**Purpose**

To describe the process for sending patient testing to the Puget Sound Reference Laboratory

**Process**

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| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
|  | **SENDING OUT** |  |
| **1** | * Most often, samples are referred to PSBC IRL for further antibody identification testing after HMC TSL has performed preliminary testing. * Order is entered in Order Entry.   + TS Medical Director is the ordering physician for send out orders. * Testing is done in BOP, but further testing is required at PSBC. |  |
| **2** | * If ABID results were completed at HMC TSL, result as usual. * Tab down and add SOREF to the ABID results. * If no results were finalized by HMC, result ABID as SOREF. * This will signify that the sample has been sent to PSBC IRL. | Blood Order Processing TSCR |
| **3** | * Complete PSBC testing form and IRL Consultation forms and arrange transport by calling appropriate transportation. * Call PSBC reference lab to alert them to expect the sample. |  |
| **4** | * Send copies of preliminary testing (panel sheets, AG typing, etc.) |  |
|  | **MONITORING RESOLUTION PROGRESS** |  |
| **5** | * Place TSL copy of the PSBC testing form in the hanging file on the TANGO table. * Every shift should check the fax machine and/or call PSBC asking for progress on the workup |  |
|  | **RESULTING** |  |
| 6 | **Preliminary Report**   * PSBC IRL will fax the preliminary report when completed. * Enter the results directly into the BAD file: * Antigen typings * Antibody Identification results * Comments, if indicated * Review the BAD file entry: * Print BAD file report * 2nd CT Tech compares entry to preliminary report * 2nd corrects any entry errors, signs, dates and staples the BAD file print out to the preliminary report * Distribute the preliminary report: * Patient’s antibody folder (Review BAD file report attached) * Medical Director’s mailbox |  |
| **Step** | **Action** | **Related Documents** |
|  | * Document receipt on the Antibody Identification Worksheet and on the PSBC testing form. |  |
| 7 | **Final Report**   * PSBC IRL will fax the final report when it has been reviewed by a supervisor. * Compare to the patient’s BAD file:   + Review antigen typing and antibody identification entry   + Correct any entry errors made by TSL or changed results from PSBC. *An amended report may be required from PSBC.*   + Document any corrections with a BAD file printout and a QIM. * Distribute the final report:   + Patient’s antibody chart (include PSBC testing form from hanging file)   + Medical Director’s mailbox   + Quality Assurance desk. *Report will be sent to the CAST group for charge entry and scanning into ORCA.* * Document on the Antibody Identification Worksheet. |  |