



University of Washington Medical Center  
1959 NE Pacific Street. Seattle, WA 98195  
Transfusion Services Laboratory  
Policies and Procedures Manual

Original Effective Date:  
10-28-2020  
Revision Effective Date:  
NA

Number:  
PC-0078.01

**TITLE: Attaching Sunquest Transfusion Record to Blood Components at Northwest Campus**

**PURPOSE:**

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

**LOCATION**

Northwest Transfusion Support Service (TSS)

**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 increase the risk of mis-transfusion that may result in a hemolytic transfusion reaction.

**POLICIES:**

- Two different Transfusions Records are utilized at NW campus (SunQuest and HaemoBank Transfusion Records). This procedure outlines the requirements for attaching the Sunquest Transfusion Record to blood components
- **Sunquest Transfusion Record:** Printed by Sunquest at the time of allocation with patient and blood component information. The blood component is not in the Haemobank at the time of allocation – see [Appendix 1](#)
- **Haemobank Transfusion Record:** The blank record is attached to components remotely allocated from the Haemobank. When the component is moved from the Haemobank, a label, with patient and blood component information, prints from the BloodTrack kiosk. The label is affixed to the top of the Transfusion Record prior to issue – refer to SOP **Issuing Blood Components at Northwest Campus**
- Any discrepancies between the blood component and the Transfusion Record must be resolved prior to attaching the transfusion record to the blood component.

**SPECIMEN REQUIREMENTS:**

NA

**REAGENTS/SUPPLIES/EQUIPMENT:**

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

**QUALITY CONTROL:**

NA

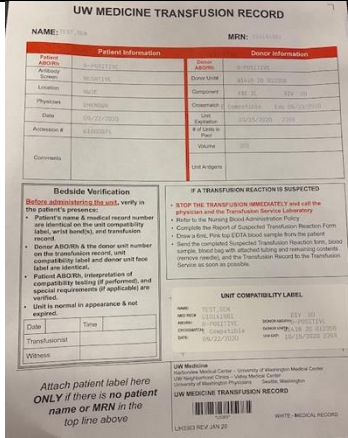
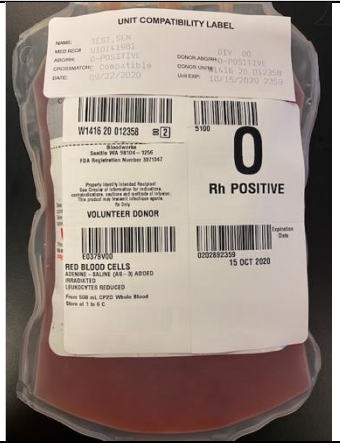
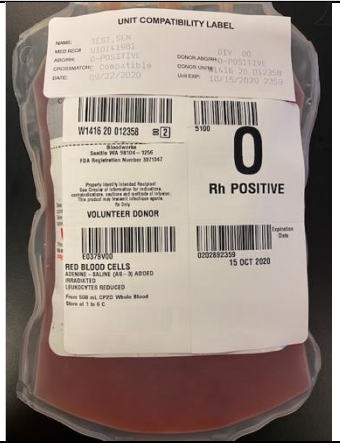
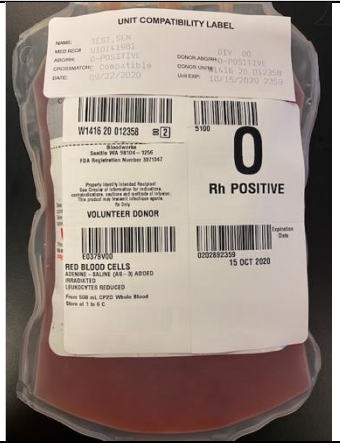
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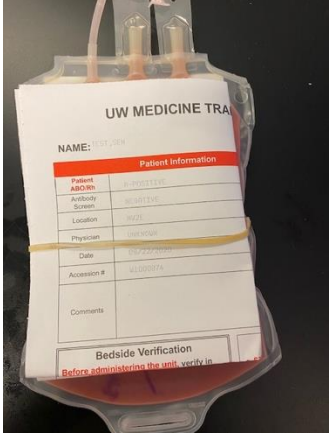
**INSTRUCTIONS:**

[Attaching Sunquest Transfusion Record](#)  
[APPENDIX 1: Sunquest Transfusion Record & Unit Compatibility Label](#)

[Attaching Sunquest Transfusion Record](#) (refer to [Appendix 1](#))

STEP	ACTION						
1	<p>Retrieve the Transfusion Record UH3363 from the Sunquest printer</p> 						
2	<p>Verify the following information on the blood component label exactly matches the Transfusion Record</p> <ul style="list-style-type: none"> <li>• Unit Number</li> <li>• Container # (if applicable; aliquot, apheresis components)</li> <li>• Component Type</li> <li>• Donor ABO/Rh</li> <li>• Unit Expiration Date/ Time</li> </ul> <table border="1" data-bbox="292 1239 1421 1732"> <thead> <tr> <th>If information</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="292 1291 535 1732">Matches</td> <td data-bbox="535 1291 1421 1732"> <ul style="list-style-type: none"> <li>• Attach the compatibility label from the Transfusion Record to the front of the unit.</li> <li>• Go to the next step</li> </ul>  </td> </tr> <tr> <td data-bbox="292 1732 535 1833">Does Not Match</td> <td data-bbox="535 1732 1421 1833"> <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> </td> </tr> </tbody> </table>	If information	Then	Matches	<ul style="list-style-type: none"> <li>• Attach the compatibility label from the Transfusion Record to the front of the unit.</li> <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>
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STEP	ACTION
3	Fold the Transfusion Record so that the patient information is clearly displayed and attach it to the unit with a rubber band 
4	Place the unit back into the appropriate storage when not immediately issuing the blood component for transfusion.
5	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:**

FORM UH3363 UW Medicine Transfusion Record  
 SOP *Issuing Blood Components at Northwest Campus*

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**UWMC SOP Approval:**

**UWMC CLIA  
Medical Director**

*Mark Wener*

Date 10/20/20

Mark H. Wener, MD

**Transfusion Service  
Manager**

*Nina Sen*

Date 10/16/20

Nina Sen

**Transfusion Service  
Compliance Analyst**

*Christine Clark*

Date 10-16-2020

Christine Clark

**Transfusion Service  
Medical Director**

*Monica B. Pagano*

Date 10-19-2020

Monica B. Pagano, MD

**UWMC Biennial Review:**

Date \_\_\_\_\_

Date \_\_\_\_\_

**APPENDIX:**

**APPENDIX 1: Sunquest Transfusion Record & Unit Compatibility Label**



**UW MEDICINE TRANSFUSION RECORD**

NAME: \_\_\_\_\_ MRN: \_\_\_\_\_

Patient Information		Blood Component	
Product		Quantity	
Lot Number		Expiration Date	
Indication		Transfusion Start Date/Time	
Reaction		Transfusion Stop Date/Time	
Other		Transfusion Site	
Physician		Transfusion Rate	
Comments			

**Barcode Verification**

**Before attaching the unit, verify in the patient's presence:**

1. Patient's name is read aloud against an identifier on the unit (compatibility label, wrist band, and transfusion record).
2. Blood ABO & the donor and recipient in the transfusion record are compatibility label and donor unit label and consistent.
3. Patient exhibits no symptoms of incompatibility testing of pertinent, and special requirements of applicable are verified.
4. Unit is suitable in appearance & not expired.

**UNIT COMPATIBILITY LABEL**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ABO: \_\_\_\_\_ Rh: \_\_\_\_\_

COMPATIBILITY: \_\_\_\_\_

TRANSFUSION RATE: \_\_\_\_\_

TRANSFUSION SITE: \_\_\_\_\_

TRANSFUSION START DATE/TIME: \_\_\_\_\_

TRANSFUSION STOP DATE/TIME: \_\_\_\_\_

ATTACH PATIENT LABEL HERE ONLY IF THERE IS NO PATIENT NAME OR MRN IN THE LEFT LINE ABOVE

