PROCEDURE

Title: Blood Collection for Blood Bank Testing				
Procedure #: 2015BLOODBANK93				
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:	NO Date: 6 (12/15			
Title: Laboratory Medical Director				
Date Patient Testing Implemented: 3/1/2009				
Review of procedure every two years				
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Reviewed by:	Date:			
Discontinued testing date:				



Policy Name: Collection of Blood Bank Specimens Department: Blood Bank-Lab

Departmental Review: Policy #:

INITIATE DATE DATE DATE REVIEWED/REVISED PAGE 1 of 3
03/2009 04/2013, 8/2014, 05/2015

PURPOSE:

Proper patient identification and correctly labeled blood sample identifying the intended recipient are critical to safe blood transfusion.

POLICY:

Blood bank samples shall be labeled at the patient's bedside. If compatibility testing is intended a blood bank ID bracelet is attached to the patient. Patient chart label must be used as an insert for the blood bank armband with the blood bank ID number included.

SPECIMEN:

Blood bank procedures require the collection of whole blood in an EDTA anticoagulated tube and mixed gently. Most testing requires two large EDTA tubes (pink). Retype confirmation may be collected in a smaller lavender tube at a separate phlebotomy. Rarely a clot specimen (red) is required for reference testing. The sample should not be drawn from tubing used for infusion or intravenous solution or from contiguous veins but from a fresh venipuncture site. Minimum volume is determined by the Blood Bank Technologist on a case by case basis.

MATERIALS:

- Two six ml Pink Top Tube (EDTA)
- Barcode Blood Band
- Patient Labels
- Requisition order
- Venipuncture supplies

PROCEDURE:

- 1. Upon receipt of a correctly completed Transfusion Request form, the Blood Bank Technologist will determine if a specimen needs to be obtained and inform the phlebotomist.
- 2. The phlebotomist drawing the blood must properly identify the patient by:
 - a. Looking at the patient armband and verbally confirms the patient identity or if the patient is confused or unconscious a caregiver or family member would be acceptable to confirm.
 - b. Patient demographic identification band must be compared with the requisition for name, medical record number, date of birth.
 - i. Patients will not be drawn without a hospital armband.
 - ii. Armbands on beds, wall or bedside will not be used for patient identification.
- 3. All expected blood component recipients (type and screen, crossmatch, FFP, platelets, etc.) will be given a blood bank band when the blood specimen for testing is obtained.
 - a. The phlebotomist will date, time and initial each label with patient demographics (chart labels) and attach them to the blood tubes and self-laminating blood bank band.



Policy Name: Collection of Blood Bank Specimens Department: Blood Bank-Lab

Departmental Review: Policy #:

INITIATE DATE DATE REVIEWED/REVISED

03/2009 04/2013, 8/2014, 05/2015

PAGE 2 of 3

- b. Separate ID band from tail at the perforation near the center of the band and Wrap band around patient's wrist and close plastic snap. Send excess label band to blood bank. A white extension band can be used for increased length.
- c. Attach a blood band number on each blood bank specimen tubes.
- d. The drawing phlebotomist must write their name and initial on the transfusion request form.
- e. Specimens that do not meet the above collection and labeling guidelines will not be accepted for Blood Bank use.
- 4. The wristband will provide a unique positive identification between the blood recipient and the donor units prepared for him. Nursing personnel should not administer blood products, which are not tagged with the same number as the patient's blood bank wristband. A patient who is not wearing a blood bank wristband SHOULD NOT be transfused until a new blood band is attached on the patients arm.
- 5. Do not remove blood bank wristbands for **ANY** reason without first consulting with the Blood Bank Technologist. Pertinent information will then be given to Nursing as to the disposition of the wristband. If necessary, the laboratory technologist will be responsible for removing the wristband when crossmatched blood has been used or units are released. Under ordinary circumstances patients should not have more than one blood bank band on at the same time; however a patient with multiple blood bank wristbands may be transfused as long as the number on the blood product matches the number on one of the wristbands. If this occurs Nursing should notify the Blood Bank.

REFERENCES:

AABB Technical Manual, 17th edition Blood ID Band Directions

CAP Requirements: TRM.30575, TRM.40235



HIGHLANDS REGIONAL MEDICAL CENTER Sebring, FL Laboratory

DOCUMENT CHANGE RECORD

DOCOMENT CHANGE RECORD					
Document Name:	to Becker OF Blow	I Book Specin	elnd		
Document Section:	Blood Bank				
Author: Marietel	Porfule				
Please circle one of the following: NEW REVISION ARCHIVE					
Effective	=				
Description of docum	ent, changes, and rationale:	Broad on aux	ent packie		
Formal Training of staff required:					
Attach email sent to staff about new procedures or changes to procedure if applicable					
Method Validation rec	quired (attach documents):	Dre			
List any changes to the	Lab Information system:	None			
Review and Approval	Signature		Date		
Author	·				
Chief Technologist					
Admin. Lab Director					
Laboratory Director			,		
mplementation occurs after signature by Laboratory Director.					



Policy Name: Collecti	on of Blood Bank Specime	ns Department	t: Blood Bank-Lab	
Departmental Review	v:	Policy #:		
INITIATE DATE 03/2009	DATE REVIEWED/REVISED PAGE 3 of 3 04/2013, 8/2014, 05/2015			
Reviewed by	Reviewed Date	Reviewed by	Reviewed Date	
Initial Implementation I	Date:			
Taken out of Service:				
Reason:				
Reviewed by:	partment Supervisor	Date:		
De	partifient Supervisor			
Reviewed by:	ertment Adm. Director	Date:		
Dep	artment Adm. Director			
Deviewed by		Date:		
Reviewed by: Depar	tment Chief Technologist	Date		
Reviewed and Approv	ved by: Department Medical Direc	Date: ctor		