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: 10-03-2022	Number: PC-0083.03

TITLE: **Receiving Blood Components from Montlake at Northwest Campus**

PURPOSE:
To provide instructions for receiving blood components from the Montlake Transfusion Service Laboratory (TSL). Process includes inspection of shipping container and blood component, entry into Sunquest (SQ) and loading in the Haemobank or other appropriate storage device

LOCATION
Northwest Transfusion Support Service (TSS)

PRINCIPLE & CLINICAL SIGNIFICANCE:

Receipt of blood products from Montlake TSL is achieved through observation of packaging to maintain temperature, comparison of quantities shipped against quantities received, entry of the blood component into the LIS for tracking including documented visual inspection of the blood component and placement in the appropriate storage device. Included is loading of both allocated and stock red blood cell components into the Haemobank using BloodTrack software.

POLICIES:
- Any shipments with questionable storage conditions must have the temperature verified and documented prior to accepting the shipment into inventory
- Receiving of blood components must be processed in a manner such that time out of controlled storage conditions is limited.
    - It is recommended only one component type (box) is received at a time and stock components are received separate from allocated components.
    - In the event Montlake TSL needs to be contacted for resolution of a step failure, the implicated blood component should be placed in the quarantine location of the appropriate storage device to maintain appropriate temperature of the component during resolution.
- All blood components, regardless of the type, must be received from “In-Transit” status to “available” status prior to placing in appropriate storage and/or issuing
- Red blood cell components stored in the Haemobank must be scanned in BloodTrack prior to loading into the Haemobank.
- Blood components may be shipped to Northwest Lab with or without an attached Transfusion Record.

- Two different Transfusion Records are utilized at NW campus. One is generated by Sunquest and the other by Haemobank kiosk.

Transfusion Record generated by	Generated when blood component is	Refer to
Sunquest	**NOT IN** the Haemobank at the time of allocation • Prints for the following: • Platelets • Plasma • Cryoprecipitate • Granulocytes • RBCs allocated at Montlake prior to shipping to NW TSS	Appendix 1
Haemobank	**IN** the Haemobank at the time of allocation • Prints when Haemobank remotely allocated RBCs are removed from the Haemobank to issue for transfusion	Appendix 2

REAGENTS/SUPPLIES/EQUIPMENT:

Reagents:	Supplies:	Equipment:

NA	• Absorbent Material
	• Plastic Liners
	• Coolants depending on components:
	  ○ Wet ice
	  ○ Frozen coolant packs
	  ○ Gel packs wrapped in bubble wrap stored at 20-24ºC
	  ○ Dry ice
		Shipping Container

QUALITY CONTROL:

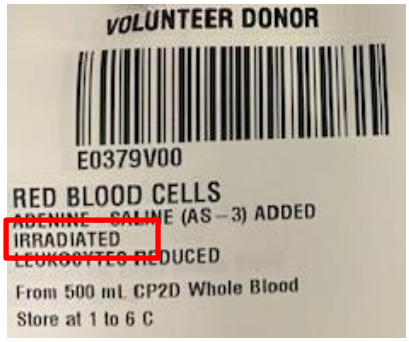
Shipping conditions will be monitored routinely upon component receipt and shipment

INSTRUCTIONS:

TABLE of CONTENTS

Accepting Delivery of Blood Components

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>1</td><td>Open the shipping container and time stamp or write the date and time of opening on the packing slip (BBR9)
<table>
<tr><th>If Packing slip (BBR9)</th><th>Then</th></tr>
<tr><td>Is enclosed</td><td>Go to next step</td></tr>
<tr><td>Not enclosed</td><td>• Call Montlake TSL and ask for a copy to be faxed
• Document the date and time the box was opened on the faxed copy</td></tr>
</table></td></tr>
<tr><td>2</td><td>Verify contents are packed appropriately to maintain required shipping temperature and shipment appears undamaged
<table>
<tr><th>If</th><th>Packing condition</th><th>• Shipping Temp Range</th></tr>
<tr><td>Red Blood Cells</td><td>Wet ice is present</td><td>1-10° C</td></tr>
<tr><td>Platelets, Granulocytes</td><td>Room temperature stabilizing packs</td><td>20-24°C</td></tr>
<tr><td>Fresh Frozen Plasma, Cryoprecipitate</td><td>Dry Ice is present</td><td>< -18°C</td></tr>
</table>
*NOTE: The temperature does not need to be taken/recorded unless the packing condition is not met or if the tech has reason to believe that products have not been transported at the temperature ranges listed above</td></tr>
<tr><td>3</td><td>
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Shipment is acceptable</td><td>Go to step 5</td></tr>
<tr><td>Temperature not maintained, shipment leaking or otherwise damaged</td><td>
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Shipping temperature is in question</td><td>• Use a NIST calibrated thermometer to verify the temperature by placing the thermometer probe in the middle of the component and fold the component in a sandwich. If more than component, the probe can be placed between the two blood components. Read temperature after 3-5 minutes. For a single frozen component, place probe between the component and Styrofoam protector
• Record shipment temperature or other shipment issue on the packing slip
Go to next step</td></tr>
<tr><td>Shipment leaking or otherwise damaged</td><td>• Find source of the leak
• Record the condition of the box on the packing slip
• Go to next step</td></tr>
</table>
</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>4</td><td>
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Temperature is acceptable and shipment is otherwise acceptable</td><td>Go to next step</td></tr>
<tr><td>Temperature is NOT acceptable, shipment is leaking or otherwise damaged</td><td>• Notify shift lead or manager and complete QI Report
• Contact Montlake TSL to coordinate resolution</td></tr>
</table>
</td></tr>
<tr><td>5</td><td>• Compare the components shipped with those listed on the packing slip and verify component ID numbers match and all components are accounted for
• Contact Montlake TSL if any discrepancy is noted</td></tr>
<tr><td>6</td><td>
<table>
<tr><th>If component is</th><th>Then</th></tr>
<tr><td>Red cell or platelet</td><td>Verify component is irradiated or psoralen treated
<table>
<tr><th>If Component is</th><th>Then</th></tr>
<tr><td>Irradiated</td><td>• The blood component label must state “Irradiated”
 

• And the irradiator Rad Sure indicator if present appears as the following
 

NOTE: If the indicator displays “NOT” then the unit is not irradiated
 
</td></tr>
</table>
</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td></td><td>
<table>
<tr><td></td><td>
<table>
<tr><td>Psoralen Treated</td><td>The blood component label will state “Psoralen Treated”
 

Note: Rad Sure Irradiator indicator will not be present</td></tr>
</table>
• Contact Montlake TSL immediately if blood component is not irradiated or psoralen treated and document on a Quality Improvement form. Quarantine the product and refer to SOP Quarantine and Final Disposition of Blood Components at Northwest Campus.
• Go to next step</td></tr>
<tr><td>Plasma or cryoprecipitate</td><td>Go to next step</td></tr>
</table>
</td></tr>
<tr><td>7</td><td>
<table>
<tr><th>If component is</th><th>Then</th></tr>
<tr><td>For stock</td><td>Go to step 9</td></tr>
<tr><td>Allocated to a patient</td><td>Go to step 8</td></tr>
</table>
</td></tr>
<tr><td>8</td><td>
• Verify the following information matches between the component label, Transfusion Record and Unit Compatibility Label adhered to the component
  ○ Donor Unit #
  ○ Division (DIV)
  ○ Expiration Date
• Verify the following information on the attached Transfusion Record matches the Unit Compatibility Label
  ○ Medical Record Number
  ○ Patient Full Name
<table>
<tr><th>Component Label</th><th>Unit Compatibility Label</th><th>Transfusion Record</th></tr>
<tr><td>Donor Unit #</td><td>Donor Unit #</td><td>Donor Unit #</td></tr>
<tr><td>Division (DIV)</td><td>Division (DIV)</td><td>Division (DIV)</td></tr>
<tr><td>Expiration Date</td><td>Expiration Date</td><td>Expiration Date</td></tr>
<tr><td></td><td>Medical Record Number</td><td>Medical Record Number</td></tr>
<tr><td></td><td>Patient Full Name</td><td>Patient Full Name</td></tr>
</table>
</td></tr>
</table>

STEP	ACTION
	If information / **Then** Matches / Go to next step Not Match / Call Montlake TSL for resolution
9	Initial the packing list and file in the appropriate location.
10	Go to next section – Receiving Blood into Sunquest Inventory

Receiving Blood into Sunquest (SQ) Inventory

STEP	ACTION
1	Open Sunquest (SQ) function and log into location **NW**
2	Click on 'Blood Status Update' 
3	Select < *In-Transit to Inventory*> from the drop-down menu in the "Update Option" field
4	Scan the appropriate information in the appropriate fields **Field** / **Scan** Unit # / Donor ID Number barcode from component label Component code / Ecode barcode Division # / Select or verify the correct division code, if applicable **NOTE**: The component code should be scanned to ensure the correct component type is listed, even if it prepopulates upon scanning the unit number
5	Tab through the date and time to enter the current date/ time, or manually enter the correct date/time if necessary
6	• Press <Tab> to enter "INV ~Inventory" as the default in the "New status" field • Press <Tab> again and a "Temperature field" will open – do not enter temperature data **NOTE:** Do not enter temperature data in this field. Sunquest does not have logic to alert the user if the temperature is out of range. If there are concerns regarding product transport conditions - refer to SOP ***Quarantine and Final Disposition of Blood Components at Northwest Campus***
7	Press Tab and the "Pass visual inspection ☐Yes ☐No" will appear
8	Perform a visual inspection and document the results of the inspection - refer to SOP ***Visual Inspection of Blood Components Northwest Campus***

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td></td><td>
<table>
<tr><th>If visual inspection</th><th>Select the following for</th></tr>
<tr><td>Passes</td><td>☐ Yes</td></tr>
<tr><td>Fails</td><td>☐ No
Document the reason for failure and quarantine the component - rrefer to SOP Quarantine and Final Disposition of Blood Component at Northwest Campus: Appendix A Quarantine and Discard Reason Codes</td></tr>
</table>
</td></tr>
<tr><td>9</td><td>• Click <9. Unit Location> NWBB
• Verify the components are listed in the correct inventory destination
• Click <OK></td></tr>
<tr><td>10</td><td>Click <Save> at the bottom of the screen to complete the transfer</td></tr>
<tr><td>11</td><td>
<table>
<tr><th>If component is</th><th>Then</th></tr>
<tr><td>ALLOCATED with attached SQ Transfusion Record</td><td>• Select ‘Allocated’ from the New Status dropdown box when Unit activity window opens
• Click <Save>

NOTE: If ‘Released” status is selected in error contact Montlake TSL for resolution</td></tr>
<tr><td>UNALLOCATED</td><td>Go to next step</td></tr>
</table>
</td></tr>
<tr><td>12</td><td>Repeat steps 4-11 for each additional unit</td></tr>
<tr><td>13</td><td>Place the blood components in the appropriate storage device refer to SOP Blood Storage and Inventory Management at Northwest Campus
<table>
<tr><th>If component is</th><th>Then</th></tr>
<tr><td>Frozen Plasma and Cryoprecipitate</td><td>Place in Blood Component freezer</td></tr>
<tr><td>Red Blood Cells</td><td>Go to section Loading Components into the Haemobank</td></tr>
<tr><td>Platelets</td><td>Place in Platelet Incubator</td></tr>
<tr><td>Washed Red blood cells or Thawed Plasma</td><td>Place components on allocated shelf of blood refrigerator</td></tr>
<tr><td>Granulocyte</td><td>Store in the shipping container it was delivered in</td></tr>
<tr><td>Neonate RBC (O negative, <7days old,≤3 day irradiated, Hgb S negative)</td><td>Place in the designated bin in the blood bank backup refrigerator</td></tr>
</table>
</td></tr>
</table>

Scanning Blood Components into BloodTrack

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>1</td><td>Open BloodTrack software  from Citrix Receiver</td></tr>
<tr><td>2</td><td>Click on <Transactions></td></tr>
<tr><td>3</td><td>Log in by scanning your UWMC ID Badge or entering in your EID# (Employee Identification #)</td></tr>
<tr><td>4</td><td>Click on <Activate Out></td></tr>
<tr><td>5</td><td>Answer the question “Do you want to add patient details?
<table>
<tr><th>If component is</th><th>Select</th></tr>
<tr><td>Not Allocated - refer to Appendix 1</td><td>• No
• Go to next step</td></tr>
<tr><td>Allocated with SQ Transfusion Record attached - refer to Appendix 2</td><td>• Yes
• Go to step 7</td></tr>
</table></td></tr>
<tr><td>6</td><td>The activate out dialog box will open to enter component information

Select <Cooler> from the Transport Method dropdown box
Scan the following information from the blood component ISBT label in the appropriate field (a picture on the screen will prompt which the barcode to scan in each field)

Unit Number
Product Code
Unit Blood Group
Expiration Date

A green “Good” prompt will display when complete and go to step

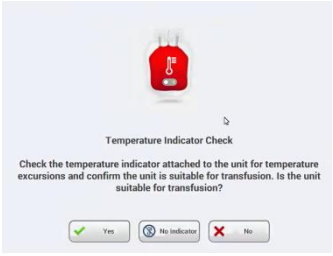
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Green Good</td><td>• Repeat for any additional components
• Go to section Loading Components in the Haemobank</td></tr>
<tr><td>Red Stop</td><td>Call Montlake TSL for resolution</td></tr>
</table></td></tr>
<tr><td>7</td><td>
Select <Cooler> form the Transport Method dropdown box
Scan the following information from the blood component ISBT label in the appropriate field (a picture on the screen will prompt which the barcode to scan in each field)

Unit Number
Product Code
Unit Blood Group
Expiration Date

</td></tr>
<tr><td>8</td><td>
Enter the following information exactly as printed on the Transfusion Record in the appropriate field
</td></tr>
</table>

STEP	ACTION
	○ Medical Record Number ○ Patient Last Name ○ Patient First Name • Review entry for accuracy and correct if necessary **NOTE:** Do not enter the Patient Gender, Patient Birth Date, or Patient Blood Group
9	• Click on <Execute> • Click <Yes> when the dialog box pops up "Patient Blood Group is Empty. Do you want to continue?" • A green "Good" prompt will display when complete
10	Repeat steps 5- 9 for any additional components
11	Go to section Loading Components into the Haemobank

Loading Components into the Haemobank

STEP	ACTION
1	Log in by scanning your UWMC ID Badge or entering in your EID# (Employee Identification #)
2	Select <Putting In>
3	Scan the ID number of the blood product
4	Touch < YES> when the "Temperature Indicator Check' window appears **NOTE:** This displays even though there is no indicator on the component. Blood components received as acceptable in SQ are then loaded in Haemobank as acceptable components. For unacceptable components- refer to SOP: ***Quarantine and Final Disposition of Blood Components at Northwest Campus*** 
5	Select <Cooler>
6	**If green screen** / **Then** **APPEARS** prompting you to place the blood component into the storage location → Place the component into the designated location (tray will light up blue) in the storage device and close the door **Does NOT APPEARS** → • Verify the component was entered into BloodTrack • Call Montlake TSL for resolution
7	The system will prompt whether another blood component will be loaded **If** / **Then** Yes → Repeat steps 3 thru 4 to load each additional component No → • Go to next step

STEP	ACTION
8	Touch <Logout> when all blood components are loaded

PROCEDURE NOTES/LIMITATIONS

- For autologous or other rare or difficult to replace units, it may be necessary to preserve units that have been exposed to temperatures outside of the acceptable range. In these circumstances, the UWMC TSL Medical Director approval is required. Approval and reason for deviation to the SOP must be documented.

- The same packing processes may also be used during emergency storage events when alternative equipment storage unit is not available. Refer to SOP: Blood Storage and Inventory Management

REFERENCES:

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

RELATED DOCUMENTS:

SOP *Visual Inspection of Blood Components Northwest Campus*)
SOP *Blood Storage and Inventory Management at Northwest Campus*
SOP *Quarantine and Final Disposition of Blood Component at Northwest Campus*

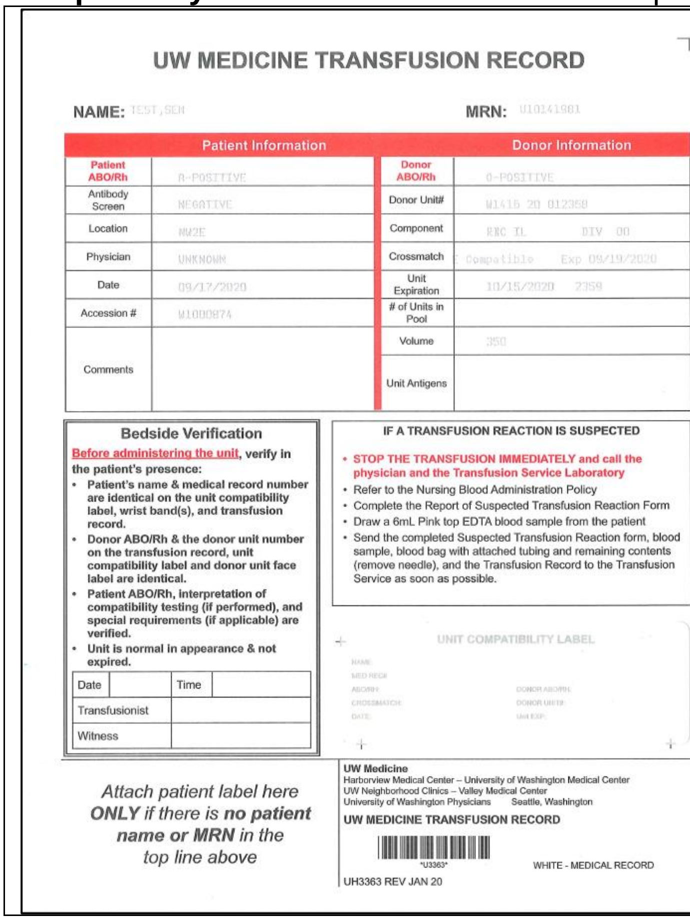
UWMC SOP Approval:			
UWMC CLIA Medical Director	Andrew Bryan, MD	Date	
Transfusion Service Manager	Nina Sen	Date	
QA Manager	Tayler Reeves	Date	
Transfusion Service Medical Director	Monica Pagano, MD	Date	
UWMC Biennial Review:			
		Date	
		Date	

11/23/21- Revised to include check for irradiated or psoralen treated blood components when components are received at Northwest campus
9/23/22- Updated to reflect storage of neonate RBC in backup refrigerator

APPENDICES:

APPENDIX 1: Sunquest Printed Transfusion Record and Labeled Blood Component

Applies to platelets, thawed plasma, thawed cryoprecipitate, and red blood cell components allocated from Montlake stock prior to shipping to NW campus. **Unit Compatibility Label** will be attached to the top front of the blood component



UW MEDICINE TRANSFUSION RECORD

NAME: TEST,SEN MRN: U10141981

Patient Information		Donor Information	
Patient ABO/Rh	A-POSITIVE	Donor ABO/Rh	O-POSITIVE
Antibody Screen	NEGATIVE	Donor Unit#	W1416 20 012358
Location	NW2E	Component	RBC IL DIV 00
Physician	UNKNOWN	Crossmatch	Compatible Exp 09/19/2020
Date	09/17/2020	Unit Expiration	10/15/2020 2359
Accession #	W1000874	# of Units in Pool	
Comments		Volume	350
		Unit Antigens	

Bedside Verification

Before administering the unit, verify in the patient's presence:

- Patient's name & medical record number are identical on the unit compatibility label, wrist band(s), and transfusion record.
- Donor ABO/Rh & the donor unit number on the transfusion record, unit compatibility label and donor unit face label are identical.
- Patient ABO/Rh, interpretation of compatibility testing (if performed), and special requirements (if applicable) are verified.
- Unit is normal in appearance & not expired.

Date		Time	
Transfusionist			
Witness			

IF A TRANSFUSION REACTION IS SUSPECTED

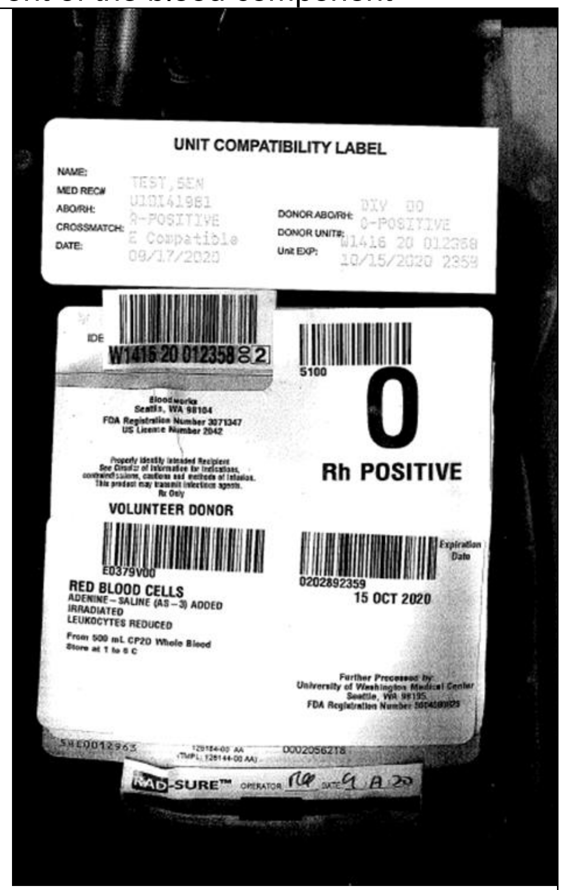
- STOP THE TRANSFUSION IMMEDIATELY and call the physician and the Transfusion Service Laboratory
- Refer to the Nursing Blood Administration Policy
- Complete the Report of Suspected Transfusion Reaction Form
- Draw a 6mL Pink top EDTA blood sample from the patient
- Send the completed Suspected Transfusion Reaction form, blood sample, blood bag with attached tubing and remaining contents (remove needle), and the Transfusion Record to the Transfusion Service as soon as possible.

UNIT COMPATIBILITY LABEL

NAME:
MED REC#
ABO/RH:
CROSSMATCH:
DATE:
DONOR ABO/RH:
DONOR UNIT#:
Unit EXP:

*Attach patient label here **ONLY** if there is **no patient name or MRN** in the top line above*

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington
UW MEDICINE TRANSFUSION RECORD
U3363
WHITE - MEDICAL RECORD
UH3363 REV JAN 20



APPENDIX 2: Haemobank *Transfusion Recorded* for stock blood components

Applies to red blood cell components remotely allocated from Haemobank inventory. Blood Component will not be labeled with a **compatibility label**.

UW MEDICINE TRANSFUSION RECORD

Bedside Verification

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

- **Patient's name & medical record number are identical on the unit compatibility label, wrist band(s), and transfusion record.**
- **Donor ABO/Rh & the donor unit number on the transfusion record, unit compatibility label and donor unit face label are identical.**
- **Patient ABO/Rh, interpretation of compatibility testing (if performed) & special requirements (if applicable) are verified**
- **Unit is normal in appearance & not expired.**

Date		Time	
Transfusionist			
Witness			

IF A TRANSFUSION REACTION IS SUSPECTED

- STOP THE TRANSFUSION IMMEDIATELY and call the physician and the Transfusion Service Laboratory
- Refer to the Nursing Blood Administration Policy
- Complete the Report of Suspected Transfusion Reaction Form
- Draw a 6mL Pink top EDTA blood sample from the patient
- Send the completed Suspected Transfusion Reaction form, blood sample, blood bag with attached tubing and remaining contents (remove needle), and copy of the Transfusion Record to the Transfusion Service as soon as possible.

Attach patient label here ***ONLY*** *if there* ***is no patient name or MRN*** *above*

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle Washington
UW MEDICINE TRANSFUSION RECORD

UH3919 REV AUG 20