**Purpose**:

To document process for completing pre-transfusion testing and applicable compatibility testing for the issue of blood products

**Process:**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Related Documents** |
| **1** | * Perform clerical check and resolve any discrepancies: * Specimen label against request and computer entry | * Sample Acceptance Evaluation |
| **2** | * Determine specimen acceptability |  |
| **3** | * Confirm that processes and attributes * on the blood request are entered into the patient computer record * on the patient computer record are recorded on the blood request | * Blood Order Processing Overview * Blood Order Processing Type and Screen |
| **4** | * Review Patient Comments * Determine if autologous or directed components are available. | * Blood Order Processing Type and Screen |
| **5** | * Complete patient specimen test “History Check”. |  |
| **6** | * Determine applicable testing profile * 2nd ABO/D required on patients with Unknown blood type or no serologic result history of previous ABO/D testing * Previous antibody screen results * Autologous battery: go to Autologous Process | * Autologous Process |
| **7** | * Adjust test profile. |  |
| **8** | * Perform Indicated testing: * ABO/Antibody Screen | * ABO/D by Tube IAT Method * TANGO Manual Ordering of Tests * TANGO Validation of Sample Results * Antibody Screen by Tube IAT Method |
|  | **Action** | **Related Documents** |
| **9** | * Select appropriate donor units in this order: * Autologous * Directed * Allogeneic | * Autologous Process * Directed Process |
| **10** | * Allocate selected units to order * Inspect unit and complete unit test “TS”: * Acceptable: continue to next step * Unacceptable: Remove unit from order and quarantine. | * Visual Inspection of Blood Products * Quarantining Blood Products * Sunquest Blood Status Update |
| **11** | * Perform applicable crossmatch test * Electronic * Antiglobulin—Use same method used for ABID * Immediate Spin * Computer Down * First ABO/D * Patient with clinically insignificant antibodies. | * Crossmatch by Immediate Spin Tube Method * Crossmatch by LISS Tube IAT * Crossmatch by Pre-Warm Tube Method |
| **12** | Review Transfusion Record Form for legibility and completeness of the following:   * Patient Name, HID, ABO/Rh, Antibody Screen results, Atypical Antibodies, Special requirements, Crossmatch Test Results * Unit Number, ABO/Rh, Product description, Crossmatch expiration date, Special attributes, Atypical Antigen typing | * Transfusion Record Form |
| **13** | * Remove adhesive label containing the Patient and Unit Information from the Transfusion Record form, and affix it to unit back side. * Attach Transfusion Record Form to the unit with a rubber band. | * Transfusion Record Form |
| **14** | Store crossmatched unit(s) not requested for immediate issue. |  |

**References:**

AABB Standards for Blood Banks and Transfusion Services, Current Edition

*Blood Bank User’s Guide, Misys Laboratory*