Guideline 2

Identification and Labelling of Pre-Transfusion Samples

2.1 Purpose

To provide best practice guidelines for nurses that align with the standards set forth by the American Association of Blood Banks (AABB), Accreditation Canada (AC), Transfusion Services, Canadian Standards Association (CSA), and the Canadian Society of Transfusion Medicine (CSTM) for positive patient identification.

2.2 Policy

Health Care Facilities/Service Delivery Organizations in Manitoba must implement a policy for unequivocal identification of an intended patient for any and all testing related to, and administration of blood, blood components, and/or blood products.

A policy shall be established for patient identification where the patient's identity and/or identification number are not available.

A policy for unequivocal recipient identification shall be established for outpatient and preadmission sample collection. Samples drawn outside the healthcare facility or preoperative tests performed as an outpatient, shall follow this standard.

2.3 Documentation

Documentation of a patient's blood sample shall contain information that inextricably links the sample to the patient.

The phlebotomist must sign the Request for Blood Components form (XM101), the Request for Pre-Transfusion Testing form (XM101A), and/or the Request for Miscellaneous Testing (XM104), as applicable.

2.4 Materials

- Phlebotomy supplies
- EDTA tube
- CBS label
- Required form
    - XM101 – Request for Blood Components
    - XM101A - Request for Pre-Transfusion Testing
    - XM104 - Request for Miscellaneous Testing *(Example: Transplant workup, Red Cell Serology for antibody investigation)*

2.5 Quality Control

A facility-based quality improvement system or process should be in place to monitor compliance for the accurate identification of patients through random patient and health care record audits and/or other quality improvement mechanisms. Health Care Facilities/Service Delivery

Organizations should implement a quality improvement system facilitated through the Transfusion Practice Committee to monitor compliance.

There shall be a process in place to reduce the risk of misidentifying the intended recipient at the time of collecting the pre-transfusion sample (example: 2 sample ABO protocol – Appendix 4).

2.6 Procedure

Action	Key Points
Blood samples shall be labelled ***in the presence of the recipient*** at the time of collection. The label on the blood sample must include at least the following two identifiers: • recipient's first and last name • recipient's unique identification number The person drawing the blood sample shall verify that the sample label information matches the recipient's identification. All documentation that accompanies a recipient blood sample shall contain sufficient information to unequivocally link it to the recipient.	**An inpatient *must* be wearing an armband.** **NO BAND = NO BLOOD** **An outpatient may not be wearing an armband.** Pre-Printed labels are accepted at some facilities - check your facility policy. Refer to Appendix 5.
Identification may be done by: • Asking the patient to state their first and last name, and date of birth. If the patient is unable to communicate this information, a second person may identify the patient. This can be a family member, caregiver, or a healthcare professional (example: home support worker). The person who identifies the patient must be able to state the patient's first name, last name, and date of birth. • Compare patient's first and last name, date of birth, and PHIN from the armband to the requisition.	**If no PHIN, acceptable identifiers include:** • **MRN** • **Military Identification Number** • **RCMP Identification Number** • **Health number from another province/territory** • **Federal Penitentiary Identification Number**
The person responsible for identification of the patient and collection of the specimen must be the same person signing the tube label. This person shall verify the sample label information matches the recipient's identification. All compared identifiers must be **IDENTICAL**.	**Discrepancies must be addressed before sample is collected.**

2.7 Notes/Special Considerations

In the case of an **unknown patient**, the MRN is the only acceptable identifier.