10.0 CROSSMATCH SERVICES PROCEDURES

Contact Information:

Reference and Transfusion (R&T) Services
Carter BloodCare
2205 Highway 121
Bedford, TX 76021
Phone: (817) 412-5740
Fax: (817) 412-5749

Emergency Phone: (817) 685-1242
(817) 684-7391
Emergency Fax: (817) 283-1065

10.1 Testing Procedures

The Reference and Transfusion (R&T) Services department performs serological compatibility testing and blood component preparation as a service for facilities that do not perform these services. The following table provides a brief summary of tests that are routinely ordered by facilities that utilize crossmatch services.

SERVICES REQUESTED	TEST(S) PERFORMED	DESCRIPTION
Type and Screen	ABO/Rh, Antibody Screen	Preliminary compatibility testing only - no RBCs crossmatched
Crossmatched Red Blood Cells	ABO/Rh, Antibody Screen, & Crossmatch Antibody identification and antigen typing tests as indicated.	RBCs Crossmatched for transfusion
Autologous Red Blood Cells	Type and Screen, Crossmatch Antibody identification and antigen typing tests as indicated.	RBCs Crossmatched for transfusion
Fresh Frozen Plasma, Platelets or Cryoprecipitate	ABO/Rh	Product setup for transfusion

10.1.1 Type and Screen

A Type and Screen is ordered when a patient may need a red blood cell transfusion in the future. The samples submitted for compatibility testing are valid for 3 days (refer to **10.2.4** of this section). A Type and Screen order includes a test for ABO/Rh and a screening test for unexpected antibodies. No crossmatch is performed. The sample(s) is

stored in Reference and Transfusion (R&T) Services until the need arises for crossmatched red blood cell units. No blood will be crossmatched unless crossmatched blood is ordered by your facility.

10.1.2 Crossmatched Red Blood Cells

A crossmatch is ordered when a patient requires a red blood cell transfusion. The samples submitted for compatibility testing are valid for 3 days (refer to **10.2.4** of this section). A crossmatch order includes a Type and Screen test. Samples for crossmatch orders are stored in Reference and Transfusion (R&T) Services until the need arises for additional crossmatched red blood cell units. Additional crossmatched red blood cell units may be ordered by your facility as the need arises.

10.1.3 Autologous Red Blood Cells

Once a donor donates an autologous blood product and indicates your facility is the hospital of intended use, Carter BloodCare will fax an Autologous Worksheet to you. This worksheet will list the autologous product donated, the product type, expiration date, and intended date of use. The autologous worksheet is your notification that Carter BloodCare is holding these products for your patient. Once the patient has been admitted to your facility, a sample should be collected and requisition completed for a crossmatch of the donated products.

Please refer to **Section 6.0 Special Donations** for all information pertaining to the autologous products.

10.1.4 Fresh Frozen Plasma, Platelets, or Cryoprecipitate

If Reference and Transfusion (R&T) Services does not have your patient's ABO/Rh type on record within 30 days of a current admission at your facility, a sample for ABO/Rh testing must be submitted to complete the order for Fresh Frozen Plasma, Platelet or Cryoprecipitate. Please call Reference and Transfusion (R&T) Services to determine if samples must be drawn before ordering any of these components.

Note: Carter maintains the blood bank armband stickers for 30 days with the submitted request form.

10.1.5 Antibody Identification and Antigen Negative Red Blood Cells Components

In the event that an antibody screen is positive and you have ordered crossmatched red blood cells for your patient, the additional testing listed below may be required to complete the order:

- Phenotyping (serological or molecular)
- ABO/Rh type discrepancy resolution
- Antigen typing
- Antibody identification, routine and complex

Note: *Under these circumstances, additional sample may be needed and requested by Reference and Transfusion (R&T) Services to complete testing. Furthermore, additional time may be required to complete the order.*

The Reference and Transfusion (R&T) Services department will make every attempt to provide antigen negative red blood cell components for patients with clinically significant antibodies. The Reference and Transfusion (R&T) Services department maintains a special inventory of antigen negative liquid red blood cells. If your patient requires antigen negative blood that is not readily available in our inventory, our staff will screen units in regular inventory to find the requested antigen negative units. A frozen inventory of antigen negative units is also maintained. Frozen/deglycerolized antigen negative units may be substituted when no liquid antigen negative units are available. If no frozen or liquid units are available to fill the request, the Reference and Transfusion (R&T) Services department staff will contact your facility to make arrangements to import antigen negative units from outside sources.

Antigen screening of red blood cells for clinically insignificant antibodies will not be routinely performed. Carter BloodCare follows recommendations outlined in current transfusion medicine literature. Anti-A_1, anti-P_1, anti-M, anti-N, anti-Le^a, and anti-Le^b antibodies which are reactive at room temperature and/or at the complement phase of AHG testing are not considered to be clinically significant.

ABO group compatible units will be provided.

10.2 Ordering Procedures

10.2.1 Requisition Completion for Crossmatch Services

Please accurately complete the RTF101.01D, Crossmatch Account Services Request Form. Accurate information is required for test completion. It is necessary to provide as much detail as available to allow the laboratory to make a complete evaluation and report.

The Crossmatch Account Services Request Form collects necessary information pertaining to indications for transfusing blood products per AABB standards. When requesting red blood cell components, your patient's current hemoglobin or hematocrit level is required. Additionally, please indicate which from the following options apply: the products are requested to be made available pre-surgery, your patient's hemoglobin level is ≤8 g/dl or hematocrit is ≤24%, the patient exhibits symptoms of anemia, is actively bleeding or has experienced acute blood loss. If none of these criteria fit your blood request parameter, an additional area to indicate "Other" is available for your documentation.

Likewise, the current platelet count is required when requesting platelets for your patient. Please indicate the additional parameter for requesting platelet products that are

designated on the request form. Specific pre-transfusion criteria must also be denoted on the requisition when requesting fresh frozen plasma and cryoprecipitate.

The pre-transfusion criteria selected on the Crossmatch Account Services Request Form, RTF101.01D, will be reviewed by Reference and Transfusion (R&T) Services upon receipt of the requisition. If the criteria do not meet transfusion guidelines set by Carter BloodCare' s Medical Directors, contact with your facility's Medical Director or ordering physician may be initiated to gather additional information. Carter BloodCare' s Medical Directors will be notified in all cases involving the request for red blood cells for a non-surgical patient with a hemoglobin >12g/dL or hematocrit >36%, and for platelets with a current platelet count >100,000/uL without a platelet dysfunction present or >3 platelet doses requested for one patient prior to providing the product.

The data collected from the request forms will be provided to your facility medical director to allow the monitoring and peer review process from the information that is provided. Carter BloodCare medical directors are available to consult with transfusing facility medical directors to provide assistance in developing your blood utilization program. Please contact the Hospital Relations department if you are interested in receiving additional information.

Please complete the requisition and send with your patient samples.

Complete form RTF101.01D, Crossmatch Account Service Request Form:

- Patient's Name, Last, First -as it appears in the medical record
- Patient Identification used by the requesting facility
- Ordering Physician
- Sample(s) Collected Date/Time/By (use date format of MM-DD-YY)
- Requesting Facility
- Blood Bank ID number (if applicable)
- Order Status
  - for ASAP or Routine status, indicate preferred date/time to be delivered
- Patient Information including:
  - Date of Birth
  - Gender
  - Diagnosis
  - Blood Bank ID stickers included
  - Transfusion and Pregnancy History (if available)
- Testing and Products Requested
- Special Instructions (if applicable)
- Infusion sets/armbands/forms if needed
- Pre-transfusion Criteria, please provide all available data

10.2.2 Blood Bank ID Armbands

A hospital identification armband is required to be on the patient if crossmatching is to be performed by Carter BloodCare.

10.2.3 Patient Identification

Correct patient identification is a critical step in providing safe transfusion therapy. To reduce potential patient misidentification at the time of collection, a validated electronic patient identification system should be used. If a validated system if not available, the following is required:

- Per AABB Standards, there shall be two determinations of the recipient's ABO group. The first determination shall be performed on a current sample and the second determination by one of the following methods:
  1) Comparison with previous records.
  2) Testing a second sample collected at a time different from the first sample including a new verification of patient identification.
  3) Retesting the same sample if patient identification was verified using a validated electronic identification system.
- In order to comply with the AABB standard, your response to the statement, "samples were collected using an electronic ID system" is required on RTF101.01D, Crossmatch Account Services Request Form. If the answer is no, then a second sample collected at a separate phlebotomy must be provided in order to distribute type specific crossmatched products. The second sample must be properly labeled and can be an EDTA, heparin, ACD, CPD or red-top without serum separator sample.

The following instructions are recommended for proper patient identification prior to blood sample collection. These instructions are recommended steps only. Be sure to follow all pertinent procedures at your facility.

> **Note:** *If platelets, plasma or cryoprecipitate is requested and the patient has been currently blood typed by Carter BloodCare, a blood sample may not need to be collected. For verification of sample collection, please contact the Reference and Transfusion (R&T) Services laboratory.*

Recommended procedure for patient identification:

- The patient must be wearing an identification armband. The armband should not be removed from the patient after blood sample collection. Special blood recipient identification armbands are designed for use in correlating positive identification of the blood recipient (patient), patient blood samples, the patient request form, and the blood components intended for the patient. These armbands are placed on the patient immediately before sample collection and must contain all required information (Patient name, unique ID#, date of collection [MM-DD-YY], time and collector's initials).
- The phlebotomist or nurse should bring the completed Crossmatch Account Services Request Form to the patient's bedside or collecting area when the blood sample is drawn to verify correct patient information. If the patient is alert and coherent, ask the patient to state his/her name. Be certain the patient is not under the influence of alcohol, mind-altering drugs, or strong analgesics. Verify that the name stated matches the name on the request form. Verify that the name and the patient

identification number on the form match the name and patient identification number on the patient armband.

- Do not draw blood samples unless the patient's name and patient identification number on the armband exactly match the information recorded on the request form.
- Do not draw blood samples unless the name stated by the patient (provided the patient is alert and coherent) exactly agrees with the name on the request form.
- Do not use bed labels, patient's chart or door labels as patient identification.
- Note the date blood component(s) are requested on the request form.

10.2.4 Blood Sample Collection

Samples for Type and Screen or Crossmatch should not be drawn more than **three days** in advance of the scheduled day of the procedure or transfusion. Samples are valid for three days.

Note: *Special arrangements may be made to extend sample expiration for pre-surgical patients. Please contact Hospital Relations for additional information.*

Collect 5-15mls of EDTA sample:

Specific sample requirements:

- Samples should not be hemolyzed.
- Samples should not be collected from an intravenous infusion site.
- Samples should not be drawn proximal to an intravenous infusion site.
- Samples should be drawn according to manufacturer instructions for all drawing supplies.
- Anticoagulated samples should be properly mixed.
- Samples should be clearly and appropriately labeled, as outlined in this section.

Clearly label EACH specimen with the following information at the patient's bedside or collecting area:

- Patient's full name as recorded in the medical record
- Patient's identification number (refer to your internal policies)
- Collection date in the format of MM-DD-YY
- Collection time
- Collector's initials
- Blood Bank ID number (if your facility uses)

  Place one of the numbered stickers on the request form in the Blood Bank ID# box or handwrite the number. Place a numbered sticker on the labeled EDTA (**purple or pink top**) tube (s)**.**

  Ensure identical patient information is recorded on all sample tubes labeled, bearing the patient's full name, ID number, collection date, time and collector's initials. Please send all the additional blood bank identification stickers (if in use) with the completed Crossmatch Account Services Request Form.

Note: *Each sample tube submitted must be completely and accurately labeled. Samples must also bear identical information as detailed in the applicable parts of this section.*

Please inspect BOTH sample tubes to confirm:

- *Information is clear, legible and identical*
- *No markers or roller ball pens are used.*
- *No defacement, tearing, or alteration of the label has occurred*
- *No broken or cracked tube*
- *The tube stopper is intact*

If a sample is rejected for any reason, your facility will be notified by phone. A follow up Specimen Rejection Report will be faxed to your facility noting the reason for specimen rejection. Please see Section 9.0 Crossmatch Services Policies for information regarding the specimen rejection policy and an example copy of the Specimen Rejection Report.

10.2.5 Completion and Delivery of the Crossmatch and Component Request by Carter BloodCare

The following steps provide an overview of the processes performed at Carter BloodCare to complete your order.

Order receipt and testing:

- Upon receipt of the request form and blood sample tube(s) in the Reference and Transfusion (R&T) Services department, all information will be carefully checked to ensure proper patient and sample identification is maintained.
- When the compatibility and crossmatch testing is complete, the units will be tagged with a Carter BloodCare Compatibility Tag (an example of the tag is included at the back of this section).
- If a Blood Recipient Identification Band was used and if the numbered stickers were sent with the patient's blood sample, a numbered sticker will be placed on each blood component intended for the patient. If the numbered stickers were not sent, the number will appear on the compatibility tag only and not on the product.
- If infusion sets were requested with product shipment, the infusion set(s) should be adhered to the outside of the shipping container.
- The expiration of the crossmatch is **three days** from the date the blood sample for crossmatch was collected. Red blood cells crossmatched for a patient, but not transfused will be released when the crossmatch expires.

Note: *A crossmatch fee will be charged for each red cell unit that is crossmatched but not requested for delivery or pick-up.*

Delivery of the crossmatch or component order:

- In the Distribution department, the blood product(s) will be packaged at the appropriate temperature in a sealed Carter BloodCare transport container along with the corresponding paperwork.
- Carter BloodCare transport containers are validated to maintain appropriate blood and blood component temperatures for 24 hours, beginning from the time the product(s) are packaged by Distribution. The transport container must remain sealed until it is time for immediate transfusion if your facility does not have an approved blood bank storage device. Information on approved storage devices can be found in Section 9.0 Crossmatch Services Policies. Products may not be returned once the sealed shipping container is opened.
- Do not discard the transport container. Carter BloodCare will retrieve it upon future requested deliveries of blood products or you may request retrieval of boxes on the Request for Pickup of Units for Return form, DPF300.03B.
    - A Pack List will be sent with each product shipment (see example in the Finance/Billing section of this manual). This list, accessible without opening the shipping container, itemizes the products in the shipment. Sign the Pack List and retain a copy for your records. The contracted courier service may also require a signature on the delivery ticket.
    - Review the Pack List to verify all unit information is properly listed. Immediately notify Reference and Transfusion (R&T) Services of any discrepancies. You may also use your retained copy of the Pack List to reconcile against your weekly invoice.
    - All components are tagged with a Carter BloodCare Compatibility Tag. Upon opening the transport container, compare the compatibility tag information with the Pack List and patient requisition to verify all unit information and patient information is properly listed. Immediately notify Reference and Transfusion (R&T) Services of any discrepancies.
    - It is recommended to document the receipt and check-in of blood product orders on either a manual log sheet or an electronic spreadsheet. Please contact the Hospital Relations Department if you should have any questions.

If you choose to pick-up components from Carter BloodCare, a Carter BloodCare transport container will be utilized.

10.3 Blood Administration - Instructions to Infusionist

Accurate identification of the recipient and donor unit is one of the most critical steps for a safe transfusion. The following instructions are recommended for proper patient identification prior to product infusion. These instructions are recommended steps only. Be sure to follow all pertinent blood administration procedures at your facility.

10.3.1 Positive Identification of Intended Recipient and Blood Component

Before blood product administration, the nurse who will be administering the blood component must verify all information listed below. Whenever possible, a second verification should be performed by licensed personnel and according to internal policy. The following information must be verified:

- Patient's name and identification number on the armband exactly matches the patient's name and identification number:
    - As completed on the request form.
    - On the Compatibility Tag attached to the blood component.
- If a discrepancy is noted, or if the patient's armband is not present, do not transfuse the component. Immediately notify the Reference and Transfusion (R&T) Services laboratory.
- Verify that the blood type and unit number on the blood component label matches the blood type and unit number on:
    - The Compatibility Tag attached to the blood component.
- If a discrepancy is noted, do not transfuse the component. Immediately notify Reference and Transfusion (R&T) Services.
    - Verify the component is in-date and is not expired. Do not infuse the component if it is expired. Immediately notify Reference and Transfusion (R&T) Services if expiration is questionable.
    - Verify the Blood Bank ID numbered sticker (if used) on the blood component exactly matches the numbered sticker on the patient's Blood Recipient Identification Band. If a discrepancy is noted, do not transfuse the component. Immediately notify Reference and Transfusion (R&T) Services.

10.3.2 Compatible IV Solutions, Blood Filters and Time Limits for Infusion

No medications or solutions may be added or infused in the same tubing except 0.9% Sodium Chloride. Compatible plasma or 5% albumin may be acceptable in certain situations.

- DO NOT ADD Lactated Ringer's. This contains ionized calcium in a quantity sufficient enough to induce clot formation.
- DO NOT ADD 5% Dextrose solutions because these solutions can induce hemolysis.

All blood components must be transfused using a filter. Use standard blood filters (150-280 micron screen). Infuse each blood component within 4 hours of beginning transfusion.

10.3.3 Blood Warming

Temperature-monitored blood warming devices may be used for certain indications.

- Rapid infusion (over 50 mL/kg/hour for adults; over 15 mL/kg/hour for children)
- Rapid infusion through central lines.
- Presence of clinically active cold agglutinins in the recipient

10.3.4 Following Component Infusion

Following successful component infusion, complete the information on the Compatibility Tag attached to the blood component bag or your internal transfusion record. Regulating agencies require documentation of the transfusion event in the patient's chart. Carter BloodCare assigns a presumed transfused final disposition to all components; therefore, the completed Compatibility Tag or internal transfusion record should be retained by your facility for use in the patient's chart and medical record.

10.4 Adverse Reactions to Transfusion

Any blood components that are compatibility tested and/or crossmatched by Carter BloodCare, and are involved in a suspected transfusion reaction, should be immediately reported to the Reference and Transfusion (R&T) Services laboratory. Once notified, Carter BloodCare will perform a Transfusion Reaction Investigation Work-up on those units crossmatched by our staff. Please refer to Section 11.0 Reporting Suspected Transfusion Complications of this manual for details on how to manage and report adverse reactions to transfusion.

10.5 Emergency Release of Untested Components

In the event of an extreme emergency (urgent) situation, Carter BloodCare may release components prior to completion of all testing. A Carter BloodCare physician must approve the shipment of any untested emergency released component. Incomplete results may include compatibility testing or infectious disease testing. All emergency released untested components are ABO/Rh tested prior to release.

10.5.1 Compatibility Testing Not Completed

A written physician's statement of need must be completed in order for Carter BloodCare to emergency release components prior to the completion of compatibility testing. In addition, the physician must complete form Uncrossmatched or Incompatible Product Release RTF206.05 and provide a copy to Reference and Transfusion (R&T) Services. This situation may arise when uncrossmatched red blood cell units are needed for a life-threatening hemorrhagic case.

To Order Emergency Release Uncrossmatched Products:

- Contact Reference and Transfusion (R&T) Services to communicate patient needs, patient name, and patient identification number.
- Uncrossmatched red blood cell units will be dispatched immediately with the Uncrossmatched or Incompatible Product Release form, RTF206.05.
- As soon as possible, your facility must send a correctly labeled sample and requisition for crossmatch to Reference and Transfusion (R&T) Services, as well as the signed and completed form RTF206.05.

10.5.2 Infectious Disease Testing Not Completed:

A written physician's statement of need must be completed in order for Carter BloodCare to emergency release components prior to the completion of infectious disease testing. This process requires Carter BloodCare Medical Staff consultation and approval. In addition, the physician must complete Untested Product Release Form RTF214.03 and fax it to Reference and Transfusion (R&T) Services. Upon receipt of the signed form, the Reference and Transfusion (R&T) Services department staff will locate the requested components.

Labeling and Accompanying Paperwork for Emergency Released Components with Infectious Disease Testing Not Completed

- Emergency released untested components are tagged with an Emergency Release Untested Component tie tag that specifically lists all pending tests.
- The front of the component bag is labeled with a Biohazard sticker.
- The Untested Product Release Form RTF214.03 must be completed and returned to CBC.

10.6 Release of Incompatible Red Blood Cells

On a rare occasion your facility may have to transfuse a patient with red cell units designated as "incompatible". This will occur when your patient is identified as having an autoantibody or, less likely, when your patient has an alloantibody to a high frequency antigen.

In these situations, the following applies:

- Additional testing, including antibody adsorption, has been performed to determine if underlying clinically significant alloantibodies are present.
- Compatibility testing performed with the adsorbed sample, if negative, will be considered serologically *crossmatch compatible with adsorbed sample*; however, the crossmatch tag must be labeled as "incompatible" due to the manipulation of the sample.
- Residual test reactions may be present due to non-clinically significant alloantibody to a high frequency antigen.

The form**, *Uncrossmatched or Incompatible Product Release RTF206.05***, assures that the physician caring for the patient is aware of the patient status, and acknowledges that the benefits associated with the transfusion outweigh the risks.
The physician should be advised that:

- All units of red blood cells are incompatible due to the autoantibody or non-clinically significant alloantibody.
- Testing for underlying alloantibodies has been performed and antigen negative blood has been selected when clinically significant alloantibodies are detected.
- RBC survival may be reduced due to the autoantibody or high frequency alloantibody.

The Reference & Transfusion staff will notify your facility of the incompatible crossmatch status by phone. A copy of the incompatible release form must be signed by the physician or designee and returned via fax *prior* to our shipping the red cell units. If the initial signature on the form is a designee, the physician's signature will be required within 24 hours.

10.7 Platelet Testing Services

The Reference and Transfusion (R&T) Services laboratory offers the following platelet testing services, along with serological testing consultation.

- Platelet HLA matching
- Platelet antibody screening and crossmatching
- Patient platelet antigen typing (not performed at Carter BloodCare). Contact Reference and Transfusion (R&T) Services for information.

10.7.1 Platelet Serology

A patient receiving multiple platelet components may become refractory as a result of immunization. The patient may require HLA-matched or crossmatch compatible apheresis platelet components to achieve a satisfactory increase in platelet counts.

Other causes of thrombocytopenia, i.e., fever, infection, splenomegaly, medications, bleeding, or DIC should be evaluated by a clinician. If these other causes of poor response to platelet transfusions exist, the ordering and transfusion of special platelet products cannot be expected to provide an appropriate transfusion response.

10.7.2 HLA matching

HLA typing is performed on Carter BloodCare apheresis donors for subsequent matching with a patient. The requesting facility must provide the patient's HLA, class I (A & B) type in writing. The donor's HLA type is computer matched to the patient's HLA type. The best available match grade will be provided. Match grades of C or below are not routinely used.

Donor Match Grade	Description
A	All 4 antigens in the donor are identical with all 4 antigens present in the recipient (including formerly B1U and B2U match grades)
B1X – B4X	1 to 4 antigens in the donor are cross reactive with the antigens present in the recipient and the other antigens are identical to the recipient
C	1 antigen is mismatched with the recipient and the other antigens are cross reactive or identical to the recipient

If a donor with the required HLA type is not available at Carter BloodCare, Reference and Transfusion (R&T) Services laboratory staff will make every attempt, within reasonable means, to locate an acceptable HLA match. This includes, but is not limited to, calling specific donors to donate apheresis platelets or importing apheresis platelets from other sources.

Because of the difficulty in finding appropriate matches, it is highly recommended to notify Reference and Transfusion (R&T) Services in advance for the need of HLA matched platelets. This will allow time for donor recruitment, collection, and processing of an acceptable HLA matched product. Please indicate the anticipated transfusion dates and times on the requisition.

10.7.3 Platelet Antibody Screening and Crossmatching

Enzyme-Linked Immunoassay is used for screening of patient platelet antibodies. The presence of patient platelet antibodies directed against an antigen found on donor platelets would render ineffective or shorten the life expectancy of the transfused platelets. In platelet antibody screening, the patient's serum is tested against a routine panel of characterized platelets. The panel includes the following platelet glycoprotein serological specificities: HPA-1, HPA-2, HPA-3, HPA-4, and HPA-5. In addition, some antibodies directed toward some HLA specificities are detected by this method. A platelet antibody screen is recommended on a patient before crossmatching apheresis platelet components. Solid phase technology is used for crossmatching of patient serum against apheresis donor platelets. It is recommended that the Reference and Transfusion (R&T) Services department be notified in advance for the need for platelet testing.

10.7.4 Sample Requirements

Specific sample requirements:

- Samples must be collected and labeled according to instructions listed previously in this section. Please refer to Section 8.0, Test Information Chart, for specific sample requirements. A red top tube and EDTA tube are required for testing.

Note: Serum separator tubes are not acceptable and specific temperature storage criteria may be required.

10.7.5 Requisition for Platelet Serological Testing

Complete form RTF101.01D, Crossmatch Account Service Request Form, with the following information:

- Patient's full name, as it appears in the medical records
- Patient Identification used by requesting facility
- Ordering physician
- Sample Collected, Date/Time/By
- Requesting Facility
- Blood Bank ID (if applicable)
- Order Status
- Patient information including: date of birth, gender, diagnosis, transfusion and pregnancy history
- Testing Requested (other) and Product Requested
- Special Instructions, if applicable
- Infusion set, if needed
- Pre-transfusion Criteria; current platelet count and indication for transfusion

10.7.6 Platelet Labeling

HLA matched and crossmatched platelets are indicated as such on the specialized tie tag attached to the apheresis platelet product. Information on the tag may include:

- Patient name
- Patient Identification number
- Hospital/Facility
- HLA or CROSSMATCH designation
- Grade, if the product is HLA matched
- Interpretation if the product is crossmatched

10.8 GRANULOCYTE PRODUCT ORDER

- Prior to completing the RTF205.13A Form, call the Carter BloodCare Medical Director On-Call at (817) 482-9446. Once approval has been obtained from the CBC Medical Director, document all required information on the "Patient Information" and "Hospital Information" sections of the form. The ordering physician must read the statement on the form and sign and date the order/release form. Signature stamps are not acceptable as the order will be rejected without a handwritten signature from the ordering physician. The completed form should be faxed to the Reference and Transfusion Department at (817) 412-5749.

10.9 Example Forms:

- APL100 Crossmatched Apheresis Product Tag
- APL100 Crossmatch Apheresis Product Tag
- RTF101.01D Crossmatch Account Services Request Form
- RTF206.05 Uncrossmatched or Incompatible Product Release
- RTF214.03 Untested Product Release
- RTL214.01 Emergency Release Uncrossmatched Blood Label
- RTL214.03A Previous Donation Results Label
- RTL214.03B Testing Not Performed Label
- RTL422.01 HLA Matched Tie Tag
- Crossmatch Compatibility Tag
- Non-Crossmatch Compatibility Tag
- RTL207.01A Confirmed Antigen Typing Label
- RTL207.01C Molecular Matched Antigen Typing Tag
- RTF205.13A Granulocyte Product Order & Physician Release Form