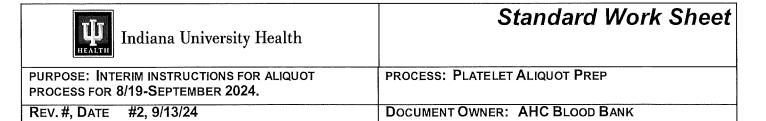
Indiana University Health	Standard Work Sheet
PURPOSE: INTERIM INSTRUCTIONS FOR ALIQUOT PROCESS FOR 8/19-SEPTEMBER 2024.	PROCESS: RBC ALIQUOT PREP
REV. #, DATE #2, 09/13/24	DOCUMENT OWNER: AHC BLOOD BANK

Step	Description:	Key Point / Image / Reason	
Note: F	Note: Follow these instructions and linked PolicyTech SOPs for completion of task.		
SOP: Pro	SOP: Procedure: Leukoreduced Packed Cells Aliquot v.3 (policytech.com)		
All prod	ucts will be prepared in an Aliquot Bag with Labeled Syringe Atta	ched.	
1	When product order is received, determine the total volume of product that is being requested.	For example, if 50mL is ordered and 15mL additional for tubing, then the total volume is 65mL.	
2	Apply the following If/Then Decision Table to	If/Then Decision Table	
	determine what type of aliquot is needed based on the total volume of request.	<u>If Total Volume</u> : <u>Then Select this number of Aliquots</u> : ≤ 50mL One (1) aliquot/syringe set	
		51 - 150 mL Small bag only (no syringe)	
		If Total Volume requested is >150mL, then issue a full	
		red cell unit (no syringe).	
3	Preparation of RBC Aliquot: Follow the wash procedure to prepare an O Negative, irradiated, CMV negative, washed RBC if one is not already available on the "Washed Oneg Aliquot Bag" shelf. a) Aliquot the washed RBC into a 50mL bag/syringe set, as needed b) Document the preparation of the aliquot using the Sterile Tubing Welder Worksheet. c) Label the aliquot bag with the modified ISBT Label. d) Affix the RBC Syringe Label (if needed). a. Complete the Donor Number with Aliquot sub ID (example A0) and Expiration Date/Time. b. Complete Patient information from the order.		
	f) Place remaining washed unit into the designated bin in the Components Refrigerator to be available for the next aliquot/syringe order.	Washed O Neg Aliquot Bag	

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Step	Description:	Key Point / Image / Reason
4	Follow applicable SOPs to Assign/Dispense product.	Procedure: Dispense and Assign Products v.3 (policytech.com)
	·	Procedure: Dispense and Return Products v.5 (policytech.com)



Step	Description:	Key Point / Image / Reason	
Note: Fol	Note: Follow these instructions and linked PolicyTech SOPs for completion of task.		
All produc	ts will be prepared in an Aliquot Bag with Labeled Syringe Atta	iched.	
1	Platelet Aliquot Policy Statements: a) Platelets will NOT be pre-aliquoted from "mother" bag due to change of out date of 24-hours. b) Prepare platelet aliquots when product orders are received.	The secondary aliquot bag is not stable to store platelets for more than 24-hours. This shortened expiration is the reason why we will not pre-aliquot platelet bags.	
2	When product order is received, determine the total volume of product that is being requested.	For example, if 50mL is ordered and 15mL additional for tubing, then the total volume is 65mL.	
3	Apply the following If/Then Decision Table to determine how many aliquots are needed based on the total volume of request.	If/Then Decision Table If Total Volume:	
4	Preparation of Platelet Aliquot/Syringe Sets. Follow the SOP to prepare an aliquot of platelets., using ONLY the aliquot/syringe set. a) Document the preparation of the aliquots using the Sterile Tubing Welder Worksheet. b) Label the aliquot bag with the modified ISBT Label. c) Perform CERNER Label Verify on each aliquot/syringe set. d) Apply the Platelet Syringe Label to document donor and patient information	Procedure: Platelet Preparation for Issue v.4 (policytech.com) PLATELETS Pre-filtered with \$150 micron filtor Narve Hoop# But Date ## Bu	
5	Follow applicable SOPs to Assign/Dispense product.	Procedure: Dispense and Assign Products v.3 (policytech.com) Procedure: Dispense and Return Products v.5 (policytech.com)	

Indiana University Health	Standard Work Sheet
PURPOSE: INTERIM INSTRUCTIONS FOR ALIQUOT PROCESS FOR 8/19-SEPTEMBER 2024.	PROCESS: PLASMA ALIQUOT PREP
REV. #, DATE #2, 09/13/24	DOCUMENT OWNER: AHC BLOOD BANK

Step	Description:	Key Point / Image / Reason	
	Note: Follow these instructions and linked PolicyTech SOPs for completion of task.		
All produ	cts will be prepared in an Aliquot Bag with Labeled Syringe Atta Plasma Aliquot Policy Statements:	ched. When thawed, pedi-FFP units has an expiration of 24-hours.	
	a) We will not aliquot from an adult thawed plasma unit. We will only prepare small volume plasma orders using thawed pediatric plasma units. b) Only send pedi-plasma in 50mL aliquot volumes; even though, the pedi-plasma unit thawed is generally 100+ mL total volume; the remaining volume will have to be discarded.	This shortened expiration is the reason why we will not prethaw pediatric plasma units.	
2	When product order is received, determine the total volume of product that is being requested.	For example, if 50mL is ordered and 15mL additional for tubing, then the total volume is 65mL.	
3	Apply the following If/Then Decision Table to determine how many aliquots are needed based on the total volume of request. *Choose a pedi plasma unit that has a total volume closest to the ordered volume	If/Then Decision Table If Total Volume: Select this number of Aliquots: ≤ 50mL One (1) aliquot/syringe set	
4	Next, apply this If/Then Decision Table to determine how many pedi-plasma units to thaw per order. Each aliquot/syringe set can only contain 50mL maximum volume. Remaining volume of each thawed pedi-FFP unit should be physically discarded in lab. Change volume of pedi-FFP unit in CERNER using the Demographics tab in Correct Inventory.	If/Then Decision Table If Syringe Total is: Then: Thaw and Distribute One (1) aliquot/syringe set. One (1) pedi-FFP unit is thawed. Fill Max of 50mL requested volume into one (1) aliquot/syringe set and discard the rest from thawed unit.	



Indiana University Health

Standard Work Sheet

PURPOSE: INTERIM INSTRUCTIONS FOR ALIQUOT PROCESS FOR 8/19-SEPTEMBER 2024.

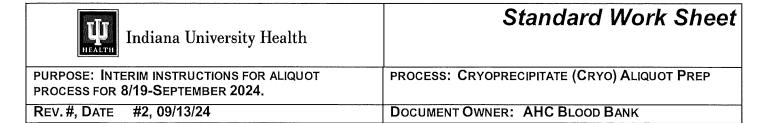
PROCESS FOR 6/19-3EPTEMBER 2024.

PROCESS: PLASMA ALIQUOT PREP

REV. #, DATE #2, 09/13/24

DOCUMENT OWNER: AHC BLOOD BANK

Step	Description:	Key Point / Image / Reason
5	Preparation of Plasma Aliquot/Syringe Sets. Follow the SOP for Preparing Plasma for Issue; using ONLY the aliquot/syringe set. a) The tubing on pedi-plasma is too short for sterile connection. Spike the thawed pedi-plasma bag and drain into the aliquot bag. b) Use Correct Inventory to adjust volume as indicated for the aliquot/syringe set. c) Re-print the ISBT label with updated volume using Procedure: Generate Tags and Labels v.3 (policytech.com) d) Label the aliquot bag with the modified ISBT Label. e) Perform CERNER Label Verify on each aliquot/syringe set. f) Apply the Plasma Syringe Label to document donor and patient information. PLASMA Pre-filtered with < 150 microst filter Name	Procedure: Plasma Preparation for Issue v.3 (policytech.com) Thawed Pedi-FFP units have an expiration of 24-hours. Spiking the bag will not shorten the overall expiration of the unit.
6	Follow applicable SOPs to Assign/Dispense product.	Procedure: Dispense and Assign Products v.3 (policytech.com)
		Procedure: Dispense and Return Products v.5 (policytech.com)



Step	Description:	Key Po	int / Image / Reason
Note: Fo	Note: Follow these instructions and linked PolicyTech SOPs for completion of task.		
All produ	cts will be prepared in an Aliquot Bag with Labeled Syringe Atta		
1	Cryoprecipitate Aliquot Policy Statements: a) We will only prepare small volume cryo orders when the clinical team is ready to transfuse. b) Cryo units come in bags with approximately 15mL volume each. ** The 15mL is NOT labeled on the frozen product, but is in Cerner as 15mL and when thawed will print on facelabel as 15mL. **	of 6-hours. Pooled and of 4-hours. This shorten do not thaw cryo units u	yo units have a shortened expiration Thawed Cryo 5 units have expiration ed expiration is the reason why we until they are ready to be transfused.
2	When product order is received, determine the total volume of product that is being requested.	For example, if 30mL is tubing, then the total vo	ordered and 15mL additional for lume is 45mL.
3	Apply the following If/Then Decision Table to	If/Then Decision Table	
	determine how many aliquots are needed based on the total volume of request.	<u>lf Total Volume</u> :	Then Select this number of Aliquots:
		≤ 50mL	One (1) aliquot/syringe set
		>50mL	Issue one (1) Thawed Cryo 5 unit. No syringe. Cryo5 pools contain approximately 60-100mL.
4	Apply this If/Then Decision Table to determine	If/Then Decision Table	
	how many single cryo units to thaw per order.	If Syringe Total is:	<u>Then</u> : Thaw and Distribute
	Each aliquot/syringe set can only contain 50mL maximum volume. Pooling of cryo units will be necessary when order requires more than one (1) single cryo unit to complete total volume requested.	One (1) aliquot/syringe set.	Thaw One (1) to Three (3) cryo units, depending on order. Pooling of units may be necessary when adding volume into one (1) aliquot/syringe set up to 50mL max; remaining volume will need to be discarded.
	Instructions for pooling Cryo is found in this SOP: Procedure: Cryoprecipitate Preparation for Issue v.3 (policytech.com)	Issue one (1) Thawed Cryo 5 unit.	No syringe. Cryo5 pools contain approximately 60-100mL.



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Standard Work Sheet

PURPOSE: INTERIM INSTRUCTIONS FOR ALIQUOT PROCESS FOR 8/19-SEPTEMBER 2024.

DOCUMENT OWNER: AHC BLOOD BANK

PROCESS: CRYOPRECIPITATE (CRYO) ALIQUOT PREP

REV. #, DATE #2, 09/13/24

Step	Description:	Key Point / Image / Reason
5	Preparation of Cryo Aliquot/Syringe Sets. Follow the SOP for Preparing Cryoprecipitate for Issue; using ONLY the aliquot/syringe set. a) The tubing on pedi-cryo is too short for sterile connection. Spike the thawed pedi-cryo bag and drain into the aliquot bag of the aliquot/syringe set. b) Use Correct Inventory to adjust volume as indicated for the aliquot/syringe set c) Reprint the ISBT Label with the new volume, using Generate Tags and Labels. d) Label the aliquot bag with the modified ISBT Label. e) Perform CERNER Label Verify on each aliquot/syringe set. a) Apply the Cryoprecipitate Syringe Label to document donor and patient information.	Procedure: Cryoprecipitate Preparation for Issue v.3 (policytech.com) Procedure: Correct Inventory v.3 (policytech.com) Procedure: Generate Tags and Labels v.3 (policytech.com) CRYOPRECIPITATE Pre-filtered with ≤ 150 micron filter Name: Hosp#: Exp. Date / Time: Indiana University Health Indianapolis, IN 46202 Store at 20-24 °C
6	Follow applicable SOPs to Assign and Dispense product.	Procedure: Dispense and Assign Products v.3 (policytech.com) Procedure: Dispense and Return Products v.5 (policytech.com)