FOUNDATION HEALTH PARTNERS

POLICY

TITLE: Blood Bank Specimen Requirements and Collection For Potential Blood Use		
Number: LAB01		**Version: 7**
Type: Patient Care	**Policy Editor: Blood Bank Laboratory Supervisor**	
Effective Date: 08/29/2024	**Original Date: 01/01/2017**	**Approval Date: 08/08/2024**
Facility (check all that apply): ☒ FMH ☒ DC ☐ TVC ☐ HH ☐ HOS ☐ DME ☐ Denali Pharmacy		
Population (Specify Dept, IP vs OP, Adult vs Peds, Employee vs Patient, etc): All Employees		
Replaces:		
Approved by: Blood Bank Laboratory Supervisor, Laboratory Director, Laboratory Medical Director		

TITLE: *Blood Bank Specimen Requirements and Collection For Potential Blood Use*

I. Purpose/ Expected Outcome:

A. This procedure will define the collection, labeling and specimen requirements for samples submitted for Blood Bank testing when using a blood bank armband for patients with potential blood use.
B. Defined and accurate labeling practices contribute to reducing patient misidentification.

II. Definitions:

A. **Required Patient Identifiers**
   1. **Full Name:** Last Name, First Name.
   2. **MRN:** MRN will be required for all patients collected at FHP facilities. MRN present on the sample must match the admissions band. See limitation section for qualified exceptions.
   3. *If any additional information other than full name and MRN is present on the band, it must match the patient's admissions information. Specimens with incorrect additional information will be rejected.*

B. **Potential Blood Use:** Any inpatient, pre-admit, traumas, or outpatient transfusion patient is considered a potential candidate/recipient for transfusion of blood, blood components or RhIG due to pending surgical or procedural intervention.
C. **Collector (Initial 1):** Person physically responsible for the collection of the specimen, transferring specimens into the original tube from a syringe if used and labeling.
D. **Second Verifier (Initial 2):** A second person that will verify the accuracy of the collector's labeling before the collector leaves the patient beside and confirm that patient's identification matches the information present on the tube.
   1. **Outpatient collection:** The patient, designated responsible party or second phlebotomist may be the second verifier.
   2. **In-house collection:** Nurse or second phlebotomist will act as the second verifier.
E. **Assisted Collection**: This is when person withdrawing the blood from the patient hands off to someone else to label. **Both parties must ID the patient and be present during the whole collection process.** In this situation, the person withdrawing the sample can second verify and person labeling takes the role of collector.
F. **Second Blood Type Collection**. Specimen that is collected from the patient independent of the **blood collection event** from Typenex specimen. This will be requested of patients that do not have a blood type on file and will provide an independent safety check of the patient identification by blood type comparison.
   1. Lavender or purple with a minimum of 1 ml.

2. Labeled for routine lab collection.
3. These specimens do not require an additional Typenex band.

G. **Blood collection event.** Patient identification, verification of orders, specimen collection and labeling at the bedside.

Responsible Parties

A. Medical Director
B. Blood Bank Supervisor
C. Blood Bank Technical Staff
D. Phlebotomy Staff
E. All nursing staff and physicians that collect BB specimens.

III. Policy:

A. **Specimen Requirements**

Test	Sample Requirements
• BB Type • BB Rh • BB Antibody Screen AHG • BB Crossmatch Flexible • BB Clot to Hold • BB DAT • BB Fetal Screen • BB Fetal stain- Kleihauer Betke (KB) • BB Type <4 months	Full 6ml Pink top tube with Typenex Label containing: • Full Name (Last Name, First Name) • MRN (See limitations for use of DOB.) • Collection Date and Time • Collector's initials/Second Verifier's Initials *Note: Contact Blood Bank for pediatric minimum specimen requirements prior to collection.* ***See Appendix B for examples of acceptable and unacceptable labeling.***

B. **Specimen Duration**

1. Draw day is concerned day zero.
2. Specimens collected for allogeneic red cell transfusion and RhIG administration are valid until 2359 of the third day after collection.
3. Specimens can be extended until seven days if only autologous units, platelets, fresh frozen plasma and cryoprecipitate are needed.

C. **Typenex Use on Patients with a Potential for Blood Use Policy**

1. ***All questions about specimen labeling should be directed to the Blood Bank department PRIOR to collection, labeling, and leaving the patient's bedside.***
2. All labeling must happen at the patient's bedside and in the presence of the patient.
3. Typenex bands may be removed after expiration by the nursing staff. Any questions about band expiration, contact the Blood Bank technical staff.
4. Typenex bands are not required for outpatient referred work. See limitations.
5. Every effort should be made to collect the Blood Bank specimen, before the transfusion of Uncrossmatched blood. Lack of specimen will not delay the release of uncrossmatched blood.
6. Second Blood Type specimen will be requested and tested before the release of type specific crossmatched blood products.

IV. Procedure/ Interventions:

A. Potential Blood Use Testing Collection Procedure (TYPENEX PROCEDURE)

- **All patient identification and Blood Bank specimen labeling procedure must be performed at the patient's bedside and in the presence of the patient.**
- **Resolve any discrepancies in patient identification before proceeding.**
- **Contact Blood Bank staff at X71605 before collection if you have questions.**

Step	Action
1	Positively identify the patient: • Have patient state name and date of birth if possible. • Compare the patient's full name and MRN to the patient's admissions armband and/or the requested order.
2	Collect appropriate specimen.
3	Legibly write the patient's full name, MRN, collection date, collection time and collector's initials on the Typenex band. Use ballpoint pen with firm pressure to ensure that the information transfers to the back of the band. *Note: Information Prompts only appear on the specimen label and can be written over if additional space is needed.*
4	Ensure accuracy of Typenex label by the collector.
5	Perform the second verification steps. *Note: A new band must be completed and the process repeated if an error is discovered prior to leaving the bedside.* *See Appendix A for the patient script for outpatient lab collection.
6	Remove the completed self-sticking Typenex label and press onto the sample.
7	Determine the best site for band placement. Order of preference is: 1. Wrist on same site as admission band as long as this will not interfere with any surgical sites or site of known fistulas. 2. Opposite wrist of admissions. 3. Ankle if wrist access is limited. *Note: Armbands must be physically attached to the patient immediately after the labeling process. Bands must never be attached to bed rails, isolettes, nearby tables or charts.*
8	Place band on pre-determined site by wrapping the band (with the number side out) once around the patient's wrist so the tape lies between the front and rear guides. Firmly close the clip to make the band tamperproof. *Note: Bands should be loose enough to allow for movement and potential swelling while tight enough to prevent the band from slipping off over the wrist.*
9	Cut off the excess portion of the band near the clip. Submit with the specimen.

Step	Performed By	Action
1	Collector	Presents the Typenex band to the second verifier.
2	Collector	Reads and spells the patient name, MRN from the patient's admission band or paper lab requisition. States the date and time of collection.
3	Second Verifier	Confirms the spelling of the name and correct MRN on the Typenex band. Confirm the correct collection date and time are present.
4	Second Verifier	Initials the band next to the collector's initials after successful completion.

B. **Additional samples needed**. When complex testing situations are encountered, Blood Bank may request for more sample to be collected for in-house testing or a workup performed by our reference laboratory.
   1. Blood Bank Technologist will determine quantity of 6 ml Pink EDTA tubes and 10 ml plain Red top tubes to be collected based upon preliminary testing.
   2. Do not place a new Typenex band on the patient unless instructed by the Blood Bank Technologist.
   3. Laboratory phlebotomist will assist with all of these collections. Requested Pink top and plain Red Top tubes will be labeled with the following information using a Medium size Cerner label or hand-written if Cerner labels are not available. Labels must contain:
      a. Patient's full name
      b. MRN (see limitations for use of DOB)
      c. Collection Date/Time
      d. Typenex ID number (consists of three letters and four numbers taken directly from the Typenex band on patient)
      e. Collector's Initials
      f. Second Verifier's Initials.

Limitations:

A. **Use of Date of Birth**: Date of birth will be used in lieu of MRN when collecting patients for potential transfusion at Fairbanks Cancer Care Physicians Clinic. Transfusion location may not be established at time of collection, therefore, all J Michael Carroll Cancer patients will be banded with their DOB when presenting with orders for potential transfusion. Date should be formatted MM/DD/YYYY to distinguish it from the MRN.

B. **Outpatient referred testing for historical record or screening tests**. (Example: Routine prenatal testing, medical/physical exams). These patients do not have a potential for transfusion, therefore, they do not require a Typenex band. For collections instructions refer to "Blood Bank Specimen Collection for Referral Testing Procedure".

V. Procedural Documentation:

A. N/A

VI. Additional Information:

A. This is a controlled copy of Blood Bank Specimen Requirements and Collection for Potential Blood Use BBV1.038.05. Please see the original copy of BBV1.038 in the Blood Bank for ongoing documentation of Blood Bank Supervisor and Blood Bank Medical Director Review. LAB01 is controlled copy 3.

VII. References:

A. Technical Manual, Current Edition, AABB, Bethesda, MD.
B. Standards for Blood Banks and Transfusion Services, Current Edition, AABB, Bethesda, MD.
C. Guidelines for Labeling Specimens for Compatibility Testing, AABB, 2002.

VIII. Other Related Policies/ Procedures:

A. Policy 15026 - Transfusing Blood and Blood Components

IX. Keywords and Keyword Phrases:

A. Typenex band
B. Blood Bank

X. Appendix:

A. Appendix A: Script for Patient as the Second Identifier
B. Appendix B: Best Practices Examples for Labeling

Appendix A: Blood Bank Specimen Requirements and Collection for Potential Blood Use.

Patient as Second Identifier Script for Outpatient Collections.

Please state the information to the patient after you perform the patient identification.*

"I have been requested to collect a specimen for Blood Bank testing. Should you need blood during the next three days this band will identify the Blood Bank specimen as yours. We include your name and medical record number (or DOB) on the band to further identify you. This process is a very important part of patient safety and we would like your help in this matter. The Blood Bank will not accept the specimen if it does not match your name or medical record number (or DOB) that they have on record for you.

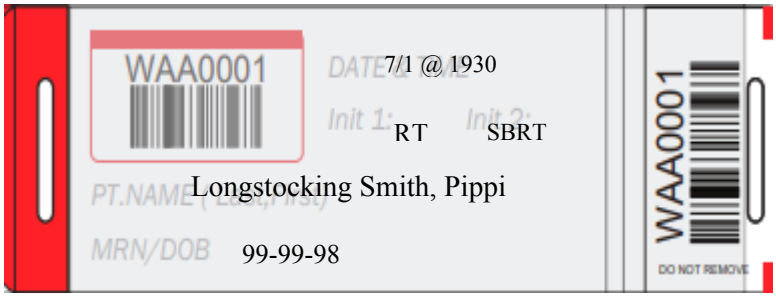
After I handwrite your information on the band, I am going to hand it back to you. I will then read the information off your admission band which you checked when you were registered. Please check the information that I have on the band and the date of collection. If all the information is correct then I will have you place your initials on the band next to mine."

After I collect the specimen, the band that we completed will be placed on your arm for you to wear over the next three days. A portion of the band will be placed on the tube that I collected from you. If you require blood products, we will need to verify the information on your band matches the specimen I collected. It is very important to leave the band on for the next three days. "

After completion, thank the patient for assisting with patient safety.

*Please ask all outpatient cancer patients to keep the bands on for seven days.

Appendix B:

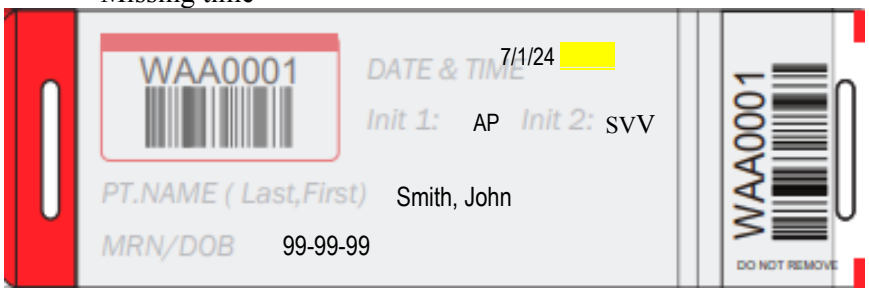
Acceptable Practices and Labeling	**Hand Labeled** at the patient's bedside immediately at the time of draw with: Two unique identifiers: • Full Name (Last name, First Name) • MRN (See limitations for use of DOB) Collection information: • Collection Date and Time • Collector's initials and Second Verifier's initials • Patients with potential for blood use must be banded with a Typenex band as a third unique identifier at the time of draw.  
Unacceptable Practices and Labeling *Note: The specimen will be rejected and will need to be recollected*	• ANY incomplete, inaccurate or illegible information. (Example A) • Questionable integrity of collection such as "labeling not occurring at bedside" or "correcting labeling after leaving the bedside" • Writing over, obscuring or obliterating the original documentation. (Example B) • Patient labels, LIS generated labels or hand written labeling present underneath the Typenex band label. • Computer generated labels substituted for hand labeling on the Typenex band label. • Cord Blood collections for pretransfusion testing Examples on next page.

Unacceptable Practices and Labeling

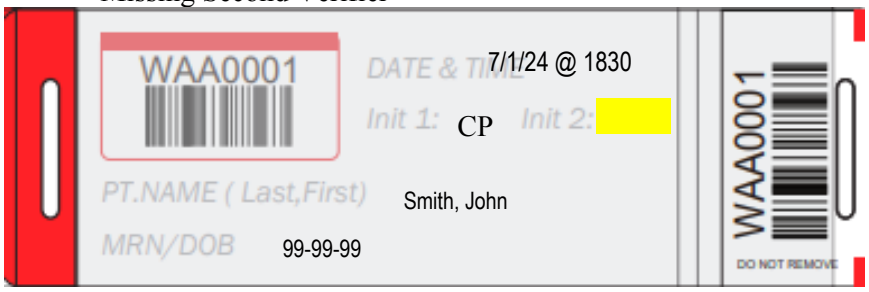
Note: The specimen will be rejected and will need to be recollected

Example A: Incomplete Information

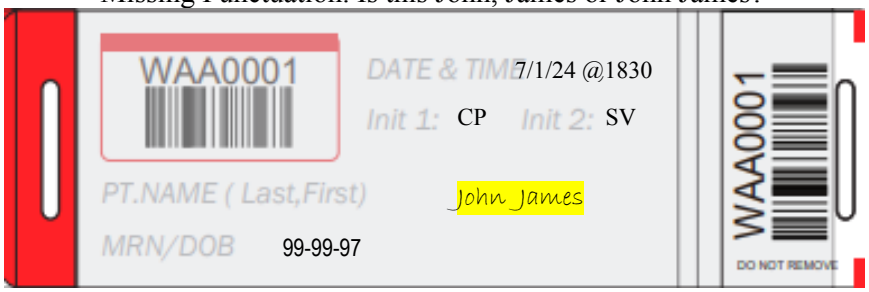
- Missing time



- Missing Second Verifier



- Missing Punctuation. Is this John, James or John James?



Example B

- (Example: Write on top of 1 to make it look like a 7 or scribbling over an incorrect identifier.)