



Department of <b>LABORATORY MEDICINE</b> 		
<b>University of Washington Medical Center</b> <b>1959 NE Pacific Street. Seattle, WA 98195</b> <b>Transfusion Services Laboratory</b> <b>Policies and Procedures Manual</b>	<b>Original Effective Date:</b> <b>03-14-16</b>	<b>Number:</b> <b>PC-0010.01</b>
	<b>Revision Effective Date:</b>	
<b>TITLE: Attaching the Transfusion Record to Blood Components</b>		

**PURPOSE:**

To provide instructions for attaching the Transfusion Record to the appropriate blood component upon allocation of inventory

**PRINCIPLE & CLINICAL SIGNIFICANCE:**

Association of the Transfusion Record with the correct unit of blood is critical to the safety of the transfusion process. Errors can result in FDA reportable events and increase the risk of mis-transfusion that may result in a hemolytic transfusion reaction.

**POLICIES:**

Any discrepancies must be resolved prior to attaching the transfusion record to the unit of blood.

**SPECIMEN REQUIREMENTS:**

NA

**REAGENTS/SUPPLIES/EQUIPMENT:**

Reagents:	Supplies:	Equipment:
NA	<ul style="list-style-type: none"> <li>• Transfusion Report</li> <li>• Blood Component</li> <li>• Rubber Bands</li> </ul>	NA

**QUALITY CONTROL:**

NA

**INSTRUCTIONS:**

STEP	ACTION				
1	Retrieve the Transfusion Record from the printer				
2	Retrieve the blood component listed on the Transfusion Report from storage				
3	Verify the following information on the blood component label exactly matches the Transfusion Record <ul style="list-style-type: none"> <li>• Unit Number</li> <li>• Container # (if applicable; aliquot, apheresis components)</li> <li>• Component Type</li> <li>• Unit Expiration Date/ Time</li> <li>• Donor ABO/Rh</li> </ul>				
	<table border="1"> <thead> <tr> <th>If information</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Matches</td> <td> <ul style="list-style-type: none"> <li>• Attach the compatibility label from the Transfusion</li> </ul> </td> </tr> </tbody> </table>	If information	Then	Matches	<ul style="list-style-type: none"> <li>• Attach the compatibility label from the Transfusion</li> </ul>
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<b>TITLE: Attaching the Transfusion Record to Blood Components</b>	<b>Number: PC-0010.01</b>
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<b>STEP</b>	<b>ACTION</b>	
		Record to the front of the unit. <ul style="list-style-type: none"> <li>• Go to the next step</li> </ul>
	Does Not Match	<ul style="list-style-type: none"> <li>• Verify you have selected the correct blood component</li> <li>• Contact the UWMC TSL for any unresolved discrepancies before proceeding to the next step</li> </ul>
4	Fold the Transfusion Record so that the patient information is clearly displayed and rubber band it to the unit.	
5	Place the unit back into the appropriate storage when not immediately issuing the blood component for transfusion.	
6	Contact the patient care area, when appropriate, to notify them that the blood component is available for transfusion.	

**CALCULATIONS/INTERPRETATIONS/RESULTS REPORTING/NORMAL VALUES/CRITICAL VALUES**

NA

**CALIBRATION:**

NA

**PROCEDURE NOTES AND LIMITATIONS:**

- Although the compatibility label is affixed to the unit of blood, the Transfusion Record form is removable to allow patient care staff to document on the form easily and must be verified against the blood component both at issue and again just prior to transfusion.

**REFERENCES:**

- Technical Manual. Bethesda, MD: AABB, current edition
- Standards for Blood Banks and Transfusion Services. Bethesda, MD; AABB, current edition

**RELATED DOCUMENTS:**

NA

**APPENDIX:**

NA

<b>TITLE: Attaching the Transfusion Record to Blood Components</b>	<b>Number: PC-0010.01</b>
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<b>UWMC SOP Approval:</b>	
<b>Chief of Clinical Services (CLIA Medical Director)</b>	_____ Date _____ Mark H. Wener, MD
<b>Transfusion Service Manager</b>	_____ Date _____ Deanne Stephens
<b>Transfusion Service Compliance Analyst</b>	_____ Date _____ Christine Clark
<b>Transfusion Service Medical Director</b>	_____ Date _____ John R. Hess, MD
<b>UWMC Biennial Review:</b>	
	_____ Date _____
	_____ Date _____

<b>SCCA SOP Approval:</b>	
<b>SCCA CLIA Medical Director</b>	_____ Date _____ Brent L. Wood, MD
<b>Director, Transfusion Services</b>	_____ Date _____ Terry Gernsheimer, MD
<b>Alliance Lab Manager</b>	_____ Date _____ Doug Howlett
<b>SCCA Biennial Review:</b>	
	_____ Date _____
	_____ Date _____