BLOOD BANK SPECIMEN COLLECTION AND IDENTIFICATION

I. PURPOSE
This policy outlines the requirements for proper patient identification, specimen collection and labeling for all specimens collected for processing by the Clarian Transfusion Service blood bank.

II. SCOPE
Applies to all Clarian staff trained in proper patient identification and collection of blood specimens processed by the Clarian Transfusion Service blood bank.

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 a Clarian Medical Record Number
   Use the patient’s social security number (SSN) or date of birth (DOB).

C. Hemolyzed Specimens
   Accepted at the discretion of the blood bank for burn patients, patients with extremely limited venous access, and patients with ongoing hemolytic episodes.

IV. DEFINITIONS
Transfusion Medicine, BBT-11: Clarian’s 90-Day Disclaimer form stating no blood products have been received and there has been no pregnancy within the past 90 days.

V. POLICY STATEMENTS
A. Transfusion of inappropriately matched blood may result in patient death or significant morbidity. Therefore, all transfusion related policies must be followed.
B. 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.

C. In most cases, hemolyzed specimens will be rejected by the blood bank and must be redrawn (see exceptions).

D. All inpatients must have a completely legible and accurate identification band on their person before any specimens can be drawn.

E. Clarian outpatients having blood bank samples drawn must be able to produce completely legible appropriate identification before any specimen can be drawn.

F. Minor patients and/or patients who are cognitively impaired must be positively identified by at least one adult accompanying the patient.

G. All specimens going to the blood bank must have two (2) signatures on the specimen label written in ink that is resistant to smearing.

H. 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. A Transfusion Medicine, BBT-11 form must be completed for these patients and sent to the blood bank with the specimen.

VI. PROCEDURE
A. Two (2) Clarian employees must properly identify all patients using two patient identifiers prior to collecting transfusion related specimens. (See ADM 1.60 Patient Identification).

B. 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 or 1ml is necessary.

C. Immediately following the blood specimen collection, the label must be accurately completed and applied to the specimen in the presence of the patient.

D. The person collecting the blood specimen and a witness to the event must both sign the specimen label. The signatures should be legible and include full signatures or the first initial and last name. Initials only, are not acceptable.

E. For inpatients, both signatures on a specimen label should be Clarian employees.
F. In the outpatient/ambulatory setting when two Clarian employees are not available, the first signature should be the employee 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.

G. The two signatures on the specimen label represent acceptance of responsibility for labeling the specimen with accurate patient identification information.

H. 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 a Clarian MRN is not available (see exception).
   4. Collection time and date.
   5. Two legible signatures as outlined above.

VII. CROSS REFERENCES
HM 1.01 A Blood Administration: Adult
HM 1.01P Blood Administration: Pediatric
ADM 1.60 Patient Identification

VIII. REFERENCES/CITATIONS
The College of American Pathologists (CAP) Standards for Laboratory Accreditation
Standards for Blood Banks & Transfusion Services, AABB 25th Ed., 2008
The Joint Commission National Patient Safety Goals

IX. FORMS/APPENDICES
90-Day Disclaimer form: Transfusion Medicine, BBT-11

X. RESPONSIBILITY
Nursing and Patient Care Services
Transfusion Medicine

XI. APPROVAL BODY
Nursing and Patient Care Services
Transfusion Medicine
XII. APPROVAL SIGNATURES

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Linda Q Everett, PhD, RN, FAAN                   Date
Executive Vice President and Chief Nurse Executive
Clarian Health Partners

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Daniel Smith, MD                                Date
Director of Apheresis and Transfusion Medicine

XIII. DATES

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