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Carter BloodCare

Suspected TRALI Investigation Summary
Date:
Investigation status: initial [] pending [] final/closure []

CBC Case #: Hospital/Facility:
Date of Transfusion: Date Reported:
Patient ID, if provided: Reported by:

Patient Information/Symptoms

dyspnea	tachyp-nea	cough	fever	hypo-tension	rash	nausea	hypoxemia	Rales	wheeze	chills	Hyper-tension	tachycardia	resp failure

X-ray:

Donor Information

unit#	gender of donor	Component type	previous transfusions? Y/N	History of pregnancy Y/N	tested? Y/N	Granulocyte antibodies	HLA Class I	HLA Class II

Additional Donor Information

unit #	

Comments:

Please let me know if you have any questions. I can be reached at (817) 412-5604.

Sincerely,

Pat Davenport, MT(ASCP)SBB
Donor Notification Manager
Medical Services
Phone: (817) 412-5604 Fax: (817) 412-5609 Email: pdavenport@carterbloodcare.org

Carter BloodCare
We save lives by making transfusion possible.

TRANSFUSION REACTION INVESTIGATION

PATIENT INFORMATION	Patient Name _____ Identification Number _____ Facility Name _____ Ordering Physician _____ Diagnosis _____ _____
INFUSIONIST REPORT	Unit Number(s) _____ Component(s) Involved _____ Amount(s) Transfused _____ All forms, labels and patient identification have been verified. ☐ Yes ☐ No Date / Time Transfusion Started _____ Date / Time of Reaction _____ Date / time Transfusion Stopped _____ Infusionist_____ Person Completing Form _____ Date / Time _____

Pre-Transfusion	Post-Transfusion	Patient Symptoms	
Temperature _____	Temperature _____	☐ Chills	☐ Nausea
Pulse _____	Pulse _____	☐ Fever	☐ Urticaria
Blood Pressure _____	Blood Pressure _____	☐ Dyspnea	☐ Hematuria
		☐ Shock	☐ Back or Chest Pain
		☐ Jaundice	☐ Other_____

INFUSIONIST INSTRUCTIONS	1. Immediately discontinue transfusion. Keep IV line open with normal saline (0.9% sodium chloride) or other FDA approved blood administration solution. 2. Check all forms, labels, and patient identification. 3. Notify attending physician and Carter BloodCare Reference and Transfusion Services. 4. Properly collect and label post-transfusion purple top (EDTA) anticoagulated specimen. Minimum 3 ml sample required. 5. Complete RTF215.01A Transfusion Reaction Investigation. 6. Send samples, blood component container with attached administration set and intravenous solutions, compatibility tag, and this completed form to Carter BloodCare Reference and Transfusion Services STAT.

1. Document the following in the "Patient Information" section (you may apply a patient sticker):
   - Patient name
   - Patient identification number
   - Requesting facility
   - Ordering physician
   - Patient Diagnosis
2. Document the following in the "Infusionist Report" section:
   - Unit number(s)
   - Component(s) involved
   - Amount(s) transfused
   - Mark "Yes" or "No" box appropriately, indicating whether or not all forms, labels and patient identification have been verified.
   - Date/time of reaction
   - Infusionist
   - Name of person completing the form
   - Date/Time the form was completed
   - Pre-transfusion
     - Temperature (including unit of measure ^{o}F)
     - Pulse
     - Blood pressure
   - Post-transfusion
     - Temperature (including unit of measure ^{o}F)
     - Pulse
     - Blood pressure
   - Place a checkmark (✓) or "X" next to the applicable patient symptoms associated with transfusion.
   - Send back to the blood bank

Carter BloodCare
2205 Highway 121
Bedford Texas 76021
(p) 817-412-5740
(f) 817-412-5749
CLIA# 45D0486046

7.0 COLLECTIONS

Contact Information:

Collections Department
Carter BloodCare
2205 Highway 121
Bedford, TX 76021
Phone: 1-800-DONATE-4 – to schedule an appointment
Phone: 817-412-5380 – to schedule a blood drive or to schedule health fair activities through our Recruitment Department

Collections Department
Carter BloodCare
815 South Baxter Avenue
Tyler, TX 75701
Phone: 1-800-252-5584 - to schedule an appointment
Phone: 903-363-0400 - to schedule a blood drive or to schedule health fair activities through our Recruitment Department

Collections Department
Carter BloodCare
206 Archway Drive
Woodway, TX 76721
Phone: 1-800-DONATE-4 – to schedule an appointment
Phone: 254-297-4000

For the most up-to-date information regarding hours of operations, driving directions or to schedule a donation appointment, please call 1-800-DONATE-4 or visit our web site at carterbloodcare.org.

7.1 Neighborhood Donor Centers

NORTH TEXAS LOCATIONS

Addison
3955 Belt Line Road
Addison, TX 75001
972-960-8895

Allen *
1328 W. McDermott Drive, Suite 250
Allen, TX 75013
214-509-0550

Arlington *
1618 W. Randol Mill Road
Arlington, TX 76012
817-274-0812

Cedar Hill
613 Uptown Boulevard, Suite 107
Cedar Hill, TX 75104
972-572-3917

Dallas*
4201 Gaston Avenue, Suite 110
Dallas, TX 75246
214-572-3917

Dallas*
12829 Preston Road, Suite 427
Dallas, TX 75230
972-980-9210

Denton
2215 South Loop 288, Suite 335
Denton, TX 76205
940-383-2055

Flower Mound
2601 Flower Mound Road
Flower Mound, TX 75028
972-219-1668

Fort Worth*
1263 West Rosedale
Fort Worth, TX 76104
817-335-4935

Fort Worth
4995 South Hulen Street
Fort Worth, TX 76132
817-263-5810

Frisco
4350 W. Main Street, Suite 105
Frisco, TX 75033
214-217-5690

Garland
6850 N. Shiloh, Suite V
Garland, TX 75044
972-437-4483

Grand Prairie
4146 South Carrier Parkway, Suite 630
Grand Prairie, TX 75052
972-988-6051

Hurst-Euless-Bedford*
1731 W. Airport Freeway
Bedford, TX 76021
817-283-4787

Irving
7750 N. MacArthur Boulevard, Suite 115
Irving, TX 75063
972-258-0055

Keller
101 Town Center Lane, Suite 111
Keller, TX 76248
817-337-1520

Lockheed (Employees Only)
1 Lockheed Boulevard
White Settlement, TX 76108
817-762-1551

Mansfield
920 US Hwy 287N, Suite 210
Mansfield, TX 76063
817-539-0244

Mesquite*
1515 N. Town East Blvd., Suite 151
Mesquite, TX 75150
972-270-2185

Plano
4701 W. Parker, Suite 610
Plano, TX 75093
972-612-2098

Weatherford
116 East I-20, Suite 151
Weatherford, TX 76087
817-594-4251

EAST TEXAS

Longview*
3080 N. Eastman, Suite 112
Longview, TX 75605
903-663-2650

Tyler*
815 South Baxter Avenue
Tyler, TX 75701
903-363-0400

Paris*
3305 N.E. Loop 286, Suite E
Paris, TX 75460
903-785-9399

CENTRAL TEXAS

Woodway*
206 Archway Drive
Woodway, TX 7021
254-297-4150

*** Denotes Donor Centers accepting autologous and directed collections.**

7.2 Blood Drive Information

Be a part of our community blood program!

Organizations may schedule blood drives with Carter BloodCare. Blood drives may be operated indoors, if the space meets the specific regulatory requirements or the blood drive may be held in one of our mobile buses.

If you are interested in scheduling a blood drive, one of our field consultants will visit with you to help with all necessary planning and promotion assistance. In addition, they are trained to provide in-services to your staff regarding blood donation.

If you are interested in scheduling a blood drive, please contact our Recruitment Department.

7.3 Health Fairs

Carter BloodCare actively supports and participates in community health fairs.

If your organization is planning to host a health fair and would like Carter BloodCare to participate, please call our Recruitment Department.

8.0 Special Donations

Contact Information:

Special Donations Department
Carter BloodCare Bedford
2205 Highway 121
Bedford, TX 76021

Phone: (817) 412-5308
1(866) 525-3378 (toll-free number)
Fax: (817) 412-5318

8.1 Autologous Donations

8.1.1 Autologous Blood Donation Request

Form SDF801.01, Autologous Blood Donation Request, must be completed and signed by the physician. The Autologous Blood Donation Request form requests specific information about the patient, surgery date, surgical procedure, hospital, number and type of components requested, physician's information, pre-assessment questions, physician statement and financial responsibility. An example form is included at the back of this section.

Autologous donations will be limited to **whole blood units only** (no automated procedures). If more than one unit is requested, please ensure the patient has an adequate amount of time before surgery to donate the needed number of units.

- For all North Texas, East Texas, and Central Texas donations, please fax the completed form to the Bedford Special Donations department **at least 10 business days** before anticipated date of surgery for medical review. Donors will **NOT** be scheduled or permitted to donate unless the request has been received and approved.

Request forms are available from the Special Donations department and Hospital Relations department.

8.1.2 Autologous Donation Criteria

It is not necessary for autologous donation candidates to meet all usual blood donor criteria such as weight and hemoglobin. Because of the less strict donation criteria and abbreviated

donor screening process, autologous components are restricted for the donor's use only and are not to be crossed-over into regular stock inventory. Because the autologous donor may not be in optimal health at the time of collection, a signed consent form from the patient's regular physician may be required. The consent must originate from the patient's primary care physician (PCP) or physician that treats the patient's disorder or concern. Conditions requiring consent include; history of cardiovascular problems, current pregnancy, or any significant bleeding problems. **The consent must be faxed to Special Donations along with the Autologous Blood Donation Request at least 10 business days before anticipated date of surgery.**

8.1.3 Autologous Donation Scheduling

Once the Autologous Donation Request Form has been approved, the Special Donations department will contact the patient to schedule the appointment(s). Autologous donations may be scheduled at least three days apart. Donations should be scheduled no more than 30 days and no less than five days prior to the patient's scheduled surgery to allow time for testing, processing, and shipping of the autologous components. Due to specific autologous requirements, autologous donations should ideally be scheduled at least 2 weeks before surgery.

Autologous donors must pay the fees for autologous units at the time of donation. Unfortunately, the fees will not be refunded if the unit(s) is not used. Autologous donations are accepted at select Carter BloodCare Neighborhood Donor Centers Monday through Thursday, by appointment only. Walk-ins at the donor centers **will not** be accepted. Donors must present at the time of donation:

- Documentation to verify his/her social security number (SSN*)
- A valid, unexpired photo ID

***NOTE:** In the event that the patient does not have a SSN, please contact the Special Donation's department as soon as possible to coordinate which identification number will be used.

8.1.4 Facility Notification of Autologous Donation

Following collection of an autologous donation, the Special Donations department faxes a copy of form SDF801.01B, Autologous Worksheet, to the facility that will receive the autologous component. The worksheet serves as facility notification that an autologous unit has been collected for the patient. The worksheet lists the patient's name, patient information, and the unit numbers of autologous units collected for the patient. An example form is included at the back of this section.

***NOTE:** In the event of an unsuccessful autologous donation attempt, SDF801.01C, Donation Attempt Notification Letter to Hospital, will be provided to the requesting facility and physician of record.

8.1.5 Autologous Labeling

Autologous components are labeled with the following:

- A green autologous tie tag is attached to the component bag.
- The front of the tag contains:
  - Information required if the component is a low weight/volume component
  - Eye-readable unit number
  - ABO/Rh label
- The back of the tag contains patient information that is verified against the Autologous Blood Donation Request form. The following information is recorded:
  - Collection Date
  - Donation Identification Number
  - Pre-payment status
  - Patient Name
  - Sex
  - Date of Birth
  - Social Security Number (SSN)
    NOTE: If other identification number used instead of SSN, please coordinate number with Special Donation's department ASAP.
  - Hospital
  - Surgery Date
  - Physician Name
  - Donor signature
- A copy of a green autologous tie tag is included at the back of this section.

8.1.6 Low Weight/Volume Autologous Red Cells

If the volume of whole blood collected is considered low volume, the weight of the unit is recorded on the front of the green autologous tie tag. Only packed red blood cells may be prepared from low volume units.

8.1.7 Autologous Unit Testing

All autologous units are tested for the following tests. Units are not released until all required testing is complete.

- ABO blood type
- Rh (D) blood type
- Total Cholesterol
- Hepatitis B Core Antibody (HBc)
- Hepatitis B Surface Antigen (HBsAg)
- Hepatitis C Antibody (HCV)
- HIV-1/2 Antibody (HIV-1/2)
- HTLV-I/II Antibody (HTLV-I/II)

- Indirect Antiglobulin Test (IAT)
- Serological Test for Syphilis (STS)
- Anti-*T-Cruzi*,(Chagas'), one time testing per donor
- Nucleic Acid Amplification testing (NAT) for HIV-1, HCV, HBV
- Nucleic Acid Amplification testing (NAT) for West Nile Virus (WNV)
- Zika by Investigational Nucleic Acid Amplification Test (NAT)

Any abnormal test results are reported to your facility transfusion service and the patient's physician on form SDF802.01A, Autologous Blood with Abnormal Test Results Notification, prior to product shipment. A copy of the notification form is included in this section. The donor is also notified directly by Carter BloodCare of any clinically significant results or results that would cause the donor to be deferred.

Confirmatory or supplemental testing is automatically performed on any reactive viral marker tests. These test results will be provided to the patient's physician.

Autologous units with confirmed HBsAg, anti-HIV 1/2, anti-HTLV I/II and/or NAT, will **not** be routinely sent to your facility. Such units will be discarded unless the Transfusion Service physician requests delivery in writing. In the event that the unit tests positive for one or more of these tests, the Special Donations department will contact your facility to obtain approval for delivery or discard, unless a standing policy has previously been established. Units positive for NAT WNV will not be available for transfusion. Units positive for infectious disease markers sent to facilities for transfusion will be labeled with a Biohazard label.

Units with other positive tests will automatically be shipped to the patient's healthcare facility unless the facility Transfusion Service notifies Carter BloodCare's Special Donations department that the facility will not accept shipment of autologous units with specific reactive laboratory tests. Units with reactive viral marker test results will be labeled with a Biohazard label.

8.1.8 Special Considerations

In the event, for any reason, an autologous unit is not available to be shipped, the Special Donations department will notify your facility and the patient's physician as soon as possible.

8.1.9 Policy for Freezing Autologous Red Blood Cells

Carter BloodCare will freeze autologous red blood cells based on the following.

- The patient has a rare blood type or multiple alloantibodies or other serological problems.
- The patient will need blood for a procedure that cannot be scheduled (i.e., delivery of a baby or awaiting cadaveric renal transplantation).
- The patient has had surgery postponed and will be unable to donate again due to a medical condition (i.e. patient with infection).
- To salvage a unit that has been air-contaminated, if time permits (at no charge to the hospital).

Carter BloodCare will not freeze the following:

- Whole blood
- Red blood cells with reactive infectious disease test results.

To freeze an autologous red cell component:

- The patient's physician must submit a written order to freeze the autologous red cells. The physician's office completes form SDF801.01E, Frozen Autologous Red Blood Cell Management Record, and submits it to the Special Donations department by fax or mail.
- Carter BloodCare's medical staff must approve the freeze procedure if it does not fit the above criteria.
- The Special Donations department will notify your facility of the request to freeze, by faxing the form to your facility.
- The healthcare facility must sign the form, accepting responsibility for any associated fees and return the form to the Special Donations department.
- The Special Donations department will make any necessary arrangements to return the component to Carter BloodCare for freezing.

Unless otherwise specified, frozen units will be discarded 90 days from the date frozen. If the unit is to remain frozen for longer than 90 days, an additional storage fee will be charged. Units with rare blood types or complicated serological problems may be frozen for extended periods of time without incurring additional fees. Please call for more information on freezing autologous red cell components.

8.2 Directed Donations

8.2.1 Directed Blood Donation Request

Form SDF801.02, Request for Directed Donation, must be completed by the patient's physician prior to donor collection. The Request for Directed Donation form requests specific information including the patient name, physician contact information, blood components needed, intended date of use, financial responsibility, and additional information for the patient and physician.

Directed donations **will not** be handled on an emergency basis, unless medical necessity can be justified.

The Request for Directed Donation must be faxed **at least 10 business days** before anticipated date of transfusion to the Bedford Special Donations department for all directed donations in North Texas, East Texas, and Central Texas.

Request forms are available from the Special Donations department and Hospital Relations department. An example form is included at the back of this section.

8.2.2 Donation Criteria

Directed donors must meet all Carter BloodCare donor eligibility requirements.

Special circumstances will be considered for those donors that do not meet the donor criteria; however, units collected under special circumstances are considered “restricted” units and must be approved in advance by our medical staff. Please contact the Special Donations department with any questions concerning donor criteria.

Directed donors waive the right to donor anonymity; however, medical information pertaining to the donor giving the directed donation remains confidential.

To prevent alloimmunization, the donor for a female patient of childbearing age should not be the husband, husband’s blood relatives or male partner.

Carter BloodCare will collect directed units without prior typing of the donor(s); however, donors can be typed prior to donation. Refer to Section 7.0 Collections for select donor centers that process directed donations. A fee is charged and the donor is responsible for the fee when the blood sample is drawn. The results of the ABO typing will not be available for 24 to 72 hours. Results will be mailed to the donor or may be provided over the phone with proper identification. Only those units which are ABO/Rh compatible with the patient will be crossmatched and delivered to the patient’s healthcare facility.

8.2.3 Acceptable Directed Donor List

The patient or patient’s family must arrange for a sufficient number of donors. The ordering physician must complete SDF801.02A, Acceptable Directed Donors List, and fax it with the Directed Donation Request Form **at least 10 business days** before intended date of use. Each donor on the list must be approved by the patient, a legal guardian of the patient, or an individual with legal power of attorney of the patient. If the form is not available, a handwritten list following the guidelines above must be provided to Carter BloodCare.

This form is available from the Special Donations department and the Hospital Relations department. An example form is included at the back of this section.

8.2.4 Directed Unit Irradiation

Directed units collected from blood relatives (i.e., mother, father, sister, brother, aunt, uncle) will be irradiated as recommended by AABB to prevent graft versus host disease. There is an additional charge for irradiation.

8.2.5 Directed Donation Scheduling

Once the Directed Blood Donation Request Form and Acceptable Directed Donors List have been approved, the Special Donations department will contact the family to schedule the appointments for donation. Directed donations are scheduled Monday through Thursday, by

appointment only, at select neighborhood donation centers. Please refer to Section 7.0 Collections for a list of the select donor centers.

Donations for red blood cells, cryoprecipitate and fresh frozen plasma must be scheduled at least five days and no more than 14 days before the intended date of use. Directed donations for apheresis platelets must be scheduled at least three days in advance of the intended date of use.

Directed blood donors must pay a handling fee for directed units at the time of donation. Unfortunately, the fees will not be refunded if the unit(s) is not used for the patient.

8.2.6 Facility Notification of Directed Donation Collection

Following collection of a directed donation, the Special Donations department faxes a copy of form SDF801.02B, Directed Worksheet, to the facility that will receive the directed component. The worksheet serves as facility notification that a directed unit has been collected for the patient. The worksheet lists the patient's name, information, unit number, and type of component collected. An example form is included at the back of this section.

> **NOTE:** In the event of an unsuccessful directed donation attempt, SDF801.01C, Donations Attempt Notification Letter to Hospital will be provided to the physician of record and the requesting facility.

8.2.7 Directed Component Labeling

A purple Directed Donation tie tag is attached to the component bag.

The front of the tag contains the following information:

- Donation Identification Number
- Pre-payment status
- Patient name
- Social Security Number or other identification number
- Ordering physician
- Facility
- Surgery date

The back of the tag indicates whether or not the donor is a blood relative of the recipient.

8.2.8 Directed Unit Testing

All directed donations are tested for the following tests. Units are not released until all testing is complete.

- ABO blood type
- Rh (D) blood type
- Total Cholesterol
- Hepatitis B Core Antibody (HBc)
- Hepatitis B Surface Antigen (HBsAg)

- Hepatitis C Antibody (HCV)
- HIV-1/2 Antibody (HIV-1/2)
- HTLV-I/II Antibody (HTLV-I/II)
- Indirect Antiglobulin Test (IAT)
- Serological Test for Syphilis (STS)
- Anti-*T-Cruzi* (Chagas') , one time testing per donor
- Nucleic Acid Amplification testing (NAT) for HIV-1, HCV, HBV
- Nucleic Acid Amplification testing (NAT) for West Nile Virus (WNV)
- Zika by Investigational Nucleic Acid Amplification Test (NAT)

NOTE: Units with abnormal or reactive test results will not be released to the facility for transfusion.

8.2.9 Special Considerations

In the event, for any reason, that a directed unit is unavailable to be shipped, the Special Donations department will notify your facility and the patient's physician as soon as possible.

Directed red blood cells will not be frozen. Exceptions may be made in special circumstances if the unit qualifies under Restricted Donation criteria. Please refer to 8.3 Restricted Donations for more information.

8.2.10 Directed Unit Crossover

Directed units not used by the patient may be crossed over into regular stock inventory at the hospital's discretion or may be returned to Carter BloodCare to be placed into general inventory.

8.3 RESTRICTED DONATIONS

Restricted donations are directed components collected from donors who have not met regular donor eligibility requirements, but have been approved by Carter BloodCare's medical staff for collection and transfusion into an intended recipient. These units are not crossed over into regular inventory. Restricted components are tested, processed, and labeled the same as other directed components; however, an additional orange tie tag, stating the donation is "RESTRICTED" and should not be crossed over into regular inventory, is attached to the component bag. An example of a Restricted Donation tie tag is included at the back of this section. Restricted red blood cells may be frozen depending on the nature of the component and the medical condition (see 'Policy for Freezing Autologous Red Blood Cells' in the Autologous Policies Section).

Restricted blood donors must pay a handling fee for restricted units at the time of donation. Unfortunately, the fees will not be refunded if the unit(s) is not used for the patient.

8.4 THERAPEUTIC PHLEBOTOMY

8.4.1 Therapeutic Donor Request

Form SDF801.03, Therapeutic Donor Request, must be received by the Special Donations department **at least 5 business days** prior to the desired date of phlebotomy. If enrolling donor/patient into Carter BloodCare's HH (hereditary hemochromatosis) or LOT (low testosterone) programs, please refer to section 8.5 for instructions.

A request form can be obtained by calling the Special Donations department or Hospital Relations department. The order must include the following information:

- Patient name, gender, DOB and ID number (please do not provide social security number)*
- Patient phone number with area code*
- Patient diagnosis* (no ICD codes are accepted)
- Frequency of phlebotomy*
- Target hemoglobin if less than 12.5g/dl*
- Pre-assessment completed by physician*
- Physician name, signature, date, phone & fax numbers*

*Required fields – Request will be returned if all fields are not completed.

Therapeutic donations will be limited to **whole blood phlebotomies only** (no automated procedures). If more than one unit is required, the patient will need to present on additional visits to complete the required number of blood draws.

The request is valid for one year unless otherwise specified, and must be updated annually. The order is maintained on file at Carter BloodCare for the duration of validity.

8.4.2 Therapeutic Donation Criteria

It is not necessary for therapeutic donation candidates to meet all usual blood donor criteria such as weight and hemoglobin. Because the therapeutic donor may not be in optimal health at the time of collection, a signed consent form from the patient's regular physician may be required. The consent must originate from the patient's primary care physician (PCP) or physician that treats the patient's disorder or concern. Conditions requiring consent include history of cardiovascular problems, current pregnancy or any significant bleeding problems. The consent must be faxed to Special Donations along with the Therapeutic Donor Request at least 5 business days before anticipated date of phlebotomy.

8.4.3 Therapeutic Phlebotomy Scheduling

Once the Therapeutic Donor Request has been approved by the Special Donations department, a staff member will contact the patient to schedule the phlebotomy at one of our

neighborhood donor centers. Appointments are scheduled Monday through Friday. Walk-ins will not be accepted.

8.4.4 Associated Fee

A fee is charged for all donors at the time of the procedure. Carter BloodCare will accept a money order, cashier's check or travelers check, or, if arranged in advance, a credit card as form of payment. A convenience fee applies for the credit card. Cash will not be accepted.

8.4.5 Unit Disposition

Units collected from a therapeutic phlebotomy procedure are not acceptable for release into general inventory. Units are not tested and are discarded after withdrawal.

8.5 Hereditary Hemochromatosis (HH) and Low Testosterone (LOT) Programs

8.5.1 Enrollment for No-Fee Phlebotomy

Patients diagnosed with hereditary hemochromatosis (HH) or receiving testosterone therapy (LOT) and requiring therapeutic phlebotomy as part of their treatment may qualify to have their units used for transfusion through special programs. These programs require a physician's prescription (refer to form DNF104.35C) and enrollment in the appropriate program. Please contact the Donor Notification department for additional information on these programs at 817-412-5603.

HH and LOT donors who do not meet established criteria as regular volunteer donors will be deferred from allogeneic blood donations, but may still receive phlebotomy if enrolled in the HH or LOT programs. Patients with a diagnosis other than HH or erythrocytosis due to testosterone therapy may not be drawn through these programs and may only be drawn as therapeutic donors.

8.5.2 HH and Lot Program Scheduling

Once the DNF104.35C, Enrollment/Prescription for No-Fee Phlebotomy Form or other required forms for HH have been approved by the Donor Notification department, the donor/patient will be contacted to schedule the phlebotomy.
HH and LOT donations/phlebotomies are scheduled through the Special Donations department for all donor centers. Collection days are Monday through Friday and must be scheduled in advance. Walk-ins will not be accepted.

8.6 Special Donations Example Forms

8.6.1 Autologous Forms

- SDF801.01 Autologous Blood Donation Request
- SDF801.01B Autologous Worksheet
- SDF801.01C Donation Attempt Notification Letter to Hospital
- SDF802.01A Autologous Blood with Abnormal Test Result Notification
- SDF801.01E Frozen Autologous Red Blood Cell – Management Record
- DCL255 Autologous Tie Tag (double sided)
- Autologous Donation Information

8.6.2 Directed, Restricted, Therapeutic, HH and Lot Forms

- SDF801.02 Request for Directed Donation
- SDF801.02A Acceptable Directed Donor List
- SDF801.02B Directed Worksheet
- DCL325 Directed Donation tie tag (purple) (double sided)
- DCL500 Restricted Donation tie tag (orange)
- Directed Donation Information
- SDF801.03 Therapeutic Donor Request
- Therapeutic Donation Information
- DNF401.35C Enrollment/Prescription Form for No-Fee Phlebotomy

Carter BloodCare

Autologous Donation

Donating Blood For Yourself

Autologous donations available Monday - Thursday at certain Carter BloodCare fixed sites. Call 817-412-5308. Same day appointments are not available.

Giving blood for your own use is a decision that will be made by you and your physician. The term for this process is autologous donation. The following information is designed to help you make the decision that is right for you.

How do I become an autologous donor?

Your physician must complete and sign an Autologous Request Form and return it to us at least 10 days before your anticipated date of surgery. Once the request is approved, you will receive a call to schedule an appointment at a participating Carter BloodCare Donor Center. Your weight and medical history may determine your eligibility to donate.

How soon should I donate before surgery?

You may donate blood up to 30 days prior to your surgery and no less than five days before your surgery.

How can I be sure that I will receive my own blood?

A special identification tag and bar code is attached to your donation to reserve for your use. A special form is also sent to alert your hospital of your donation. Please know that hospitals and physicians do not inform Carter BloodCare of whether or not you required blood. Your physician's hospital will have this information.

What if my donated units are unused?

Because each autologous donation requires extensive preparation, Carter BloodCare is not able to refund processing and handling fees for unused units. If the autologous units are not used by the patient, the units will be discarded as required by the Food and Drug Administration (FDA).

Where can I donate?

Carter BloodCare offers autologous donation service at certain locations only. When you schedule your appointment you can choose the location that is convenient to you.

Why can I donate for myself more often than I can as a regular donor?

Guidelines from the AABB allow autologous donors to donate with lower hemoglobin (red blood cell) levels than regular donors. Your hemoglobin will be checked before each donation. To maintain your hemoglobin, your physician may prescribe iron supplements.

Can I donate for myself if I have a history of heart disease or stroke?

Only if your cardiologist or internist provides us with a written cardiac clearance letter at least 10 days before your surgery date. A Carter BloodCare physician must also approve before blood is collected.

Will you test my blood?

Each donation is tested for infectious diseases such as hepatitis and HIV. If your donation is unsuitable for transfusion, Carter BloodCare will notify you, your physician and the hospital. We will not disclose your donation information to unauthorized individuals or provide confidential information by phone.

I'm a regular blood donor. When can I donate again?

If you received blood, you will not be eligible to donate again for 12 months after your transfusion.

Autologous Donation

Answers to Your Insurance Questions

What are special donations?

Special donations is a term blood centers use in reference to two types of donations.

- **Autologous donation** is blood you give for yourself before your surgery.
- **Directed donations** are given specifically for you, by blood donors you choose.

Will my health insurance cover autologous donations?

Insurance providers typically will not cover the cost for autologous donations that are not transfused. Because insurance plans change frequently, Carter BloodCare cannot confirm insurance coverage. If you are interested in special donations, please contact your insurance provider to learn how your plan manages autologous donation.

Will my insurance plan cover the blood that is taken from the community blood supply?

Carter BloodCare provides transfusable blood components from the community blood supply. These units are industry standard and are also covered or partially covered by many insurance plans.

If my insurance plan does cover special donations, will Carter BloodCare work directly with my insurance company?

Although Carter BloodCare does not work directly with insurance companies, we will provide a receipt of the charges.

Do I need insurance pre-approval or a physician referral to proceed?

Although hospitals accept autologous units from Carter BloodCare for patients, they will not confirm that a patient's insurance plan covers the costs related to them. To make an autologous donation, your physician must provide Carter BloodCare with a completed and signed Autologous Request Form. You can donate Monday through Thursday at a particpating Carter BloodCare Donor Center. Appointments must be made by calling (817) 412-5308. Walk-ins will not be accepted.

Why would I be charged to make an autologous donation?

Autologous donation is considered elective, except under specific circumstances. Because autologous donations require additional processing apart from the community blood supply, donors are charged for processing, collecting, testing, preparation and tracking of each unit. The cost for autologous donation ranges from $350 to $550* and is required at the time of donation.

Will I pay Carter BloodCare before my donations are made?

Yes. Payment for autologous donation is required at the time of donation and is payable to Carter BloodCare via money order, cashier's check or traveler's check. If arranged in advanced, a credit card may be used. A convenience fee applies for the credit card. Cash is not accepted.

Autologous Blood Donation Checklist

Items to bring with you

- ❑ Proof of Social Security number and a valid unexpired photo ID.
- ❑ Payment for autologous donation will be required at the time of your visit. Carter BloodCare will accept payment for these services via money order, cashier's check or traveler's check, unless prior arrangements have been made.

Getting ready to donate

- ❑ Eat a well-balanced meal within two hours before donation.
- ❑ Drink plenty of non-caffeinated, non-alcoholic fluids.
- ❑ Allow at least one hour for your donation appointment.

Your appointment information

Appointment Date(s) _____

Appointment Time(s) _____

Donor Center/Site _____

Telephone Number _____

*subject to change.

Directed Donation

Donating Blood For A Specific Patient

Directed donations available Monday - Thursday at certain Carter BloodCare fixed sites. Call 817-412-5308. Same day appointments are not available.

Directed donations are given for a specific patient, by blood donors that have been chosen by the patient. The following information is designed to help you determine if directed donation is right for you.

How is a directed donation different from an allogeneic donation?

A directed donation is reserved to be used for a specific patient. An allogeneic donation is a voluntary donation made to the community blood supply. Because directed donations must be processed and tracked separately from the community blood supply, directed donors are required to pay a fee at the time of their donation.

How soon should a directed donation be made before surgery?

Directed donors should give no sooner than 14 business days and no less than five business days before the surgery date. Apheresis platelet donors may give only three days prior to the surgery date. Some exceptions may be arranged, but should be discussed when making an appointment.

How do I arrange directed donations?

Your physcian must complete and sign *"Request for Directed Donation Form", and you must complete "Acceptable Directed Donors List".* Directed donors can donate Monday through Thursday at select Carter BloodCare's Donor Centers. Each directed donor must have an appointment, even if donors plan to give as a group. Appointments must be made by calling (817) 412-5308.

Will Carter BloodCare test the blood?

Each donation is tested for infectious diseases such as hepatitis and HIV. All laboratory testing is performed on blood samples after a donation is made. Units will be processed with other routinely drawn units and will be available to the hospital three to five days after donation. If a directed donation is unsuitable for transfusion, Carter BloodCare will not disclose information to unauthorized persons. The donor involved will be notified and our Special Donations Department will contact the patient or the patient's guardian to notify them that the unit will not be available for transfusion.

What if my donated units are unused?

Because each directed donation requires extensive preparation, Carter BloodCare is not able to refund processing and handling fees for unused units. If the directed units are not used by the patient, the transfusing hospital, not Carter BloodCare, will determine the disposition of the units.

What about donor confidentiality?

Medical information pertaining to the directed donor remains confidential. Only blood type results can be released to the donor by telephone. The individual's identity must be verified before blood type can be released.

Directed Donation

Answers to Your Insurance Questions

What are special donations?

Special donations is a term blood centers use in reference to two types of donations.

- **Autologous donation** is blood you give for yourself before your surgery.
- **Directed donations** are given specifically for you, by blood donors you choose.

Will my health insurance cover directed donations?

Insurance providers typically will not cover the cost for directed donations. Because insurance plans change frequently, Carter BloodCare cannot confirm insurance coverage. Please contact your insurance provider to learn how your plan manages directed donation.

What costs am I responsible for if insurance does not cover my units?

Directed donation is an elective option that requires additional processing apart from the community blood supply and is not considered medically necessary or safer than regular community volunteer donations. The cost for directed donation ranges from $110 to $150* and is required at the time of donation.

Will my insurance plan cover the blood that is taken from the community blood supply?

Carter BloodCare provides transfusable blood components from the community blood supply. These units are industry standard and are also covered or partially covered by many insurance plans.

If my insurance plan does cover special donations, will Carter BloodCare work with my insurance company?

Although Carter BloodCare does not work directly with insurance companies, we will provide a receipt of the charges.

Do I need insurance pre-approval or a physician referral to proceed?

Although hospitals accept directed units from Carter BloodCare for patients, they will not confirm that a patient's insurance plan covers the costs related to them. Physicians request directed donations by providing Carter BloodCare with a Request for Directed Donor Form, signed by the physician, as well as an Accepted Donor List, which includes the people you have authorized to donate on your behalf. These forms must be submitted at least 10 business days before the anticipated date of use. Appointments must be made by calling (817) 412-5308.

Will directed donors be required to pay Carter BloodCare before donations are made?

Yes. Payment for directed donation is required at the time of donation and is payable to Carter BloodCare via money order, cashier's check or traveler's check. If arranged in advanced, a credit card may be used. A convenience fee applies for the credit card. Cash is not accepted.

Directed Donation Checklist

Directed donor eligibility

Donors must be 17 or older, in good health and meet all other donor eligibility criteria. Call 866-480-8200 for information regarding donor requirements.

- ❑ Donors should have the same blood type or be blood type compatible. If pre-typing is required, please call (817) 412-5308 for further information.
- ❑ Blood donated by blood relatives will be irradiated to prevent graft versus host disease.
- ❑ Female patients of child-bearing age should not receive blood donated by their male partner or any member of the male partner's family.
- ❑ Donors should drink plenty of non-caffeinated, non-alcoholic fluids and eat a well-balanced meal within two hours before donation.
- ❑ Allow at least one hour for a donation appointment.

Required paperwork

- ❑ A completed Request for Directed Donor Form must be signed by the physician and returned to Carter BloodCare at least 10 days before date of use.
- ❑ A completed Accepted Donor List must also be signed by the patient and returned to Carter BloodCare and submitted at least 10 business days before date of use.
- ❑ Directed donors must be prepared to make payment for their donation at the time of donation. Carter BloodCare will accept payment for these services via money order, cashier's check or traveler's check and payments made by credit card, unless prior arrangements have been made.

Directed Donation Checklist

Items to bring with you

- ❑ A valid unexpired photo ID.
- ❑ Payment for directed donation will be required at the time of your visit, unless payment has already been made by credit card previously. Carter BloodCare will accept payment for these services via money order, cashier's check or travelers check.

If you have further questions about directed donation, call Special Donations at **(817) 412-5308**

*subject to change.

Carter BloodCare

THERAPEUTIC DONOR REQUEST

Section A: Please complete patient/donor information.

Full Name: _____ Sex: _____ DOB: _____
Last First

Address: _____ Phone #: (_____)_____
Area Code

Section B: Please complete this section for patients who do NOT meet the criteria for a no fee program.

For appointments, contact Special Donations:
Phone: 817-412-5308
Fax: 817-412-5318

Therapeutic Patients Only
(A FEE WILL BE ASSESSED)

Please call 2 business days prior to needing an appointment.

Diagnosis:

☐ Polycythemia NOT due to testosterone therapy or hereditary hemochromatosis*

*For donors on testosterone or with HH, contact the Donor Notification Department at 817-412-5603.

☐ Other: _____

Draw one (1) unit of whole blood (approximately 500 mL)

☐ 1 time only—Target Hct not required ☐ Every 4 weeks ☐ Every 2 months

Pre-Assessment Questions

1. Has the patient EVER had any problems with his/her heart or lungs? ☐ No ☐ Yes (describe), _____
2. For female patients, in the past 6 weeks has the patient been pregnant or is the patient pregnant now? ☐ No ☐ Yes (describe), _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

Phone#: (_____)_____ Fax#: (_____)_____
Area Code Area Code

For CBC Use Only

Section C:

☐ Physician's cardiac clearance release sent to physician/donor _____ _____
Date Emp Initials/#

_____ _____ _____
Condition (if applicable) Emp. Initials/# Date

☐ Donor has had heart and/or lung change(s) within the past year

Comments: _____

(*Completed by Carter BloodCare Medical Director)*

☐ Approved for 1 time only ☐ MD approval NOT required

☐ Approved for therapeutic donation _____ _____
Employee Initials/# Date

☐ Approved pending clearance from cardiologist or primary care physician

☐ Not approved for donation

Comments: _____

_____

_____ _____
Employee Initials/# Date

Carter BloodCare Medical Director Signature: _____ Date: _____

Therapeutic Donation

Donating Blood For Medical Reasons

Therapeutic donations available Monday - Friday at all Carter BloodCare fixed sites. Call 817-412-5308. Same day appointments are not available.

What is a therapeutic donation?

This type of procedure is provided as treatment for medical conditions or blood disorders. Therapeutic donors do not have to meet the same criteria as an allogeneic donor.*

Will my insurance cover a therapeutic phlebotomy?

Because insurance plans change frequently, Carter BloodCare cannot confirm insurance coverage. If you are interested in a therapeutic donation, please contact your insurance provider to learn how your plan manages a therapeutic donation.

If my insurance plan does cover a therapeutic donation, will Carter BloodCare work directly with my insurance company?

Although Carter BloodCare does not work directly with insurance companies, we will provide a receipt of the charges.

Do I need insurance pre-approval or a physician referral to proceed?

Carter BloodCare will not confirm that a patient's insurance plan covers the cost related to a therapeutic donation. To make a therapeutic donation, your M.D. must provide Carter BloodCare with a completed and signed Therapeutic Request Form. You can donate Monday through Friday at a participating Carter BloodCare Donor Center. Appointments must be made by calling 817-412-5308. Walk-ins will not be accepted.

Will I pay Carter BloodCare before my donation is made?

Yes. Payment for a therapeutic donation is required at the time of the procedure and is payable to Carter BloodCare via money order, cashier's check or traveler's check or if arranged in advance, a credit card. A convenience fee applies for the credit card. Cash is not accepted. The cost for a therapeutic donation is $90 per unit.

Therapeutic donation checklist: Items to bring with you

- ❑ A valid unexpired photo ID.
- ❑ Payment for therapeutic donation, unless prior arrangements have been made will be required at donor center via money order, cashier's check or traveler's check.

Getting ready to donate

- ❑ Eat a well balanced meal within two hours before donation.
- ❑ Drink plenty of non-caffeinated, non- alcoholic fluids.
- ❑ Allow at least one hour for your appointment.

For an appointment please call Special Donation at **(817-412-5308)**

Your appointment information

Appointment Date(s)

_____

Appointment Time(s)

_____

Donor Center/Site

_____

Telephone Number

_____

*Subject to change. Please call 817-412-5308 for details

*Certain exceptions apply for HH and LOT programs

Carter BloodCare

ENROLLMENT/PRESCRIPTION FOR NO-FEE PHLEBOTOMY

For Hereditary Hemochromatosis (HH) and Testosterone Replacement Therapy (TRT) Patients ONLY

Please allow 3-5 business days for processing

Contact Us: Phone: (817) 412-5603 FAX: (817) 412-5609 Email: DN@carterbloodcare.org

Donor/Patient Information

Full Name: _____ Sex: _____ DOB: _____
Last First

Address _____ Phone # (___)_____
Area Code

Diagnosis:

☐ Testosterone Therapy needing phlebotomy ☐ Hereditary Hemochromatosis (Physician's Verification form required)

Draw 1 unit of whole blood (approximately 500 ml) ☐ every 2 weeks ☐ every 4 weeks ☐ every 2 months

Target Hematocrit is 39%. For HH patients only, if less than 39%, document value _____% **(must be ≥ 30%)**

Pre-Assessment: Has the patient EVER had heart or lung disease, including history of MI? ☐ NO ☐ YES*

*If yes, please describe condition and date in space below

_____

_____

_____

Acknowledgment: I understand that Carter BloodCare does NOT perform ferritin levels and cannot perform phlebotomy for specific ferritin values. I acknowledge that patients meeting donor criteria may volunteer to donate their blood for the community supply at regular donor frequency and hematocrit.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Phone #: (_____)_____ FAX #: (_____)_____
Area Code Area Code

FOR CBC USE ONLY

Donor ID#: DN_____ Cardiac Clearance Release received date: _____ Employee Initial/Date: _____

☐ MD Approval not required. Employee Initial/Date: _____

Carter BloodCare Medical Director approval for phlebotomy: ☐ YES ☐ NO

Comments: _____

_____

Medical Director Signature: _____ Date: _____

CBC SERVICE MANUAL
TEST INFORMATION CHART

TEST	TESTING LAB/ DEPARTMENT	MINIMUM SAMPLE REQUIREMENTS	TEST METHOD	TURN-AROUND-TIME
ABO and Rh Type	CBC Reference and Transfusion	5-15 mls EDTA	Serological	Case and order priority dependant
Adsorption Studies	CBC Reference and Transfusion	21 mls EDTA	Case dependant	Case and order priority dependant
Antibody Identification Panel (red cell)	CBC Reference and Transfusion	14 mls EDTA	Case dependant	Case and order priority dependant
Antibody Titer (red cell)	CBC Reference and Transfusion	14 mls EDTA	Serological	Case and order priority dependant
Antigen Screen - RBC components	CBC Reference and Transfusion	No specimen required	Serological	Case and order priority dependant
Antigen Type - patient (red cell)	CBC Reference and Transfusion	14 mls EDTA	Serological	Case and order priority dependant
Antigen Type - molecular	CBC, Tyler, TX Reference and Transfusion	14 mls EDTA	Molecular	Case dependant
Chloroquine/DDT Treatment/ Inhibition/Neutralization/ EGA Treatment/Enzyme Treatment	CBC Reference and Transfusion	14 mls EDTA	Serological	Case and order priority dependant
Cholesterol - Total (CHOL)	CTS, Bedford, TX	6 mls red top or 6 mLs EDTA no more than 7 days old when stored at 2-8C	Serum Concentration	24 hours
Cold Agglutinin Screen	CBC Reference and Transfusion	6 mls red top serum or 6 mls EDTA ≤ 3 days	Serological	Case and order priority dependant
Cold Agglutinin Titer	CBC Reference and Transfusion	6 mls plain red top serum or 6ml EDTA ≤ 3 days		Case and order priority dependant
Compatible Platelet Crossmatch	CBC Reference and Transfusion	6 mls EDTA	SPRCA, solid phase red cell adherence	Case and order priority dependant
Complete Red Cell Phenotype	CBC Reference and Transfusion	14 mls EDTA	Serological	Case and order priority dependant
Crossmatch - immediate spin, electronic or AHG (Coombs) (includes type and screen)	CBC Reference and Transfusion	14 mls EDTA, no more than 3 days old	Serological	Case and order priority dependant

CBC SERVICE MANUAL
TEST INFORMATION CHART

TEST	TESTING LAB/ DEPARTMENT	MINIMUM SAMPLE REQUIREMENTS	TEST METHOD	TURN-AROUND-TIME
Cytomegalovirus (CMV)	CTS, Bedford, TX	6 mls EDTA, no more than 5 days old when stored at 2-8C or 6 mls red top, no more than 14 days old when stored at 2-8C	Passive Particle Agglutination	24 hours
Direct Antiglobulin Test (DAT)	CBC Reference and Transfusion	6 mls EDTA	Serological	Case and order priority dependant
Donath Landsteiner Test	CBC Reference and Transfusion	6 mls red top, collected and separated at 37C	Serological	Case and order priority dependant
Elution Studies (red cell)	CBC Reference and Transfusion	14 mls EDTA	Serological	Case and order priority dependant
Fetal Red Cell Screen (rosette test)	CBC Reference and Transfusion	6 mls EDTA, stored at room temp	Serological	Case and order priority dependant
Fetal Hemoglobin (HgbF)	CBC Reference and Transfusion	6 mls EDTA	Flow cytometry	Case and order priority dependant
Hemoglobin S (sickle cell screen)	CBC Reference and Transfusion	6 mls EDTA	Hemoglobin solubility	Case and order priority dependant
Hepatitis B Core Antibody (HBc)	CTS, Bedford, TX	6 mls red top or 6 mls EDTA no more than 7 days old when stored at 2-8C	Chemiluminescent Immunoassay (ChLIA)	24 hours
Hepatitis B Surface Antigen (HBsAg)	CTS, Bedford, TX	6 mls red top or 6 mls EDTA no more than 7 days old when stored at 2-8C	ChLIA	24 hours
HBsAg Confirmatory	CTS, Tempe, AZ	6 mls red top serum or 6 mls EDTA plasma, no more than 7 days old when stored at 2-8C	ChLIA	14 - 21 days
Hepatitis C Antibody (HCV)	CTS, Bedford, TX	6 mls red top or 6 mls EDTA plasma no more than 14 days old when stored at 2-8C	ChLIA	24 hours
HCV EIA	CTS, Tempe, AZ	6 mls red top or 6 mls EDTA plasma, no more than 7 days old when stored at 2-8C	Enzyme-linked Immunosorbant Assay (EIA)	14 - 21 days
HIV-1 IFA Confirmatory	CTS, Tempe, AZ	6 mls red top serum or 6 mls EDTA, no more than 7 days old when stored at 2-8C	Indirect Immunofluorescence Assay (IFA)	14 - 21 days
HIV-1/2 Antibody (HIV-1/2)	CTS, Bedford, TX	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C.	ChLIA	24 hours
HIV-2 Antibody confirmatory	CTS, Tempe, AZ	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C	EIA	14 - 21 days

CBC SERVICE MANUAL
TEST INFORMATION CHART

TEST	TESTING LAB/ DEPARTMENT	MINIMUM SAMPLE REQUIREMENTS	TEST METHOD	TURN-AROUND-TIME
HIV-2 Westen Blot confirmatory	CA DHS, Berkeley, CA	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C	Western Blot	14 - 21 days
HLA Antibody Screen	CBC Reference and Transfusion	14 mls red top	Molecular	Case and order priority dependant
HLA Match - apheresis platelet	CBC Reference and Transfusion	No specimen required	Computer Match	Case and order priority dependant
HLA-A,B Testing	CBC Reference and Transfusion	6 mls EDTA	Molecular	Case and order priority dependant
HTLV-I/II Antibody (HTLV-I/II)	CTS, Bedford, TX	6 mls red top or 6 mls EDTA, no more than 14 days old when stored at 2-8C	ChLIA	24 hours
HTLV - I/II Antibody Blot 2.4 Confirmatory	CTS, Tempe, AZ	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C	Western Blot 2.4	14-21 days
Indirect Antiglobulin Test (IAT)	CBC Reference and Transfusion	6 mls EDTA	Serological	Case and order priority dependant
Neocyte Harvest/Hypotonic Lysis	CBC Reference and Transfusion	14 mls EDTA	Serological, micro hct centrifugation	Case and order priority dependant
Nucleic Acid Amplification Test - HIV, HCV, and HBV(NAT)	CTS, Bedford, TX	6 mls EDTA, no more than 13 days old when stored at 2-8C. Not to exceed 3 days at room temperature within the 7 day limit. Must be spun within 72 hours of collection.l	Nucleic Acid Test	24 hours
Nucleic Acid Amplification Test - WNV (NAT)		6 mls EDTA, no more than 8 days old when stored at 2-8C. Not to exceed 3 days at room temperature within the 7 day limit. Must be spun within 24 hours of collection.	Nucleic Acid Test	24 hours
Platelet Antibody Screen	CBC Reference and Transfusion	14 mls red top (&1 EDTA if potential platelet crossmatch)	ELISA	Case and order priority dependant
Post-Transfusion Purpura Investigation (includes platelet antibody screen)	SE Wisconsin Blood Center.	Minimum of 3 mls red top, serum separated from RBC; less than 48 hours old; stored and shipped refrigerated	ELISA	24 hours of request and receipt of sample
Post-Transfusion Purpura Screen (includes platelet antibody screen)	CBC Reference and Transfusion	Minimum of 3 mls red top serum separated from RBC; less than 48 hours old; stored and shipped refrigerated	ELISA	24 hours of request and receipt of sample

CBC SERVICE MANUAL
TEST INFORMATION CHART

TEST	TESTING LAB/ DEPARTMENT	MINIMUM SAMPLE REQUIREMENTS	TEST METHOD	TURN-AROUND-TIME
Processing Profile Donors (includes ABO/Rh, CHOL, IAT, HBC, HBsAg, HCV, HIV-1/2, HTLV-I/II, NAT,STS, Anti-*T.cruzi,* Zika)	CTS, Bedford, TX	6 mls red top, 6 mls EDTA, **and** 6 mls EDTA (pink top), no more than 7 days old when stored at 2-8C	See individual tests	24 hours 14-21 days if confirmatory testing is performed
Rh Phenotype	CBC Reference and Transfusion	14 mls EDTA	Serological	Case and order priority dependant
Serological Test for Syphilis (STS)	CTS, Bedford, TX	6 mls red top, no more than 5 days old when stored at 2-8C or 6 mls EDTA, no more than 48 hours old when stored at 2-8C	Micro-hemaggluttination	24 hours
Syphilis-G EIA confirmatory	CTS, Tempe, AZ	6 mls red top, no more than 5 days old when stored at 2-8C or 6 mls EDTA, no more than 48 hours old when stored at 2-8C	EIA	7-10 days
T. Cruzi (Chagas)	CTS, Bedford, TX	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C.	ChLIA	24 hours
T. Cruzi (Chagas) confirmatory	CTS, Bedford, TX	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C.	ESA	14-21 days
Transfusion Reaction Workup	CBC Reference and Transfusion	6 mls EDTA, collected post transfusion	Serological, case dependant	Case and order priority dependant
Type and Screen (includes ABO, Rh, and antibody screen)	CBC Reference and Transfusion	5-15 mls EDTA	Serological	Case and order priority dependant
TRALI Investigation	ARC Neutrophil Laboratory Services	21 mls EDTA and 6 mls red top	Flow Cytomerty Chemiluminescenst & Agglutination Method	7 to 14 days

12.1.4 Sample Shipping Requirements

Please notify Reference and Transfusion Services department in advance of sending a sample. Advance notice will help the department staff ensure the specimen and the request are handled more efficiently.

Samples for testing and the accompanying paperwork should be delivered to:

Reference and Transfusion Services
Carter BloodCare
2205 Highway 121
Bedford, TX 76021

Samples may be delivered to Carter BloodCare by:

- Calling the Reference and Transfusion Services department to arrange for a sample pick up. There are additional charges associated with this service.
- Utilizing your own courier to deliver the samples.

Samples should be packaged in a leak-proof container. OSHA requires that all samples be marked as biohazards.

Samples may be delivered to the Reference and Transfusion Services department 24 hours a day, 365 days a year.

12.1.5 Unacceptable Specimens

IMPORTANT: As an AABB accredited laboratory, Carter BloodCare rejects incomplete or inaccurately labeled specimens. Specimens will be rejected without proper documentation. Proper identification of samples is essential if Carter BloodCare is to provide accurate laboratory results for the correct patient. The Reference and Transfusion Services department will not accept unlabeled specimens, even when accompanied by paperwork bearing the patient's name.

Sample integrity is crucial to achieving accurate test results. Samples cannot be compromised due to conditions during collection, transport, or storage. The most frequent causes of unacceptable samples are hemolysis, incorrect sample type, and insufficient sample volume.

If a sample is rejected for any reason, the client will be notified by phone. A follow up Specimen Rejection Report will be faxed or sent to the client noting the reason for specimen rejection. An example copy of the Specimen Rejection Report is included in the back of this section.

12.1.6 Available Tests

Available tests are listed in the Test Information Chart section 10.0 of this manual. Tests implemented after the printing of this manual may not be listed. For information on new or available tests, please call the Hospital Relations department.

12.1.7 Test Priority (Does Not Include Delivery Time)

STAT Order:

STAT describes a situation where unnecessary delay in testing would endanger the life of the patient.

If ordering specific blood products STAT, use of this term implies that no unit of blood exists within the hospital's assigned inventory suitable to meet the need.
The Reference and Transfusion Services department, in conjunction with the Distribution department, will utilize any means available to fill a STAT blood product order including use of short-dated units. In the event that units are not readily available, Carter BloodCare will go to any lengths necessary to obtain the desired units including:

- Testing units in stock inventory
- Obtaining units from hospital inventory
- Deglycerolizing frozen units
- Making arrangements to import units from other blood centers

The Reference and Transfusion Services department staff will provide the client with continual updates.

Under normal circumstances, STAT turn-around-time is **2 HOURS** - that is, products ordered STAT will be *dispensed for shipment* within two hours from receipt of the order. Exceptions may apply if the order is for a large quantity of blood components, if the blood product must have special testing or manipulation prior to shipment including irradiation, washing, reconstitution, if blood products must be located from an outside source, or if the order involves a complex serological workup.

Because proper communication is essential during a STAT situation, Carter BloodCare will keep the client informed of all steps taken to provide the requested products. In turn, Carter BloodCare asks that it receives timely updates regarding the patient's status, especially if the situation is no longer determined to be STAT.

ASAP (As Soon As Possible) Order:

ASAP may be applied to any order, other than STAT, to notify the Reference and Transfusion Services department that routine testing turn-around-time will not be suitable due to specific, clinical time restraints. *Please specify the date and time of expected delivery.*

Written Report:

A detailed written Immunohematology Report will be faxed after testing is completed. The detailed report includes all test results. If a final report is not received or there are questions concerning the final report, please contact the Reference and Transfusion Services Department.

Requests for Quarantine:

A product quarantine request may be faxed to your facility to confirm the verbal request to quarantine and return the component if available. The request may be generated by the Reference and Transfusion (R/T), the Records Audit and Data Entry (RADE) department and Distribution.

Requests for Historical Patient Antibody Testing Information:

Facilities may request information regarding previous antibody testing performed by Carter BloodCare. Complete patient information section of form RTF103.01A, Reference and Transfusion Service Patient Historical Record Check Request, and fax to 817-412-5749. The form will be completed and returned to your facility with any applicable historical information. A faxed request form is required to obtain information; verbal requests for historical information will not be accepted.

12.1.10 Emergency Release of Untested Components

In the event of an extreme emergency situation, Carter BloodCare may release components prior to completion of all testing. A Carter BloodCare physician must approve the shipment of any untested emergency released component. Incomplete results may include antigen screening and confirmation (for antigen negative RBCs), or infectious disease testing (for units still in processing). All emergency released untested components are ABO/Rh tested prior to release.

12.1.10.1 Requesting Emergency Released Untested Components

A written physician's statement of need must be completed in order for Carter BloodCare to emergency release untested components. In addition, the physician must complete Blood Release Form RTF214.03 and fax it to Reference and Transfusion. Upon receipt of the signed form, the Reference and Transfusion Services department staff will locate the requested components.

12.1.10.2 Labeling and Accompanying Paperwork for Emergency Released Untested Components

- Emergency released untested components are tagged with an Emergency Release Untested Component tie tag that specifically lists all pending tests.

- Blood Release Form RTF214.03 is sent with the labeled component *and must be completed and returned to CBC.*

12.1.11 Notification of Pending Test Completion

Upon completion of testing, the client will be notified by fax of the test results. If there are any reactive results the client will be notified immediately.

12.2 REFERENCE TESTING SERVICES – RED BLOOD CELLS

12.2.1 Serological Testing

The Reference and Transfusion Services department offers the following serological testing:

- ABO/Rh typing including Rh phenotyping
- ABO/Rh type discrepancy resolution
- Antigen typing
- Antibody screen and identification, routine and complex
- Compatibility testing
- Serological testing consultation

Sample Requirements for Serological Testing

Sample requirements for serological testing are described in the Test Information Chart.

Requisition for Serology Testing

Complete form RTF101.01A, Reference and Transfusion Services Request Form, with the following information:

- Patient's full name, as it appears in the medical records
- Patient identification used by requesting facility
- Requesting physician
- Sample collection information
- Requesting facility
- Test priority: Please ensure the appropriate test priority is indicated. Requisitions not marked with specific test priority will be assumed to be routine testing.
- Patient information: diagnosis, gender, date of birth, transfusion history and pregnancy history (if applicable)
- Serological testing services and products requested
- Special instructions, if applicable, for component(s) requested
- Results of known serological findings, if applicable

- Note the date blood component(s) are requested on the request form.

Blood Sample Collection

- Per AABB Standards, there shall be two determinations of the recipient's ABO group. The first determination shall be performed on a current sample and the second determination by one of the following methods:
  1) Testing a second current sample.
  2) Comparison with previous records.
  3) Retesting the same sample if patient identification was verified using an electronic identification system or another process validated to reduce the risk of misidentification.
- In order to comply with the AABB standard, your response to the statement, "samples were collected using an electronic ID system or another validated process to reduce the risk of patient misidentification" is required on RTF101.01A, Reference and Transfusion Services Request Form. If the answer is no, then a second sample collected at a separate phlebotomy must be provided in order to distribute type specific crossmatched products. The second sample must be properly labeled and can be an EDTA, heparin, ACD, CPD or red-top without serum separator sample.
- Samples for crossmatch should not be drawn more than **three days** in advance of the scheduled day of transfusion. Samples are valid for three days.
- Collect 15mls of patient sample in an EDTA tube.
- See Test Chart Information Section 10.0 for specific sample requirements.
  - Samples must be collected according to instructions listed previously in this section. See General Information.
  - Samples should not be hemolyzed.
  - Samples should not be collected from an intravenous infusion site.
  - Samples should not be drawn proximal to an intravenous infusion site.

Blood Sample Labeling Requirements

- Samples must be labeled with:
  - Patients full name
  - Patient's ID
  - Collection date (month, date, year)
  - Collection time
  - Collector's initials

  ** The above items **must be** on the sample tube**

- Labels must have clear, identical, legible information. Do not use markers or gel pens.
- The patient's blood samples must be labeled at the time of collection at the patient's bedside or chair side by the phlebotomist or nurse collecting the sample.

- If a Blood Recipient Identification Band is used, place one of the numbered stickers on the request form or hand write in the Blood Bank ID# box. Place a numbered sticker on each labeled tube submitted for testing.
- Send all additional blood bank stickers with the white copy of the completed Reference and Transfusion Services request form.

Completion and Delivery of the Crossmatch and Component Request by Carter BloodCare

- Upon receipt of the request form and blood sample tubes, all information will be carefully checked to ensure proper patient and sample identification is maintained.
- When the compatibility and crossmatch testing is complete, the units will be tagged with a Carter BloodCare Compatibility Tag (an example of the tag is included at the back of this section).
- If a Blood Recipient Identification Band was used and if the numbered stickers were sent with the patient's blood sample, a numbered sticker will be placed on each blood component intended for the patient. If the numbered stickers were not sent, the number will appear on the compatibility tag only and not on the product.
- The expiration of the crossmatch is **three days** from the date the blood sample for crossmatch was collected. Red blood cells crossmatched for a patient, but not transfused will be released when the crossmatch expires. NOTE: A crossmatch fee will be charged for red cells that are crossmatched but not requested for delivery or pick-up.
- Corresponding paperwork which will be sent with the crossmatched unit:
    - Pack List with each product shipment (see example in the Finance/Billing section of this manual).
    - Carter BloodCare Compatibility Tag.
- If Carter BloodCare has arranged the component delivery, a staff member at the facility will be asked to sign either the Pack List or the courier delivery ticket as verification of product receipt.

Component Delivery/Pick-Up

- Carter BloodCare does not deliver products directly to a patient's home for home transfusion.
- If a client is going to pick-up components from Carter BloodCare:
    - Carter BloodCare transport container will be utilized and the facility may be charged for the container. For questions regarding transport containers, please call the Distribution department.
    - Carter BloodCare staff will pack the component(s) according to regulations.

Crossmatched Product Return Policy

Carter BloodCare may accept return of unused crossmatched components under the following conditions:

- The component has been properly stored under approved storage conditions. Proof of appropriate storage conditions must be provided on Hospital Report of Returned Blood Components, DPF 300.03 (an example of the form is located at the back of Section 11.0)
- The component is in-date.
- Products must be approved in advance for return.

Instructions to Infusionist

Accurate identification of the recipient and donor unit is one of the most critical steps for a safe transfusion. The following instructions are recommended for proper patient identification prior to product infusion. These instructions are recommended steps only. Be sure to follow all pertinent procedures at the transfusion facility.

Before blood product administration, the nurse who will be administering the blood component must verify all information. Whenever possible, a second verification should be performed by licensed personnel or according to internal policy. The following information must be verified:

- Patient's name and identification number on the armband exactly matches the patient's name and identification number on:
    - The yellow copy of the request form.
    - The Compatibility Tag attached to the blood component.
- If a discrepancy is noted, or if the patient's armband is not present, do not transfuse the component. Immediately notify the Reference and Transfusion Services department.
- Verify that the blood type and unit number on the blood component label matches the blood type and unit number on:
    - The Compatibility Tag attached to the blood component.
    - The information recorded on the Pack List.
- If a discrepancy is noted, do not transfuse the component. Immediately notify the Reference and Transfusion Services department.
- Verify the component is in-date and is not expired. Do not infuse the component if it is expired. Immediately notify the Reference and Transfusion Services department.
- Verify the numbered sticker on the blood component exactly matches the numbered sticker on the patient's Blood Recipient Identification Band. If a discrepancy is noted, do not transfuse the component. Immediately notify the Reference and Transfusion Services department.

Following Component Infusion

Following successful component infusion, complete the information on the Compatibility Tag attached to the blood component bag. Carter BloodCare automatically applies a presumed transfused final disposition; therefore, the Compatibility Tag should be retained by the facility for internal medical record use.

12.3 REFERENCE TESTING SERVICES – PLATELETS

Carter BloodCare provides HLA matched apheresis platelets, platelet crossmatches, and can send your patient samples to an outside HLA testing laboratory in the event you do not have an HLA type available on your patient.

A patient receiving multiple platelet components may become refractory as a result of immunization. The patient may require HLA-matched or crossmatch compatible apheresis platelet components to achieve a satisfactory increase in platelet counts.

Other causes of thrombocytopenia, i.e., fever, infection, splenomegaly, medications, bleeding, or DIC should be evaluated by a clinician. If these other causes of poor response to platelet transfusions exist, the ordering and transfusion of special platelet products cannot be expected to provide an appropriate transfusion response.

12.3.1 HLA matching

HLA typing is performed on Carter BloodCare apheresis donors for subsequent matching with a patient. The requesting Transfusion Service must provide the patient's HLA, class I (A & B) type in writing. The donor's HLA type is computer matched to the patient's HLA type. The best available match grade will be provided. Match grades of C or below are not routinely used.

Donor Classification	Description
A	All four antigens in donor identical to those in recipient
BIU	Three antigens detected in donor; all present and identical in recipient
BIX	Three donor antigens identical to recipient; fourth antigen cross-reactive with recipient
B2U	Two antigens detected in donor; both present and identical in recipient
B2UX	Three antigens detected in donor; two identical with recipient, third cross-reactive with recipient
B2X	Two donor antigens identical to recipient; third and fourth antigens cross-reactive with recipient
C	One antigen of donor not present in recipient and non cross-reactive with recipient

D	Two antigens of donor not present in recipient and non cross-reactive with recipient

If a donor with the required HLA type is not available at Carter BloodCare, Reference and Transfusion Services department staff will make every attempt, within reasonable means, to locate an acceptable HLA match. This includes, but is not limited to, calling specific donors to donate apheresis platelets or importing apheresis platelets from other sources.

Because of the difficulty in finding appropriate matches, it is highly recommended to notify the Reference and Transfusion Services in advance for the need of HLA matched platelets. This will allow time for donor recruitment, collection, and processing of an acceptable HLA matched product.

12.3.2 Platelet Antibody Screening and Crossmatching

Enzyme-Linked Immunoassay is used for screening of patient platelet antibodies. The presence of patient platelet antibodies directed against an antigen found on donor platelets would render ineffective or shorten the life expectancy of the transfused platelets. In platelet antibody screening, the patient's serum is tested against a routine panel of characterized platelets. The panel includes the following platelet glycoprotein serological specificities: HPA-1, HPA-2, HPA-3, HPA-4, and HPA-5. In addition, some antibodies directed toward some HLA specificities are detected by this method. A platelet antibody screen is recommended on a patient before crossmatching apheresis platelet components. Solid phase technology is utilized when crossmatching patient serum against apheresis donor platelets. It is recommended that the Reference and Transfusion Services department be notified in advance for the need for platelet testing.

12.3.3 Requesting Platelet Testing Services

Complete form RTF101.01A, Reference and Transfusion Services Request as described in Section 12.2.

- Please indicate special platelet components needed

If platelet testing services will be needed on specific dates, please note this on the requisition form.

12.3.4 Sample Requirements for Platelet Testing Services

Specific sample requirements:

Samples must be collected and labeled according to instructions listed previously in this section. See 12.1, General Information for patient/reference testing services.

- Please refer to Section 10.0, Test Information Chart, for specific sample requirements for platelet antibody screens, compatible platelet crossmatch and HLA testing.

NOTE: Serum separator tubes are not acceptable.

12.3.5 Platelet Labeling

HLA matched platelets are indicated as such on a yellow tie tag attached to the component. Information on the tag includes:

- Patient name
- Patient Identification number
- Hospital/Facility
- Unit Number
- Grade/interpretation of HLA match

Crossmatched platelet components are indicated as such by a manila tie tag attached to the component. Information on the tag includes:

- Patient name
- Patient Identification number
- Hospital/Facility
- "Platelet Crossmatched" circled on one side and stamped on the reverse side

12.4 MOLECULAR TESTING SERVICES (AABB ACCREDITED)

- Donor and Patient RBC genotyping/ Predicted phenotype testing (Common and Rare Antigen Systems)
- Discrepancy Resolution and 24/7 Consultation Services
- Handling of Specialized testing (i.e. RHCE and DNA sequencing)

12.5 PREVENTATIVE MAINTENANCE SERVICES

- Pipette Calibration and Maintenance
- Digital Timer Calibration
- Thermometer Standardization
  NOTE: Forms available on iWeBB®

12.6 Example Reports:

- RTF102.03, Immunohematology Final Report
- RTF102.04, Preliminary Report
- RTF104.15, Reference and Transfusion Specimen Rejection Report

12.7 Example Forms:

- APL100, Apheresis Product Tag
- APL100, Crossmatched Apheresis Product Tag
- RAF601.00, Request for Product Quarantine, Records Audit and Data Entry

- RTF101.01A, Reference and Transfusion Services Request Form(2 part carbonless)
- RTF103.01A, Reference and Transfusion Service Patient Historical Record-Bedford
- RTF120.11A, Request for Product Quarantine, Discard, or Retrieval
- RTF120.11D, Reference and Transfusion Suspected Component Contamination Notification
- RTF214.01, Uncrossmatched Product Release
- RTF214.03, Untested Product Release form
- RTL214.01, Emergency Release Uncrossmatched Blood Label
- RTL214.03A, Previous Donation Results Label
- RTL214.03B, Testing Not Performed Label
- RTL422.01, HLA Matched Tie Tag
- Non-Crossmatch Compatibility Tag
- Crossmatch Compatibility Tag
- RTL207.01A Confirmed Antigen Typing
- RTL207.01C Molecular Matched Antigen Typing

- A Complete Blood Count (CBC) including differential count performed prior to each PBSC collection (Manual differential preferred)
- Administration of G-CSF
- Letter of donor suitability provided by donor's physician, stating the donor has been evaluated by medical history, physical exam and laboratory tests for the risk of apheresis donation. In addition, when appropriate, documentation of a pregnancy assessment on all female donors is required.
- Consent to process, freeze, and store CT products, when appropriate, prior to initiation of the procedure (regulatory requirement)
- Written prescription from physician authorizing collection for a specific time period

14.4.3 Donor Prescreen for PBSC and Marrow Collection

All allogeneic donors must undergo a prescreening process within 30 days from the start of the first collection. This includes:

- Completion of the donor questionnaire
- Evaluation of peripheral access
- Routine testing for infectious diseases, ABO/Rh, antibody screen
  - Complete HPF170.06 Infectious Disease Tube Collection Form
- Pregnancy assessment for all female donors. This shall be performed preceding hematopoietic growth factor administration or myeloablative therapy of the recipient (regulatory requirement)
- GSH and major/minor crossmatch with transplant recipient.
- Consent for release of medical information

Carter BloodCare staff will work very closely with the client throughout the prescreening process.

Submit prescreen samples to:

Testing and Labeling Department
Carter BloodCare
2205 Highway 121
Bedford, TX 76021

Sample Inspection:

Please inspect each sample tube prior to collection to ensure:

- Information is clear and legible
- No defacement, tearing, or alteration of the label
- No broken or cracked tube
- The tube stopper is intact

14.4.6 Product Storage

Once the cells are frozen, they are removed from the freezing chamber, sealed in an overwrap bag, placed in an aluminum cassette and stored in the vapor phase of liquid nitrogen at approximately -150^{o}C or colder.

Grafts positive for Hepatitis B, Hepatitis C or other infectious disease markers are also stored in vapor phase, but are placed in a separate designated biohazard freezer.

Storage agreements are for a period of two (2) years, although an annual storage fee is applied after the first year. For surviving patients, if cells remain stored after the agreement expires, the intended transplant recipient and the transplant physician are notified. No cells are discarded without the written approval of the transplant physician, regardless of when the signed agreement to store the cells expires.

14.4.7 Thawing and Infusion

A Stem Cell Laboratory technologist will personally deliver all requested frozen stem cells to the recipient's bedside at the time of transplantation. Frozen cells are transported at -150^{o}C or colder using a liquid nitrogen dry shipper. On the day of transplant, the technologist reports to the recipient's bedside with the frozen graft, a preheated 37^{o}C water bath, and a lab cart stocked with all necessary supplies required for bedside thawing and infusion.

Each stem cell product is compared with the physician's order to ensure proper patient identification. The bags are thawed, one at a time at the patient's bedside, using gentle agitation in a 37^{o}C water bath. Once the product is thawed, the overwrap bag is removed and a bag sampling spike and a blood administration set containing an inline 170-260 micron filter is inserted into the entry ports. The product is then issued to the infusionist. Once the cells have been checked for proper identification, according to hospital policy, they may be infused.

NOTE: Use of a leukoreduction or microaggregate filter and irradiation of any CT product is strictly prohibited.

14.5 Forms

HPF170.06 Infectious Disease Tube Collection Form

Carter BloodCare

INFECTIOUS DISEASE TUBE COLLECTION FORM

FOR TRANSPLANT PROGRAM USE (Collect Samples Monday–Thursday Only)

Facility Name: ❑ UTSW ❑ CMC ❑ COOK ❑ CBC ❑ Other: _____

Type of Donation: ❑ Autologous ❑ Allogeneic ❑ Other: _____

If Allogeneic: ❑ Recipient ❑ Donor

Place "Patient Label" here, if applicable.

Sample Collection Date/Time: _____

Legal Name: _____ / _____ / _____
(Last) (First) (Middle)

Patient Identifier: _____ ❑ MRN ❑ Driver License ❑ NMDP ❑ Other: _____

Date of Birth (DOB): _____ Gender: ❑ Male ❑ Female
(MM/DD/YYYY)

Home Address: _____ Phone Number (Preferred): _____

IV Fluids in the Past 24 Hours? ❑ Yes ❑ No If "Yes", call CBC Physician on call at (817) 824-0111.

_____ _____
Form Filled Out By (Print) Date

I give permission for samples of my blood to be tested for markers of infectious diseases including but not limited to HIV 1/2/0, HTLV I and II, hepatitis B, hepatitis C, West Nile virus, syphilis, cytomegalovirus, Chagas disease, and research. I understand if my blood tests positive for certain markers of infection my name will be placed on a confidential list of donors no longer eligible to donate blood. I understand per Federal/State laws the blood center may have to report certain positive tests to the health department. I understand and consent to Carter BloodCare's use and disclosure of results of any tests performed on my blood as is necessary for their operations and as required by law.

_____ _____
Donor Signature or Legal Representative/Guardian Signature Date

TESTING AND LABELING USE (For Questions Call x-5743 or On-Call Pager 817-824-2574)

NOTE: If sample(s) appears to be a short draw, deliver this form and sample(s) to Stem Cell Laboratory. If no one is available, call the on-call pager for Stem Cell Laboratory.

1. If a Donation Identification Number (DIN)/ Blood Unit Number (BUN) is not attached, perform the following:
   a. Process only one (1) set of tubes at a time.
   b. Verify that donor information on form and on IDM tubes is identical.
   c. Choose a set of codabar DIN/BUN.
   d. Attach one (1) DIN/BUN in the place provided on this form.
   e. Remove donor label from each tube, one (1) at a time and attach DIN/BUN label.

Attach DIN/BUN Number Here

2. Refer to TL200.00 Testing Service Contract Sample Processing.
3. Deliver this form to the Records Audit and Data Entry (RADE) Department for UTSW and CMC samples.
   NOTE: For other facilities, RADE review is not required. Deliver to Stem Cell Laboratory.

RADE Review, if applicable. _____ _____
Employee Initials and Number Date

Stem Cell Laboratory
Carter BloodCare
2205 Highway 121
Bedford, TX 76021

HPF170.06
Version: 01
Effective Date: 03/27/2014

INFECTIOUS DISEASE TUBE COLLECTION FORM

INSTRUCTIONS:

For Transplant Program Use

1. Mark name of facility where procedure is performed, (i.e., “UTSW”, “CMC”, “COOK”, “CBC”, or “Other”).
   NOTE: If “Other” is marked, document name of the facility.
2. Mark type of donation (i.e., “Autologous”, “Allogeneic” or “Other”).
   NOTE: If “Other” is marked, document name of the requested product.
3. If Allogeneic, mark “Recipient” or “Donor”.
4. Document date and time of sample collection.
5. Document patient full legal name (last, first and middle).
6. Document patient identifier and mark appropriate identifier (i.e., “MRN”, “Driver License”, “NMDP” or “Other”).
   NOTE: If “Other” is marked, document name of the identifier used.
7. Document patient Date of Birth (i.e., MM/DD/YYYY).
8. Mark gender, i.e., “Male” or “Female”.
9. Document patient “Home Address” and “Preferred Phone Number”.
   NOTE: It is acceptable to use a computer-generated label with demographic information.
10. If IV Fluids in the past 24 hours? Mark “Yes” or “No”.
    NOTE: If “Yes”, call on-call Carter BloodCare Physician @ (817) 824-0111.
11. Document name of person responsible for collection and for completion of “For Transplant Program Use” section.
12. Donor will document acceptance of the terms listed in statement by signing and dating on appropriate lines.

Testing and Labeling Use

1. If samples could be rejected due to short draw, deliver this form and samples to Stem Cell Laboratory. If no one is available, call the Stem Cell Laboratory On-Call pager.
2. If DIN/BUN sticker is not attached, follow appropriate directions on form.
3. RADE Department staff will document review of form by entering “Employee Initials/Number” and “Date” on appropriate lines.