			Genera	al Information				
Title of STOP:	<b>Cord Blood Worl</b>	kups (\	/ision a	nd Manual Gel)				
Requestor Name:	Teresa Wright				Submission Date:	01/27/20		
Description:		will be	Vision	ord Blood Workups. , backup will be tube T	Target Date:	02/23/20		
X Performir	ng Location(s)	Х	Α	ffected Location(s)	X Affected Department(s)			
Alamance Cand	cer Center		Alamar	nce Cancer Center	x Blood Bank			
High Point Can	cer Center		High Po	oint Cancer Center	Cytology			
Wesley Long C	ancer Center		Wesley	Long Cancer Center	Flow Cyton	netry		
Alamance Regi	onal		Alamar	nce Regional	Histology			
Annie Penn Ho	spital		Annie I	Penn Hospital	Microbiolo	gy		
MedCenter @			MedCe	nter @ High Point	Phlebotom	•		
MedCenter @				nter @ Mebane	Point Of Ca			
x Moses Cone Ho	-	X		Cone Hospital	Rapid Resp			
Wesley Long H	•			Long Hospital	Respiratory			
Women's Hosp				n's Hospital	Specimen F			
	Training / Co					Not Applicable		
		Yes *	No		*If Yes, Explain			
Training Required?		X		in progress				
Training checklist needs t revised?	o be created or	X		completed				
Competency Log, Observe Sample form needs to be		x		completed				
Quiz need to be created o	or revised?	х						
	Qua	lity			Section	Not Applicable		
Document updates ne	eded?	X						
		N	lew / Rev	ised Docs: <mark>77420.1814 Cord</mark>	Blood Workup			
		-	Retired Do	ocuments: Cord Blood Work	up - WH site specific			
Does Current Test have	e a IQCP?		x					
Will New Test need a I	QCP?		X					
Memo/Notification to	Client Needed?		X	* If yes, mark	below & include with	Request		
				GSO/Reidsville Medical St	aff			
				ARMC Medical Staff				
				Pharmacy - DeAnne Brook	s / lim Hassnacher			
			<del>                                     </del>	#Nursing Leadership (Dire		in Nursa Mar)		
			$\vdash$	4		iii ianise iaigi j		
Memo	/Notification Notes:			Infection Prevention - Me	iissa iviuigali			
CAD/COLA To	st Menu Changes?	V		DAT automated added to	test menu			
CMS Analyte Form			X	DAT automated added to test menu				
PT Survey Changes			X					
	, 5.46.5 (166464)		^					

Title of STOP:	<b>Cord Blood Worl</b>	cups (V	ision a	nd Mar	nual Gel)					
	Safety: Chemica	als / Re	agents			X	Section	Not Appl	icable	
Chemical Inventory Ch	anges Needed?	If Yes, Send Chemical Inventory Update Form to Mathieu Vestal								
		Name of Product(s):								
			Retired P	roduct(s):						
	Billi	ng				х	Section	Not Appl	icable	
	Dilli	Yes *	No			*If Yes,		Парт		
Rilling C	hanges Required?	163	NO				•			
Dilling C	manges nequireu:					CPT/	LOINC Code:			
			CDM #:			CDM Modifier:				
	Technical	Change	es				Section	Not Appl	icable	
	Select One:		New Te	st / Inst	trument	х	Fxisting '	Test / Inst	rument	
PI	ease indicate any n	ecessar					_			
11	case maleate arry n				dditions & Attach			r instrument	nrintout	
		N/A	ani Chul	iges / A	dartions & Attuch	patient rep	Jort exumple 0	mstrument	printout	
	Reference Range:	IV/A	ABO/Rh	is NA, D	AT = negative					
	Critical Result:				cord blood is an Ale	ert value				
	Delta Check:	X								
Techni	cal/Clinical Range:	X								
	Autodilution:	X								
ļ .	Middleware Rules:									
	t/Comment Code:									
I EX	QC Code:	X								
Snosim	en Requirements:	X								
Specifi	<u>-</u>	X								
	Specimen Type:	X			Lavender EDTA co	rd blood				
	Container/ Tubes:				clotted is acceptal	oie				
			Required							
		Minimum Volume:								
Special Co	llection Instructions:									
		Yes *	No	N/A						
Autove	rification Desired:			X						
	w been initiated /			х						
scheduled? Requ	ired if on Network									
Technical Des	cription of Change		ges are n IC BB wo		the LIS. This is an a	active ord	ler code that	is already a	ssigned	
	IT Inform		NO NO	. Noneets		<del></del>	Section	Not Appl	icable	
	11 1111011				Pre-live D	ocs Nee			leted?	
		Yes	No			Yes	N/A	Yes	No No	
			INO			162		165	NO	
	Sunquest	X			Sunquest		X			
Computer Systems	CHL	x			CHL		X			
Involved:	PowerPath	ath x PowerPath x								
	WindowPath		x		WindowPath		Х			
		Yes	No		Instrument / Manual Test		X			

Title of STOP:	Cord Blood Work	ups (\	/ision a	nd Manual Gel)				
Analyzer Int	erface Required?		X					
Midd	dleware Needed?		X					
Order Code Assigned? x Order Code: CORDB								
Worksheet:								
Select the necessary Medical Director Approval below Signatures completed in MediaLab								
					Yes	No		
	A	Mamar	nce Regi	ional Medical Director		X		
	M	edCen	ter Me	bane Medical Director		X		
Greensboro/Reidsville Medical Director								
		Car	ncer Cei	nters Medical Director		X		

			Genera	Il Information	-			
Title of STOP:	RhIG Workups (V			rmed at MC including	Fetal Bleed Screen	s (FBS)		
Requestor Name:	Teresa Wright				Submission Date:	01/27/20		
Description:	MC blood bank v	vill per	form po	ostpartum Rhlg	Target Date:	02/23/20		
•	ng Location(s)	Х		ffected Location(s)		Department(s)		
Alamance Cand	cer Center		Alaman	ice Cancer Center	x Blood Bank			
High Point Can	cer Center		High Po	oint Cancer Center	Cytology			
	Wesley Long Cancer Center			Long Cancer Center	Flow Cytom	etry		
Alamance Regi				amance Regional Histology				
Annie Penn Ho	-			Penn Hospital	Microbiolog			
MedCenter @	_			nter @ High Point	x Phlebotomy Point Of Car			
MedCenter @ Moses Cone H		v		nter @ Mebane Cone Hospital	Rapid Respo			
Wesley Long H		X		Long Hospital	Respiratory			
Women's Hosp	-			n's Hospital	Specimen P			
	Training / Co	ompete				Not Applicable		
		Yes *	No		*If Yes, Explain			
Training Required?		Х						
Training checklist needs t revised?	to be created or	х		FBS completed				
Competency Log, Observ Sample form needs to be			х					
Quiz need to be created o	or revised?	x						
	Qua	lity			Section	Not Applicable		
Document updates ne	eded?	X						
		N	ew / Revi	ised Docs: <mark>77420.1840 MC F</mark>	etal Bleed Rapid Screen	Test		
		F	Retired Do	ocuments:				
Does Current Test hav	e a IQCP?		Х					
Will New Test need a	IQCP?		X					
Memo/Notification to	Client Needed?		Х	* If yes, mar	k below & include with I	Request		
				GSO/Reidsville Medical St	taff			
				ARMC Medical Staff				
				Pharmacy - DeAnne Brool	ks / Jim Hasspacher			
				#Nursing Leadership (Dire	ector., Asst. Director. Cli	n Nurse Mgr)		
						<u> </u>		
Memo	/Notification Notes:			Infection Prevention - Me	siissa iviorgan			
CAP/COLA Το	st Menu Changes?	X		Will need to be added to	CAP test menu go live da	ate		
CMS Analyte Form		^	Х	Will need to be added to CAP test menu go live date				
PT Survey Changes		Х	^	HBF PT survey already ordered				
Jaivey changes	Safety: Chemica		agento	· · ·		Not Applicable		
Chemical Inventory Ch		ais / NE	ageniis		I Inventory Update Form to			
The state of the s	gco rrecueur		lame of P	roduct(s):	Threstory opudie Form to	manifed vestar		
				roduct(s):				

Title of STOP:	2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
	Billi	ng				Х	Section	Not Appl	icable		
		Yes *	No			*If Yes,	Explain				
Billing C	hanges Required?					CPT/	LOINC Code:				
			CDM #:			CDN	и Modifier:				
	Technical	Change	es				Section	Not Appl	icable		
	Select One:			st / Inc	rum ont		Evicting	Test / Inst	rumant		
DI	ease indicate any n	ocossar			trument	X	_	rest / inst	rument		
	ease mulcate any n		_		dditions & Attach			r instrument	printout		
		N/A	uni Chai	iges / A	dartions & Attach	putient rep	Jort example of	i ilistrument j	briittout		
	Reference Range:	X									
	Critical Result:	X									
	Delta Check:	X									
Technic	cal/Clinical Range:	X									
	Autodilution:	X									
ı	Middleware Rules:	X									
Tex	t/Comment Code:	X									
	QC Code:	X									
Specim	en Requirements:	X									
	Specimen Type:	X									
			Pı	referred:	Pink EDTA						
	Container/ Tubes:		Acc	eptable:	Lavendar EDTA						
	container, rubes.	R	Required	Volume:							
		IV	linimum	Volume:							
Special Col	lection Instructions:										
		Yes *	No	N/A							
	rification Desired:			X							
	w been initiated /			х							
scheduled? Requi	red if on Network cription of Change	active o	der is alı		igned to MC BR wo	rkshoots					
Technical Des			aci is an	cauy as	inglica to Mic DD We	<b></b>					
	IT Inform	nation				<u>.</u>		Not Appl			
				•	Pre-live D			-	leted?		
		Yes	No			Yes	N/A	Yes	No		
	Sunquest	X			Sunquest		X				
Computer Systems	CHL	x			CHL		X				
Involved:	PowerPath		X		PowerPath		x				
	WindowPath		X		WindowPath		x				
		Yes	No		Instrument / Manual Test		X				
Analyzer In	terface Required?		X								
Mic	ldleware Needed?		X								
Ord	Order Code Assigned?				Order Code: WHRHG & FETAL						
					Worksheet:						

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

			Genera	I Information		<u> </u>	
Title of STOP:	Neonatal Exchan			n Using Reconstituted	RBCs f	rom Oneblo	ood
Requestor Name:	Teresa Wright	80 110		The state of the s	_	ssion Date:	01/27/20
Description:	When an infant a			s exchange s will be ordered	Target		02/23/20
X Performii	ng Location(s)	Х	А	ffected Location(s)	Х	Affecte	d Department(s)
Alamance Can				ice Cancer Center	Х	Blood Bank	
High Point Can	cer Center		High Po	oint Cancer Center		Cytology	
Wesley Long C	ancer Center		Wesley	Long Cancer Center		Flow Cyton	netry
Alamance Regi				ice Regional		Histology	
Annie Penn Ho	•			Penn Hospital		Microbiolog	
MedCenter @	_			nter @ High Point		Phlebotom	
MedCenter @				nter @ Mebane		Point Of Ca	
x Moses Cone How Wesley Long H	·	X		Cone Hospital  Long Hospital		Rapid Resp Respiratory	
Wesley Long H	•			n's Hospital		Specimen F	
Women's Hosp	Training / Co	nmnete		13 Hospital			Not Applicable
	Truming / Co	Yes *	No		*If Ves	Explain	TO CAPPINGUIC
Training Required?			110		11 1 63,	Explain	
Training checklist needs t	to be created or	Х		Blood Hub computer exer	rcise to be	e developed	
revised?		X		paren ener	0.00 10 .01	- истоноров	
Competency Log, Observ Sample form needs to be			x				
Quiz need to be created o	or revised?	х		Procedural quiz to be dev	eloped		
	Qua	lity				Section	Not Applicable
Document updates ne	eded?	X					
		N	lew / Revi	sed Docs: <mark>77420.1829 Exch</mark> from Oneblood -	_	_	Reconstituted RBCs
			Retired Do	Ocuments: Exchange Transform Oneblood - WH s		-	ed RBCs from
Does Current Test hav	e a IQCP?		X				
Will New Test need a	IQCP?		X				
Memo/Notification to	Client Needed?		Х	* If yes, mar	k below 8	k include with	Request
,				GSO/Reidsville Medical S	taff		-
				ARMC Medical Staff			
				Pharmacy - DeAnne Broo	ks / Jim H	asspacher	
				#Nursing Leadership (Dire		•	n Nurse Marl
							in real se lvigi j
Memo	/Notification Notes:		<u> </u>	Infection Prevention - Me	elissa Mo	rgan	
	st Menu Changes?		X				
CMS Analyte Form			X				
PT Survey Changes	/ Orders Needed?		X				

Title of STOP:	Neonatal Exchan	ige Trai	nsfusio	n Using	Reconstituted	RBCs fr	om Oneblo	ood		
	Safety: Chemic	als / Re	agents			Х	Section	Not Appl	icable	
Chemical Inventory Ch	anges Needed?			Į.	f Yes, Send Chemical	Inventory (	Jpdate Form to	Mathieu Ve	stal	
		Name of Product(s):								
			Retired P	roduct(s):						
	Billi	ng				Х	Section	Not Appl	icable	
		Yes *	No			*If Yes,	Explain			
Billing C	Changes Required?					CPT/	LOINC Code:			
		CDM #:				CDM Modifier:				
	Technical	Change	es			X	Section	Not Appl	icable	
	Select One:		New Te	st / Inst	trument		Fxisting '	Test / Inst	rument	
PI	ease indicate any n	ecessar				nark "X"	_	rese, mse	rament	
	rease marcate arry n		_		dditions & Attach			r instrument	nrintout	
		N/A	uni chai	1905/71	dutions & Attach	patient rej	Jore example of	motrument	printout	
	Reference Range:	Х								
	Critical Result:	X								
	Delta Check:	X								
Techni	cal/Clinical Range:	X								
	Autodilution:	X								
ſ	Middleware Rules:	X	Х							
Tex	t/Comment Code:	X								
	QC Code:	X								
Specim	en Requirements:	X								
	Specimen Type:	X								
			Pı	referred:	NA					
	C	Acceptable: NA								
	Container/ Tubes:	Required Volume:								
		Minimum Volume:								
Special Co	llection Instructions:									
		Yes *	No	N/A						
Autove	rification Desired:			X						
ITS Tech Revie	w been initiated /			v						
scheduled? Requ	ired if on Network			Х						
Technical Des	cription of Change	no LIS cr	ianges re	quirea						
	IT Inform	mation				L	Section	Not Appl	icable	
				_	Pre-live D	ocs Nee	ded?	Comp	leted?	
		Yes	No			Yes	N/A	Yes	No	
	Sunquest	X			Sunquest		X			
Computer Systems	CHL		X		CHL		X			
Involved:	PowerPath		X		PowerPath		X			
	WindowPath		X		WindowPath		X			
		Yes	No		Instrument / Manual Test		X			

Title of STOP:	Neonatal Exchange T	Neonatal Exchange Transfusion Using Reconstituted RBCs from Oneblood									
Analyzer I	nterface Required?	X									
Mi	iddleware Needed?										
Ore	der Code Assigned?	ADDNXM, NFFP, NPLT, NXM									
	Select the necessary Medical Director Approval below Signatures completed in MediaLab										
				Yes	No						
	Alam	ance Regi	ional Medical Director		X						
	MedC	enter Me	bane Medical Director		X						
	Greensb	X									
	C	nters Medical Director	_	X							

			Genera	Il Information			
Title of STOP:	Preparing RRC P			Frozen Plasma Syring	es		
Requestor Name:	Teresa Wright	Justiciet	ادی		Submission	n Date:	01/27/20
		will syr	inge blo	ood product for NICU			0-//20
Description:		Sy.			Target Dat		02/23/20
	ng Location(s)	Х		ffected Location(s)	X Affected Department(s)		
Alamance Cand				ice Cancer Center		ood Bank	
High Point Can				pint Cancer Center		tology	<b>-</b>
Wesley Long C				Long Cancer Center		w Cyton	netry
Alamance Regi Annie Penn Ho				ce Regional Penn Hospital		stology crobiolog	71/
MedCenter @	·			nter @ High Point		lebotom	
MedCenter @				nter @ Mebane		int Of Ca	•
x Moses Cone He		х		Cone Hospital			onse Lab
Wesley Long H				Long Hospital			Therapy
Women's Hosp	•			n's Hospital	Spe	ecimen P	Processing
	Training / Co	ompete	ency			Section	Not Applicable
		Yes *	No		*If Yes, Exp	lain	
Training Required?		X		in progress			
Training checklist needs t revised?	o be created or	X		in progress			
Competency Log, Observ Sample form needs to be			x				
Quiz need to be created o	or revised?		X				
	Qua	lity				Section	Not Applicable
Document updates ne	eded?	X					
		N	lew / Revi	77420.1833 Red B 77420.1834 Plate 77420.1835 Neon 77420.1836 Neon 77420.1852 Using 77420.1844 Neon	let Pheresis S atal FFP Syrin atal FFP Syrin Sterile Weld	yringes (S nges Secon nges (SYFF lers TSCD	SYPLT) ndary (SYFFP) :P)
			Retired Do	cuments: WH - Using the St	erile Welder		
Does Current Test hav	e a IQCP?		X				
Will New Test need a I	QCP?		X				
Memo/Notification to	Client Needed?		X	* If yes, mark	below & incl	lude with	Request
				GSO/Reidsville Medical Sta	aff		
				ARMC Medical Staff			
				Pharmacy - DeAnne Brook	s / Jim Hasspa	acher	
				#Nursing Leadership (Direc			in Nurse Mgr)
				Infection Prevention - Me			0,
Мето	/Notification Notes:						
CAP/COLA Te	st Menu Changes?		X				
CMS Analyte Form	Changes Needed?		X				
PT Survey Changes	/ Orders Needed?		X				
	, 5.35.5.1564641		۸				

Title of STOP:	Preparing RBC, P	latelet	s, Fresh	Frozer	Plasma Syring	es				
	Safety: Chemic	als / Re	agents			X	Section	<b>Not Appl</b>	icable	
Chemical Inventory Ch	anges Needed?	If Yes, Send Chemical Inventory Update Form to Mathieu Vestal								
		N	lame of P	roduct(s):						
		Retired Product(s):								
	Billi	ng				X	Section	Not Appl	icable	
		Yes *	No			*If Yes,	Explain			
Billing C	hanges Required?					CPT/LOINC Code:				
			CDM #:			CDN	M Modifier:			
	Technical	Change	changes Section Not A					Not Appl	icable	
	Select One:		New Te	st / Inst	rument	х	Existing	Γest / Inst	rument	
PI	ease indicate any n	ecessar					_			
	,				dditions & Attach			instrument	printout	
		N/A								
	Reference Range:	X								
	Critical Result:	X								
	Delta Check:	X								
Technic	cal/Clinical Range:	X								
	Autodilution:	X								
ſ	Middleware Rules:	X	х							
Tex	t/Comment Code:	X								
	QC Code:	X								
Specim	en Requirements:	X								
	Specimen Type:	X								
			Pı	eferred:	NA					
	Containor/ Tubes	Acceptable: NA								
	Container/ Tubes:	Required Volume:								
		N	linimum	Volume:						
Special Col	llection Instructions:									
		Yes *	No	N/A						
Autove	rification Desired:			Х						
ITS Tech Revie	w been initiated /									
	ired if on Network			Х						
Technical Des	cription of Change					<b>.</b>				
	IT Inform	mation					Section	<b>Not Appl</b>	icable	
					Pre-live D	ocs Nee	ded?	Comp	leted?	
		Yes	No			Yes	N/A	Yes	No	
	Sunquest	X			Sunquest		x			
Computer Systems	CHL		x		CHL		x			
Involved:	PowerPath		x		PowerPath		X			
	WindowPath		x		WindowPath		X			
		Yes	No		Instrument / Manual Test		X			
					ividiludi 168t					

Title of STOP:	Preparing RBC, P	latelets, Fres	h Frozen Plasma Syringe	es					
Analyzer Ir	nterface Required?	X							
Mic	ddleware Needed?	X							
Ord	ADDNXM, NFFP, N	IPLT, NXM							
Select the necessary Medical Director Approval below Signatures completed in MediaLab									
				Yes	No				
	A	Alamance Reg	gional Medical Director		X				
	M	ledCenter Me	bane Medical Director		X				
	Gree	sville Medical Director	X						
		nters Medical Director		X					

Approved and current. Effective starting 6/28/2019. 77420.613 (version 3.1) STOP Request/Notification Template Blank copy 3423525. Last reviewed on 6/25/2019. Printed on 1/27/2020 11:04 AM (EST). Page 2 of 2

STOP Notification	Implementation of workups/processes in the MC Blood Bank for the Women's and Children's Center	
When:	Sunday, February 23, 2020	
What?	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:  - Cord Blood Workups (Vision and Manual Gel): Primary method will be Vision, backup will be tube blood type and manual gel DAT  - RhIG Workups (WHRHG) Performed at MC including Fetal Bleed Screens (FBS): Postpartum RhIG Testing for OB patients and will prepare and dispense RhoPhylac  - Neonatal Exchange Transfusion Using Reconstituted RBCs from Oneblood: When an infant at MC requires exchange transfusion, reconstituted RBCs will be ordered from Oneblood  - Preparing RBC, Platelets, Fresh Frozen Plasma Syringes: MC Blood Bank will syringe blood product for NICU	
Who is Affected:	Affected Location(s)  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	Department(s)  x Blood Bank Cytology Flow Cytometry Histology Microbiology  x Phlebotomy Point Of Care Rapid Response Lab Respiratory Therapy Specimen Processing
Why?	Women's Hospital Services are moving to Moses Cone.	
What you will need to do to prepare:	Review procedures and complete training	
	Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"  Sunquest WindowPath	
Manager / Supervisor Responsibility:	CHL PowerPath  Post Live Documentation Needed for: - Cord Blood - RhIG Workups	Instrument / Manual Test
Need Help?	Contact your Manager / Supervisor	