**Policy:**

The Harborview Medical Center Transfusion Service has established processes and procedures for result reporting and other post-analytical practices that support clinical requirements, and comply with regulatory requirements and good laboratory practice.

**Purpose:**

To provide direction for the processes and procedures to ensure that laboratory results are reported in a manner that supports good patient care, and that complies with regulatory requirements.

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| **Role** | **Responsibilities** |
| **Medical Director** | * Select report format. * Determine report mechanisms (e.g. paper, electronic, telephone). * Ensure the interpretation, correlation, and effective communication of laboratory information. * Provide direct notification and consultation to clinicians and/or patients on selected cases. * Provide notification to Patient Physician and Blood Supplier where applicable, of adverse effects of transfusion, including follow-up for transfusion-transmitted diseases and delayed transfusion reactions. |
| **Manager** | * Develop and update the report mechanisms. |
| **Laboratory Personnel** | * Review and accept all results or product information recorded in Sunquest LIS, prior to saving them to the permanent database. * Provide results by telephone where indicated. * Notify appropriate individuals of critically abnormal results. |

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| **Process Element** | **Process Control** | **Supporting Documents** |
| **Release of results** | * Review and authorization * Verbal release of results via read-back and documentation. * Electronic release of results | Reporting Laboratory Results by Verbal Notification |
| **Scope of reporting** | * Normal, abnormal, and critical results * Entering interpretive comments * Entering data into Sunquest LIS * Issuing Corrected results * Identifying criteria for results that are not reported. | * Reporting Results by Verbal Notification * UW Lab Medicine Policy: Calling Critical Values * SQ Blood Order Processing Overview |
| **Retention of patient samples** | * All patient samples are retained ≥ 30 days post transfusion. | Sample Management Process |
| **Report format** | * The content and format of laboratory reports are developed in consultation with customer to ensure that reports support patient care needs. |  |
| **Access to results** | * + ***Note****: See QSE Information Management* | * QSE: Information Management |
| **Retention of reports** | * Copies of results are maintained in accordance with regulatory requirements, either electronically or in hard copy. | * QSE: Documents and Records |
| **Critical results** | * Critical value intervals have been established in accordance with published information and good laboratory practices. | * Reporting Laboratory Results by Verbal notification. * Table A: Critical Values |
| **Turnaround Times** | * TSL has established acceptable turnaround times for each laboratory test priority, in consultation with physicians, customers, and other stakeholders. * Customers are notified of delays if the delay may have clinical implications. | * Table B: Turnaround Times |
| **Corrected reports** | * UW Laboratory Medicine Administration has established processes and procedures to ensure that corrected or altered reports are clearly identified and comply with regulations. They ensure the following: * The original result is not deleted or made illegible. * The corrected result is clearly identified. * The time and date of the correction is captured. * The identity of the person making the correction is captured. | * Lab Med administration policy on correcting results (I have to look this one up) |

**Table A: Critical Values**

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| **1.** | * Wrong ABO type of red cells issued to a patient. |
| **2.** | * Different ABO type on current patient sample, compared to historical type. |
| **3.** | * Suspected Transfusion Reaction Investigation that indicates acute hemolytic transfusion reaction or potentially life threatening non-hemolytic transfusion reaction. |
| **4.** | * Uncrossmatched red cells transfused and found to be incompatible on retrospective crossmatch. |
| **5.** | * Patient with positive antibody screen, in need of emergent transfusion. |
| **6.** | * Historical records indicating the need for washed cells/anaphylactic reactions to blood components. |

**Table B: Turnaround Time Expectations**

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| **Priority** | **Test** | **Expected Turnaround Time** |
| Emergency Stat | * Emergency Release Red Cells and Thawed Plasma | * 5 minutes |
| Stat | * Type and Screen/Type and Crossmatch | * 50 minutes |
| Stat | * Thawed Plasma | * 20 minutes |
| Stat | * Cryoprecipitate | * 10 minutes |
| Stat | * Platelets | * 10 minutes |
| Routine | * Type and Screen/Type and Crossmatch | * 4 hours |

**References**

UW Lab Medicine Administrative Policy Manual

AABB Standards for Blood Banks and Transfusion Services, Current Edition.