Name of Policy:	<b>Confirmation of Donor Blood Type</b>	THE UNIVERSITY OF TOLEDO
Policy Number:	3364-108-304	THE UNIVERSITY OF TOLEDO 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: 03/20/2021 Initial Effective Date: 10/1986
New policy Major revis	y proposal Minor/technical rev	ision of existing policy

## (A) Policy Statement

The Blood Transfusion Service must confirm the blood type of all RBC units received for transfusion.

## (B) Purpose of Policy

To minimize the risk of hemolytic transfusion reactions and to optimize post-transfusion survival of donor red blood cells.

## (C) Procedure

- 1. Enter unit information into computer using procedure in Computer Manual.
- 2. Perform the following tests according to procedure on all RBC units received for transfusion:
  - ➤ ABO type (forward type only)
  - > D type on all Rh negative units. Tests for weak D are not required.
- 3. If there is a discrepancy between the test results and the unit label, repeat the test using another segment and ABO/Rh typing antiserum from a different manufacturer. Quarantine the blood until the discrepancy is resolved or report the discrepancy/return the unit to ARC. Document on Lab Occurrence form.
- 4. Segments from transfused donor units are retained for a minimum of 21 days. Wrap an ARC source number sticker around one segment from each unit and store the segment in a plastic bag marked with the receiving date and the date for discard (two months from received date). Store the plastic bag in the Zone 1 refrigerator-bottom right shelf. A new bag must be started daily and marked appropriately.
- 5. Donor units containing antibodies may be transfused to any patient, but it may be preferable to hold these units for transfusion to those who have been typed as negative for the corresponding antigen.

Approved by:	Review/Revision Date:		
Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service	03/21/2023 Date	6/96 7/96 2/99 8/00 11/03 1/05 1/2008	6/9/2008 3/22/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 3/20/2023
/s/	03/21/2023		
Christine Stesney-Ridenour	Date	-	
Chief Operating Officer - UTMC			
Review/Revision Completed By:			
Danielle Weilnau, MLS(ASCP) <sup>CM</sup>		Next Review Date: 3/1/2025	
olicies Superseded by This Policy:			

Reference: AABB Standards for Blood Banks and Transfusion Services, current edition