Blood Bank Specimen Collection Procedure for Laboratory Personnel

Principle:
To ensure proper identification of the patient has taken place and provide a final safety identification check for the Blood Bank, the Transfusionist and the patient when specimens are collected for Transfusion Services department (Blood Bank).

Scope:
This procedure applies to all laboratory personnel within Indiana Regional Medical Center (IRMC)

Materials:
Barcode Blood Band for PrePrinted Labels (BBID band or Red barcode blood band)
Attachment System for relocating, resizing or replacing the original BBID band

Red Barcode Blood Bands and attachments are obtained from IRMC Blood Bank

Specimen Requirements:
Pink Top EDTA tube – K₂EDTA Plasma (Optimal)
Lavender EDTA tube – K₂ EDTA Plasma (4mL)
Plain Red Top Tube

Criteria for rejection:
- Improperly labeled or illegible labeled specimen tube
- Hemolyzed specimen
- Any other anticoagulated blood specimen
- Samples > 72 hrs from date and time of collection
- Armbands removed from the patient

Safety Precaution:
All blood and body fluids are potentially hazardous and must be handled accordingly. See the Universal Precautions Policy for specific information on the handling, clean up, and disposal of all blood and body fluids.
BBK Specimen Collection for Laboratory Personnel

Specimen Storage and Collection Requirements:
Blood should be drawn by an aseptic technique in a K<sub>2</sub>EDTA plastic pink top tube. Testing should be performed as soon as possible after collection. If a delay in testing occurs or if additional testing is needed, the specimen must be stored at 2-8° C for no longer than 72 hours. If a serum red top tube is collected, the serum must be separated from the cells as soon as possible.

The all specimens submitted for the following Blood Bank (BBK) test codes REQUIRE a Red Barcode Blood Band:
- HRTT (Hold PINK/Red Top Tube)
- TS (Type and Screen)
- XM, XM-AUTO, XM-DIRECT for packed cells
- FFP (Fresh Frozen Plasma)
- CRYO (Cryoprecipitate)
- PHPLT (Platelet Pheresis)
- RHIG
- Exceptions: Neonates
  Emergent situations when impossible to obtain a new sample

Collection Policies:

- If a patient has been transfused or pregnant within the preceding three months, or the history is uncertain or unavailable, the specimen used for crossmatch must be obtained from the patient within 72 hours of the transfusion. If the patient has not been transfused or pregnant within the last three (3) months, the sample may be used for an additional day for crossmatching providing the patient’s history is certain.

- Specimen sent to ARC for antibody identification investigation may exceed the 72 hour expiration. It will be determined by the blood bank supervisor or medical director if a new sample needs collected and retested prior to the transfusion.

- When it is necessary to deviate from this SOP (ie: Life or Death situation) it is reported to the Transfusion Services Manager/supervisor immediately. The Laboratory Medical Director must be notified and a Laboratory QA or Transfusion Occurrence Report must be completed.

- For patient safety and to avoid confusion on the nursing units and in the Transfusion Service Department, specimens are routinely collected every 72 hours. A specimen may be extended for 7 days if the patient is receiving plasma/plt products only. Once blood is transfused, the specimen is acceptable for 72 hours from the date of the first transfusion.
BBK Specimen Collection for Laboratory Personnel

- If the red barcode blood band or barcode number is not affixed to the patient the patient must be redrawn and banded with a new unique blood bank number. All testing must be reordered and retested.

- Samples for compatibility testing are kept for 14 days in the daily racks in the Blood Bank Storage Refrigerator. Non-compatibility specimens are kept for 14 days in the daily rack as well, except for HRTT specimens. HRTT specimens are kept for 72 hours then discarded.

- No patient identification on the specimen is to be altered or removed. The patient specimen MUST be appropriately labeled or the specimen is rejected and a new sample must be recollected.

Procedure for Specimen requiring Compatibility Testing (Inpatient or Outpatient):

1. The person performing the venipuncture must identify the patient by asking the patient to state his/her name and date of birth. If the patient is unresponsive or unable to respond, another person or nursing personnel present must identify the patient by name and verify the patient’s date of birth or another patient identifier.

2. Verify the patient’s name, medical record number, and DOB by checking their hospital armband and comparing with the LIS labels. If the patient has no armband, notify nursing service. Any discrepancies must be reconciled prior to continuing on with the procedure. Nursing service must band the patient or verify the patient’s identification. Outpatient discrepancies must be reconciled with registration prior to proceeding with the procedure.

Specimen Collection

3. LIS or HIS generated label is available with the appropriate patient identification information, the label may be used instead of a handwritten label.

If no pre-printed label is available, the patient information MUST be handwritten on a red barcode band label if preprinted labels are not available; however, the specimen and BBID band must contain all the patient information listed below and must be legible. The same information must be written on the BBK specimen tube along with a barcode sticker.

The blood bank specimen must have all of the appropriate information on the label or the specimen will be considered mislabeled and will need recollected. The following information must be on the blood bank specimen:

- Patient Name
- Medical Record Number (only if this information is available)
- Date of Birth
- Date/Time of collection
- Collector’s initials
BBK Specimen Collection for Laboratory Personnel

**Recheck** the patient’s identification information on the labels with the patient’s information from the lab request, hospital bracelet, or the patient personal identification information PRIOR to collection. If the information does not match, do not perform the venipuncture. **Investigate any discrepancies prior to performing the venipuncture.**

4. Place the computer label onto the patient information area of the BBID band, located beneath the clear protective self laminated shield. Write the patient information in the designated areas on the BBID band if no computer pre-printed label is available.

5. Peel the paper liner from the clear protective self laminated shield and **cover** the patient computer generated or handwritten label with the protective shield. **Seal** the edges by placing band on a flat surface using fingers to smooth down the protective cover and smooth out any bubbles.

6. Place barcode blood band on patient’s wrist by wrapping the band tail comfortably around the wrist allowing 1 finger width between the patient’s wrist and band. **Apply barcode blood band to the same arm as the HIS patient band. Snap** button closure to secure to wrist. **Cut** excess from band with scissors and remove and save the white barcode stickers. Instruct the patient that the band should not be removed or the process will need repeated and could result in delays.

*Attachment System is required in the event the Red barcode blood band does not fit appropriately around the patient’s wrist or the original band need replaced. Proceed as follows using the attachment:*

- **Cut wristband from the barcode blood band**
- **Push tail of attachment system down through slot to the right of the patient computer generated label**
- **Push tail up through slot to the left of the patient computer generated label**
- **Pull band through opening and across the underside of the trimmed BBID band**
- **Replace barcode blood band on patient’s wrist**
- **Size bracelet appropriately and secure with snap**
- **Trim excess from tail**

Place barcode numbered sticker from the patient’s **Red barcode blood band**, on the pink top tube prior to performing the venipuncture.

Proceed with the venipuncture. (Refer to Phlebotomy Procedure Manual for procedure for venipunctures). **Draw and label all blood specimens at the patient’s bedside.**

**Note:** If the specimen is drawn by personnel other than Lab personnel (ie ICU drawing specimen via an A-line): The phlebotomist’s (nurse drawing from the line) initials should be added to the label. Please have the nurse discard 6-7 ml of blood prior to obtaining specimen for compatibility testing.
BBK Specimen Collection for Laboratory Personnel

All samples MUST be labeled at the patient’s bed side. Under no circumstance is relabeling of the specimen allowed once it leaves the patient’s room.

When the patient’s identity is unknown, use the Red barcode blood band system with a patient identifier such as “Trauma, Patient, or “John Doe” in order to match the identity of the patient when it is known. This may occur with trauma cases in the Emergency Department before a patient’s identity is known. Verify the Red barcode blood band is in place and the barcode number matches the numbered specimen; especially if more than one unidentified patient is drawn at the same time.

6. Place a pre-printed computer label on the PINK BBK tube – do not cover the white barcode sticker (do not leave the patient’s bedside without labeling the specimen). Keep barcode sticker exposed on the specimen tube.

7. Attach the tail of white barcode stickers removed from the patient band to the patient specimen with the adhesive strip on the back of the tail. The tail of numbered labels is not required to be attached to the specimen tube but it is desirable. The blood bank will accept the patient specimen if the tail is not attached to the specimen tube; however, the tail of numbers must accompany the specimen to blood bank.

8. Deliver specimen and barcode labels to the transfusion service department for testing.
BBK Specimen Collection for Laboratory Personnel

Procedure for Non-Compatibility Specimens:
Pre admission TS (PRE TS)
Prenatal TS (PN TS)
Type (TYPE)
Antibody Screen (ABS)
Direct Coombs (DAT)

1. These specimens do NOT require the patient be banded with the Red barcode blood band system; however, the tube must be labeled as follows:

Patient Identifying Information:
- Patient Name
- Medical Record Number/Date of Birth
- Date and Time of collection
- Collector’s initials

2. Identify the patient by asking the patient to state his/her name and date of birth. If the patient is unresponsive or unable to respond, another person or nursing personnel present must identify the patient by name and verify the patient’s date of birth or another patient identifier.

3. Verify the patient’s name, medical record number, and DOB by checking their hospital armband and cross reference with the LIS labels. If the patient has no armband, notify nursing service. Any discrepancies must be reconciled prior to continuing on with the procedure. Any discrepancies must be reconciled prior to continuing on with the procedure.

Outpatient discrepancies must be reconciled with registration prior to proceeding with the procedure.

4. Proceed with the venipuncture. (Refer to Phlebotomy Procedure Manual for procedure for venipunctures).

5. Specimens must be labeled by the collector who confirmed the patient’s identity and in the presence of the patient immediately after collection.

6. Acceptable specimen labels may be printed from the LIS or HIS. If computer generated labels are not available, the patient information MUST be handwritten on label and the specimen label and must be legible.

7. No patient identification on the specimen is to be altered or removed
BBK Specimen Collection for Laboratory Personnel

Procedure Notes:

1. The **Red barcode blood band** must be placed on the patient’s extremity. **Failure to follow the procedure renders specimen unsuitable for testing and must be recollected.** There are RARE exceptions when a patient cannot wear the **Red barcode blood band** due to employment reasons, for neonatal or pediatric patients, etc. In these situations, the band is completed and given to the patient or a caregiver to present to the nursing unit if a transfusion is eminent. If the band is removed OR the band is lost the crossmatch is invalid and a new sample must be drawn and testing repeated.

It is not acceptable to remove the band and place on the chart or the bed rail. If the band is removed by Nursing Service for a procedure one of the following must occur:

- The person removing the band must obtain a Typenex R3 band to re-attached the band to the patient, or
- **Red barcode blood band** shall be reapplied with tape, if possible, or
- A red, barcode, self-adhesive barcode number from the patient’s bracelet shall be removed and affixed to the patient’s hospital ID band (by the person removing the **Red Blood band**) and the band will be kept with the chart – NOTE: **This should only occur on RARE occasions – i.e. patient keeps removing band**
- The patient will be redrawn and the specimen re-processed

2. K₂EDTA tube for an HRTT may be drawn when there is a possibility of transfusion and for all labor patients. The patient must be banded at the time the specimen is collected using the **Red barcode blood band** System. The order will be entered in the HIS by nursing service or ordered via a paper requisition for HRTT (hold red top tube). The collection procedure is the same as stated above. HRTT specimens are not processed until notification is received by the transfusion service department from the ordering physician with transfusion order.

3. **A patient should not have two armbands on at the same time.** When drawing a new specimen, remove the old **barcode blood band** and replace with a new **Red barcode blood band** with a new number.

4. **Any specimen not labeled correctly with the patient identifying information is considered mislabeled will be rejected and will need to be recollected.** A Laboratory Quality Assurance form is completed and the appropriate personnel will be notified (when necessary) by the transfusion service manager. An event report and an occurrence report are completed when a mislabeled specimen involves the wrong patient being drawn.
BBK Specimen Collection for Laboratory Personnel

A mislabeled specimen is rejected WITHOUT exception. If the *Red barcode blood band* information is not correct at the time of transfusion, the blood will not be transfused and a new specimen is required.

NOTE: Collection time can be verified via phone call or having patient service technician record time of collection on specimen label only if the specimen is drawn by laboratory personnel.

5. The band may not be placed on the patient later, or the specimen labeled later, elsewhere, or by someone who did not collect the specimen. Specimens must be labeled by the collector who confirmed the patient’s identification, or by a person who directly witnessed the collection and confirmed the patient’s identification.

6. Blood drawn for preadmission testing is drawn by laboratory personnel. The staff will draw routine labs including a K$_2$EDTA pink tube or lavender EDTA tube for blood bank testing prior to surgery. This blood draw for blood bank will not require the use of the *Red barcode blood band* system. A K$_2$EDTA pink tube or lav EDTA tube is drawn and a PRE TS ordered. **The patient is redrawn the day of surgery for blood bank testing and the Red barcode blood band system is used at this time. This specimen will be used for testing and preparation for possible transfusion of blood/blood components.**

Reference:


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Directions for use
Barcode Blood Band for Pre-Printed Labels

Step 1
Obtain pre-printed labels as per department protocol
Verify patient identity as per hospital protocol
Place patient label onto label area on the barcode blood band

Pre-Printed Label must include:
- Patient Name
- MR number
- Date of Birth (DOB)
- Initials of collector
- Date
- Time

Step 2
Peel the paper liner from the self laminating shield

Step 3
Secure self laminating shield over patient pre-printed label for protection
Step 4

Place barcode band on patient

Identify patient as per protocol
- Wrap band around patient extremity to size allow 1 finger width between wrist and wristband closure
- Snap closure to secure
- Cut excess band material with scissors – save a white barcode stickers to apply later

Step 5

Perform venipuncture as per protocol

Remove a barcode sticker from the patient’s blood band and place on the PINK BBK tube PRIOR to performing the venipuncture

Step 6

Apply a pre-printed label to the PINK BBK specimen tube

Pre-Printed label – do not place label over the single barcode sticker applied to the tube prior to the venipuncture

Attach the white barcode stickers to the PINK BBK specimen by removing the liner on the back of the tail and attach to the backside of the PINK BBK specimen

Send specimen to Blood Bank