

## REFERENCE LABORATORY

### I. REFERENCE LABORATORY HOURS OF OPERATION:

Regular Hours - Monday through Friday 8:00 AM to 4:00 PM.

On-Call Staff - Evenings, Nights, Weekend and Holidays.

**NOTE:** *All Reference Lab procedures are subject to after hours charge if requested to be performed outside regular hours.*

If there is not an urgent need for blood, the work up will be done by the Reference Lab during the next normal working day (Monday – Friday 8:00 AM to 4:00 PM).

”Urgent” is defined as a clinical situation where there is active bleeding or unstable anemia with Hgb/Hct levels at or approaching symptomatic or life threatening levels. Blood to be available for elective surgery is not defined as urgent.

### II. HOW TO REQUEST REFERENCE LAB ASSISTANCE:

#### A. CALL REFERENCE LAB:

Call (865) 521-2640 and request to speak with a Reference Lab Technologist before sending any sample. Reference Lab will ask for:

1. Patient’s name:

Has MEDIC seen this patient before?

When?

**NOTE:** *Remember, MEDIC may have antigen negative units available for patients with previously identified antibodies.*

2. Serological Problem:

What problem have you encountered?

Do you have an ABO discrepancy, positive antibody screen, incompatible crossmatch, positive DAT, transfusion reaction, etc.?

3. Crossmatched Units:

Have you crossmatched any units?

If yes, how many?

How many were compatible?

How many were incompatible?

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4. Blood Needs:  
Does the patient need blood?  
How many units? By when?  
Is patient bleeding?  
What is the patient's hemoglobin?  
Is patient scheduled for surgery?
5. Patient's Diagnosis and History:  
  
Has patient ever been pregnant or transfused?  
When was the last transfusion?  
(Be sure to check blood bank records.)  
What medications are being administered?
6. Previous Antibodies Identified:  
  
Does the patient have a history of an antibody identified by any other consultation blood bank or service?

### B. REQUEST FOR SEROLOGICAL PROBLEM RESOLUTION:

Complete Request for Serological Problem Resolution with the following information:

1. Transfusion Service Name, Telephone Number and who should receive report.
2. Name, Date of Birth, Sex, and Race of patient.
3. Clinical Diagnosis and most recent hemoglobin result.
4. Patient History:  
  
Has patient ever been pregnant or transfused?  
When was the last transfusion and how many of what products?  
(Be sure to check blood bank records.)
5. Medications:  
  
What medications is the patient taking?  
What medications were the patient taking prior to this admission?

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6. Previously Identified Antibodies:

Does the patient have a history of an antibody identified by any other Reference Laboratory or service? It is extremely important to relay this information to MEDIC as the antibody titer may have diminished over time.

7. Current Serological Findings:

What are your serologic test results? Indicate the patient's ABO and Rh type, results of the antibody screen, crossmatches, auto control and direct antiglobulin test as well as the strength of reactions, temperature and method used. Send copies of your workup - panels, elutions, adsorptions, etc.

8. Need for Blood:

Indicate the number of units of red blood cells needed and when they are needed. Please state if this is an emergency or "urgent".

C. **SAMPLE REQUIREMENTS:**

Send adequate fresh sample (less than 24 hours old) when submitting a specimen for serological problem resolution. Additional tubes will be requested if insufficient sample is sent or if the serological problem is such that more serum or cells are necessary. All tubes should be properly labeled with patient's name, a second unique identifier, and date the sample was drawn.

**MINIMUM:** *One full 7 mL EDTA Tube  
One full 10 mL Red Top Tube (no serum separators)*

**NOTE:** *Failure to send the minimum sample volume may result in the work-up being delayed or not completed.*

D. **TRANSPORTATION OF SAMPLE TO MEDIC:**

Deliver all specimens to the Hospital Services Department located at MEDIC's dock area. It is the transfusion service's responsibility to arrange transportation of specimens. Any after hours work-up must be sent by the quickest means possible.

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### III. RECEIPT OF SAMPLE BY REFERENCE LAB:

#### A. ROUTINE SEROLOGICAL PROBLEM WORKUP:

The routine serological problem workup will include:

1. ABO and Rh
2. Selected Phenotype (C, E, c, K and e if needed)
3. DAT
4. Antibody Screen and Identification (if applicable)
5. Patient Testing (if requested) with antigen negative units

**NOTE:** *Units tested with the patient's sample must be crossmatched at Transfusion Service prior to issue.*

#### B. COMPLICATED SEROLOGICAL PROBLEM RESOLUTION:

Additional tests performed to resolve a more complicated serological problem will depend upon the individual case and the patient's history.

#### C. REPORTS:

1. Telephone Report:  
A telephone report will be made when serologic tests are completed.
2. Written Report:  
A written preliminary report will be mailed/faxed or sent with the requested units.
3. Reference Lab Report Summary:  
A written final report will be mailed upon completion and review of all results.

### IV. CHANGE IN PATIENT STATUS:

Communication is essential. Please contact MEDIC and the receiving hospital if the patient is transferred to another hospital or the physician changes or cancels the request.

### V. REQUESTS FOR ANTIGEN NEGATIVE UNITS:

All requests for antigen negative units should be made through the Hospital Services Department.

**NOTE:** *ABO compatible units will be issued after regular Reference Lab hours.*

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### VI. REQUESTS FOR PLATELETS:

#### PLATELET CROSSMATCHING:

Platelet crossmatching is available Monday - Friday from 8:00 AM to 4:00 PM. Call the Reference Lab at (865) 521-2640 before sending sample. We require one freshly drawn patient sample (plasma or serum-no gel tubes) and request sample delivery to MEDIC by 1:00 PM for same day testing. Deliver sample and completed Request for Platelet Crossmatch to the Hospital Services Department.

### VII. REQUESTS FOR HEMOGLOBIN S NEGATIVE RBC PRODUCTS:

Hemoglobin S screening is available Monday – Friday from 8:00 AM to 4:00 PM. Call the Reference Lab at (865) 521-2640 to request.

**NOTE:**        *ABO compatible units will be issued after regular Reference Lab hours.*