

Department of Pathology & Laboratory Medicine | Transfusion Medicine Service

Requisition Forms and Labeling Requirements

Further Information Is Available By Contacting The Medical Director of the Transfusion Medicine Service: Zbigniew M. Szczepiorkowski, M.D. or the Blood Bank Medical Director, Nancy M. Dunbar M.D.

When there is a discrepancy or reasonable doubt as to the validity of the specimen, the specimen is discarded and another sample is collected. Obtaining a blood sample from the wrong patient and using that specimen for compatibility testing can result in serious morbidity or mortality to the subsequent blood component recipient.

Specimen Labeling Requirements

Requisition form or collect label must contain all of the following information or the sample will be rejected:

- Patient's full name and DHMC Medical Record Number.
- Date of Birth on may be either on the form or sample container.
- A method to identify the person who collected the sample (eg. a legible signature)
- Date and time of specimen collection.

Note: Incomplete or illegible request forms will not be accepted.

Sample container/tube label must contain all of the following information or the sample will be rejected:

- Patient's full name, DHMC Medical Record Number, blood lock code and the date drawn.
- Date of Birth on may be either on the form or sample container.
- Label is to be securely attached to sample container/tube before leaving patient's side.
 NOTE: Incomplete or illegible labels, unstoppered containers/tubes or improper specimens shall not be accepted.
- Use of generic labels is acceptable as long as all required elements are present.
 NOTE: Any over-labeled specimen (i.e. Cerner label affixed on top of generic label) will be rejected.

Request form and specimen(s) should be sent to Blood Bank in a sealed plastic bag. Forms, labels and outside surface of sample containers/tubes shall be free of contamination with blood or body fluids. Obviously contaminated materials cannot be accepted.

If a type and screen is sent to the blood bank and there is NO record of the patients' blood type in the lab system, a second ABO type MUST be collected and tested before crossmatch compatible red cells can be dispensed to the patient. The intent of the second sample is to identify "wrong blood in tube" therefore the ABO Recheck MUST be drawn via a separate phlebotomy. Label requirements for the ABO Recheck are the same as for a Type and Screen specimen.

When an ABO Recheck is necessary, the Blood Bank orders the test and notifies the patient's nurse by phone that an "ABO Recheck" specimen is required. To prevent delay, send the specimen directly to tube station 41. If you DO NOT receive a phone call from the Blood Bank, an ABO Recheck is not required. The physician order for the ABO Recheck is included in the original type and screen order.

The Blood Bank cannot issue crossmatch compatible blood until the ABO Recheck is received and tested in the Blood Bank. If blood is needed urgently, emergency release of uncrossmatched blood can be obtained by requesting a "Block Release". If the "ABO Recheck" sample is received promptly in the Blood Bank, we anticipate there will be minimal delay for the availability of crossmatch compatible blood.