**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.

|  |  |
| --- | --- |
| **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.
 |

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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.