**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**

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| **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**

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| **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 Identification  Antenatal Antibody Titration  Reporting 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