PROCEDURE

Title: Retyping for History

Procedure #: 2015BLOODBANK82

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/12/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6/12/15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 1/1/2009

Review of procedure every two years

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Discontinued testing date: _____

Highlands Regional MEDICAL CENTER

Policy Name: Retyping/Redrawing Blood Bank Patients	Department: Blood Bank – Lab
Departmental Review:	Policy #:
INITIATE DATE 1/2009	DATE REVIEWED/REVISED 02/2013
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PURPOSE:
Mistransfusion occurs from misidentification of the intended recipient at the time of collection, labeling error of the pretransfusion testing sample, during laboratory testing or preparation of units to be issued. Misidentification at sample collection occurs approximately once in every 1000 samples and one in every 12,000 transfusions the recipient receives the wrong unit. To reduce risk of misidentification and consequently, of a hemolytic transfusion reaction historic record checks will be done on each blood bank sample received for testing.

POLICY:
Patients without historic data for blood bank testing will have a second specimen drawn to confirm the ABO/Rh of the patient before blood products may be issued for transfusion. Repeat antibody screen is not required.

PROCEDURE:
1. All patients requiring blood products must be properly identified and banded with the blood band identification system. This unique number will appear on the patient's armband and specimen as well as any documentation in the laboratory.
2. Check Patient's blood bank records for historical data.
3. If historical data is not available, the patient must be retyped with a second specimen drawn at a separate phlebotomy.
4. Results from ABO type of the second phlebotomy specimen are recorded on the daily blood bank log and in the LIS.
5. Any discrepancies will result in the withholding of blood products until resolved.

REFERENCES:
AABB Technical Manual
CAP Requirements: TRM.30575, TRM.40300, TRM.40670, TRM.40820

Highlands Regional MEDICAL CENTER

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INITIATE DATE 1/2009 **DATE REVIEWED/REVISED** 02/2013 **PAGE 2 of 2**

Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
	8·6·14		
	5·27·15		
	5-29-15		

Initial Implementation Date: _____

Taken out of Service: _____

Reason: _____

Reviewed by: _____ Date: 6/10/13

Department Supervisor

Reviewed by: Angela Lawson Date: 6/4/13

Department Adm. Director

Reviewed by: _____ Date: _____

Department Chief Technologist

Reviewed and Approved by: _____ Date: 6-4-13

Department Medical Director