TITLE: COLLECTION OF BLOOD BANK SAMPLES FOR TYPE AND SCREEN

PRINCIPLE:

Collection of a properly labeled pretransfusion blood sample from the intended recipient is critical to safe blood transfusion. The majority of hemolytic transfusion reactions arise from misidentification of patients or pretransfusion sample labeling errors.

SCOPE:

This procedure applies to samples collected for blood bank type and screen.

POLICIES:

1. All patients must be identified following the hospital patient identification policy:

PR-QLY-2002-36 Patient Identification.

2. All patients who are prospective recipients of blood will receive a Barcode Blood Band. The Barcode Blood Band is used for positive identification of the blood recipient, blood sample, transfusion request form and cross- matched units of blood. A Positive Patient Identification Verification form must be completed by two employees to ensure positive patient identification.

3. All blood bank samples must be collected and labeled following the Venipuncture and Specimen Labeling and Transport procedures.

4. The Barcode Blood Band is to remain on the patient for the entire admission. Do not remove unless approved by blood bank.

5. A Barcode Blood Band is not necessary for the transfusion of platelets, fresh frozen plasma, cryoprecipitate or rhogam.

MATERIALS:

7 mL EDTA Lavender top tube (Neonates-4 mL EDTA Lavender top tube)

Barcode Blood Band

Positive Patient Identification Verification Form

SPECIMEN:

Approximately 7 mLs of specimen in a properly labeled EDTA lavender top tube. Neonatal patient specimens are collected in a properly labeled 4 mL EDTA lavender top tube with a minimum of 2 mLs.

PROCEDURE:

The individual collecting the specimen must unmistakably identify the patient following PR-QLY-2002-36 Patient Identification prior to collection and remain at patient’s side until entire procedure is complete.

1. After patient identity has been verified by the individual collecting the sample, the collector must scan the barcode on the patient’s hospital armband and print needed labels. Labels are NOT to be pre-printed.

2. Verify the printed labels display the patient’s full name, medical record number, employee name, and date/time collected.

Notes:

a. The employee named printed on the specimen label must be the collector

and must be one of the employees completing the Positive Patient Identification Verification form.

b. If an employee ID number prints, employee initials must be recorded.

3. Collect the specimen in a 7 mL EDTA lavender top tube. Neonatal patient specimens are collected in a 4 mL EDTA lavender top tube with a minimum of 2 mLs.

Note: Do not use microtainers for blood bank specimens without consulting the blood bank prior to collection.

4. Using the labels printed in step 1, place a patient label onto the “PLACE PATIENT INFORMATION HERE” area of the Barcode Blood Band, located underneath the clear protective shield. Peel the inner liner from the shield and cover the patient label with the shield and seal the edges.

5. Peel the specimen tube sticker from the Barcode Blood Band and place the sticker onto the specimen tube lengthwise. Remove tail of stickers from Barcode Blood Band at the perforation and send with the specimen to the lab.

6. Apply the patient label onto the specimen tube sticker underneath the dashed line.

7. Place two patient labels on the Positive Patient Identification Verification form under record patient information. The employee collecting the specimen must date, sign first and last name and print first and last name on the Positive Patient Identification Verification form.

8.A second health care professional employee must unmistakably identify the patient following PR-QLY-2002-36 Patient Identification and confirm the patient name, medical record number on the Positive Patient Identification Verification form, Barcode Blood Band and blood bank specimen. Sign first and last name , print first and last name and date the Positive Patient Identification Verification Form.

9. Wrap the Barcode Blood Band around patient extremity to size and snap button closure to secure.

10. Transport the specimen, tail of stickers and completed Positive Patient Identification Verification Form to the laboratory.

PROCEDURE NOTES:

1. All tubes must be labeled before leaving the patient’s bedside or exiting from the phlebotomy area.

2. Improperly labeled tubes will not be accepted.

3. Incompletely or inaccurately labeled tubes will never be returned to the phlebotomist or collection area for completion or correction once submitted to the lab.

4. Samples collected from a previously Barcode Blood Banded patient for a new type and screen, must be properly identified and a sticker from the patient’s Barcode Blood Band placed on the tube. If a sticker is not available, write the Barcode Blood Bank number on the patient specimen label. If the Barcode Blood Band is illegible or ALL the unique alphanumeric blood band identifiers have been removed the Barcode Blood Band will need to be replaced.

5. If the Barcode Blood Band has been removed for any reason, a new specimen must be collected and a new Barcode Blood Band applied. The type and screen (and crossmatches, if applicable), must be repeated using the new specimen.

6. Correcly labeled type and screen specimens without a Positive Patient Identification Verification Form will be rejected.

RELATED PROCEDURES:

Venipuncture

[SPCL-101\_Specimen\_Labeling\_and\_Transport](http://infonet.armc.com/departments/Lab/ARMC%20Lab%20Policies%20and%20Procedures/Specimen%20Collection,%20Labeling%20and%20Transport%20Manual/Labeling%20and%20Transport/SPCL-101.doc)

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SOP HISTORY PAGE

SOP Number: SPCL-210

SOP Title: COLLECTION OF BLOOD BANK SAMPLES FOR TYPE AND SCREEN

Written By: Kim Byrd

Manual in which Hard Copy of this SOP is located: Specimen Collection

Distribution:

Supersedes Procedure: Collection of Blood from Recipient for Compatibility Testing, Collection of Blood from Recipient for CompatibilityTesting Neonatal Population

SOP CHANGE CONTROL

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