## TITLE: Look Back for Transfusion Transmitted Diseases

### PRINCIPLE:

The occasional occurrence of transfusion-transmitted disease remains a serious consequence of blood transfusion. There is currently no completely effective method for detecting the infectivity of all blood products capable of transmitting disease. A system for identifying recipients of blood or components from donors now known to be positive for HIV, HTLV I/II, HCV, HBSag, Chagas or other possible transfusion transmitted disease and to have these recipients informed of the risk of infection is necessary.

**CLINICAL SIGNIFICANCE:**

Identification of persons who have received seronegative or untested blood from a donor later found to be infected is referred to as look-back. Because the interval between receipt of an infected transfusion and onset of disease can be very long, recipients are usually unaware of their infection and may be infectious to others. To identify these individuals, blood centers must have procedures to notify recipients of previous donations from any donor later found to have a confirmed positive transmittable disease.

### PERSONNEL:

Medical Technologists, Lab Secretary

**SPECIMEN COLLECTION/TREATMENT:**

(If indicated) No special preparation of the patient is required prior to specimen collection. \ Draw 10 ml clot tube (red tube) on the individual.

Fresh serum should be used.

## REAGENTS AND EQUIPMENT:

1. Versiti notification letter/ Fax.

2. Copley’s Laboratory Doctor’s letter and questionnaire.

3. Versit “Request for Virology Testing Form”.

## QUALITY CONTROL:

###### Not applicable

**CALIBRATION:**

###### Not applicable

## STEPWISE PROCEDURE:

1. When we receive notification of a previously transfused unit, the donor of which has now tested positive for a transfusion transmittable disease. Complete the following steps:

1. If a component of the previous transfusion is still available in our inventory, Versiti will request return of the component. Quarantine this product until its return to Versiti can occur or discard per Versiti’s instruction.

2. If units from the previous transfusion have been transfused, obtain patient’s name

from the Laboratory Information System.

3. Establish attending physician’s identity.

4. Follow flow chart and notify patient’s physician and the physician will have the

appropriate conversation with the patient. If unable to contact the patient’s

physician, Lab leadership will contact the patient, patient’s legal guardian or relative.

5. Return Versiti’s questionnaire to them (if requested) after copy is made.

6. Place Versiti notification letter, copy of Versiti questionnaire and copy of our letter sent to attending physician in the look back information folder.

1. Place returned physician questionnaire with other information in look back

folder.

1. The patient will be counseled by the attending physician and/or pathologist as

appropriate.

**NOTE: HIV lookbacks must be completed within eight weeks of notification from blood supplier.**

**HCV lookbacks must be completed within one year of notification from blood supplier.**

**REFERENCE:**

###### Versiti, Aurora, IL 60504

www.Versiti.org

Department of Health and Human Services, CDC, Atlanta, Georgia 30333

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