

DATE:	2022 July 25
TO:	Grande Prairie Regional Hospital Nursing and Laboratory Staff
FROM:	Transfusion Medicine Safety, Allahna Elahie Transfusion Safety Officer North Sector Areas 1, 2, 3
RE:	New Transfusion Service Identification Number (TSIN) Form

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- A new provincial Transfusion Service Identification Number (TSIN) form is being implemented across the province in a staggered approach.
- At Grande Prairie Regional Hospital (GPRH), collections performed by nursing will start to use the new provincial TSIN form on August 10, 2022.
- Laboratory collections will continue to use the older version of the form. Once that stock is depleted, the new version of the form will be used.

Background

- The most common root cause of acute hemolytic transfusion reactions is a clerical error or other error in patient identification.
- A TSIN system ensures unequivocal identification of patients and their crossmatched blood from “vein-to-vein”. This means it ensures a traceable connection from the patient’s pretransfusion type and screen specimen, through testing in the transfusion medicine lab and through the transfusion of compatible red blood cells.
- The new provincial TSIN form allows for standardization of the system across the province, supports bedside and laboratory Connect Care workflows, and will eventually support the ability to provide transfusion services across zone boundaries when Connect Care is live in all areas.

How this will impact you

- Laboratory staff will replace older versions of the TSIN forms with the new version in clinical areas that stock the form.
- Different versions of the TSIN form will be used in the Laboratory for a temporary time period.

Action Required

- All collectors of Type and Screen specimens need to be aware of the changes on the left hand side of the new TSIN form.
- Resources are available on the [Transfusion Medicine](#) webpage:
 - Video: [Collecting a Type and Screen](#)
 - Completing a TSIN Form: [TSIN Completion Guide](#)

Effective

- August 10, 2022



Questions/Concerns

- Allahna Elahie, Transfusion Safety Officer North Sector Areas 1, 2, 3, Allahna.Elahie@aplabs.ca
- Anne Burry, Medical Laboratory Technologist II Transfusion Medicine, Grande Prairie Regional Hospital, Anne.Burry@aplabs.ca

Approved by

- Brent Mendez, Regional Lab Medicine Site Chief, Grande Prairie Regional Hospital, Brent.Mendez@aplabs.ca
- Susan Nahirniak, Medical Director, APL Provincial Transfusion and Transplantation Medicine Program, Susan.Nahirniak@aplabs.ca

New TSIN Form

1. Apply specimen label to the TSIN form or complete manually
2. Collector and Witness identify the patient. Witness documents their ID on the TSIN form
3. Collector records their ID, collection date and time
4. Place specimen labels below TSIN barcode on each tube label
Apply tube label horizontally on each specimen tube
5. Record the collection date on the wristband
Apply wristband label to white wristband and seal

ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine		Transfusion Service Identification Number 21505(Rev2021-11) See reverse for instructions.	
Collection Record		Transfusion Medicine Lab use only	
AAX4999		AAX4999	
Affix patient label within this box or document the information below LAST NAME _____ FIRST NAME _____ DOB(dd-Mon-yyyy) _____ pMRN/PHN _____		Specimen ID # _____	
Identified by (check one) <i>Must be different than collector</i>	<input type="checkbox"/> a) Witness (ID # or print name below) _____ <input type="checkbox"/> b) Patient Self <input type="checkbox"/> c) Rover PPID	ABORH: _____ <input type="checkbox"/> WellSky <input type="checkbox"/> NetCare <input type="checkbox"/> Yes <input type="checkbox"/> No K Neg instruction required? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient has another in-date specimen? Facility: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ABORH2 required? <input type="checkbox"/> Yes <input type="checkbox"/> No P-CABO comment required? <input type="checkbox"/> Yes <input type="checkbox"/> No Antibodies present? If yes, list: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Surgery T&S to be extended? <input type="checkbox"/> Yes <input type="checkbox"/> No Recent RBC? <input type="checkbox"/> Non-group specific <input type="checkbox"/> Yes <input type="checkbox"/> No Recent RhIG? Date: _____ Comments/Special Requirements: _____ Completed by _____	
Collected by _____	Collect Date dd-Mon-yyyy Time hh:mm		
AAX4999 Apply Specimen Label Here DO NOT cover the barcode LAST NAME _____ FIRST NAME _____ DOB(dd-Mon-yyyy) _____ pMRN/PHN _____		Apply label to tube ←	
AAX4999 Apply Specimen Label Here DO NOT cover the barcode LAST NAME _____ FIRST NAME _____ DOB(dd-Mon-yyyy) _____ pMRN/PHN _____		Apply label to tube ←	
AAX4999 5 Coll Date: dd-Mon-yyyy		← Insert into / apply to band. Place band on patient.	
AAX4999		AAX4999	
AAX4999		AAX4999	