

Policy #:	701 (PLH-701-08)	Effective Date:	9/30/2004	Reviewed Date:	12/9//2016
Subject:	TRANSFUSION SERVICE SCHEDULE (FROM RECEIPT OF SAMPLE IN TRANSFUSION SERVICE)				
Approved by: Laboratory Director, Jerry Barker (electronic signature)					
Approved by: Laboratory Medical Director, Mark P. Burton, MD (electronic signature)					
Approved by: Affiliate Lab Medical Director, Chris Giampapa, MD (electronic signature)					
Approved by: Affiliate Lab Medical Director, Paul J. Sims, MD (electronic signature)					
Approved by: Affiliate Lab Medical Director, F.E. Williamson, MD (electronic signature)					

TRANSFUSION SERVICE TEST SCHEDULE (FROM RECEIPT OF SAMPLE IN TRANSFUSION SERVICE)

TRANSFUSION SERVICE TEST	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	COLLECTION TUBE	SPECIAL INSTRUCTIONS
ABO TYPE	4H	30 MIN	PINK	CHECK HOSPITAL NUMBER
ABO/RH	4H	30 MIN	PINK	CHECK HOSPITAL NUMBER
ANTIBODY SCREEN	4H	45 MIN	PINK	CHECK HOSPITAL NUMBER. SAME TEST AS INDIRECT COOMBS. EXPECTED RANGE:NEGATIVE
ANTIBODY TITER	24H	4H	PINK	CHECK HOSPITAL NUMBER

TRANSFUSION SERVICE TEST	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	COLLECTION TUBE	SPECIAL INSTRUCTIONS
COLD AGGLUTINATION	6H	1 H if negative 2 H if positive	PINK	PERFORMED: 24/7.
CROSSMATCH (IS)	1H (current type and screen sample) 4 H (new sample)	10 MIN (current type and screen, phone order to Blood Bank) 1 H (new sample)	PINK	CHECK HOSPITAL NUMBER, IF PATIENT HAS DIRECT OR DESIGNATED DONOR, PLEASE COMMENT WITH ORDER. ORDER RBC,LR AND CROSSMATCH IS ADDED.
DIRECT COOMBS	4H	40 MIN	LAV OR PINK	TEST SHOULD BE PERFORMED WITHIN 24 HOURS OF COLLECTION TIME. EXPECTED RANGE:NEGATIVE
PLATELET FUNCT ASSAY PHASE I	4H	1 H	BLUE	PERFORMED ON ALL SHIFTS. PHLEBOTOMY DRAW ONLY- MUST BE HAND DELIVERED. DO NOT SEND THROUGH TUBE SYSTEM. MUST USE A 21 GAUGE NEEDLE FOR COLLECTION.
PLATELET FUNCT ASSAY PHASE II	4H	1 H	BLUE	PERFORMED IF PHASE I IS ABNORMAL.
RH TYPE	4H	30 MIN	PINK	CHECK HOSPITAL NUMBER

TRANSFUSION SERVICE TEST	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	COLLECTION TUBE	SPECIAL INSTRUCTIONS
RHIG WORKUP-BABY	24H	1H (if all samples are in lab)	CORD BLOOD – PINK	MICRO EDTA HEELSTICK IF CORD BLOOD IS NOT AVAILABLE
RHIG-MOM	24H	1H (if all samples are in lab)	PINK	CHECK WITH BLOOD BANK BEFORE DRAWING SPECIMEN
TEG (Thromboelastograph) With or without interpretative comment	1H	1H	Blue/2	PERFORMED ON DAY AND EVENING SHIFTS; SCHEDULED PHLEBOTOMY DRAW. HAND DELIVER ONLY.
THERAPEUTIC PHLEBOTOMY	24H	N/A	N/A	INCREASED HGB OR HCT OR PER CURRENT IRON DISORDERS INSTITUTE CRITERIA
TRANSFUSION REACTION WORKUP	N/A	90 MIN	PINK	SEE PROCEDURE IN NURSING MANUAL
TYPE & SCREEN (ABO, Rh, and ANTIBODY SCREEN)	4H	45 MIN	PINK	CHECK HOSPITAL NUMBER. NO BLOOD IS CROSSMATCHED WITH THIS ORDER