

Standardized Testing / Operating Protocol Request

General Information			
Title of STOP:	Cord Blood Workups (Vision and Manual Gel)		
Requestor Name:	Teresa Wright	Submission Date:	01/27/20
Description:	MC blood bank will perform Cord Blood Workups. Primary method will be Vision, backup will be tube blood type and manual gel DAT	Target Date:	02/23/20
X Performing Location(s)	X Affected Location(s)	X Affected Department(s)	
Alamance Cancer Center	Alamance Cancer Center	<input checked="" type="checkbox"/> Blood Bank	
High Point Cancer Center	High Point Cancer Center	Cytology	
Wesley Long Cancer Center	Wesley Long Cancer Center	Flow Cytometry	
Alamance Regional	Alamance Regional	Histology	
Annie Penn Hospital	Annie Penn Hospital	Microbiology	
MedCenter @ High Point	MedCenter @ High Point	Phlebotomy	
MedCenter @ Mebane	MedCenter @ Mebane	Point Of Care	
<input checked="" type="checkbox"/> Moses Cone Hospital	<input checked="" type="checkbox"/> Moses Cone Hospital	Rapid Response Lab	
Wesley Long Hospital	Wesley Long Hospital	Respiratory Therapy	
Women's Hospital	Women's Hospital	Specimen Processing	
Training / Competency			Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	in progress
Training checklist needs to be created or revised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	completed
Competency Log, Observation form or Blind Sample form needs to be created or revised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	completed
Quiz need to be created or revised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Quality			Section Not Applicable
Document updates needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	New / Revised Docs: 77420.1814 Cord Blood Workup		
	Retired Documents: Cord Blood Workup - WH site specific		
Does Current Test have a IQCP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will New Test need a IQCP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Memo/Notification to Client Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	* If yes, mark below & include with Request
	<input type="checkbox"/>	<input type="checkbox"/>	GSO/Reidsville Medical Staff
	<input type="checkbox"/>	<input type="checkbox"/>	ARMC Medical Staff
	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy - DeAnne Brooks / Jim Hasspacher
	<input type="checkbox"/>	<input type="checkbox"/>	#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
	<input type="checkbox"/>	<input type="checkbox"/>	Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DAT automated added to test menu
CMS Analyte Form Changes Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PT Survey Changes / Orders Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Title of STOP:		Cord Blood Workups (Vision and Manual Gel)					
Safety: Chemicals / Reagents				<input checked="" type="checkbox"/>		Section Not Applicable	
Chemical Inventory Changes Needed?				If Yes, Send Chemical Inventory Update Form to Mathieu Vestal			
		Name of Product(s):					
		Retired Product(s):					
Billing				<input checked="" type="checkbox"/>		Section Not Applicable	
		Yes * No		*If Yes, Explain			
Billing Changes Required?				CPT/LOINC Code:			
		CDM #:		CDM Modifier:			
Technical Changes				<input type="checkbox"/>		Section Not Applicable	
Select One:		<input type="checkbox"/> New Test / Instrument		<input checked="" type="checkbox"/> Existing Test / Instrument			
Please indicate any necessary changes / additions below or mark "X" under N/A							
Explain Changes / Additions & Attach patient report example or instrument printout							
N/A							
Reference Range:		ABO/Rh is NA, DAT = negative					
Critical Result:		positive DAT on cord blood is an Alert value					
Delta Check:		<input checked="" type="checkbox"/>					
Technical/Clinical Range:		<input checked="" type="checkbox"/>					
Autodilution:		<input checked="" type="checkbox"/>					
Middleware Rules:		<input checked="" type="checkbox"/>					
Text/Comment Code:		<input checked="" type="checkbox"/>					
QC Code:		<input checked="" type="checkbox"/>					
Specimen Requirements:		<input checked="" type="checkbox"/>					
Specimen Type:		<input checked="" type="checkbox"/>					
Container/ Tubes:		Preferred: Lavender EDTA cord blood					
		Acceptable: clotted is acceptable					
		Required Volume:					
		Minimum Volume:					
Special Collection Instructions:							
		Yes *		No		N/A	
Autoverification Desired:						<input checked="" type="checkbox"/>	
ITS Tech Review been initiated / scheduled? Required if on Network						<input checked="" type="checkbox"/>	
Technical Description of Change		no changes are needed in the LIS. This is an active order code that is already assigned to the MC BB worksheets.					
IT Information				<input type="checkbox"/>		Section Not Applicable	
				Pre-live Docs Needed?		Completed?	
				Yes No		Yes No	
Computer Systems Involved:		Sunquest		<input checked="" type="checkbox"/>			
		CHL		<input checked="" type="checkbox"/>			
		PowerPath		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
		WindowPath		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
				Yes No		Yes No	
				Instrument / Manual Test		<input checked="" type="checkbox"/>	

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Title of STOP:		Cord Blood Workups (Vision and Manual Gel)	
Analyzer Interface Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Middleware Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Order Code Assigned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Order Code: CORDB
		Worksheet:	
Select the necessary Medical Director Approval below <i>Signatures completed in MediaLab</i>			
	Yes	No	
Alamance Regional Medical Director		<input checked="" type="checkbox"/>	
MedCenter Mebane Medical Director		<input checked="" type="checkbox"/>	
Greensboro/Reidsville Medical Director	<input checked="" type="checkbox"/>		
Cancer Centers Medical Director		<input checked="" type="checkbox"/>	

Standardized Testing / Operating Protocol Request

General Information			
Title of STOP:	RhIG Workups (WHRHG) Performed at MC including Fetal Bleed Screens (FBS)		
Requestor Name:	Teresa Wright	Submission Date:	01/27/20
Description:	MC blood bank will perform postpartum Rhlg	Target Date:	02/23/20
X	Performing Location(s)	X	Affected Location(s)
	Alamance Cancer Center		Alamance Cancer Center
	High Point Cancer Center		High Point Cancer Center
	Wesley Long Cancer Center		Wesley Long Cancer Center
	Alamance Regional		Alamance Regional
	Annie Penn Hospital		Annie Penn Hospital
	MedCenter @ High Point		MedCenter @ High Point
	MedCenter @ Mebane		MedCenter @ Mebane
	Moses Cone Hospital	x	Moses Cone Hospital
	Wesley Long Hospital		Wesley Long Hospital
	Women's Hospital		Women's Hospital
Training / Competency			Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?	x		
Training checklist needs to be created or revised?	x		FBS completed
Competency Log, Observation form or Blind Sample form needs to be created or revised?		x	
Quiz need to be created or revised?	x		
Quality			Section Not Applicable
Document updates needed?	x		
	New / Revised Docs: 77420.1840 MC Fetal Bleed Rapid Screen Test		
	Retired Documents:		
Does Current Test have a IQCP?		x	
Will New Test need a IQCP?		x	
Memo/Notification to Client Needed?		x	* If yes, mark below & include with Request
			GSO/Reidsville Medical Staff
			ARMC Medical Staff
			Pharmacy - DeAnne Brooks / Jim Hasspacher
			#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
			Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?	x		Will need to be added to CAP test menu go live date
CMS Analyte Form Changes Needed?		x	
PT Survey Changes / Orders Needed?	x		HBF PT survey already ordered
Safety: Chemicals / Reagents			Section Not Applicable
Chemical Inventory Changes Needed?			<i>If Yes, Send Chemical Inventory Update Form to Mathieu Vestal</i>
	Name of Product(s):		
	Retired Product(s):		

Standardized Testing / Operating Protocol Request

Title of STOP:		RhIG Workups (WHRHG) Performed at MC including Fetal Bleed Screens (FBS)					
Billing			<input checked="" type="checkbox"/>	Section Not Applicable			
	Yes *	No	*If Yes, Explain				
Billing Changes Required?	<input type="checkbox"/>	<input type="checkbox"/>	CPT/LOINC Code:				
	CDM #:		CDM Modifier:				
Technical Changes			<input type="checkbox"/>	Section Not Applicable			
Select One:	<input type="checkbox"/> New Test / Instrument	<input checked="" type="checkbox"/> Existing Test / Instrument	Please indicate any necessary changes / additions below or mark "X" under N/A				
<i>Explain Changes / Additions & Attach patient report example or instrument printout</i>							
N/A							
Reference Range:	<input checked="" type="checkbox"/>						
Critical Result:	<input checked="" type="checkbox"/>						
Delta Check:	<input checked="" type="checkbox"/>						
Technical/Clinical Range:	<input checked="" type="checkbox"/>						
Autodilution:	<input checked="" type="checkbox"/>						
Middleware Rules:	<input checked="" type="checkbox"/>						
Text/Comment Code:	<input checked="" type="checkbox"/>						
QC Code:	<input checked="" type="checkbox"/>						
Specimen Requirements:	<input checked="" type="checkbox"/>						
Specimen Type:	<input checked="" type="checkbox"/>						
Container/ Tubes:	Preferred: Pink EDTA						
	Acceptable: Lavendar EDTA						
	Required Volume:						
	Minimum Volume:						
Special Collection Instructions:							
	Yes *	No	N/A				
Autoverification Desired:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
ITS Tech Review been initiated / scheduled? Required if on Network	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Technical Description of Change	active order is already assigned to MC BB worksheets						
IT Information			<input type="checkbox"/>	Section Not Applicable			
Computer Systems Involved:		Yes	No	Pre-live Docs Needed?		Completed?	
	Sunquest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	N/A	Yes	No
	CHL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PowerPath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WindowPath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Instrument / Manual Test		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Analyzer Interface Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Middleware Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Order Code Assigned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Order Code:	WHRHG & FETAL			
			Worksheet:				

Standardized Testing / Operating Protocol Request

Title of STOP:	RhIG Workups (WHRHG) Performed at MC including Fetal Bleed Screens (FBS)	
Select the necessary Medical Director Approval below <i>Signatures completed in MediaLab</i>		
	Yes	No
Alamance Regional Medical Director		X
MedCenter Mebane Medical Director		X
Greensboro/Reidsville Medical Director	X	
Cancer Centers Medical Director		X

Standardized Testing / Operating Protocol Request

General Information			
Title of STOP:	Neonatal Exchange Transfusion Using Reconstituted RBCs from Oneblood		
Requestor Name:	Teresa Wright	Submission Date:	01/27/20
Description:	When an infant an MC requires exchange transfusion, reconstituted RBCs will be ordered from Oneblood	Target Date:	02/23/20
X	Performing Location(s)	X	Affected Location(s)
	Alamance Cancer Center		Alamance Cancer Center
	High Point Cancer Center		High Point Cancer Center
	Wesley Long Cancer Center		Wesley Long Cancer Center
	Alamance Regional		Alamance Regional
	Annie Penn Hospital		Annie Penn Hospital
	MedCenter @ High Point		MedCenter @ High Point
	MedCenter @ Mebane		MedCenter @ Mebane
X	Moses Cone Hospital	X	Moses Cone Hospital
	Wesley Long Hospital		Wesley Long Hospital
	Women's Hospital		Women's Hospital
Training / Competency			Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?	X		
Training checklist needs to be created or revised?	X		Blood Hub computer exercise to be developed
Competency Log, Observation form or Blind Sample form needs to be created or revised?		X	
Quiz need to be created or revised?	X		Procedural quiz to be developed
Quality			Section Not Applicable
Document updates needed?	X		
	New / Revised Docs: 77420.1829 Exchange Transfusion Using Reconstituted RBCs from Oneblood - MC site specific		
	Retired Documents: Exchange Transfusion Using Reconstituted RBCs from Oneblood - WH site specific		
Does Current Test have a IQCP?		X	
Will New Test need a IQCP?		X	
Memo/Notification to Client Needed?		X	* If yes, mark below & include with Request
			GSO/Reidsville Medical Staff
			ARMC Medical Staff
			Pharmacy - DeAnne Brooks / Jim Hasspacher
			#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
			Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?		X	
CMS Analyte Form Changes Needed?		X	
PT Survey Changes / Orders Needed?		X	

Standardized Testing / Operating Protocol Request

Title of STOP:		Neonatal Exchange Transfusion Using Reconstituted RBCs from Oneblood					
Safety: Chemicals / Reagents				<input checked="" type="checkbox"/>	Section Not Applicable		
Chemical Inventory Changes Needed?		<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Send Chemical Inventory Update Form to Mathieu Vestal			
		Name of Product(s):					
		Retired Product(s):					
Billing				<input checked="" type="checkbox"/>	Section Not Applicable		
		Yes *	No	*If Yes, Explain			
Billing Changes Required?		<input type="checkbox"/>	<input type="checkbox"/>			CPT/LOINC Code:	
		CDM #:				CDM Modifier:	
Technical Changes				<input checked="" type="checkbox"/>	Section Not Applicable		
Select One:		<input type="checkbox"/>	New Test / Instrument		<input type="checkbox"/>	Existing Test / Instrument	
Please indicate any necessary changes / additions below or mark "X" under N/A							
Explain Changes / Additions & Attach patient report example or instrument printout							
N/A							
Reference Range:	<input checked="" type="checkbox"/>						
Critical Result:	<input checked="" type="checkbox"/>						
Delta Check:	<input checked="" type="checkbox"/>						
Technical/Clinical Range:	<input checked="" type="checkbox"/>						
Autodilution:	<input checked="" type="checkbox"/>						
Middleware Rules:	<input checked="" type="checkbox"/>						
Text/Comment Code:	<input checked="" type="checkbox"/>						
QC Code:	<input checked="" type="checkbox"/>						
Specimen Requirements:	<input checked="" type="checkbox"/>						
Specimen Type:	<input checked="" type="checkbox"/>						
Container/ Tubes:	Preferred: NA						
	Acceptable: NA						
	Required Volume:						
	Minimum Volume:						
Special Collection Instructions:							
		Yes *	No	N/A			
Autoverification Desired:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ITS Tech Review been initiated / scheduled? Required if on Network		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Technical Description of Change		no LIS changes required					
IT Information				<input type="checkbox"/>	Section Not Applicable		
		Pre-live Docs Needed?			Completed?		
		Yes	No	Yes	N/A	Yes	No
Computer Systems Involved:	Sunquest	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PowerPath	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WindowPath	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Instrument / Manual Test				<input checked="" type="checkbox"/>	<input type="checkbox"/>

Standardized Testing / Operating Protocol Request

Title of STOP:		Neonatal Exchange Transfusion Using Reconstituted RBCs from Oneblood	
Analyzer Interface Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Middleware Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Order Code Assigned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Order Code: ADDNXM, NFFP, NPLT, NXM
		Worksheet:	
Select the necessary Medical Director Approval below			
<i>Signatures completed in MediaLab</i>			
	Yes	No	
Alamance Regional Medical Director		<input checked="" type="checkbox"/>	
MedCenter Mebane Medical Director		<input checked="" type="checkbox"/>	
Greensboro/Reidsville Medical Director	<input checked="" type="checkbox"/>		
Cancer Centers Medical Director		<input checked="" type="checkbox"/>	

Standardized Testing / Operating Protocol Request


General Information			
Title of STOP:	Preparing RBC, Platelets, Fresh Frozen Plasma Syringes		
Requestor Name:	Teresa Wright	Submission Date:	01/27/20
Description:	MC Blood Bank will syringe blood product for NICU	Target Date:	02/23/20
X	Performing Location(s)	X	Affected Location(s)
	Alamance Cancer Center		Alamance Cancer Center
	High Point Cancer Center		High Point Cancer Center
	Wesley Long Cancer Center		Wesley Long Cancer Center
	Alamance Regional		Alamance Regional
	Annie Penn Hospital		Annie Penn Hospital
	MedCenter @ High Point		MedCenter @ High Point
	MedCenter @ Mebane		MedCenter @ Mebane
X	Moses Cone Hospital	X	Moses Cone Hospital
	Wesley Long Hospital		Wesley Long Hospital
	Women's Hospital		Women's Hospital
		X	Blood Bank
			Cytology
			Flow Cytometry
			Histology
			Microbiology
			Phlebotomy
			Point Of Care
			Rapid Response Lab
			Respiratory Therapy
			Specimen Processing
Training / Competency			Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?	X		in progress
Training checklist needs to be created or revised?	X		in progress
Competency Log, Observation form or Blind Sample form needs to be created or revised?		X	
Quiz need to be created or revised?		X	
Quality			Section Not Applicable
Document updates needed?	X		
	New / Revised Docs: 77420.1833 Red Blood Cell Syringes (SYRBC) 77420.1834 Platelet Pheresis Syringes (SYPLT) 77420.1835 Neonatal FFP Syringes Secondary (SYFFP) 77420.1836 Neonatal FFP Syringes (SYFFP) 77420.1852 Using Sterile Welders TSCD and SCD 77420.1844 Neonatal Verification SCD Weld Inspection Log		
	Retired Documents: WH - Using the Sterile Welder		
Does Current Test have a IQCP?		X	
Will New Test need a IQCP?		X	
Memo/Notification to Client Needed?		X	* If yes, mark below & include with Request
			GSO/Reidsville Medical Staff
			ARMC Medical Staff
			Pharmacy - DeAnne Brooks / Jim Hasspacher
			#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
			Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?		X	
CMS Analyte Form Changes Needed?		X	
PT Survey Changes / Orders Needed?		X	

Standardized Testing / Operating Protocol Request

Title of STOP:		Preparing RBC, Platelets, Fresh Frozen Plasma Syringes													
Safety: Chemicals / Reagents				<input checked="" type="checkbox"/>		Section Not Applicable									
Chemical Inventory Changes Needed?				<i>If Yes, Send Chemical Inventory Update Form to Mathieu Vestal</i>											
		Name of Product(s):													
		Retired Product(s):													
Billing				<input checked="" type="checkbox"/>		Section Not Applicable									
		Yes * No		*If Yes, Explain											
Billing Changes Required?				CPT/LOINC Code:											
		CDM #:		CDM Modifier:											
Technical Changes				<input type="checkbox"/>		Section Not Applicable									
Select One:		<input type="checkbox"/> New Test / Instrument		<input checked="" type="checkbox"/> Existing Test / Instrument											
Please indicate any necessary changes / additions below or mark "X" under N/A															
<i>Explain Changes / Additions & Attach patient report example or instrument printout</i>															
N/A															
Reference Range:		<input checked="" type="checkbox"/>													
Critical Result:		<input checked="" type="checkbox"/>													
Delta Check:		<input checked="" type="checkbox"/>													
Technical/Clinical Range:		<input checked="" type="checkbox"/>													
Autodilution:		<input checked="" type="checkbox"/>													
Middleware Rules:		<input checked="" type="checkbox"/>													
Text/Comment Code:		<input checked="" type="checkbox"/>													
QC Code:		<input checked="" type="checkbox"/>													
Specimen Requirements:		<input checked="" type="checkbox"/>													
Specimen Type:		<input checked="" type="checkbox"/>													
Container/ Tubes:		Preferred: NA													
		Acceptable: NA													
		Required Volume:													
		Minimum Volume:													
Special Collection Instructions:															
		Yes *		No		N/A									
Autoverification Desired:						<input checked="" type="checkbox"/>									
ITS Tech Review been initiated / scheduled? Required if on Network						<input checked="" type="checkbox"/>									
Technical Description of Change															
IT Information				<input type="checkbox"/>		Section Not Applicable									
Computer Systems Involved:		Yes		No		Pre-live Docs Needed?		Completed?							
						Yes		N/A		Yes		No			
		Sunquest		<input checked="" type="checkbox"/>				Sunquest				<input checked="" type="checkbox"/>			
		CHL				<input checked="" type="checkbox"/>		CHL				<input checked="" type="checkbox"/>			
		PowerPath				<input checked="" type="checkbox"/>		PowerPath				<input checked="" type="checkbox"/>			
WindowPath				<input checked="" type="checkbox"/>		WindowPath				<input checked="" type="checkbox"/>					
		Yes		No		Instrument / Manual Test				<input checked="" type="checkbox"/>					

Standardized Testing / Operating Protocol Request

Title of STOP:		Preparing RBC, Platelets, Fresh Frozen Plasma Syringes	
Analyzer Interface Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Middleware Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Order Code Assigned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Order Code: ADDNXM, NFFP, NPLT, NXM
		Worksheet:	
Select the necessary Medical Director Approval below			
<i>Signatures completed in MediaLab</i>			
	Yes	No	
Alamance Regional Medical Director		<input checked="" type="checkbox"/>	
MedCenter Mebane Medical Director		<input checked="" type="checkbox"/>	
Greensboro/Reidsville Medical Director	<input checked="" type="checkbox"/>		
Cancer Centers Medical Director		<input checked="" type="checkbox"/>	

 <p>STOP Notification</p>	<p>Implementation of workups/processes in the MC Blood Bank for the Women's and Children's Center</p>							
<p>When:</p>	<p>Sunday, February 23, 2020</p>							
<p>What?</p>	<p>Additional workups/processes will take place in the MC Blood Bank due to WH services moving to Women's and Children's Center at MC:</p> <ul style="list-style-type: none"> - <u>Cord Blood Workups (Vision and Manual Gel):</u> Primary method will be Vision, backup will be tube blood type and manual gel DAT - <u>RhIG Workups (WHRHG) Performed at MC including Fetal Bleed Screens (FBS):</u> Postpartum RhIG Testing for OB patients and will prepare and dispense RhoPhylac - <u>Neonatal Exchange Transfusion Using Reconstituted RBCs from Oneblood:</u> When an infant at MC requires exchange transfusion, reconstituted RBCs will be ordered from Oneblood - <u>Preparing RBC, Platelets, Fresh Frozen Plasma Syringes:</u> MC Blood Bank will syringe blood product for NICU 							
<p>Who is Affected:</p>	<p>Affected Location(s)</p> <ul style="list-style-type: none"> Alamance Cancer Center High Point Cancer Center Wesley Long Cancer Center Alamance Regional Annie Penn Hospital MedCenter @ High Point MedCenter @ Mebane x Moses Cone Hospital Wesley Long Hospital Women's Hospital 	<p>Department(s)</p> <ul style="list-style-type: none"> x Blood Bank Cytology Flow Cytometry Histology Microbiology x Phlebotomy Point Of Care Rapid Response Lab Respiratory Therapy Specimen Processing 						
<p>Why?</p>	<p>Women's Hospital Services are moving to Moses Cone.</p>							
<p>What you will need to do to prepare:</p>	<p>Review procedures and complete training</p>							
<p>Manager / Supervisor Responsibility:</p>	<p>Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"</p> <table border="1" data-bbox="451 1623 1516 1759"> <tr> <td>Sunquest</td> <td>WindowPath</td> </tr> <tr> <td>CHL</td> <td>Instrument / Manual Test</td> </tr> <tr> <td>PowerPath</td> <td></td> </tr> </table> <p>Post Live Documentation Needed for:</p> <ul style="list-style-type: none"> - Cord Blood - RhIG Workups 		Sunquest	WindowPath	CHL	Instrument / Manual Test	PowerPath	
Sunquest	WindowPath							
CHL	Instrument / Manual Test							
PowerPath								
<p>Need Help?</p>	<p>Contact your Manager / Supervisor</p>							