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| **University of Washington,**  **Harborview Medical Center**  **325 9th Ave. Seattle, WA, 98104**  **Transfusion Services Laboratory**  **Policies and Procedures Manual** | **Original Effective Date:**  **September 2nd 2013** | **Number:**  **C5004-1** |
| **Revision Effective Date:** | **Pages: 3** |
| **TITLE: Release of Autologous Cranial Bone Flaps for Transport to Outside**  **Facility** | | |

**Purpose**

To describe the process for packaging and shipping autologous bone from Harborview Medical Center (HMC) to an outside facility within Washington State for re-implantation.

**Procedure**

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| **Step** | **Action** | | | **Related Documents** |
| **Receipt of Initial Notification (Request) for Re-implantation at another facility:** | | | | |
| **1** | Requesting facility notifies HMC TS of scheduled procedure requiring the transfer of autologous cranial bone flap.  **NOTE:** Obtaining appropriate permissions for transfer may take 7-14 days. | | | * Autologous Cranial Bone Flap Transport Record |
| **2** | TS staff verifies:   * Patient information * Location of autologous cranial bone flap | | |  |
| **3** | TS staff inspects bone flap. | | |  |
| **4** | **If** | **Then** | |  |
| Package is intact, i.e., without tears, holes, or damage. | Proceed to Step 5 | |  |
| Package is not intact or shows signs of damage. | Notify the requesting facility, TS Mgr or Medical Director immediately.   * Complete appropriate quarantine and written notifications. * Complete incident report in PSN. | | * Autologous Cranial Bone Flap Tracking Process |
| **Step** | **Action** | | | **Related**  **Documents** |
| **5** | Complete *Notification for Discard or Transfer of Bone Flaps* form.  Forward to Neurosurgery Coordinator for Attending Physician signature. | | |  |
| **6** | TS staff completes paperwork and posts at CLT Lead desk:   * Checklist for Issuing Tissue to Another Facility * Tissue Transport Record * Bone Flap Transfer (copy) * Notification of Discard form | | |  |
| **Releasing Autologous Bone Flap to another Facility:** | | | | |
| **7** | Ensure receiving facility completes Transfer Form. | | |  |
| **8** | Obtain dry ice from Specimen Processing GWH47  **NOTE:** Box with ice must be allowed to equilibrate to proper temperature for one hour prior to placing frozen tissue in shipping box. | | | * Packing   Autologous  Bone Flaps  For Transport |
| **9** | Remove the bone package from the monitored storage according to the Tissue ID number noted in the Tissue Tracking Binder. Tissue is filed numerically. | | |  |
| **10** | **IF** | | **THEN** |  |
|  | Package is intact, i.e., without damage, holes, or tears. | | Proceed to Step 11. |  |
|  | Package is not intact or shows signs of damage. | | Notify the requesting facility and TS mgr or Medical Director.   * Complete appropriate quarantine and written notifications. * Complete incident report in PSN. |  |
| **11** | Perform a two person verification read-back of the patient identifiers.   * 2 TSL staff * Check Bone Flap label patient identifiers against patient identifiers submitted by requesting facility | | |  |
| **12** | Remove the Tissue Tracking Record with matching patient information from the “Inventory” section of the Tissue Tracking Binder. | | |  |
| **13** | Verify that the unique ID number on the Tissue Tracking Record matches the number on the Bone Flap Package Label. | | |
| **Step** | **Action** | | | **Related**  **Documents** |
| **14** | Perform a two person verification read-back of Patient Name and MRN on the Autologous Donor Cryo-label and the Autologous Bone Flap Tracking Record Form. | | |  |
| **15** | Find the original entry in the Autologous Bone Flap Tracking Log, using the unique ID number from the Cryo-label. | | |  |
| **16** | Record the following on the Tissue Tracking Log   * Date/Time of removal from monitored storage. * TSL Tech ID in the “issuing Tech ID” field. * Document the name of the Receiving Facility in the “Issued To” field. | | |  |
| **17** | Complete the Autologous/Allogeneic Tissue Transplant form.   * Complete the section labeled: To be completed by Shipping Facility. * Affix unique bone flap identifier label to the form. * Place the form inside the shipping box to be completed by the Receiving Facility and mailed/faxed back to TSL upon final disposition of the bone flap. | | |  |
| **18** | Pack the tissue for shipment according to SOP Packing Autologous Bone Flaps for Transport. | | |  |
| **19** | Place the goldenrod TSS copy of the *Autologous Bone Flap Tracking Record* in the “Issued” section of the **Autologous Bone Flap Tracking Binder**. | | |  |
| **21** | Fill out the Transport Package Label and affix to outside of transport container.   * Address of receiving facility. * Date/Time bone flap was packaged in box. * Assign Expiration date of 24 hours from that date/time. * Storage conditions of bone flap (ie: ambient, refrigerated, frozen) * Type and quantity of coolant used. | | |  |