

OHSU Healthcare  
 Pathology Laboratory Services  
 Transfusion Services  
 Transfusion Manual

## SAMPLE INFORMATION

### PATIENT IDENTIFICATION

Meticulous attention to the correct identification of the patient and labeling of the sample is mandatory because improperly labeled samples may result in serious transfusion complications if used for crossmatch. **Improperly labeled samples will not be used** for Transfusion Service testing if the label is not signed and completed correctly or if the label and requisition do not match. NOTE: requisition prints in Transfusion Services and no longer accompanies specimen.

### BLOOD BANK SPECIMEN LABELING REQUIREMENTS

- Complete hand-written or machine-imprinted information is acceptable for labeling.
  - Patient's full name, legible and correctly spelled.
  - Patient's medical record number, legible and correct.
  - Date and time collected.
  - Full signature of the individual collecting the sample must be on tube.

### RECIPIENT SAMPLE REQUIREMENTS

Requested Test	Patient	<i>Specimen Type and Volume Needed</i>
Type & Screen, or Type & Crossmatch	Age >3 y	6 mL blood in a lavender tube.
	Age 4m - 3y	3 mL blood in a lavender tube.
	Age <4m	1-2 mL blood in a lavender tube.  Send a maternal sample with neonatal samples, if possible
Direct Coombs:	Age >3 y	6 mL blood lavender tube
	Age 4m - 3y	3 mL blood lavender tube
	Age <4m	1-2 mL blood in a lavender tube
ABO, Rh, & Direct Coombs	Age >3 y	6 mL blood in lavender tube
	Age 4m - 3y	3 mL blood in lavender tube
	Age <4m	1-2 mL blood in a lavender tube or 1 full red-topped Caraway tube

Rh typing	Age >3 y	6 mL blood in lavender tube
	Age 4m - 3y	3 mL blood in lavender tube
	Age <4m	1-2 mL blood in a lavender tube or 1 full red-top Caraway tube
HLA-Ab Screen Platelet Ab Screen Platelet Crossmatch Leukocyte Crossmatch Granulocyte Leuko-Screen		Four 6 ml lavender top tubes and one 6 ml red top tube <b>Note: Maintain at room temperature.</b> <b>Do not use gel separator.</b>
TRALI Workup		3 mL of pre-transfusion serum, plus post-transfusion 6 mL lavender stoppered tube.
RhoGAM workup	Mother	6 mL blood lavender stoppered tube. <b>Note: Samples must be properly labeled.</b> The Rh Immune Globulin samples <b>MUST BE COLLECTED AFTER THE PROCEDURE/DELIVERY, NOT BEFORE</b> for spontaneous or therapeutic terminations of pregnancy and for other deliveries.
	Infant	1-2 mL blood in a lavender tube or 1 full red-top Caraway tube.

### SAMPLE OUTDATING IN ELECTIVE & OTHER SURGICAL PATIENTS

- Pre-op samples can be collected up to **30 days** before surgery.
- Samples from patients who have been pregnant or transfused within 3 months are only good for 72 hours.
- All pre-op specimens should be in the lab by 2100 of the night before surgery.
- Samples from **AM admits** should be marked with the time of surgery and sent on a priority basis.
- For **pediatric surgical patients** who cannot have a pre-transfusion sample sent prior to surgery, send a sample via pneumatic tube from the OR and **CALL 4-8537 TO CONFIRM RECEIPT** in the transfusion service.
- Check in EPIC or with Transfusion Service to see if a new patient sample is needed.

### SAMPLE OUTDATING INPATIENT-NONSURGICAL

- Samples for Blood Bank Testing expire after 3 days (23:59).
- Check in EPIC or with Transfusion Service to see if a new patient sample is needed.

### SAMPLE OUTDATING NEONATES (patient less than 4 months old)

- Need only **one pre-transfusion workup** per admission.
- Workup consists of ABO, Rh and antibody screen.
- Direct antiglobulin (Coombs test, DAT) must be specifically ordered if desired.
- **Maternal specimen desirable** in newborns.

- No additional pre-transfusion samples are required during the first 4 months of life unless the infant is discharged and re-admitted.

#### RELEASE OF CROSSMATCHED BLOOD & NEED FOR NEW SAMPLE

- After three days, a new patient sample for compatibility testing is required for inpatients with red cell orders (except in patients less than 4 months old).
- Exceptions may be made on an individual case basis by the Transfusion Service staff.

#### CONFIRMATORY ABO TESTING

OHSU has a policy that requires electronic or serologic confirmation of all patient ABO, Rh types before issuing blood that could result in a fatal reaction due to ABO incompatibility. Serologic confirmation of patient ABO, Rh type must be done on a properly labeled sample collected from a separate phlebotomy. The policy can be waived in selected cases with the explicit approval of the Transfusion Service Medical Director/designee (contact transfusion service at 4-8621). This policy does not alter OHSU policy regarding the emergency issue of uncrossmatched O blood.

#### PROCEDURE

**Transfusion Service:** When any pretransfusion sample is received, laboratory personnel will review Transfusion Service records and perform initial testing. If the patient is non-group O, and has no previous blood type on record, the laboratory will contact the floor and an "**ABO Confirm Kit**" will be sent to the patient location. This kit will include:

- A colored, half page instruction sheet/requisition.
- Pink top tube.
- Specimen label (in bag, not on tube).

#### Procedure

Confirm that identifying information on label and requisition match exactly that of the patient.

Attach label to tube, sign and date it and submit to all to laboratory with colored requisition.

**Note: When venipuncture is impractical, capillary blood from a finger or heel stick can be used.**

**We need one full pediatric microtainer.**

**Microtainer should be placed inside of the pink tube with the signed and dated specimen label placed on the outside of the pink tube.**

**Note:** In declared emergencies, the laboratory will issue the ABO Confirm Kit without waiting for ABO type determination. O blood will be issued pending confirmation testing as needed.

**Note:** Returning specimens via pneumatic tubes is preferred (Tube Station 42). The Transfusion Service will complete order entry before sending the ABO Confirm Kit, so additional computer

work is not required on the floor. Giving high priority to specimen collection will minimize delays in blood delivery. Retypes can be completed within one hour or less.

**Key Point:** If the ABO Retype Kit is sent to the last known patient location. If it arrives after the patient has left for another location (ICU, OR, CT, etc.) it is critically important that the kit is delivered to the new patient location so that the specimen can be collected in a timely manner. Unused kits should be returned to Transfusion Service. Note on requisition why sample was not collected.

**Urgent release:** If blood is needed before completing confirmatory testing, group O blood will be issued upon request. The ordering physician will be asked to document in EPIC why it was necessary to release O blood before confirmatory testing could be completed.

**Exemptions:** OHSU will not require a redraw for neonates (age <four months) because group O blood is routinely issued to these patients.