| Name of Policy: | Blood and Component Label Verification | THE UNIVERSITY OF TOLEDO |
|--|---|--|
| Policy Number: | 3364-108-204 | MEDICAL CENTER |
| Department: | Pathology/Laboratory – Blood Bank | |
| Approving Officer: | Chief Operating Officer - UTMC Director, Blood Transfusion Service | |
| Responsible Agent: | Blood Transfusion Service Supervisor Administrative Director, Lab | |
| Scope: | Pathology/Laboratory – Blood Bank | Effective Date:03/20/2023Initial Effective Date:6/1996 |
| New policy proposal Minor/technical revision of existing policy Major revision of existing policy X Reaffirmation of existing policy X | | |

(A) Policy Statement

The Blood Transfusion Service labels modified and "crossmatched" blood and components accurately, by a uniform procedure and with a second verification of accuracy of product labels.

(B) Purpose of Policy

To provide accurate, uniformly labeled blood components for distribution to patients.

(C) Procedure

- 1. Attach labels used as secondary bag labels to the primary bag label. Avoid obscuring FDA-mandated portions of the primary label (Name of component, Instructions to the transfusionist, "Volunteer Donor," etc.)
- 2. Label all blood and blood components according to the appropriate format in Procedure Manual Section 400.
- 3. When blood or components are modified requiring a new ABO/Rh type label, as for pooled components, a second check shall be done to compare and verify that the following information is correct on the blood unit label and the compatibility label: unit source number or UTMC-assigned number, ABO/Rh type assigned, expiration date and time, UTMC component preparation product label.
- 4. The unit bag labels shall be compared to the information on the Transfusion Record and the compatibility label at the time of product preparation/ crossmatch by scanning bar-codes for confirmation. The information shall be compared and verified a second time at product issue by scanning bar-codes for confirmation.

| Approved by: | | Review/Revision Date: |
|---|------------|------------------------------|
| | | 6/96 3/1/2021 |
| | | 1/97 3/20/2023 |
| /s/ | 03/21/2023 | 3/99 |
| Lauren Stanoszek, M.D. | Date | 11/99 |
| Assistant Professor | | 3/02 |
| Director, Blood Transfusion Service | | 1/05 |
| | | 6/9/2008 |
| | | 03/22/2011 |
| /s/ | 03/21/2023 | 03/01/2013 |
| Christine Stesney-Ridenour | Date | 3/2/2015 |
| Chief Operating Officer - UTMC | | 3/1/2017 |
| | | 3/1/2019 |
| Review/Revision Completed By: Danielle Weilnau, MT(ASCP) | | |
| Damene weimau, wit(ASCF) | | Next Review Date: 3/1/2025 |

Reference: Current Edition, Standards for Blood Banks and Transfusion Services, AABB.