Collection of a properly labeled blood sample from the intended recipient is critical to safe blood transfusion. Most hemolytic transfusion reactions result from errors in sample or patient identification. The person collecting the blood sample must identify the intended recipient accurately.

Related Documents
- Phlebotomy Training Manual
- Typenex Identification Armband
- Acceptance or Rejection of Samples and Requisitions
- Sample Labeling and Aliquotting Utilizing the Laboratory Information System Labels

Responsibilities
- **Laboratory Assistants 1 & 2**: to properly identify patient, collect sample and label accurately.
- **Clinical Laboratory Scientists (CLS)**: to review labeling of samples with the LIS (Laboratory Information System) label and address any discrepancies prior to testing.
- **Nursing Staff**: to accurately identify the patient by using two identifiers. To attach the hospital armband to the correct patient. To collect samples as directed by laboratory staff, and label accurately.
- **Medical Staff**: to order transfusion products as needed, assist in specimen collection when requested by laboratory staff, and properly label samples.

Equipment
- Hospital identification armbands
- Typenex transfusion services armbands
- Pink top EDTA tubes
- LIS bar-coded label for transfusion services testing

Identification of the Patient

A. **If the patient has a hospital armband**

1. Compare the information on the LIS label with the information on the patient’s armband verifying the patient’s full name and medical record number.
Identification of the Patient, continued

2. If there is a discrepancy between the label and the patient’s hospital armband, **DO NOT** collect the sample. **DO NOT** rely on a bed tag or charts or records placed on the bed or nearby table or equipment. The recipient and the blood sample shall be positively identified at the time of collection.

B. **If the patient’s identity is unknown**
   1. Use the emergency identification armband (i.e. John Doe or Jane Doe) attached to the patient. This emergency identification should be cross-referenced with the patient’s name and identification number when they become known by admitting and ED.

   2. As soon as practical, after the patient has been identified and admitted to the hospital, a CLS or laboratory assistant lead/charge shall verify and match the unknown person’s name to the ED armband identification number.

   3. The medical record number on the emergency identification armband must match the medical record number on the new armband generated by admitting. This medical record number must also match what was handwritten on the blood bank armband.

   4. Compare the medical record number and the name that are listed in the LIS under function AD. Make sure this also is a match with the new admitting armband. If they do not match a new sample will be collected form the patient and a new transfusion services armband attached.

C. **Patient has no hospital armband**
   1. Patient’s will not have samples collected for transfusion services unless they have a hospital armband.

Sample Requirements

A. The preferred tube for Transfusion Service is the 6-ml EDTA pink top tube. This tube has the same anticoagulant as the 5-ml purple, the 3-ml purple, and the heel stick/finger stick purple top.

B. The preferred sample is one full pink top tube containing 6-ml of blood. Smaller amounts are acceptable after consulting with the Transfusion Service CLS.

C. The Transfusion Service shall not use the bar-coded CBC tube from Hematology as the primary sample. If it is suspected that a patient will need work done by in Transfusion Services, a pink tube can be drawn as the extra tube. The patient and sample will be labeled using the Typenex band system.

D. The extra tube will be placed in a rack in Transfusion Service. This rack will be on the Quarantine shelf in the refrigerator.
E. A tube type of PK-BAND noted on the LIS bar-coded label indicates the tube must be labeled with the Typenex band label and that the patient must likewise be banded. Refer to Typenex Identification Armband

F. Samples for Transfusion Service must have the following information printed legibly by hand in ink on the tube label or the Typenex band label:
   - Patient’s complete name (Last name, First name)
   - Medical record number
   - Lab assistant’s initials and ID number
   - Date drawn
   - Time drawn

G. The information on item F is printed by hand on the Typenex band label at the bedside after comparing the LIS labels with information on the patient’s armband. The name and medical record number on the armband must be the same as that on the LIS label. The Typenex band label is removed and placed on the sample at the bedside. The Typenex armband is placed on the patient.

H. Transfusion Service will reject samples for the following reasons:
   - Information on the samples does not match the LIS labels, including miss-spelling, lack of information, incorrect medical record number, or illegible information. Refer to Acceptance or Rejection of Samples and Requisitions
   - Sample for possible transfusion of blood products that are not labeled with the Typenex label. Do not use tubes with incorrect, incomplete, illegible or lacking any of this information. The sample will be not be accepted by Transfusion Services.
   - Sample that is hemolyzed.
   - Sample quantity is not sufficient to perform the analysis ordered.
   - Laboratory personnel can handle minor corrections such as, date and time of collection. No other correction is acceptable for samples in Transfusion Services. All rejected samples shall be re-collected.

I. Take the sample and the bar-coded label to the Transfusion Service along with the strip of the Typenex alphanumeric identifiers.
Sample Requirements, continued

J. The *small* LIS label will be placed on the tube (including XMATR/F, TYHDR/F, TSR/F, TMPTR/F, TFFPJR/F, TFFPR/F, and TCRYOR/F) by the CLS in the Transfusion Service after the information on the bar-coded LIS label has been compared to the handwritten information on the tube label. The CLS will initial and put their ID number on the LIS label. The hand printed label will be left visible and not covered. Typenex labeled tubes will only require the small LIS label. Refer to *Sample Labeling and Aliquotting Utilizing the Laboratory Information System Labels*

K. The remaining strip of the Typenex alphanumeric identifiers will be attached to the sample not the cap.

L. **SPECIAL CIRCUMSTANCE:** If the occasion arises where you cannot draw enough sample from the patient, and you only have enough sample for the CBC and not enough for an additional tube for the Transfusion Service work, you must hand print the information from item F on the tube and place one of the identifier labels on the tube. Hand write the information from item F on the Typenex band label and deliver with the sample. If the information is not hand printed on the tube label, Transfusion Service will not accept the specimen.

M. **Surgery** samples drawn in the surgery suite require the hand printed information or legibly stamped information on the Typenex band label placed on the sample.

N. **Dialysis centers** (Plumas Street Dialysis and Yuba City Dialysis) can draw their own samples. These tubes will be labeled with a Typenex band label, which contains the patient’s name, social security number, initials of person drawing blood, date and time of draw. The CLS in Transfusion Services must verify in the LIS under function AD that the social security number is identical to the social security number of the patient on the LIS bar-coded label.

O. **Cancer Center** can draw their own samples. These tubes will be labeled with a Typenex band label, which contains the patient’s name, medical record number, date and time of draw. Two nurses or certified phlebotomist will initial the label indicating that both have checked the accuracy of the information on the label and that it matches the information on the patient’s hospital armband. This tube will then be sent to the laboratory. If the patient has an order for a possible crossmatch will have a sample collected for Transfusion Services that is labeled with the Typenex arm band and the patient will be banded with the Typenex band.
Sample Requirements, continued

P. The 5-ml EDTA, the “bullet tube”, the 3-ml EDTA tube, and the 7-ml red top tube are acceptable tube types as a secondary tube to be used by the Transfusion Service. For the “bullet tube” or the 3 ml EDTA tube hand write the required information on a small adhesive label and affix it to the tube.

Q. **Remember**, the hand printed information on the Typenex tube label indicates that the collector took special notice that this is a sample that will be used by the Transfusion Service. The CLS and the collector are confident that this is from that specific patient.

S. **PINK** on the LIS bar-coded label indicates that the 6-ml EDTA pink-topped tube will be drawn for Transfusion Services.

Notes

A. Surgery is an area where we must rely on the abilities of their staff to draw a suitable and accurately labeled sample. The anesthesiologist or the nurse who drew the sample or observed the draw will sign the sample.

B. Cancer Center is allowed to draw samples for Transfusion Services if the patient is unable to come to the laboratory. They will band the patient with the Typenex armband.

C. Feather River Surgery cannot draw samples for Transfusion Services unless they have a laboratory staff person with them in order to witness the draw.

D. ED cannot draw samples for Transfusion Services unless they have a laboratory staff person with them in order to witness the draw.

E. Whenever a type and screen or a type and crossmatch are ordered, the patient must be banded with the Typenex armband. This will cover the possibility that they may have to be transfused.

F. The Typenex armband can be used as an emergency identification in a situation where the patient requires blood products before being admitted. The sample will be drawn and the patient banded with blood bank armband. The name and blood bank armband number will be the required two identifiers. The CLS or a laboratory assistant will go back to the patient later and make sure that the blood bank armband is associated with the correct patient HIS (Hospital Information System) and LIS information. They will also verify that the hospital armband has the correct information.
G. Before a specimen is used for blood typing, or compatibility testing, the CLS in the Transfusion Service shall confirm that all identifying information on the request labels and in the LIS in function BOP is in agreement with that on the sample label. In case of any discrepancy or doubt, **ANOTHER SAMPLE MUST BE OBTAINED**.

H. Refer to procedure **Typenex Identification Armband** for proper use of the Typenex banding system.

**References**

- Current edition of Standards for Blood Banks and Transfusion Services, AABB.

**Affected Departments:** Laboratory, Laboratory Services