**Purpose**:

To document process for completing pre-transfusion testing and applicable compatibility testing for the issue of blood products

**Process:**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Related Documents**  |
| **1** | * Perform clerical check and resolve any discrepancies:
* Specimen label against request and computer entry
 | * Sample Acceptance Evaluation
 |
| **2** | * Determine specimen acceptability
 |  |
| **3** | * Confirm that processes and attributes
* on the blood request are entered into the patient computer record
* on the patient computer record are recorded on the blood request
 | * Blood Order Processing Overview
* Blood Order Processing Type and Screen
 |
| **4**  | * Review Patient Comments
* Determine if autologous or directed components are available.
 | * Blood Order Processing Type and Screen
 |
| **5** | * Complete patient specimen test “History Check”.
 |  |
| **6** | * Determine applicable testing profile
* 2nd ABO/D required on patients with Unknown blood type or no serologic result history of previous ABO/D testing
* Previous antibody screen results
* Autologous battery: go to Autologous Process
 | * Autologous Process
 |
| **7** | * Adjust test profile.
 |  |
| **8** | * Perform Indicated testing:
* ABO/Rh
* Antibody Screen
 | * ABO/D by Tube IAT Method
* TANGO Manual Ordering of Tests
* TANGO Validation of Sample Results
* Antibody Screen by Tube IAT Method
 |
|  | **Action** | **Related Documents** |
| **9** | * Select appropriate donor units in this order:
	1. Autologous
	2. Directed
	3. Allogeneic
 | * Autologous Process
* Directed Process
 |
| **10** | * Allocate selected units to order
* Inspect unit and complete unit test “TS”:
	+ - Acceptable: continue to next step
		- Unacceptable: Remove unit from order and quarantine.
 | * Visual Inspection of Blood Products
* Quarantining Blood Products
* Sunquest Blood Status Update
 |
| **11** | * Perform applicable crossmatch test
* Electronic
* Antiglobulin
* Immediate Spin
	+ Computer Down
	+ First ABO/D
	+ Patient with clinically insignificant antibodies.
 | * + - Crossmatch by Immediate Spin Tube Method
		- Crossmatch by LISS Tube IAT
		- Crossmatch by Pre-Warm Tube Method
 |
| **12** | Review Transfusion Tag for legibility and completeness of the following:* Patient Name, HID, ABO/Rh, Antibody Screen results, Atypical Antibodies, Special requirements
* Unit Number, ABO/Rh, Product description, Crossmatch expiration date, Special attributes, Atypical Antigen typing
 | * Transfusion Record Form
 |
| **13** | * Remove adhesive label containing the Patient and Unit Information from the Transfusion Record form, and affix it to unit back side.
* Attach Transfusion Record Form to the unit with a rubber band.
 | * Transfusion Record Form
 |
| **14** | Store crossmatched unit(s) not requested for immediate issue. |  |

**References:**

AABB Standards for Blood Banks and Transfusion Services, Current Edition

*Blood Bank User’s Guide, Misys Laboratory*