

Transfusion Services

COLLECTION OF PATIENT SPECIMENS

PATIENT IDENTIFICATION

Inadequate or incorrect identification of patients is a common cause of serious complications associated with blood transfusion. It is impossible to overemphasize the importance of proper patient identification.

When a specimen is collected for pretransfusion testing, all patients including outpatients and those patients receiving off-site care, must have an identification wristband attached before the specimen is collected. The patient should be instructed not to remove the band until after the transfusion is completed. Note: Outpatients may be issued a band with instructions to place the band on their wrist or ankle prior to admission to the hospital for transfusion.

The person collecting the blood specimen must identify the patient in a positive manner at the time the specimen is collected:

1. Ask the patient to state and spell his or her name each time a specimen is collected, if appropriate.
2. Confirm the patient's full name and registration number using the identification wristband. The identification band must remain with/on the patient until post-transfusion/hospital discharge.
3. **Do not** collect a specimen if there are any discrepancies. **Do not** rely on charts or records on the bed or nearby equipment as a source of patient identification.

Blood specimens will not be accepted in the Blood Bank if there is any doubt about the accuracy of patient identification.

IDENTIFICATION OF UNKNOWN PATIENTS

If the patient's identity is unknown initially, the Emergency Identification System may serve as a sole patient identification. This identification is used to label blood samples and requisitions.

The wristband with the Emergency Identification designation shall not be removed until the patient is admitted to a patient care unit. Blood crossmatched and labeled for **UNKNOWN PATIENT** may be transfused to the patient even after the patient's true identity has been discovered, as long as the "unknown" wristband remains on the patient. If the "unknown" wristband is removed, a new blood sample with the patient's correct name and registration number, that matches the patient's current wristband, is required to provide blood components for transfusion.

SPECIMEN TYPE AND VOLUMES

A minimum of 2 mL of blood in a 2 or 3 mL EDTA (lavender top) tube. For infants 0 - 4 months of age, 1.5 mL of blood is required.

Alternate tube: Red top tubes with 5 mL of blood will be accepted, but will delay specimen processing to

allow for clotting. **(SST tubes are Not acceptable.)** For infants 0 - 4 months of age, 1.5 mL of blood is required.

A larger blood specimen may be required when antibody identification studies are indicated. A physician

on the patient's service will be notified if an antibody problem is encountered and if additional specimens are required.

LABELING

Before leaving the patient's bedside, the individual obtaining the specimen must label the blood sample tubes with the patient's complete first and last name, medical records number, time and date of collection, and the phlebotomist's signature (non-lab personnel) or initials (lab staff only). Handwritten labels or imprinted labels may be used. Information on the label must be identical to that on the patient's medical record identification band and the provider's order or laboratory request slip.

Unlabeled or misidentified specimens will be discarded and a freshly drawn and appropriately labeled specimen must be collected.

TRANSPORT

Transport specimens directly to the Transfusion Service immediately after collection according to General Laboratory Specimen transport procedures. Specimens should be transported directly to the Transfusion Service using the pneumatic tube system or hand delivered.

ADDITIONAL SPECIMEN INFORMATION

Blood specimens collected in serum separator (**Corvac or SST**) tubes are unacceptable. Blood specimens must not be obtained from the tubing of an intravenous infusion set or drawn from a vein in which an intravenous solution is flowing, since drugs and intravenous solutions can alter serologic reactions (e.g. Dextran may cause rouleaux and false positive reactions). If blood specimens are collected from an anticoagulated catheter, a 1 mL sample should be collected and discarded before the collection of the blood sample.