Sutter Health
Sutter Roseville Medical Center

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Owner:	*Nadera Poirier: Supervisor, Laboratory Analytic*
Policy Area:	*Lab - Transfusion Service*
References:	
Applicability:	*Sutter Roseville Medical Center*

Acceptability Criteria for and Labeling of Transfusion Services Specimens

PURPOSE

To provide instructions on how to determine specimen acceptability for patient testing and proper labeling of specimens in Transfusion Services (TS).

DEFINITIONS

Collection: The physical retrieval of specimen from the patient.

Identification: The accurate comparison of required patient identifiers and labeling of a collected specimen.

Phlebotomist: The person who collected a specimen, regardless of credentials.

POLICY

- A specimen is considered the "draw" of whoever *identified* it, regardless of what party *collected* the specimen.
  - Specimens **identified and labeled by laboratory staff** are considered **law drawn**
  - Specimens **identified and labeled by RN/MD** are considered **non-lab drawn**
- Specimens to be used for transfusion of blood products **MUST** be collected and identified by laboratory personnel **ONLY** with the following exceptions:
  - NICU: RN may collect *and* identify
  - Active OR cases: RN/MD may collect *and* identify
    - Note: Laboratory staff are not to enter the OR suite (exception L&D OR) to collect specimens
  - OP Infusion Center (IVC): RN may collect *and* identify
  - Line draws in-house: RN may collect with laboratory witness and identification/labeling
- Truncated names or those missing "Jr./Sr." designation will be considered acceptable as long there is no discrepancy in the spelling of the portion visible and other identifiers, including the date of birth, match amongst documentation.
- Exceptions to this policy may only be approved by the Pathologist and must be documented per procedure.
- In case of irreparable discrepancy or failure of inspection, specimen must be recollected.
- Specimen collection discrepancies, even if correctable per SOP, should be forwarded to the TS Supervisor and Client Services Supervisor for follow-up with the phlebotomist.

- If samples are received without a Clinical Collect label, the Sunquest (SQ) barcode (CID) label will be applied by the TS CLS after verifying that the sample meets identification criteria.
- If SQ CID label is to be applied over an Epic label, required patient identifiers (name, medical record number, date of birth) on the original label must still be legible after new label is adhered.
- All patient labels used for specimen identification must be permanently adhered and marked with a unique/traceable identifier of the person who applied the label.

If specimen to be used for:	Then:
Non-transfusion related testing (Includes: Prenatal or outpatient testing, TS ordered by OP IVC for pre-DARA workup, DAT, cord blood workup, and ABORh and/or FB used for evaluation of Rhogam candidate)	Refer to the general laboratory specimen acceptability criteria. • If ABORh specimen is drawn by personnel other than those approved to draw pre-transfusion specimens, add **PB** comment and result with dated free text: "ABORh not for transfusion purposes, non lab collected specimen."
Compatibility testing, for product transfusions	Follow this procedure.

PROCEDURE

Step:	Action:
1.	Check specimen for the following required identifiers: • Full name: legal FIRST and LAST name of the patient ◦ Does not include middle name/initial or Jr./Sr./II/III/etc. designations ▪ Exception: Middle name/initial or Jr./Sr./II/III/etc. designations may be missing, but not discrepant between labels and LIS. ◦ Pre-admitted fictitious names (Tra, Doe) will be assigned in cases where the patient's identification cannot be verified at the time of admission. • Medical record number (MRN) • Date of birth (DOB) • Date and time of collection • Phlebotomist identification ◦ Laboratory staff: tech code only ◦ RN or MD staff: traceable name identifier, *must* include credentials (RN, MD) • Label must be permanently affixed to the specimen Note: The person performing the identification and labeling of the specimen must note date, time, and personal identification on the label themselves.
2.	Match the specimen label with the order in SQ for agreement. Note: Using mouse, hover over truncated name in SQ to display full name. If name is truncated on label, all visible portion must match name, MRN, and DOB found in SQ exactly.

3.	Ensure specimen type and quantity is sufficient for testing and in the correct tube. • Adults: ◦ Pre-transfusion testing: One 9 mL EDTA (preferred) ◦ ABORHK: One 2 mL EDTA pink top (preferred, any EDTA acceptable) • Infants/Cord Blood: 1.5 mL EDTA Note: 1 EDTA microtainer is acceptable for cord blood workup when cord blood is unavailable; add **BBC** and result with **TPHS** (Testing performed on heelstick specimen.).
4.	Check for specimen quality. • Mild to moderate hemolysis/icterus/lipemia is acceptable when recollection would not improve quality or would delay patient care and it does not affect testing. ◦ Markedly hemolyzed/icteric/lipemic samples are not acceptable for automated analysis or routine use but can be used for manual testing in cases of emergent need when delays in testing could affect patient care (ex: trauma, transfusion reaction) or when recollection would not improve specimen quality (ex: hemolytic anemia, jaundice, disorders causing systemic lipemia). • Add **BBC** with appropriate **ETC**(s) indicating level of hemolysis/icterus/lipemia. • Specimens that are suspected to be grossly contaminated with IV fluid must be recollected. • Clotted specimens are not acceptable for pre-transfusion testing and must be recollected.
5.	Check the age of the specimen. All specimens expire after 23:59 three days after the draw date. **EXCEPTION:** Pre-Op specimens delivered with a **completed** *Pre-Op Transfusion Services Questionnaire* indicating **no transfusion or pregnancy in the last 3 months** will be extended to 5 days or 3 days after the first transfusion, **whichever comes first**. Add **BBC** and result with **NOTP** (No transfusion or pregnancy in the past 3 months). • If date of surgery is further than expiration date of specimen as determined by the Pre-Op questionnaire: cancel workup. Notify appropriate party that specimen was collected too soon and appropriate date for recollection, request reorder for correct date. • Extension of expiration date may be extended longer than 5 days on a case-by-case basis upon approval of the pathologist. • If questionnaire is incomplete or transfusion/pregnancy questions indicate *YES*, specimen is to be treated like standard specimen and the 3-day rule applies.

TROUBLESHOOTING

If:	Then:
Sample was labeled with **Clinical Collect** barcode and **name, MRN, or DOB** is illegible/cut off	1. Reprint a SQ label by **scanning the CID** on the Clinical Collect labeled sample. 2. Review the labels to verify that all legible patient and specimen identifiers on the Clinical Collect label match newly printed SQ label exactly. 3. Adhere newly printed SQ label underneath the name and MRN on Clinical Collect label and proceed with sample testing. *Note: If the reprinted label does not meet the qualifications above or the CID barcode on the Clinical Collect label is illegible: reject, redraw.*
Incomplete or inaccurate collection information (date, time, identification of party who collected and/or identified the specimen)	• If party who performed the identification and labeling of the specimen is available, have them correct incomplete or inaccurate information and proceed with testing. • If party who performed the identification and labeling of the specimen is not available, reject and redraw. *Note: Specimens requiring collection information correction must be corrected in the presence of TS department staff. Specimens are **not** to leave TS to be corrected and returned.*
• Patient identifiers* (name, MRN, and/or DOB) on order in SQ are discrepant with patient identifiers on label adhered to specimen at time of collection. *Note: See policy section for truncated names or missing Jr/Sr. designation* • Quantity is not acceptable • Quality not acceptable • Age of specimen not acceptable	Reject, redraw **Note: Specimens with missing or discrepant patient identifiers listed **cannot be approved for use by a pathologist** as an exception under any circumstances.*

All revision dates: 10/15/2022, 4/11/2022

Attachments

Pre Op Transfusion Services Questionnaire.pdf

Approval Signatures

Step Description	Approver	Date
Laboratory Director	Lindsey Westerbeck: Director, Laboratory Services	pending