**Purpose:**

To describe the process for sending patient testing to the Puget Sound Reference Laboratory

**Process:**

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| **Step** | **Action** | **Related Documents**  |
|  | **SENDING OUT** |  |
| **1** | * Most often, samples are referred to PSBC IRL for further antibody identification testing after HMC TSL has performed preliminary testing.
* Order is entered in Order Entry.
	+ TS Medical Director is the ordering physician for send out orders.
* Testing is done in BOP, but further testing is required at PSBC.
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| **2** | * If ABID results were completed at HMC TSL, result as usual.
* Tab down and add SOREF to the ABID results.
* If no results were finalized by HMC, result ABID as SOREF.
* This will signify that the sample has been sent to PSBC IRL.
 | Blood Order Processing TSCR |
| **3** | * Complete PSBC testing form and IRL Consultation forms and arrange transport by calling appropriate transportation.
* Call PSBC reference lab to alert them to expect the sample.
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| **4** | * Send copies of preliminary testing (panel sheets, AG typing, etc.)
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|  | **MONITORING RESOLUTION PROGRESS** |  |
| **5** | * Place TSL copy of the PSBC testing form in the hanging file on the TANGO table.
* Every shift should check the fax machine and/or call PSBC asking for progress on the workup
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|  | **RESULTING** |  |
| 6 | **Preliminary Report*** PSBC IRL will fax the preliminary report when completed.
* Enter the results directly into the BAD file:
	+ Antigen typings
	+ Antibody Identification results
	+ Comments, if indicated
* Review the BAD file entry:
	+ Print BAD file report
	+ 2nd CT Tech compares entry to preliminary report
	+ 2nd corrects any entry errors, signs, dates and staples the BAD file print out to the preliminary report
* Distribute the preliminary report:
	+ Patient’s antibody folder (reviewed BAD file report attached)
	+ Medical Director’s mailbox
* Document receipt on the Antibody Identification Worksheet and on the PSBC testing form.
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| Step | **Action** | Related Documents  |
| 7 | **Final Report** * PSBC IRL will fax the final report when it has been reviewed by a supervisor.
* Compare to the patient’s BAD file:
	+ Review antigen typing and antibody identification entry
	+ Correct any entry errors made by TSL or changed results from PSBC. *An amended report may be required from PSBC.*
	+ Document any corrections with a BAD file printout and a QIM.
* Distribute the final report:
	+ Patient’s antibody chart (include PSBC testing form from hanging file)
	+ Medical Director’s mailbox
	+ Quality Assurance desk. *Report will be sent to the CAST group for charge entry and scanning into ORCA.*
* Document on the Antibody Identification Worksheet.
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AABB Standards for Blood Banks and Transfusion Services, Current Edition.

Blood Bank User Guide, Misys Laboratory