**Purpose:**

Provide the policy and instructions for receipt and proper storage of all autologous bone products in Transfusion Services.

**Procedure:**

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| **Step** | **Action** | **Related Documents** |
| **Culture Policy** | * Only when **CLINICALLY INDICATED BY A SURGEON** will a culture be obtained. * If a culture is obtained, the product will remain quarantined: * Positive or incomplete cultures: released with the **non**conforming release process * Negative culture results are final: released with **conforming** release process | HMC Bone Flap Processing and Autologous Cranioplasty Policy |
| **Facility Policy** | * Autologous Bone processed by HMC or UWMC and other affiliated facilities are acceptable for storage in TSL. * If a bone package is deemed not acceptable for storage at HMC:   + Instruct the delivery person to take the package to HMC O.R. where freezer storage is available.   + If HMC O.R. processes the transferred bone package, only then it will be acceptable to be stored in TSL.   + Products will be placed in numerical order (oldest to newest) in the regular inventory including Tissues with negative Culture or tissues where culture samples were not indicated. | Receipt and Processing of Autologous Bone Tissue from UWMC or other Affiliated Facility |

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| **Storage** | **QUARANTINE the following tissue packages:**   * Positive Culture/Nonconforming Bone Package * Pending Discard (discard process ongoing)   **STORAGE Limitations:** Autologous Bone products will be stored for a maximum of :   * Cranial Bone Flaps: two years * Other bone/bone fragments: one year   **Note:**  Products are stored in a continuously monitored ultra-low freezer at -80°C in TSL. In case of equipment failure, there is a continuously monitored back-up ultra-low freezer in the OR hallway. | Using the TempTrak System  Maintenance and Troubleshooting of Blood Product Storage Devices |
| **Receipt of Autologous Bone** | | |
| **Receipt of Autologous Bone** | * Receive Autologous Bone package and Tissue Tracking Record from HMC OR Personnel * If Autologous Bone Tissue is from an outside facility other the UWMC or an affiliated facility, refer to related document * Time stamp the Tissue Tracking Record. | Tissue Tracking Record  Receipt and Processing of Autologous Bone Tissue from UWMC or other Affiliated Facility |
| **Visual Inspection** | * **Perform visual inspection** of the bone package. * Ensure the envelope is completely sealed. * Check for any holes, tears or damage to the envelope. * Do NOT accept non-conforming bone packages * **Verify patient information** * Patient information written on the package must be legible and match the Tissue Tracking Record patient label. * Do not proceed until discrepancies have been resolved. | Release of Non-Conforming Autologous Bone |
| **Verify Tissue Tracking Record** | * Verify the Tissue Tracking Record is complete with the following required: * Patient demographics (includes MRN, DOS) * Site and time of tissue procurement. * Name/initials of staff performing preparation of bone package. * Bone Type * Preparation directions, method and materials. * Signature, date/time of person completing form. * If culture obtained: Printed name, signature, and date/time of person verifying the tissue culture collection. |  |
| **Read Back** | * Perform read back with OR Personnel. * Either the tech or the OR Personnel reads the patient’s MRN and spells out their entire name from the Autologous Bone package, while the other simultaneously verifies the information on the Tissue Tracking Record. |  |
| **Assign an ID Number** | * Tear the next ID number set from the stock roll * Place one in the bottom right corner on each copy of the Tissue Tracking Record. * Retain the goldenrod copy for TSL record; ensure that the OR retains at least one copy for the patient’s chart. |  |

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| **Receipt of Autologous Bone (continued)** | | |
| **Step** | **Action** | **Related Documents** |
| **Autologous Tissue Tracking Log** | * Document on the Autologous Tissue Tracking Log: * Place the Patient Label and ID number in the box provided or write legibly. * Date/Time and Tech ID accepting the product. * Bone Type/Attending * Expiration Date * After filling out the Autologous Tissue Tracking Log have the OR Personnel sign the “Delivered By” column. | Autologous Tissue Tracking Log |
| **Autologous Bone Cryo-Label** | * Prepare an Autologous Bone Cryo-Label by placing the ID number in the upper right corner and using a cryo-pen fill out the following: * Recovering Surgeon * Retrieval Location (e.g. OR 13) * Patient Name and MRN * Expiration Date * Age * Gender * Tissue Type * Collection Date/Time * Attach the completed cryo-label to the bone package. **DO NOT** cover up any hand written information. | Autologous Bone Cryo-Label |
| **Autologous Bone Storage and Paperwork** | | |
| **IF** | **THEN** |  |
| **No Culture** | * Fold the package in half and rubber band. * Store in numerical order from oldest to newest in regular inventory (Negative or No Culture Obtained) * Tissue Tracking Record: * Staple the extra barcoded ID numbers to the front * File alphabetically Tissue Tracking Records binder | Tissue Tracking Record binder |
| **Culture Performed** | * Time stamp a quarantine slip. * Record reason: culture results pending. * Record Tech ID. * Rubber-band the quarantine slip to the bone package. * Place the Autologous Bone in QUARANTINE (Pending) * Tissue Tracking Record:   + Staple the extra barcoded ID numbers to the front   + File alphabetically in the Pending binder | Quarantine Slip  Pending Binder |
| **Complete Autologous Tissue Tracking Log** | * Check mark in storage bin column for initial storage   + Storage bin location may change during storage period |  |

**References:**

Standards for Blood Tissue Banking, Current Edition, The American Association of Tissue Banks (AATB), Bethesda, MD.