tech if the workup is not complete within 2 hours of receipt at WOMC.</li> <li>B. The specimen arrival time and workup start time will be documented on the referral form.</li> <li>C. WOMC staff will antigen type red cells that were compatible by screening crossmatch first.</li> <li>D. Additional 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.</li> <li>E. Crossmatching may be performed at WOMC to ensure blood products are compatible.</li> <li>F. FWMC staff must perform IS and gel crossmatch testing (as indicated per procedure) using the primary tube labeled with the TS/BB labeling system when red cells are shipped from WOMC. The screening crossmatch meets this requirement and may be entered into Sunquest after the workup is complete and antigen typing has been performed.</li> </ul>
9	<p>FWMC blood bank staff is responsible for updating the patient care team of delays in antibody identification or blood availability.</p>

**6. RELATED DOCUMENTS**

Sample Specifications for Blood Bank Testing Procedure  
 FWMC Crossmatch Procedure  
 Blood Bank Referral Form (AG.FW31)

**7. REFERENCES**

NA

Adventist HealthCare  
 Site: White Oak Medical Center, Fort Washington Medical Center

Title: Referral of Blood Bank Workups from  
 FWMC to WOMC

## 8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
1	11/2/22	Added requirement to ask if an AbS and ABID were performed prior to giving RhIG. Added requirement to screen units via downtime crossmatch for patients with positive antibody screens.	SCodina	N Cacciabeve S Beltaifa
2	12/18/22	Updated procedure to match changes in the referral form (added a place to document time specimen received at WOMC, time workup started, and screening crossmatch documentation). Added requirement to send segments to WOMC, send all workups via STAT courier, and FWMC must notify the patient care area if workup not complete within 10 hrs of specimen receipt.	SCodina	N Cacciabeve S Beltaifa
3	12/21/22	Removed 10 hour AbID TAT. Added statement for testing lab to give an update if not complete within 2 hours. FWMC staff are responsible for updating the patient care team.	SCodina	NCacciabeve SBeltaifa

## 9. ADDENDA AND APPENDICES

NA