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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:** **1/15/12** | **Number:** **5414-1** |
| **Revision Effective Date:** | **Pages:** **1** |
| **TITLE: Hemoglobin S Screening Process for Donor Red Cell Units** |

**Purpose:**

To describe the process for referring Hemoglobin S screening for donor red cell units to HMC Hematology Department, Laboratory Medicine division.

**Process**

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| **Step** | **Action** | **Related Documents Title** |
| **Sending Out** |
| 1 | Select donor units to be tested.*Note: additional antigen requirements should be completed prior to requesting Hemoglobin S testing.* |  |
| 2 | Label a 5 mL Falcon tube with the unit number and transfer segment contents. |  |
| 3 | *Alternative:*  wrap a unit number sticker around the segment. Place all segments and Typesafe Segment Devices in a zip top or biohazard bag.*NOTE: It is not acceptable to send a saline suspension for testing. Kit requires whole blood or packed cells.* |  |
| 4 | Complete *Sickledex*  worksheet: | Sickledex Worksheet, F5709 |
| 5 | Deliver worksheet and segments to Hematology Department, General Laboratory |  |
| **Resulting** |
| 1 | When fax or hand delivered test results are available:* Enter test results into SQ.
* Add HbS test result to unit label with appropriate sticker.
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| 2 | Complete pre-transfusion testing:Enter HbS test results in BOP. |  |
| 3 | Place Sickledex worksheet in the To Be Reviewed location. |  |

**References**

AABB Standards for Blood Banks and Transfusion Services, Current Edition

Blood Bank User’s Guide, Misys Laboratory®, 2006