

DATE:	9 January 2023
TO:	Nursing and Physicians in Central Zone fECH sites
FROM:	APL Transfusion Medicine
RE:	New Transfusion Service Identification Number (TSIN) System

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- A new provincial Transfusion Service Identification Number (TSIN) System is being implemented across the province in a staggered approach.
- TSIN implementation for Central Zone sites (fECH) will be January 23, 2023

Why this is important

- 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 system 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.

Action Required

- Any staff who will collect pretransfusion type and screen specimens must be trained.
- Follow the pretransfusion type and screen collection procedure on the back of the form to properly identify the patient, label the specimens, and complete the TSIN form. Improperly or incompletely labelled specimens will be rejected and require recollection.

Inquiries and feedback may be directed to

- Carole Ann LaGrange, Transfusion Safety Officer, Central Zone CaroleAnn.LaGrange@aplabs.ca






This bulletin has been reviewed and approved by

- Patricia Boutilier, South Sector Transfusion Medicine Manager
- Dr Robby Wang, Central Zone Transfusion Medicine Medical Lead



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

ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine		Transfusion Service Identification Number <small>21505(Rev2021-11) See reverse for instructions.</small>	
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  Coll Date: dd-Mon-yyyy		← Insert into / apply to band. Place band on patient.	

Apply wristband label to white wristband and seal