**Purpose:**

To describe the process for receiving and testing Prenatal samples from UW Medicine clinics and hospitals

**Policy:**

Prenatal testing drawn throughout the UW Medicine system will be routed to HMC Transfusion Services Laboratory for testing. Sample Acceptability standards are stated in this document. The Red Cell Reference Laboratory at Bloodworks Northwest (BW) will be notified of antibodies in this group of patients.

**Process Overview**

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| **Role** | **Action** |
| **Providers at Clinic** | Provider orders prenatal testing in EPIC/* Prenatal Panel Mnemonic is PNUWP3
* This panel includes the following tests:
* HBSAG (Hepatitis B)
* HCT (Hematocrit)
* PREN (ABO/Rh and Antibody Screen)
* Rubella
* Serologic Syphillis Panel
* An Epic Requisition will print when PNUWP3 is ordered and will accompany the sample
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| **Phlebotomist at Clinic** | * Collects sample.
* Labels the sample
* Attaches the EPIC requisition to the sample.
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| **Lab Med Couriers** | * Picks up samples from clinics
* Delivers samples to UWMC SPS
* Pick up “batched” samples from UWMC SPS
* Deliver “batched” samples to HMC SPS
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| **UWMC SPS** | * Performs the “batching” function in SQ ORM for all samples that require testing done at HMC laboratories
* This batch allows easier tracking in the LIS.
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| **HMC SPS** | * Performs the “un-batching” function in SQ ORM, and distributes the various tubes for testing.
* Un-batching takes 1-2 hours depending upon volume.
* Places the PREN samples in a refrigerated bucket for pickup by HMC TSL.
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| **HMC TSL** | * Picks up the PREN samples from the refrigerated bucket in TSL SPS.
* Print ACCN and CID labels. NOTE: These samples are already received in ORM by HMC SPS.
* Tests samples per current SOPs.
* Validates results and posts to SQ via Blood Order Processing.
* Generates a Pending Log to identify in complete testing or missing samples.
* Stores sample and paperwork per SOPs.
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**TSL INTERNAL PROCESS**

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| **Step** | **Action** | **Related Documents** |
| **Sample Acceptability** | Sample Labeling requirements for PRENATAL samples is **different** than that for PRETRANSFUSION samples. The PRENATAL requirements are the following:* 2 Unique Identifiers:
* Full name
* HID: U, H, and/or N numbers are acceptable.
* At least 1 phlebotomist signature. Two is acceptable, but not required.
* Date (Mo/Day/Yr) and time of draw.

**Unlike samples for Pretransfusion testing,** the following are **NOT** required for PRENATAL samples:* 2 Signatures
* Date of Birth
* Paper requisition with signatures and collection information.

Sample tube types:* Acceptable: EDTA either PINK or LAVENDER tops
* **UN**-acceptable: Serum Separator tubes containing silica gel.
* Notify clinics if sample is rejected, complete a QIM and PSN
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| **Testing** | * Will be batched and performed on TANGO automated platform whenever possible.
* Only 1 ABD test is required.
 | SQ Blood Order Processing |
| **Tracking via Pending Log** | * Print and monitor Pending Lists to ensure that all received samples have been tested.
* Run PL after each batch run of PREN testing.
* Log into SmarTerm and in Function prompt enter PL.
* Enter printer number.
* Revise start date to previous day. Tab through time and cut-off date/time.
* Accept the default response for the following prompts: preliminary results, AD comments, rack numbers, expanded comments.
* Change CID to ALL
* At the (A)ll (R)eceived (U)nreceived prompt enter R
* Leave Hospital IDs as ALL HOSPITALS
* ENTER HBBG for Worksheet(s).
* Press enter until you see “accept” and press enter again to print the report
 | SQ Daily Operations Reports |

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| **Step** | **Action** | **Related Documents** |
| **Trouble-****Shooting****Pending Log** | Investigate orders on Pending Log using Status* Testing incomplete with sample in TSL: complete testing
* Sample not in TSL:

Open Laboratory Inquiry* Type in Patient ID, search, click on Get Results
* From the drop down, select Order List
* Place a check mark in Audit Trail box
* List of orders on patient shows up here. Select the PREN order
* In the bottom portion of the screen, note the audit trail activity list:
* ORD ENTER: physician has placed the order
* CONT CREATED: CID assigned in SQ
* BATCH: Sample assigned to BATCH for shipping to HMC SPS
* CONT TRACKED: in transit from UW to HMS SPS
* UNBATCH: Sample removed from batch for distribution to testing area
* Utilize the status to ascertain where the sample is located:
* Waiting for courier pick up: BATCH
* In process in HMC SPS: BATCH or UNBATCH
* In process at UW SPS: CONT CREATED or BATCH
* Follow up with HMC or UW SPS for samples that should be in TSL but have not arrived.
 | SQ Laboratory Inquiry |
| **Reporting Positive Antibody Screens on PRENATALS** | * Perform Antibody identification per current SOP.
* Titer all Prenatal Antibodies per current SOP.
* Notify BW via fax of any antibodies identified on prenatal patient samples as follows:
* Print BBI report on the prenatal patient.
* Fax BBI printout “Attention RCRL Manager” @206-343-1778
* Note fax date and time on the Antibody Identification Worksheet.
* RCRL will update BW records in anticipation of providing blood for intrauterine transfusion or postpartum transfusion of mother and baby.
* TSL Medical Director will make decisions regarding subsequent serial titrations on a case by case basis.
 | Guidelines for Antibody IdentificationAntenatal Antibody Titration |
| **Reporting on Rh neg/weak D test results for PRENATALS** | If the prenatal testing has an Rh neg interpretation with no allo anti-D* Enter coded comment “RHNMH” under Blood Bank Comment (BBC).
* Print Blood Bank Inquiry report and leave it in the Medical Directors review box

If the prenatal testing has a weak D interpretation or unresolved D discrepancy* Place copy of discrepancy workup in the Medical Directors review box
* Upon Medical Directors review, MLS tech will enter appropriate comment
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**References**

**Standards for Blood Banks and Transfusion Services, Current Edition. AABB. AABB Press, Bethesda, MD.**

**Blood Bank User Guide, Misys Laboratory**