



**To:** Transfusion Services Managers  
**From:** Hospital Relations  
**Date:** September 18, 2019  
**Re:** Customer Service Manual updates

Please update the Customer Services Manual by removing and replacing the following pages or forms.

**Section 1.0 General Information**

Please update the Bedford organizational chart at end of Section 1.

**Section 2.0 Quality Assurance**

The Consignee Notification Record, **effective September 9, 2019**, includes a change to the platform for additional HIV-1 and HIV-2 testing. Please replace the form located at the back of the section.

QAF602.01; Consignee Notification Record

**Section 7.0 Collections**

Please replace page 7-3 due to a clerical error.

**Section 8.0 Special Donations**

The Therapeutic Donor Request has been updated to include polycythemia vera, polycythemia of unknown origin and target hemoglobin and hematocrit ranges. Please replace the following form **effective September 10, 2019**.

SDF801.03; Therapeutic Donor Request

**Section 10.0 Test Information Chart**

Replace the entire section for confirmatory testing and testing department changes.

**Section 11.0 Distribution**

The fax order form has been reformatted to clarify stat delivery priorities and order types.

DPF200.20A; Fax Order Form

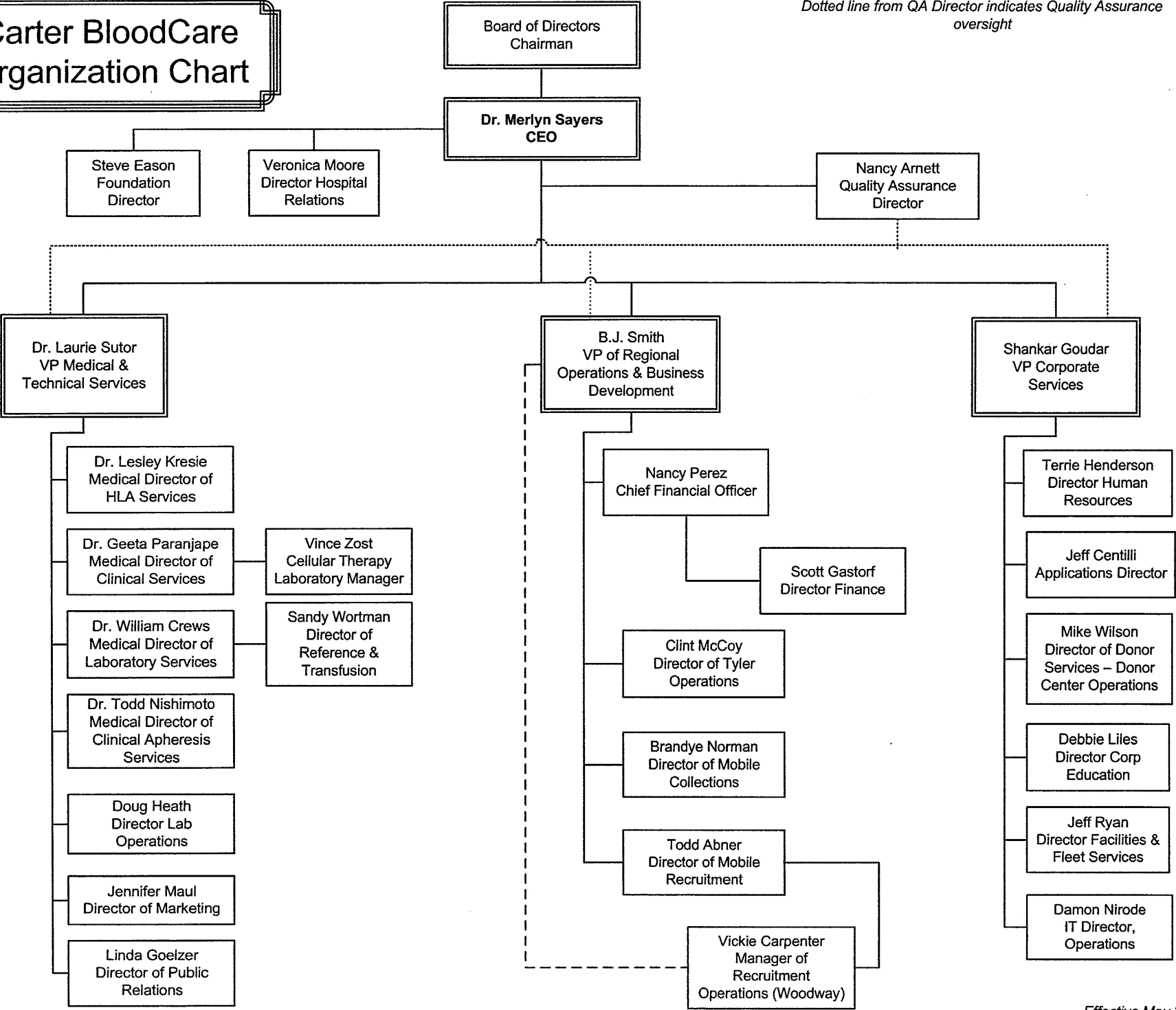
**Section 14.0 Stem Cell**

The following form has been edited to include information concerning IV fluids. Please replace the following form **effective June 24, 2019**.

HPF170.06; Infectious Disease Tube Collection Form

# Carter BloodCare Organization Chart

*Dotted line from QA Director indicates Quality Assurance oversight*





### CONSIGNEE NOTIFICATION RECORD

EMPLOYEE ID: \_\_\_\_\_

DATE: \_\_\_\_\_

Q.A. FILE NUMBER: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

**This is a request to retrieve the disposition of the unit(s) listed below. If the component(s) is in stock, place it in quarantine.**

**Contact Distribution and Product Management personnel at the following Carter BloodCare location for pick-up:**

- North/Central Texas 817-412-5700
- East Texas 903-363-0404

The donor of the following unit(s) has subsequently tested reactive or repeat reactive for the test(s) indicated below. The unit(s) listed below was negative for all infectious disease testing.

**Repeat Reactive Test(s):**    Anti-HCV ChLIA    Anti-HIV 1/2    HBsAg    Anti-HBc<sup>1</sup>    Chagas' EIA    WNV NAT<sup>1</sup>    Zika NAT<sup>2</sup>    HTLV I/II

**Additional Test Results:**

- Anti-HCV EIA (Ortho) \_\_\_\_\_
- HIV-1 Western Blot \_\_\_\_\_
- HBsAg Neutralization<sup>3</sup> \_\_\_\_\_
- Chagas' ESA \_\_\_\_\_
- Anti-HIV-2 EIA \_\_\_\_\_
- NAT HCV RNA \_\_\_\_\_
- NAT HIV-1 RNA \_\_\_\_\_
- NAT HBV DNA \_\_\_\_\_

<sup>1</sup> Supplemental testing was not performed on the currently reactive donation. This is the only notice.  
<sup>2</sup> Informing the transfusion recipient's physician of record regarding potential need for monitoring and counseling recommended.  
<sup>3</sup> Non-confirmed neutralization samples do not meet the criteria to be resulted as confirmed positive. This testing

Additional Test Results: \_\_\_\_\_

**Lookback:**    Recipient Notification **REQUIRED**    Recipient Notification **NOT REQUIRED**    Lookback **N/A**

Date of Last Negative Donation: \_\_\_\_\_   Date of Positive Donation: \_\_\_\_\_   Reported By: \_\_\_\_\_   Date: \_\_\_\_\_

**Please complete the form and fax it back to the following Carter BloodCare Quality Assurance location:**

- North/Central Texas 817-412-5659
- East Texas 903-363-0467

DIN/BUN	Product Code	Product Type	ABO/Rh	Shipment #	Ship Date	Final Disposition	Date of Disposition
							111111111111

**Disposition:** T = Transfused   D = Discarded/Outdated   R = Returned to Carter BloodCare   RNA = Records Not Available

Other (Specify): \_\_\_\_\_

**Questions regarding this notification should be directed to the following Carter BloodCare Quality Assurance location:**

- North/Central Texas 817-412-5580
- East Texas 903-363-0419

\_\_\_\_\_  
Name ([print] person completing form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Signature (person completing form)  
Carter BloodCare

\_\_\_\_\_  
Title

**THERAPEUTIC DONOR REQUEST**  
(Fee will be Assessed)

**Section A:** Please complete patient/donor information.

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code Area Code

**Section B:** Patients are encouraged to call 2 days prior to needing an appointment.

For appointments, contact  
Special Donations:

Phone: 817-412-5308

Fax: 817-412-5318

**Diagnosis:**

Polycythemia Vera  Polycythemia of unknown origin.

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

Other: \_\_\_\_\_

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

One time only  Every 4 weeks  Every 2 months  Every 3 months

Target Hgb/Hct:  13% Hgb (39% Hct)  15% Hgb (45% Hct)  Target Hgb or Hct  Other: \_\_\_\_\_

(If boxes are left blank, the patient will be drawn at an Hgb of 13% or above or an Hct of 39% or above.)

**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 #: (\_\_\_\_) \_\_\_\_\_  
Area Code

Fax #: (\_\_\_\_) \_\_\_\_\_  
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: \_\_\_\_\_

## CARTER BLOODCARE SERVICE MANUAL

### **Weatherford**

116 East 1-20, Suite 151  
Weatherford, TX 76087  
817-894-4251

### **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.

# FAX ORDER FORM

Fax to Carter BloodCare:  
 North Texas 817-412-5729  
 Central Texas 254-399-6391  
 East Texas 903-363-0483

Hospital Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Delivery Priority: (Check One)     Routine: Deliver within 12 Hours    ASAP:  Deliver within 6 Hours or  Need By (date/time): \_\_\_\_\_

STAT: Shortest-dated units suitable for imminent transfusion will be sent. Other orders should be placed separately. Available units are dispatched within 30 minutes.

STAT: Units NOT needed for imminent transfusion.

Order Type:     Stock     Standing Order/Rotation     After Processing     For Transfusion

	O+	A+	B+	AB+	O=	A=	B=	AB=	Special Requests (Mark All Required)	Comments
Leuko-Reduced RBCs									<input type="checkbox"/> CMV Neg. <input type="checkbox"/> S.C. Neg. <input type="checkbox"/> CPD Only <input type="checkbox"/> Aliquots (# Bags) _____ <input type="checkbox"/> Washed	HCT _____
Irradiated LRBCs									<input type="checkbox"/> CMV Neg. <input type="checkbox"/> S.C. Neg. <input type="checkbox"/> CPD Only <input type="checkbox"/> Aliquots (# Bags) _____ <input type="checkbox"/> Washed	HCT _____
LR-Apheresis Platelets									<input type="checkbox"/> Any Type <input type="checkbox"/> Washed <input type="checkbox"/> Acrodose <input type="checkbox"/> Any Rh <input type="checkbox"/> CMV Neg.	
Irradiated LPPLTs									<input type="checkbox"/> Any Type <input type="checkbox"/> Washed <input type="checkbox"/> Acrodose <input type="checkbox"/> Any Rh <input type="checkbox"/> CMV Neg.	
Plasma and Cryo Components										
	Group O	Group A	Group B	Group AB	Any Type					
Fresh Frozen Plasma							<input type="checkbox"/> Thawed <input type="checkbox"/> OctaPlas (PSD) <input type="checkbox"/> Rh-Specific <input type="checkbox"/> No PF-24	Pedi-Split (# Bags) _____		
Cryo-Reduced Plasma							<input type="checkbox"/> Thawed <input type="checkbox"/> Rh-Specific			
Liquid Plasma							<input type="checkbox"/> Irradiated			
Cryoprecipitate							<input type="checkbox"/> Thawed <input type="checkbox"/> Rh-Specific			
Frozen Pooled Cryo					N/A		<input type="checkbox"/> Thawed <input type="checkbox"/> Rh-Specific			

Other Special Requests (Please Specify All Requirements):  
 \_\_\_\_\_  
 \_\_\_\_\_

(CARTER BLOODCARE USE ONLY)

Order Confirmed By/With: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**CBC SERVICE MANUAL  
TEST INFORMATION CHART**

<b>TEST</b>	<b>TESTING LAB/ DEPARTMENT</b>	<b>MINIMUM SAMPLE REQUIREMENTS</b>	<b>TEST METHOD</b>	<b>TURN- AROUND- TIME</b>
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	15 mls EDTA	Case dependant	Case and order priority dependant
Antibody Titer (red cell)	CBC Reference and Transfusion	15 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	15 mls EDTA	Serological	Case and order priority dependant
Antigen Type - molecular	CBC, Tyler, TX Reference and Transfusion	15 mls EDTA	Molecular	Case dependant
Chloroquine/DDT Treatment/ Inhibition/Neutralization/ EGA Treatment/Enzyme Treatment	CBC Reference and Transfusion	15 mls EDTA	Serological	Case and order priority dependant
Cholesterol - Total (CHOL)	Creative Testing Solutions (CTS)	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	15 mls EDTA	Serological	Case and order priority dependant
Crossmatch - immediate spin, electronic or AHG (Coombs) (includes type and screen)	CBC Reference and Transfusion	15 mls EDTA, no more than 3 days old	Serological	Case and order priority dependant

**CBC SERVICE MANUAL  
TEST INFORMATION CHART**

<b>TEST</b>	<b>TESTING LAB/ DEPARTMENT</b>	<b>MINIMUM SAMPLE REQUIREMENTS</b>	<b>TEST METHOD</b>	<b>TURN- AROUND- TIME</b>
Cytomegalovirus (CMV)	Creative Testing Solutions (CTS)	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	15 mls EDTA	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)	Creative Testing Solutions (CTS)	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)	Creative Testing Solutions (CTS)	6 mls red top or 6 mls EDTA no more than 7 days old when stored at 2-8C	ChLIA	24 hours
HBsAg Confirmatory	Creative Testing Solutions (CTS)	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)	Creative Testing Solutions (CTS)	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	Creative Testing Solutions (CTS)	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 Confirmatory	Creative Testing Solutions (CTS)	6 mls red top serum or 6 mls EDTA, no more than 7 days old when stored at 2-8C	Western Blot	14 - 21 days
HIV-1/2 Antibody (HIV-1/2)	Creative Testing Solutions (CTS)	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	Creative Testing Solutions (CTS)	6 mls red top or 6 mls EDTA, no more than 7 days old when stored at 2-8C	EIA	14 - 21 days
HLA Antibody Screen	CBC Reference and Transfusion	15 mls red top	Molecular	Case and order priority dependant



**CBC SERVICE MANUAL  
TEST INFORMATION CHART**

TEST	TESTING LAB/ DEPARTMENT	MINIMUM SAMPLE REQUIREMENTS	TEST METHOD	TURN- AROUND- TIME
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)	Creative Testing Solutions (CTS)	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	Creative Testing Solutions (CTS)	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	15 mls EDTA	Serological, micro hct centrifugation	Case and order priority dependant
Nucleic Acid Amplification Test - HIV, HCV, and HBV(NAT)	Creative Testing Solutions (CTS)	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.	Nucleic Acid Test	24 hours
Nucleic Acid Amplification Test - WNV (NAT)	Creative Testing Solutions (CTS)	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	15 mls red top (&1 EDTA if potential platelet crossmatch)	ELISA	Case and order priority dependant
Post-Transfusion Purpura Screen (includes platelet antibody screen)	CBC Reference and Transfusion	15 mls red top (&1 EDTA if potential platelet crossmatch)	ELISA	24 hours of request and receipt of
Processing Profile Donors (includes ABO/Rh, CHOL, IAT, HBC, HBsAg, HCV, HIV-1/2, HTLV-I/II, NAT, STS, Anti- <i>T. cruzi</i> , Zika)	Creative Testing Solutions (CTS)	6 mls red top, 6 mls EDTA, <b>and</b> 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	15 mls EDTA	Serological	Case and order priority dependant

**CBC SERVICE MANUAL  
TEST INFORMATION CHART**

<b>TEST</b>	<b>TESTING LAB/ DEPARTMENT</b>	<b>MINIMUM SAMPLE REQUIREMENTS</b>	<b>TEST METHOD</b>	<b>TURN- AROUND- TIME</b>
Serological Test for Syphilis (STS)	Creative Testing Solutions (CTS)	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-hemagglutination	24 hours
Syphilis-G EIA confirmatory	Creative Testing Solutions (CTS)	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)	Creative Testing Solutions (CTS)	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	Creative Testing Solutions (CTS)	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 Cytometry Chemiluminescent & Agglutination Method	7 to 14 days



## 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").
  - If "Other" is marked, document name of the facility.
2. Mark type of donation (i.e., "Autologous," "Allogeneic" or "Other").
  - 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's full legal name (i.e., last, first and middle).
6. Document patient identifier and mark appropriate identifier (i.e., "MRN," "Driver License," "NMDP" or "Other").
  - If "Other" is marked, document name of the identifier used.
7. Document patient's date of birth (i.e., MM/DD/YYYY).
8. Mark gender (i.e., "Male" or "Female").
9. Document patient's home address and preferred phone number.

**NOTE:** It is acceptable to use a computer-generated label with demographic information.
10. Mark "Yes" or "No" to indicate if patient has had IV Fluids in the past 48 hours?
  - If "Yes" is marked, document the following:
    - Volume infused (mL)
    - Volume infused within 1 hour of blood draw (mL)
11. Document name of person responsible for collection and for completion of "For Transplant Program Use" section and date completed.
12. Document name of physician approving possible hemodilution (CBC staff's responsibility to obtain), tech initials/number, date/time and physician's name.
13. Donor documents 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 CTS – Tempe.
2. If DIN label is not attached, follow appropriate directions on form.
3. RADE Department staff documents review of form by entering "Employee Initials/Number" and "Date" on appropriate lines.