

I. SUBJECT: SPECIMEN REQUIREMENTS & ORDER HANDLING

II. PRINCIPLE:

Safe transfusion is based on collecting properly labeled and identified patient blood samples and a request form with sufficient information for identifying the patient and for linking the orders to the correct patient. The patient's blood sample must be collected in a stoppered tube and labeled appropriately for blood bank prior to leaving the patient's bedside.

All patients having blood drawn or receiving blood or blood products must have on a patient identification band with the patient's name and medical record number.

EXCEPTION: Outpatient Oncology at TJH, due to the delicate conditions of the patients prohibiting the longterm use of armbands, receive an addressograph plate at the time of registration to be used for patient and blood product identification on subsequent visits.

III. SPECIMEN:

A 7 ml. EDTA tube (preferred specimen). Evidence of gross hemolysis may result in recollection of the sample. Tubes must be labeled according to standard laboratory guidelines for patient identification, including the patient's first and last name, medical record number*, phlebotomist's identity and date and time of collection.

*Specimens sent from outside sources, where LastWord access is not available must have the patient's social security number and date of birth on the tube in place of the medical record number in order to link the specimen to the medical record number in LastWord once the patient arrives at the transfusing site.

The specimen must be less than 3 days old, except for Pre-admission testing in which the sample will be acceptable for crossmatch for 14 days (ABO, Rh, and the antibody screen must be performed on a sample that is less than 2 days old.) provided the patient [is electronic crossmatch eligible and](#) has not been pregnant or transfused in the last 3 months . The patient must sign a "Preadmission Testing Verification of Transfusion /Pregnancy Status" form that certifies that he/she has not been pregnant or transfused in the last 3 months. The statement will be kept in the patient's medical record, a copy of which will accompany the Blood Bank specimen

Samples collected from patients who are not registered in the computer system will require the use of a manual requisition such as the "Request for Blood Bank Testing/Products", the "Transfusion Order Form (TOF)", or the universal downtime requisition. See 01-910 for instructions for the use of the "Request for Blood Bank

Testing/Products”

IV. REAGENTS/CONTROLS: NA

V. PROCEDURE:

- A. Orders for blood products or Blood Bank testing will be entered into the hospital information systems computer.
- B. The order will print in the Blood Bank.
- C. It is the responsibility of the Blood Bank technologists to remove the orders from the printer as soon as possible.
 - 1. Check the PR screen on the patient to determine if a new specimen needs to be collected.
 - a. If a new specimen is required, communicate this information to the appropriate phlebotomy staff.
 - 2. Upon receipt of orders not requiring sample collection, i.e. additional product orders, the PR screen should be checked for correct information compared to the current LastWord order and updated appropriately, including the need to update the patient account number or add additional special instructions.
- D. Upon receipt of the specimen
 - 1. Verify that the patient’s name and medical record number (social security number if patient has no LastWord medical record number) are identical on the tube of blood and on the requisition.
 - 2. Verify that the identity of the person collecting the sample and the collection date and time are present on the tube.
 - 3. Information on the tube may not be changed after receipt of the specimen in the Blood Bank.

NOTE: Blood Bank specimens without the appropriate patient identifying information on the label when they arrive in the Blood Bank for testing, will be rejected and a customer concern form filled out with the sample information. There will be no exceptions to this rule. Any physician requesting testing on an improperly labeled specimen will be offered emergency release blood prior to the collection/testing of a properly labeled specimen.

- E. Blood Bank specimens must be spun for a minimum of 3 minutes. Failure to

spin the tube for a minimum of 3 minutes may result in false positive test results when using gel testing for routine antibody screening.

- F. Upon receipt of the sample, the PR screen should be checked for correct information compared to the current LastWord order and updated appropriately, including the need to update the patient account number, medical record or add additional special instructions. All special instructions and comments on the patient record must be examined for clinical relevance and acted on as needed.
- G. Every specimen must have a patient history check performed on the sample. (The current blood bank system does not limit the historical check by date – all historical records are checked against the current information.) Discrepancies between current and historical data, including problems, instructions and testing results must be resolved prior to the release of current patient testing. The orphan file, which displays after the patient demographic screen, must also be checked for autologous or directed units on the patient.
- H. When additional sample is required, the recollected sample will have the following testing performed:
 - 1. Type and screen
 - 2. Crossmatch
 - 3. Antibody Work-up not required if performed within the last 72 hours.

If the antibody work-up is not repeated, the PR screen in Hemocare will not be updated with new specimen indate/outdate.

- I. Blood components that are crossmatched (i.e. whole blood, packed red blood cells, and granulocytes) require a current type and screen before these components can be released.
 - 1. For platelets, FFP, and cryo, there must a blood type sample tested during the current admission. This applies to all inpatients, including emergency room patients. The LastWord order prints the admission date on the order.
 - 2. Recurring Outpatient Series patients will not require recurring testing of a blood type for platelets, FFP, and cryo. However, there must be two blood types on record in PA-PR-RH. Computer-loaded historical typings should not be relied on. At least one of the typings must have been performed within the past year.
- J. Separation of the patient's plasma/serum from the patient's cells should not be routine practice. The cells and plasma/serum should be stored in the original collection tube.

- K. Samples drawn for other lab tests should not routinely be used for testing in the transfusion service. On rare occasions, due to unavailability of the patient or the inability to obtain additional samples, a specimen not primarily drawn for blood bank testing may be utilized by the transfusion service, provided that it is appropriately labeled for blood bank. Samples utilized in the blood bank should not leave the transfusion service.
- L. Blood Bank aliquots samples (i.e. eluate, last wash, KB stain, and titer samples) should follow the same labeling requirements as other blood bank samples. The tech aliquotting the sample should initial the aliquot label.
- M. Blood Bank specimens will be kept for a minimum of 7 days following any transfusion. A system must be in place to retain PAT specimens for a minimum of 7 days after the sample could be used for crossmatch.
- N. A segment from each unit of red blood cells or whole blood transfused will be saved for a period of 7 days following any transfusion.

VI. RESULTS: NA

VII. NOTES:

- A. The final decision to reject or accept a specimen lies with the individual technologist. If the technologist feels uncomfortable with a specimen, they may reject it.

VIII. LIMITATIONS:

The phlebotomist must check the armband (or patient addressograph in Jewish's outpatient oncology) of the patient against the requisition/LIS label prior to collecting a specimen for Blood Bank. Without this step being performed correctly every time a Blood Bank specimen is drawn, the integrity of the sample or results will be at risk.

IX. REFERENCES:

- A. Brecher, Mark (Editor), AABB Technical Manual, 15th Edition, American Association of Blood Banks, Bethesda, MD, 2005.
- B. Sazama, Kathleen (Editor), Accreditation Requirements Manual of the American Association of Blood Banks, 6th Edition, AABB, Bethesda, MD., 1995.

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