

PROCEDURE

Title: Reference Specimens to One Blood

Procedure #: 2015BLOODBANK91

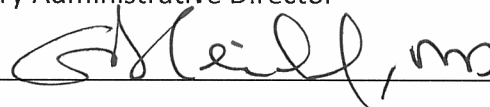
Institution: Highlands Regional Medical Center

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: 4/5/2015

Review of procedure every two years

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Discontinued testing date: _____

Policy Name: Referral and Reference Study Requests

Department: Blood Bank

Departmental Review:

Policy #:

INITIATE DATE

DATE REVIEWED/REVISED

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PRINCIPLE:

To aid in the resolution of difficult crossmatching, antibody/ies identification problems or to provide specialized services to patients and physicians, which are beyond the scope of our Blood Bank department; specimens are referred to One Blood Inc. One Blood Inc. Reference Laboratory is accredited as an AABB Immunohematology Reference Lab. They provide consultation services, assist in resolving complex antibody problems, offer transfusion recommendations and locate rare or unusual blood units to meet the transfusion needs of the hospital's patients. The Reference Laboratory functions as a channel to the Rare Donor files should units need to be acquired from outside the immediate area. The HLA Laboratory performs routine HLA typing for patients requiring HLA matched products.

SPECIMEN:

I. Reference Lab:

- TSXM, Antibody work-up: 2 to 3 large EDTA blood sample
1 serum sample (if available)
- HDN work-up: EDTA cord blood sample, baby and mother's
EDTA samples
- Transfusion Reaction work-up: Pre and post transfusion reaction samples
Send the bag and tubing if available or labeled
Segments from the transfused units

II. HLA Lab:

- All patient samples: A,B typing: 2 yellow (10 ml) ACD tubes
B27 typing: 1 yellow ACD tube
HLA ab screen: 1 plain red top tube (1 ml serum)
- Bone Marrow Donor: 2 yellow (10ml) ACD tubes

For HLA testing, keep all tubes at room temperature after collection and send to the HLA lab.

PROCEDURE:

1. Fill out the "Reference Laboratory Consultation Request Form" or "HLA Consultation Request Form" completely. The required identification on the tubes must match the request form.
2. Call the OBI Reference Lab at (407)226-3824 and fax a copy of the request form and blood bank laboratory data to (407)226-3830 or (407)641-9961.

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3. Transport specimen in a leak proof container and send along with request form to OneBlood Reference Lab at 32 West Gore St. Orlando, FL.
4. If possible send the patient sample with the next available OneBlood courier run. For STAT request contact our courier for shipping.

REPORTING RESULTS:

Results of the testing requested will be phoned and faxed to the hospital Blood Bank as soon as they are available. A hard copy of the written report will follow by courier or mail. One copy of the report is to be sent to the patient's physician, another to the patient's chart or medical record and the original filed in the Reference Reports Book in the Blood Bank. In addition, any special notes such as identification of the antibody present are to be noted on the front of the Patient History Card.

PROCEDURE NOTES:

1. OneBlood technical staff is available from 7 am to 11 pm Monday through Friday. If assistance is required at other times, a staff member is on call for emergency transfusion request and/or consultation services.
2. Samples arriving after 9 pm Monday through Friday and during weekends and holidays will be processed if they are emergencies and cannot be postponed until the next staffed workday.
3. Notify the nurse in charge of the delay in blood processing and availability of blood product requested. Document communication with RN.

REFERENCES:

OneBlood Inc.

Reference Laboratory Consultation Request

Facility Name: _____ Phone: _____ Fax: _____
Ordering Physician: _____ Submitted By: _____ Sample Draw Date: _____
Date/ Time Sample Sent: _____ Priority: STAT ASAP Routine

Patient Information

Last Name: _____ First Name: _____ Middle: _____
Permanent Identifier: _____ D.O.B.: _____ Gender: Male Female
Previous Investigation at OneBlood: Yes No Diagnosis: _____
Antibody History: _____ ABO/Rh: _____
Race: African American Hispanic Native American Caucasian Other: _____ HGB/HCT: _____
Medication(s): _____

Transfusion/ Pregnancy History

Transfused Within Last 3 Months: Yes No Blood Products: _____ Date(s): _____
Transfused Prior to Last 3 Months: Yes No Blood Products: _____ Date(s): _____
History of Transfusion Reactions: Yes No Describe: _____
Pregnancy: Yes No How Many: _____ Last Pregnancy Date: _____ RhIG: Yes, Date: _____ No
Stem Cell Transplant: Yes, Date: _____ No IVIG: Yes, Date: _____ No

Reason for Consult

Antibody Identification ABO/Rh Discrepancy Incompatible Crossmatch DAT/Elution
 Antibody Titer Transfusion Reaction Phenotyping Genotyping Other: _____

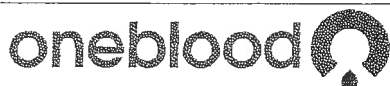
Blood Products

Blood Product Requested: _____ Quantity: _____ Crossmatch: Yes No
 Leukoreduced CMV Negative HgB S Negative Irradiated Washed
 Other: _____
 Phenotype Matched Antigen Negative for: _____

Submitting Facility Checklist

- Please attach copies of your Blood Bank Laboratory data.
- Notify Laboratory by phone, fax or electronically of specimen shipment.
- Send at least 2 full 7ml EDTA and (if available) 1 Serum samples.
- Samples must be labeled with full name, permanent identifier, date drawn and collector's identifier.
- Transport in secure container.

Comments: _____



Document # FORM-26
Version # 2



HIGHLANDS REGIONAL MEDICAL CENTER
 Sebring, FL
 Laboratory

DOCUMENT CHANGE RECORD

Document Name: *Referral + Reference Study Requests*

Document Section: *Blood Bank*

Author: *Maricel Pontula*

Please circle one of the following: NEW

REVISION

ARCHIVE

Effective

Description of document, changes, and rationale: <i>update on OBI of courier information</i>
Formal Training of staff required: <i>None</i>
Attach email sent to staff about new procedures or changes to procedure if applicable
Method Validation required (attach documents): <i>None</i>
List any changes to the Lab Information system: <i>None</i>

Review and Approval	Signature	Date
Author	<i>Maricel Pontula</i>	<i>7.5-15</i>
Chief Technologist		
Admin. Lab Director		
Laboratory Director		

Implementation occurs after signature by Laboratory Director.



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Reviewed by	Reviewed Date	Reviewed by	Reviewed Date

Initial Implementation Date: _____

Reviewed by: _____
Department Supervisor

Date: _____

Reviewed by: _____
Department Adm. Director

Date: _____

Reviewed by: _____
Department Chief Technologist

Date: _____

Reviewed and Approved by: _____
Department Medical Director

Date: _____