**Purpose**

To describe the steps taken when samples sent to the Harborview Medical Center (HMC) Transfusion Service for testing do not meet sample acceptance criteria described in the Sample Acceptance Evaluation Policy.

**Procedure:**

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| **Step** | **Action** | **Related Documents** |
| **Rejecting the Sample** | | |
| 1 | Call the nurse that is currently taking care of the patient and notify them of the rejection and the need to re-draw. Document the following on the order request:   * Full name of clinician/nurse notified * Summary of the conversation * Date * Time * Tech ID | SQ Canceling Orders and Correcting Results |
| 2 | Order an OPINK | SQ Order Entry Process |
| 3 | Peel up one side of the label on the specimen in order to flatten it out and make two photocopies of it. |  |
| 4 | Make two photocopies of the order paperwork (if applicable) that accompanied the specimen. |  |
| 5 | Place colored dot sticker on tube to indicate rejected sample. |  |
| 6 | Complete a *Rejected Specimen Report*.   * Mark the appropriate boxes indicating the reason(s) for the rejection. * Make two (2) photocopies of this form. | Rejected Specimen Report Form |
| **Incident Reporting of Rejected Samples** | | |
| 7 | Complete   * PSN online incident report for each rejected specimen detailing the reason(s) the specimen was rejected * QIM form | Quality Process: Occurrence Reporting  Quality Improvement Monitor Form |
| 8 | Attach and forward to the Nurse Manager for the patient care area:   * + The original *Rejected Specimen Report* form.   + One copy of the specimen label.   + One copy of the request that accompanied the specimen (if applicable). |  |
| **Step** | **Action** | **Related Documents** |
| **Incident Reporting of Rejected Samples (continued)** | | |
| 9 | Attach and forward to the Transfusion Service Manager or Compliance Analyst:   * A photocopy of the *Rejected Specimen Report* form. * One copy of the specimen label. * One copy of the request that accompanied the specimen. * QIM |  |
| **Sample Rejection Completion in Sunquest** | | |
| 10 | CLT: Hand original request and sample to technologist. |  |
| 11 | MLS:   * Perform cancellation per SOP. * If sample had been received in error, change specimen expiration date to current date if applicable | SQ Cancelling Orders and Correcting Results |
| 12 | File sample in the specimen rack. | Sample and Unit Segment Management Procedure |
| **Testing Possible Wrong Blood in Tube (WBIT) Samples** | | |
| 13 | A possible WBIT may be identified in several ways but all must be followed up on immediately to ensure the safety of our patients. Some examples may be:   * Sample and testing requisition patient identifiers do not match. * Sample and additional labels patient identifiers do not match. * Phone call from floor, phlebotomy, or clinic indicating an issue with patient identification on sample or paperwork. * Sample arrives double labeled and patient identifiers do not match. * Historical ABO/Rh results do not match current specimen and there is no history of bone marrow transplant **OR** transplant history does not match current specimen. |  |
| 14 | All patients involved must have new samples collected even if a historical type is present.   * Hold off on issuing components except in emergent cases. If components are needed emergently, use universally compatible components (i.e. O RBC and group A LTP or AB plasma) * The intended patient will require a new order and sample collected by the physician/medical team. * On the other patient, request the physician electronically order an ABRH. * If physician unable to place electronic order, use manual order form with TSL Medical Director as ordering physician and ADT labels for labeling samples. * Apply credit for testing performed. | SQ Cancelling Orders and Correcting Results |
| 15 | If sample has not been received in Sunquest:   * Perform ABO/Rh on all samples using downtime form and compare to historical type. * If no historical type, compare against redraw.   If sample has been received:   * Result grid with reaction results but BBCAN the overall interpretation. * Apply credit for testing performed. * Add BBCS with reason for testing | ABO/D Typing by Tube Procedure  LIS Downtime Manual Bench Testing Form  SQ Cancelling Orders and Correcting Results |
| **Step** | **Action** | **Related Documents** |
| **Testing Possible Wrong Blood in Tube (WBIT) Samples (continued)** | | |
| 16 | If ABO/Rh is the same for both patients, consider perform Rh/K phenotype to further differentiate the patients. | Antigen Typing of Red Cells |
| 17 | Complete QIM and PSN and forward all testing paperwork to TSL Manager or Compliance Analyst  Note: This can be the same QIM and PSN as in steps 7-9 | Quality Process: Occurrence Reporting  Quality Improvement Monitor Form |

**References:**

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

Blood Bank User Guide, Misys Laboratory, Version 8.1