



**To:** Transfusion Services Managers  
**From:** Hospital Relations  
**Date:** March 5, 2019  
**Re:** Customer Service Manual updates

Please update the Customer Service Manual as indicated below.

**Section 1.0 General Information**

Please replace the organizational charts located at the back of the section due to the addition of the new director of operations for Tyler.

**Section 7.0 Collections**

The Arlington donor center has relocated and a new donor center will open on March 18, 2019, in the Alliance area; please replace page 7-2 for location information.

**Section 8.0 Special Donations**

Licensed Zika testing is now available; please replace page 8-4 and 8-8.

**Section 9.0 Components and Testing**

Verax Biomedical Platelet PGD<sup>®</sup> testing has been implemented to extend the expiration of eligible apheresis platelets. Please replace page 9-3.

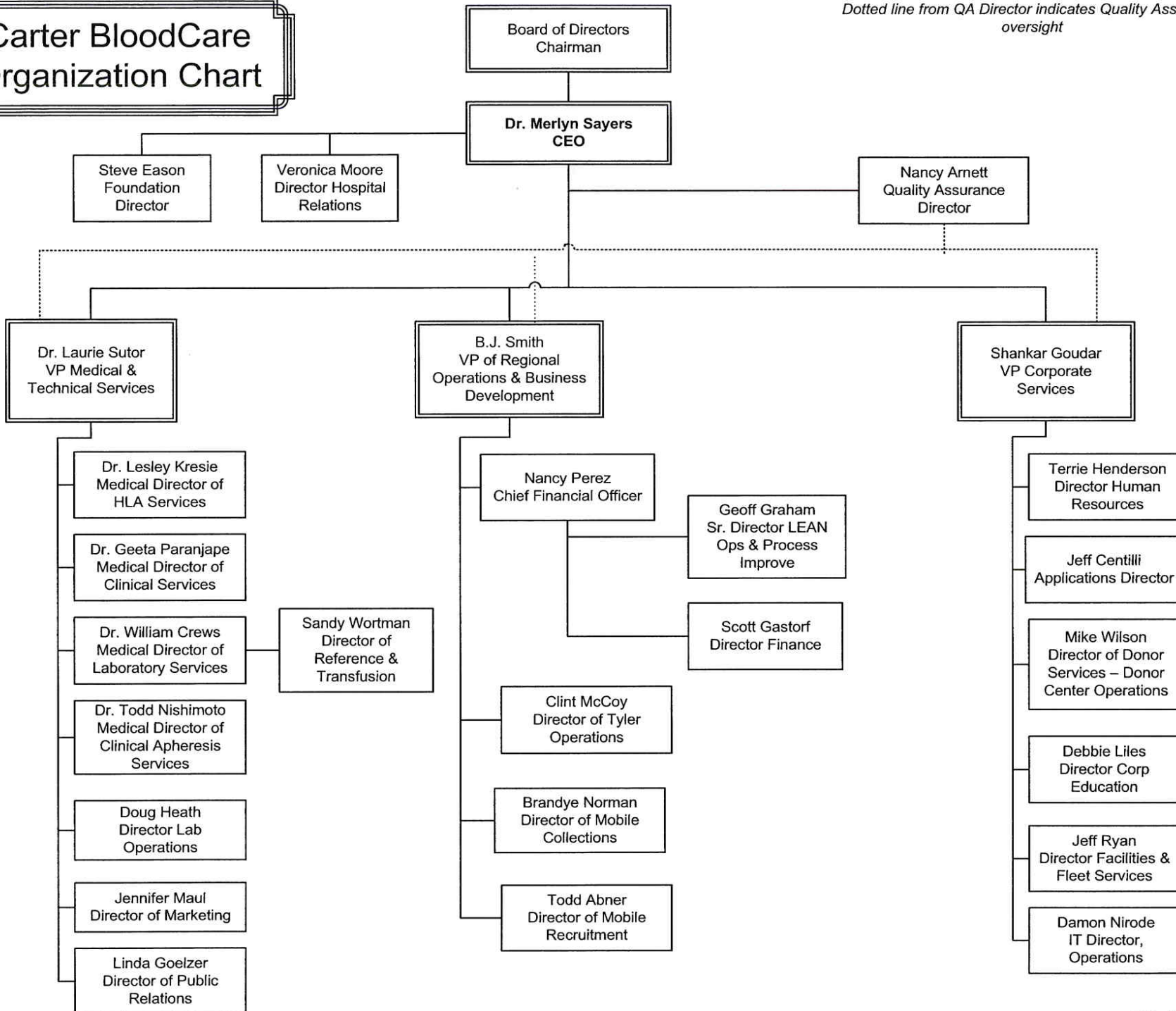
**Section 12.0 Reference and Transfusion**

The following form and unit tags have been updated to include licensed Zika testing.

- RTF214.03 Untested Product Release
- RTL214.03A Previous Donation Results Label
- RTL214.03B Testing Not Performed Label

# Carter BloodCare Organization Chart

*Dotted line from QA Director indicates Quality Assurance oversight*



**Legend**  
 Solid Lines: Direct Reporting  
 Dashed Lines: Secondary Reporting

**Dr. Merlyn Sayers**  
 Chief Executive Officer

**Nancy Arnett**  
 Quality Assurance  
 Director

**B.J. Smith**  
 VP of Regional Operations  
 and Business Development

**Quality has oversight for ALL CBC regulatory departments**

**Polly Wynn**  
 Manager, Tyler  
 Quality Assurance

**Carter BloodCare  
 Corporate Operations  
 Bedford**  
 Refer to separate organizational chart

**Clint McCoy**  
 Director of Tyler  
 Operations

**Melonye Rodgers - Manager**  
 • Mobile Collections  
 • Training/NEO

**Shawn Benton**  
 IS Operations Manager

**Jeff Reed**  
 IT Support II Specialist

**Bridgitte O'Daniel**  
 Operations Coordinator  
 • Donor Center Collections

**Terrie Henderson**  
 Director Human  
 Resources

**Brandi Kile**  
 Human Resources  
 Generalist

**Todd Abner**  
 Director of Mobile  
 Recruitment

**Jacquelyn Decker**  
 Manager Operations

**Marla Boren, Manager**  
 • Distribution – East and  
 Central Texas  
 • Component Processing  
 • Radiation Safety Officer

**Brian Cook**  
 Manager Fleet and  
 Facilities

**Derek Clay**  
 Facilities and Fleet  
 Supervisor

**Rick Thornburg**  
 Hematology Manager

**Denise Fyffe**  
 Hematology Assistant  
 Manager

## 7.1 Neighborhood Donor Centers

### NORTH TEXAS LOCATIONS

#### Addison

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

#### Frisco

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

#### Allen \*

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

#### Garland

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

#### Alliance

7260 Blue Mound Road  
Fort Worth, TX 76131  
817-412-5917

#### Grand Prairie

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

#### Arlington \*

4780 Little Road  
Arlington, TX 76017  
817-274-0812

#### Hurst-Euless-Bedford\*

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

#### Dallas\*

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

#### Irving

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

#### Dallas\*

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

#### Keller

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

#### Denton

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

#### Lockheed (Employees Only)

1 Lockheed Boulevard  
White Settlement, TX 76108  
817-762-1551

#### Flower Mound

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

#### Mansfield

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

#### Fort Worth\*

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

#### Mesquite\*

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

#### Fort Worth

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

#### Plano

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

## CARTER BLOODCARE SERVICE MANUAL

- 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)
- Nucleic Acid Amplification (NAT) for Zika

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 SERVICE MANUAL

- 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)
- Nucleic Acid Amplification Test (NAT) for Zika

**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.

## CARTER BLOODCARE SERVICE MANUAL

- Rh (D) blood type
- Indirect Antiglobulin Test (IAT)
- Antibody Identification-performed by Carter BloodCare
- Serological Test for Syphilis (STS)
- 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)
- Anti-*T-Cruzi* (Chagas'), one time testing per donor
- Nucleic Acid Amplification Test (NAT) - for HIV, HCV, HBV, WNV, and Zika

### 9.3.2 Other Tests Performed as Indicated:

- Bacterial Detection Quality Control Testing for apheresis and Acrodose® platelets is performed at Carter BloodCare prior to distribution.\*
  - Testing method utilized is BacT/Alert® and Verax Biomedical Platelet PGD® (as applicable)
  - Random platelets are not bacterially tested prior to distribution
- Cytomegalovirus (CMV)
- Sickle cell trait (Hemoglobin S) (performed by Carter BloodCare).

\* QC testing may be incomplete in cases of emergent need of platelet component. Emergency release of platelet product with testing in progress requires physician approval.

## 9.4 Testing and Labeling

The Testing and Labeling department provides testing of some patient samples for hospitals and other facilities. Samples are routed through and results are provided by the Testing and Labeling department.

Available tests are listed in the Test Information Chart in this manual (see section 10.0). Tests implemented after the printing of this manual may not be listed. An example requisition form is located at the back of this section. For information on new or available tests, please call the Hospital Relations department.

Confirmatory testing is automatically performed on samples for “Processing Profiles” with positive or reactive infectious disease tests.

## UNTESTED PRODUCT RELEASE

Patient Name	Identification Number	Facility	ABO/RH (if known)
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**Reason for Product Release:**
 **Checked Test Procedures Not Performed**
 **Collected from a Donor known to be Negative on  
\_\_\_\_\_ for Checked Test Procedures**

Date \_\_\_\_\_

\_\_\_\_\_ Anti-HIV 1/2

\_\_\_\_\_ Anti-HTLV I/II

\_\_\_\_\_ NAT - HIV1/HCV/HBV

\_\_\_\_\_ HBsAg

\_\_\_\_\_ STS (Syphilis)

\_\_\_\_\_ NAT - WNV

\_\_\_\_\_ Anti-HBc

\_\_\_\_\_ IAT

\_\_\_\_\_ NAT - ZIKA

\_\_\_\_\_ Anti-HCV

\_\_\_\_\_ CMV

\_\_\_\_\_ Bacterial Detection (Platelets)

\_\_\_\_\_ Anti-T.cruzi (Chagas') or Previously Tested

UNIT NUMBER

PRODUCT CODE

PRODUCT DESCRIPTION

ABO/RH

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Current conditions dictate that these units are needed with sufficient urgency to waive the performance of the above tests by Carter BloodCare prior to shipment or administration.

 \_\_\_\_\_ Date: \_\_\_\_\_  
 Requesting Physician or Medical Director Signature



Collected from a donor known to be  
negative on \_\_\_\_\_ for

Anti-HIV-1 / 2	STS	NAT ZIKA
HBsAg	IAT	
Anti-HBc	CMV	
Anti-HCV	NAT HIV-1/ HCV/ HBV	
Anti-HTLV-I/II	NAT WNV	
Anti-T. cruzi (Chagas')	Negative or Previously Tested	

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Version: 06

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## TESTING NOT PERFORMED

Anti-HIV-1 / 2	IAT
HBsAg	CMV
Anti-HBc	NAT HIV-1/ HCV/ HBV
Anti-HCV	NAT WNV
Anti-HTLV-I/II	NAT ZIKA
STS	Bacterial Detection (Platelets)
Anti-T. cruzi (Chagas')	Crossmatch, if applicable

RTL214.03B

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