

AHS Laboratory Services

Laboratory Procedure Document Number: NPSCSS00002MUL

Specimen Collection for Pre Transfusion Type and Screen and/or Compatibility Testing (Crossmatch)

Effective Date: 24 July 2017 Version: 1.3

Specimen Collection for Pre Transfusion Type and Screen or Compatibility Testing (Crossmatch)

Applicability This procedure applies to all North Zone Laboratory personnel.

Purpose

This document provides instructions for identification of patients when collecting type and screen and/or crossmatch specimens as well as instructions for labelling the specimens.

Materials

- Meditech generated specimen label and/or a requisition
- Blood Bank Wristband and number (BBIN) a specific Blood Bank unique number used in a wristband when collecting Pre Transfusion specimens.

Procedure

| Step | Action | Detail |
|------|---|---|
| 1. | Identify yourself using NOD (Name, Occupation and Duty) | |
| 2. | Identify the patient | Refer to Identifying Patients for Laboratory Procedures (sites that do not register patients) OR Refer to Patient Registration and Identification (sites that register patients) |
| | IF: | THEN: |
| | Inpatient or Emergency Department Patient ≥ 14 years old AND is coherent | Verify that the patient has a hospital wristband. DO NOT collect the specimens until a hospital wristband has been attached to the patient. |
| | | Ask the patient to spell their first and last names. |
| | | Ask the patient to state their date of birth. |
| | | Confirm the information matches that on the label and/or requisition. |
| | | The patient must sign the CBS requisition (if one is used at the site) to document that they have self identified. |
| | Inpatient or Emergency Department Patient <14 years old OR ≥ 14 years old who is confused, unconscious or there is a language barrier | Verify that the patient has a hospital wristband. DO NOT collect the specimens until a hospital wristband has been attached to the patient. |
| | | A second person must identify the patient. The second identifier may be a caregiver, family member or other Healthcare Provider. |
| | | The second identifier will spell the patient's first and last name from the patient's hospital wristband. |
| | | The second identifier will state the patient's date of birth from the hospital wristband. |
| | | The second identifier must sign one of the specimen labels and the CBS requisition (if one is used at the site). |

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Initials: Site: Date Printed: Page 1 of 4



AHS Laboratory Services

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|----|--|--|
| | Outpatient, Ambulatory Care | Ask the patient to spell their first and last names. Ask the patient to state their data of high. |
| | Patient, or Pre Admission Clinic | Ask the patient to state their date of birth. |
| | Patient ≥ 14 years old AND is coherent | Confirm the information matches that on the label and/or |
| | Conerent | requisition. |
| | | The patient must sign the CBS requisition (if one is used at the cite) to desurge that they identified the most find the mo |
| | Outpatient Ambulatom/Care | the site) to document that they identified themself. |
| | Outpatient, Ambulatory Care Patient, or Pre Admission Clinic | A second person must identify the patient. The second identifier may be a constitute formity the patient. |
| | Patient < 14 years old OR ≥ 14 | identifier may be a caregiver, family member or other Healthcare Provider. |
| | years old who is confused, | |
| | unconscious or there is a language | The second identifier will spell the patient's first and last name. |
| | barrier | The second identifier will state the patient's date of birth. |
| | | The second identifier must sign one of the specimen labels |
| | | and the CBS requisition (if one is used at the site). |
| | Identity of the Patient is Unknown | The patient will be registered according to HIM Registration |
| | asing of the Fadericio Officiowii | Standards: |
| | | |
| | | First name: Four digit site mnemonic followed by today's |
| | | date, and then a sequence number. |
| | | ❖ E.g. TEMPORARY, AWLA23052017001 |
| | | The temporary identification and BBIN will be the unique |
| | | identifiers. These must appear on the specimen labels and |
| | | the CBS requisition (if a CBS requisition is used at the site). |
| | | Verify that the patient has a hospital wristband. |
| | | DO NOT collect the specimens until a hospital wristband has |
| | | been attached to the patient. |
| | | A second person must identify the patient. The second |
| | | identifier must be a Healthcare Provider. |
| | | The second identifier will spell the patient's first and last |
| | | name as recorded on the patient's hospital wristband. |
| | | The second identifier must sign one of the specimen labels |
| | 0 11 10 0 5574 1 1 // 1 | and the CBS requisition (if one is used at the site). |
| 3. | Collect 2-3 EDTA tubes (4 mL | Collect 4 EDTA tubes (4 mL each) if aware that the patient is |
| 4 | each) | difficult to crossmatch or has known antibodies. |
| 4. | Band the patient with the Blood | Instruct the patient not to remove, obscure, or alter the number as it will mean that the collection will be used to be |
| | Bank wristband (BBIN) | number as it will mean that the collection will have to be |
| | | repeated. |
| | | DO NOT put the patient demographics on the BBIN# wristband. |
| 5. | Label the specimens | |
| J. | Label the specimens | Each specimen must be labelled with the following: i. Patient's last name, first name |
| | | ii. Patient's date of birth |
| | | iii. ULI or other unique identifier |
| | | iv. BBIN number (attach a BBIN label to each specimen |
| | | tube) |
| | | v. Date and time of collection |
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Initials: Site: Date Printed: Page 2 of 4

Alberta Health Services Preanalytics

Effective Date: 24 July 2017

Specimen Collection for Pre Transfusion Type and Screen and/or Compatibility Testing (Crossmatch)

AHS Laboratory Services

Laboratory Procedure Document Number: NPSCSS00002MUL

Version: 1.3

| | | vi. Collector's ID One of the specimen labels must also have the second identifier's signature on it if indicated (Refer to Step 2). |
|----|---|--|
| 6. | If a CBS requisition is used | Complete all required fields Collector's signature is required Identifier's signature is required |
| 7. | Ensure all required information is on the labels and/or requisition before leaving the patient. | Refer to Procedural Notes |
| 8. | Receive the specimens into the LIS | Enter the collector's ID into the LIS Enter a comment in the Comment Field with the second identifier's name (either the patient's name or the name of the second identifier). Refer to Procedural Notes. |

Procedural Notes

- In the event of an identification discrepancy, resolve the issue and repeat the identification process prior to collection of the specimens.
- Any demographic discrepancies must be resolved in the patient registration module of the LIS prior to collection of the specimens.
- If unable to identify a patient because of language barriers, use the patient's government issued identification and document this in the Meditech comments and on the requisition.
- In urgent situations, if a labelling error is noticed while still in the patient's presence, correct the error immediately by crossing it out and writing in the correct information. Initial all changes. Do not cover the incorrect information with another label. Corrections cannot be made once you have left the patient's presence.
- If the patient's wristband is removed for any reason, the tests must be reordered in the LIS, new specimens must be collected and retested.
- If the wristband must be moved, laboratory staff member is responsible for moving it. The
 Laboratory staff member must not leave the patient's presence anytime during the process of
 moving the wristband to another limb of the patient. Refer to the AHS Transfusion of Blood
 Components/Products policy and procedure.

Definitions

Health Care Provider – any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, and other persons acting on behalf of or in conjunction with AHS.

Health Care Professional – an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* or the *Health Professions Act*, and who practices within scope or role.



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References: CSTM Standards for Hospital Transfusion Services

Health Information Management Process, current version

Related **Documents**

- QSE Process Management Patient Registration 2ID Policy (Provincial document)
- Direct Observation Phlebotomy Competency North Zone NQMPEF00007
- Identifying Patients for Laboratory Procedures NPSIDS00001
- Patient Registration and Identification NPSPAS00001

Initials: Site: Date Printed: Page 4 of 4