

 <b>YALE-NEW HAVEN HOSPITAL</b>	TITLE: <b>Immunology Laboratory Blood Donation Policy</b>		<i>DEPT OF LAB MEDICINE Immunology, Flow Cytometry, and Molecular Diagnostics Laboratories</i>
			DOCUMENT NO: IMM89
REVIEW BY PREP/SUPVR: Teodorico Lee, MT (ASCP)	EFFECTIVE DATE: March 27, 1994	REVISION DATE: May 19, 2013	Page 1 of 1
LAB MANAGER: Teodorico Lee, MT (ASCP)	DIRECTOR: Brian Smith, M.D.	DIRECTOR:	

**A. Purpose**

The purpose of this policy is to establish guidelines for the drawing of donor blood for quality control use or test validation and to establish a method of financial reimbursement.

**B. Responsibility for This Policy**

The Immunology Laboratory will decide when a donor draw is necessary, will make arrangements for contacting a donor, and will be responsible for drawing that donor. Should abnormal results be found, an attending pathologist will be notified and he/she will discuss the test results with the donor.

**C. Employees Covered by This Policy**

All Immunology Laboratory employees are eligible for this policy. Blood donation will be on a volunteer basis only. If needed, volunteers from outside this lab can be sought.

**D. Financial Guidelines**

The Immunology Laboratory will reimburse each donor \$10.00 for the draw tube(s) drawn. Reimbursement will be made automatically via payroll checks. To submit a request for reimbursement enter the request through ESS and follow the steps outlined below:

1. Open Internet Explorer to the Intranet home page (<http://intranet/>)
2. Click Applications
3. Select Employee Self-Service from list
4. Log into Employee Self-Service System
5. From the Tools drop down menu click Travel & Expense
6. Fill out the Travel & Expense Form (see screen shot next page)
  - a. Event ID drop down menu click Create a New Event
  - b. In the Purpose of Trip Box fill in "Blood draw for Controls".
  - c. Charge to Cost Center drop down menu click 500 78050 Immunology Laboratory.

- d. Start date and End date, use the Calendar Icon to select the event (same date in most cases)
- e. Line #1 Start date Use the Calendar Icon to select the
- f. Line #1 Category drop down menu on select Miscellaneous – Other
- g. Line #1 Actual Amount type 10
- h. Line #1 Description section type “Blood draw for Controls”.
- i. After reviewing the form click Submit for Approval (located at the very bottom of the form)
- j. A box will appear, Check the confirmation box and then Submit.

**YALE NEW HAVEN HOSPITAL**  
**Employee Travel and Expense Reimbursement**  
 This form should be used to estimate expenses for travel advances and to report actual expenses for reimbursement

Employee Name: SMITH, PENNY  
 Purpose of Trip: Blood drawn for controls  
 Event ID: TE108579-000004 10/25/2012  
 Charge to Cost Center: 500 78050 IMMUNOLOGY LAB  
 Manager Name: LEE, TEODORICO  
 Special Fund/Account: Home Cost Center  
 Date Initiated: 11/29/2012  
 Event Start Date: 10/25/2012  
 Event End Date: 10/25/2012  
 Cash Advance:  Cash Advance Amount: \$ 0.00  
 Credit Card Trip:  Estimated Total Amount: \$ 0.00

#	Date	Category	Miles Driven	Estimated Amount	Actual Amount	Description	Cmts	Acct	Rcpt Pre-Req	Pd	Copy /Del
1	10/25/2012	Miscellaneous - Other	0.00	0.00	10.00	Blood drawn for controls			<input type="checkbox"/>	<input type="checkbox"/>	
2									<input type="checkbox"/>	<input type="checkbox"/>	
3		Line #1 Steps 6e-h							<input type="checkbox"/>	<input type="checkbox"/>	
4									<input type="checkbox"/>	<input type="checkbox"/>	
5									<input type="checkbox"/>	<input type="checkbox"/>	
6									<input type="checkbox"/>	<input type="checkbox"/>	
7									<input type="checkbox"/>	<input type="checkbox"/>	
8									<input type="checkbox"/>	<input type="checkbox"/>	
9									<input type="checkbox"/>	<input type="checkbox"/>	
10									<input type="checkbox"/>	<input type="checkbox"/>	

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Event Status

Once the ESS request is submitted, the Laboratory Manager will approve the request. Final approval and submission to YNHH Accounts Payable Department will be made by the Director of Laboratory Services.

**E. Donor Documentation**

Each donor will notify the Laboratory Manager/ Assistant Chief Technologist that a donation was made and the number of tubes given.

**F. History**

1. Section D – Added the use of ESS for reimbursement request. Section E – retired the use of the blood donor logbook 9 (IMM89-A). Revision made by Teodorico Lee - May 19, 2013

