I. PURPOSE
This policy outlines the requirements for proper patient identification, specimen collection and labeling for all blood bank specimens.

II. SCOPE
Applies to all Indiana University Health (IU Health) Academic Health Center (AHC) staff participating in the collection of blood bank specimens.

Applies to persons who witness the collection of blood specimens processed by the blood bank.

III. EXCEPTIONS
A. Unidentified Patient in the Emergency Department: Use the assigned temporary identification elements assigned to the patient instead of the patient’s full name.

B. Outpatient/Ambulatory Area Not Using an IU Health Medical Record Number: Use the patient’s social security number (SSN) or date of birth (DOB).

IV. DEFINITIONS
Transfusion Medicine 90-Day Disclaimer Form - states no blood products have been received and there has been no pregnancy within the past 90 days.

V. POLICY STATEMENTS
A. All transfusion related policies must be followed to prevent transfusion of inappropriately matched blood that may result in patient death or significant morbidity.

B. All specimens going to the blood bank must have two (2) signatures on the specimen label written in ink that is resistant to smearing.
C. In order to provide the safest care environment for our patients, the blood bank must reject incorrectly labeled specimens or specimens with illegible labels and ask for a redraw.

D. In most cases, hemolyzed specimens will be rejected by the blood bank and must be redrawn. Exception: hemolyzed specimens may be accepted at the discretion of the blood bank for burn patients, patients with extremely limited venous access, and patients with ongoing hemolytic episodes.

E. Patients will be identified by following ADM 1.60.

F. Blood bank specimens generally expire at midnight of the third day. Exception: patients who are having elective surgery may have specimens collected up to 30 days before the intended transfusion if the patient has not been pregnant or received blood products in the last 90 days. The Transfusion Medicine 90-Day Disclaimer form (Appendix A) must be completed for these patients and sent to the blood bank with the specimen.

VI. PROCEDURE
A. The phlebotomist and a witness will confirm identification of the patient prior to drawing blood bank specimens using two patient identifiers (see ADM 1.60 Patient Identification).

B. The phlebotomist and the witness will both sign the specimen label. These two signatures represent acceptance of responsibility for labeling the specimen with accurate patient identification information.
   1. Immediately following the blood specimen collection, the label must be accurately completed and applied to the specimen in the presence of the patient.
   2. Signatures should be legible and include full signature or the first initial and last name. Initials only are not acceptable.
   3. For inpatients, the first signature will be the phlebotomist who collected the specimen and the second signature will be an IU Health employee trained in patient identification as outlined in ADM 1.60 Patient Identification.
   4. In the outpatient/ambulatory setting when two IU Health employees are not available, the first signature will be the phlebotomist who collected the specimen. The second signature may be from the patient, parent/guardian of a minor child, or another adult who is a witness to the collection and labeling of the specimen.

C. Blood bank specimens are drawn in an EDTA 5-7 mL lavender tube. Note: red top tubes (7 ml) will also be accepted providing they are correctly labeled.
   1. A change in sample volume may be requested by the Medical Technologist depending on the patient’s age, the patient’s hematocrit, and/or the presence of atypical antibodies.
   2. For pediatric patients, a minimum of two (2) lavender microtainers (total of 1mL) or one 3mL lavender tube is necessary.
D. The specimen label must contain the following information.
   1. Full patient name (see exception).
   2. Medical Record number (MRN) for all inpatients.
   3. SSN or DOB is acceptable as a second identifier for outpatients if an IU Health
      MRN is not available (see exception).
   4. Collection time and date.
   5. Two legible signatures as outlined above.

VII. CROSS REFERENCES
ADM 1.60 Patient Identification
PC HM 1.01AP Blood Administration

VIII. REFERENCES/CITATIONS
The College of American Pathologists (CAP) Standards for Laboratory Accreditation
Standards for Blood Banks & Transfusion Services, AABB 27th Ed., 2011
The Joint Commission National Patient Safety Goals

IX. FORMS/APPENDICES
Appendix A - Transfusion Medicine 90-Day Disclaimer Form
ICH-7864 Lawson #102892

X. RESPONSIBILITY
Nursing and Patient Care Services
Transfusion Medicine

XI. APPROVAL BODY
Nursing and Patient Care Services
Transfusion Medicine

XII. APPROVAL SIGNATURES

_________________________________________________________________________
Linda Q Everett, PhD, RN, FAAN                      Date
Executive Vice President and Chief Nurse Executive
Indiana University Health

Blood Bank Specimen Collection and Identification
HM 1.02AP
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XIII. DATES

Approval Date: February 2005
Effective Date: February 2005
Revision Date: June 2009, June 2012
OUTPATIENT TYPE AND SCREEN/
BLOOD PRODUCT ORDER VERIFICATION
90-DAY DISCLAIMER
(Page 1 of 1)

– MUST BE WITHIN THE 30 DAYS BEFORE SURGERY –

Patient’s Name: ____________________________

Date Surgery Scheduled: ____________________________

MRN or DOB: ____________________________ Surgeon: ____________________________

CHOOSE ONE:

☐ The above named patient HAS NOT received packed red cells in the last 90 days.

☐ The above named patient HAS received packed red cells in the last 90 days.

Date Packed Red Cells Last Received: ____________________________

CHOOSE ONE:

☐ The above named patient HAS NOT received platelets in the last 90 days.

☐ The above named patient HAS received platelets in the last 90 days.

Date Platelets Last Received: ____________________________

CHOOSE ONE:

☐ The above named patient HAS NOT been pregnant in the last 90 days.

☐ The above named patient HAS been pregnant in the last 90 days.

Date Pregnancy Ended: ____________________________

Enter Type and Screen Order in Cerner:

1) Draw and label the specimen (Adult = 6mL EDTA lavender tube, Pediatric = 3mL EDTA lavender tube).

2) Specimen tube must be signed by phlebotomist and witness attesting to the accuracy of specimen.

3) Tube this completed form with specimen to IU Health Pathology Laboratory Blood Bank:

   Tube Station: 946 or 947
   Phone: 491-6866
   Fax: 491-6882

NOTE: If patient receives blood after this form is sent, Blood Bank must be notified.

Specimens kept a maximum of 30 days prior to the surgery/procedure date and discarded 7 days after the surgery

THE FOLLOWING ORDER IS DOCUMENTED ON THE PRE-OP RECORD:

☐ Leukoreduced (CMV Safe) Packed Red Cells.  # of Units: ____________________________

   Indication: Need in OR on date documented above.

OTHER REQUIREMENTS:

☐ Irradiated  ☐ CMV Negative  ☐ Autologous Units  ☐ Directed Units

Ordering Practitioner’s Name: ____________________________ Pager #: ____________________________

NUMBER BLOOD BANK MAY CALL FOR QUESTIONS/PROBLEMS: ____________________________

PERSON COMPLETING FORM:

Name (please print): ____________________________

SIGNATURE: ____________________________ Date: ____________________________ Time: ____________________________