**Purpose:**

This process provides an overview of workflow for resolving discrepant testing results.

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|  | | | **Action** | | **Related Documents** |
|  | | **If** | **Then** |  |
| **1** | | * If ABO, RH or Antibody Screen test results exhibit the following:   + Current results do not match previous testing on record.   + Current results do not correlate between tube and TANGO methods.   + Current results do not correlate with patient personally communicated results. | * Proceed to Historical Record Investigation below | Historical Data Resolution Policy |
| **2** | | * If ABO forward and reverse type do not agree or show unexplained mixed-field results on ABO antisera tubes | * Refer to ABO Discrepancy Resolution Process | * ABO/D Typing by Tube Method * ABO Discrepancy Resolution Process |
| **3** | | * If Rh/D test results have positive reaction strength <2+, unexplained mixed-field reactions, or are negative when historical results were positive. | * Follow the procedure for performing a weak D test. * Utilize other manufactured sources of Anti-D | * Weak D test by Tube * ABO/D Typing by Tube Method |
| **Historical Record Investigation and Clerical Check** | | | | | |
| **1.** | | * Compare patient sample, label, paperwork and SQ result entries for the following information:   + Full name: last, first, and middle name.   + Hospital identification number (HID).   + Phlebotomist ID (recorded on both sample and order).   + Date and time of sample collection. * Investigate alias names in ORCA/EPIC | | | * Historical Data Resolution Policy * Sample Acceptance Evaluation * Sample Rejection Policy |

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| **Historical Record Investigation and Clerical Check** (continued) | | | | | |
|  | | **If** | **Then** |  |
| **2.** | | If **any** of the above patient identification is found discrepant: | | * Request patient sample redraw. * Pull all available patient samples. * Do not result interpretation of current testing which was found discrepant. * Reassign the blood bank computer orders to the correct patient HID account. * Credit any orders that may have been completed on the wrong patient HID, as necessary. * Perform testing on redraw sample. | * SQ Order Entry Process |
| **3.** | | If **none** of the above patient identification is found discrepant | | Proceed to repeat testing below with the existing patient sample. |  |
| **Testing** | | | | | |
| **1.** | | If only ABO/ Rh testing was ordered, | | * Repeat all immediate spin testing on appropriate samples * Record results on Discrepancy worksheet. | * ABOD by tube method * Antibody screen by LISS tube IAT * Crossmatch by LISS Tube IAT Method * ABO/Rh Discrepancy Worksheet * LIS Downtime Manual Bench Testing Form |
| **2.** | | If other testing was ordered on the specimen (Antibody Screen, DAT, Crossmatch) | | * Complete full testing phases on appropriate samples * Record on LIS Downtime Manual Bench Testing form |

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| **Evaluate Discrepancy** | | | | | | |
| **1.** | **If** | **Then discrepancy is** | | **Take action** | | * Selection of Red Blood Cell Units * Selection of Platelets, Plasma, and Cryo * Emergency Release Allocation Process |
| * + Second set of test results matches original record, alternative test method or patient verbal account of testing, | | * Resolved | | * Interpret ABO/Rh, antibody screen, and/or other test results. * Record on worksheet and in computer. * Re-assign blood products as requested for patient transfusion. |
| * + Second set of testing results does not match original record, alternative test method or patient verbal account of testing, | | * Not resolved | | * In the event of urgent blood transfusion requests, issue universal donor type components and/or uncrossmatched components, as applicable. * Notify TS Manager and TS Medical Director. |

**References:**

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