**Purpose:**

To describe the process for receiving and testing prenatal samples from HMC clinics and HMC hospital

**Policy:**

Prenatal testing drawn at HMC will be routed to HMC Transfusion Services Laboratory for testing. Samples drawn elsewhere in the UW Medicine system will be routed to UWMC-Montlake Transfusion Services Laboratory.

**Process Overview**

|  |  |
| --- | --- |
| **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 if ADT label is used.
* A downtime Transfusion Services Testing and Blood Product Request Form is an acceptable alternative for ordering prenatal testing when Epic is not available.
 |
| **Phlebotomist at Clinic** | * Collects sample.
* Labels the sample
* Attaches the requisition to the sample (if ADT label used and order not placed in Epic).
* Sends sample to HMC TSL.
 |
| **HMC SPS** | * Routes all PREN samples to HMC TSL
 |
| **HMC TSL** | * Receive specimen in ORM.
* Perform LINK for patient per SOP
* 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.
 |

**TSL INTERNAL PROCESS**

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| **Sample Acceptability** | Sample Labeling requirements for PRENATAL samples is the same as that for pretransfusion samples. Sample tube types:* Acceptable: EDTA either PINK or LAVENDER tops OR RED tops
	+ RED top specimens must be tested manually
* **UN**-acceptable: Serum Separator tubes containing silica gel.
* Notify clinics if sample is rejected, complete a QIM and PSN
 | Sample acceptance evaluation |
| **Testing** | * Will be batched and performed on TANGO automated platform whenever possible.
 | SQ Blood Order Processing |
| **Reporting Positive Antibody Screens on PRENATALS** | * Perform Antibody identification
* Titer all Prenatal Antibodies.
* TSL Medical Director will make decisions regarding subsequent serial titrations on a case by case basis.
* Notify ordering physician of positive antibody screen and antibody identified
* Document read-back as a BBC
 | Guidelines for Antibody IdentificationAntenatal Antibody TitrationReporting Laboratory Results by Verbal Notification |
| **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).
	+ RHNMH translates to “This patient's red blood cells are Rh D negative. She is at risk for becoming immunized during pregnancy if her baby is Rh D positive. Consider giving Rh Immune Globulin at 28 weeks, with utero-invasive procedures, and upon delivery to prevent alloimmunization. Refer to Transfusion Services Consult or call Transfusion Services Laboratory 206-744-3088 for additional information.”
* Add test PRPATH to accession number
* Print Blood Bank Inquiry report and leave it in the Medical Directors review box
* When the medical directors have completed the consult, result PRPATH with the consulting medical director’s initials.

If the prenatal testing has a weak D interpretation or unresolved D discrepancy* Place copy of discrepancy workup in the Medical Directors review box. Ask if genomics should be ordered and testing sent out.
* Upon Medical Directors review, MLS tech will enter appropriate comment
 | SQ Blood Order Processing Test Result Guide |

**References**

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

Blood Bank User Guide, Misys Laboratory, current version