[](http://depts.washington.edu/labweb/index.htm)

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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:**  **January 15th, 2012** | **Number:**  **5414-2** |
| **Revision Effective Date:**  **6/27/16** | **Pages:**  **2** |
| **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.

**Policy**

HMC Transfusion Services Lab will provide Hemoglobin S (Hgb S) negative screened donor red cell (RBCs) units for patients with sickle Cell Disease/Thalassemia or Other Hemoglobinopathy. Neonates <4months of age will receive Hgb S negative RBCs. TSL Medical Director will review and approve for orders that do not meet the above criteria.

**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 Transfusion Services *Sickledex*  worksheet with the following information   * Patient Name * Accession # * Hospital MRN * Date * Tech ID * Number of Units to be Tested * Write the unit number or place unit sticker on worksheet | Transfusion Services Sickledex Worksheet |
| 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. |  |
| 2 | Enter Hgb S results in Blood Product Testing using AO test   * **NHBS**- Hgb S negative * **POSHBS**- Positive for Hgb S   Note: Place positive Hgb S units in quarantine and fill a QIM | QIM form |
| 3 | Place Sickledex worksheet in the To Be Reviewed location. |  |
| 4 | Blood Order Processing   * Allocate product * For each unit that is HBS negative, add **HGBS01** to bill   ***Reminder*** : A unit that has been HBS tested be billed only once to a patient. If unit is released and subsequently issued to another patient who has the same HBS requirement, then no additional bill only codes need to be added   * For duplicate billing, add **HGBSCR** to credit any billing discrepancies |  |

**References**

AABB Standards for Blood Banks and Transfusion Services, Current Edition

Blood Bank User’s Guide, Misys Laboratory,v7.2