

Indianapolis, IN 46202

Standard Operating Procedure Manual (SOP) - Transfusion Medicine

Procedure #: BBQA – F001 Manual: Quality Assurance Original Effective: 04/27/09 Revised: 04/21/2011 Revision Effective: 08/04/2011

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Deviation From SOP

Date: 3/31/25

Affected SOPs: Massive Transfusion Protocol

Description:

Starting 4.1.25, the Riley Blood Bank will provide cryoprecipitate for OB MTP. To aid in recognition of MTP OB, we will use a sticker to highlight to entire team.

There are not steps in the current MTP SOP for the use of a sticker specifically for OB MTP at Riley Blood Bank.

Summary of Changes:

Short term resolution:

Trial the prepared sticker from 4/1-4/30/25.

Team members will add this sticker to the MTP activation form if the activation is for an OB patient. Yellow, pre-printed, stickers are provided in the laboratory at Riley.

If	Then
MTP OB,	Add the provided sticker.
	Give cryo on the 2, 4 and 6tth dose of MTP.
Not MPT OB,	No sticker.
	No cryo needed, unless ordered by the provider.
	Consistent with current SOP.

Long-term resolution:

Generate an update to the MTP SOP based on this 30-day trial.

Implementation of Change

3.31.25: Emailed team Huddle for the Update starting 4.1.25
4.1.25 Updated SOP Deviation will be posted in the laboratory.

4.1-4.30.25 Trial of sticker.

MTP SOP change will be completed for May 2025.

QA Coordinator

Jayanna Slayten, MS, MLS(ASCP)SBBcm

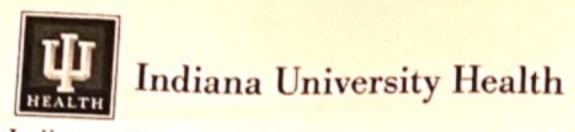
Approved By: BB Medical Director

Dr. Amy Gabbard

3/31/2025 | 6:31 PM EDT

agama Slegten

Is this an OB MTP?	Is this an OB MTP?	Is this an OB MTP?
YESNO	YESNO	YESNO
If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
Is this an OB MTP?	Is this an OB MTP?	Is this an OB MTP?
YESNO	YESNO	YESNO
If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
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If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
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If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
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If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
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If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
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YESNO	YESNO	YESNO
If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6
Is this an OB MTP?	Is this an OB MTP?	Is this an OB MTP?
YESNO	YESNO	YESNO
If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6	If yes, thaw cryo for Doses 2, 4, & 6



Form #: Manual: BBCP – F004.03 Components

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MTP Activation Form

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Date/Time Activated:	
Requesting:(Last, Name) (First	, MD/DO/NP st Name or First Initial)
MRN: Name: Or attach Cerner/Chart label here	Ward/Room: Patient Blood Type: Patient Weight (circle): Adult/>40Kg 17.1-40Kg ≤17Kg Patient Gender (circle): Male or Female
Ward Primary Contact:	Telephone:
Blood Bank Team Member Starting MTP:	Is this an OB MTP? YES NO
Date/Time:	If yes, thaw cryo for Doses 2, 4, &
Deactivated by:	,MD/DO/NP
Blood Bank Team Member Deactivating MTP:	



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Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	3/31/2025 6:31:30 PM
Signing Complete	Security Checked	3/31/2025 6:31:35 PM
Payment Events	Status	Timestamps
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In Process

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