Policy Statement	Identifying information for the patient and the blood sample shall correspond and be confirmed at the time of collection using two independent identifiers. Blood samples shall be identified with an affixed label bearing sufficient information for unique identification of the patient. Only those specimens that have sufficient volume and that are completely, accurately and legibly labeled will be accepted. All identifying information on the request is confirmed to be in agreement with that on the sample label prior to testing. In case of discrepancy or doubt, a new sample is obtained.
Purpose	This procedure will outline the steps involved in receiving a specimen for testing in the transfusion service. This procedure will also outline the steps involved in rejecting a specimen for testing.
Scope	This applies to all Transfusion Service testing.
Responsibility	This applies to all testing personnel in the Transfusion Service.

Specimen

- For all transfusion service testing the specimen should be collected in a K_2EDTA pink top tube (7mL tube).
  - Transfusion Reaction investigations require two (2) pink top specimens.
  - For pediatric patients the K_2EDTA lavender top (2mL tube) is acceptable.
  - For neonatal patients the K_2EDTA lavender top microtainer is acceptable.
  - Specimen should be at least half-full.

Notes

- Specimens may be sent directly to transfusion service from patient care area through the Pevco tube system or delivered in person.
- Specimens may be received initially in specimen processing of the core laboratory and sent to the transfusion service through the Pevco tube system or delivered in person.

Standard Receiving Instructions

1. Verify specimen was collected in the appropriate tube and the volume is sufficient for testing.
    a. Reject discrepancies. Refer to **Specimen Rejection Procedure** below.
2. Verify the specimen is labeled with all of the required information. Meditech labels are preferred but handwritten or chart labels are acceptable provided all information is documented.
    a. Minimum of two of the three following patient identifiers are required.
        i. Patient's first and last name.
        ii. Patient's medical record number and/or patient's date of birth.
    b. Time and date of specimen collection.
    c. Name/Signature of the specimen collector, either first initial and full last name or Meditech ID.
        i. Electronic signature from Mobilab is acceptable, even if it is not also printed on the label.
    d. Reject discrepancies. Refer to **Specimen Rejection Procedure** below.
3. Document specimen receipt in Meditech LIS. During downtime refer to downtime procedures and documentation.
    a. Enter the correct collect time.
    b. Enter the identification (Meditech ID) of the collector.
        i. Entering the collector's first and last initials into the field and pressing F9 can help identify the collector's Meditech ID.
        ii. If there is difficulty identifying the collector's identity, contact the patient's location and speak with the patient's caregiver.
    c. Enter time and date of specimen receipt (will populate automatically).
    d. Enter the name of the individual receiving the specimen (will populate automatically).
4. Refer to any **Special Receiving Instructions** according to the type of specimen (see below) and follow instructions appropriately.
5. Centrifuge the specimen and check for evidence of hemolysis.
    a. Grossly hemolyzed specimens should be rejected. Refer to **Specimen Rejection Procedure** below.
    b. In the event of a patient with *in vivo* hemolysis, testing may proceed but the presence of hemolysis should be documented in the comments and considered when selecting test methodology and interpreting results.
6. Integrate the specimen into the workflow in a manner that the testing will be complete within the established turnaround time.
7. Document any problems, caregiver complaints or discrepancies with an occurrence report form.

Special Receiving Instructions

Type and Screen Testing (TYSC)

1. Verify the response to the sickle cell query in the LIS specimen comments for the TYSC.
    a. For confirmed sickle cell disease patients notify the patient's caregiver and document as appropriate. Refer to TRAN 6035 R Transfusion of Sickle Cell Patients for further instructions.
    b. If the query is not in the specimen comments or if the query is responded to other than Y or N, investigate further as appropriate.
2. TYSC specimens drawn as part of preadmission testing must have a Preadmission Testing Patient Transfusion History Form (TRAN 6017 F) accompany the specimen. These specimens can be identified by their registration date and location in the Meditech LIS (will have a blank location on pending log and show as PRE IN under internal inquiry).
    a. Enter the correct canned comment into the specimen comments for the patient's response to the transfusion history form. BBKHX for "NO" and BBKHXYES for "YES".
    b. Type and Screen (TYSC) expiration date will be changed as appropriate. For instructions refer to TRAN 6017 Jb.
3. Review the patient's blood bank history. Use BBK History Inquiry during computer uptime, refer to TRAN 6016 R. During computer downtime refer to downtime procedures.
    a. For patients who have no previous blood bank history. A Retype should be ordered for collection. Refer to TRAN 6014 Q.
    b. For patients who have history of special testing or transfusion requirements (including antibody patients), notify the patient's caregiver and document as appropriate. Refer to TRAN 6034 Q.

Fetal Bleed Screening

1. Verify the Rh D type of both the mother and child, if known.
2. Do not centrifuge the specimen.

Cord Blood Hold/Evaluation

1. Cord Blood Specimens will generally (not always) have a large pink under-label that will have handwritten patient identifiers for sex, last name and medical record number. This is the only acceptable example of double-labeling.
2. Verify the mother's blood type, antibody screen results and antibody history. If a mother is Rh-negative, has a positive antibody screen and/or a history of clinically significant antibodies the specimen should be converted to CDEV at the time of receipt if a Hold was ordered.
3. Prior to centrifugation check the specimen for clots with wooden applicator sticks.
4. Refer to TRAN 6024 R Cord Hold and Cord Blood Evaluation Procedure.

Specimen Rejection Procedure

- A rejected specimen that is not to be used for transfusion (e.g. prenatal testing) can be approved for testing by the Lead Technologist or designee after investigation. A specimen comment must be entered with the details.

1. Call the patient's location and notify the caregiver that the specimen will be rejected and will need to be reordered and recollected.
2. Cancel the specimen in the LIS. During downtime refer to downtime procedures and documentation.
    a. Enter the canned comment BBREJECT.
    b. Fill in the reason for cancellation.
    c. Fill in the contacted caregiver.
3. For patients in the ED only, reorder the TYSC in the LIS. The ED phlebotomists will be able to see the order on their draw list and print specimen labels.
4. For all other locations the patient's caregiver will need to reorder the testing. Make sure they are aware that they need to reorder the test if it is still indicated.
5. Store the specimen in the refrigerator in the rejected specimens rack.
6. Document the rejected specimen on the rejected specimen log. If time permits submit an ORF (especially for mislabeled specimens).