Hospital - Customer Service Guide

Purpose

The Hospital – Customer Service Guide is designed to provide a general overview to hospital laboratory / blood bank staff on how San Diego Blood Bank (SDBB) manages the blood supply.

Index:

- Initiating a Fax for ordering blood products.
- Receiving blood products from SDBB.
- Returning blood products to SDBB.
- Sending Units Back to SDBB which require Special Handling
- Transferring blood products to another Hospital.
- Sending blood products to SDBB for modification.
- Frequently Asked Questions (FAQs).

Scope

This document is intended to be used by Hospital Staff.

Procedure

A. **Initiating a "San Diego Blood Bank Order / Inventory Fax Form" for ordering blood products**

1. Please use the following form (Figure A1) or form sent to you for your hospital specifically, when placing an order for blood products. Follow the directions below for filling out the form. Click here to access a PDF fillable copy of this form.
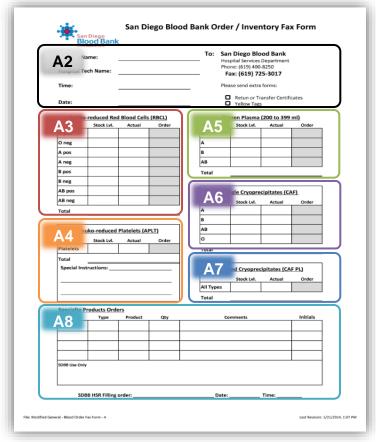

Figure A1

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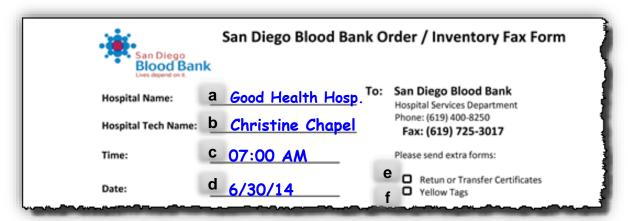2. Hospital Information Section (Figure A2).

Figure A2

   a. **Hospital Name**: Enter your Hospital Name.
   b. **Hospital** Tech Name: Enter your name.
   c. **Time**: Enter the time the form is filled out.
   d. **Date**: Enter the date the form is filled out.
   e. Check this box if you need more Return or Transfer Certificates (refer to <u>Section C</u> for more information).
   f. Check this box if you need more Yellow Tags (refer to <u>Section C</u> for more information).

3. Leuko-Reduced Red Blood Cells (Figure A3).

Leuko-reduced Red Blood Cells (RBCL)

	Stock Lvl.	Actual	Order
O pos	20	15	5
O neg	8	8	
A pos	20	12	8
A neg	8	4	4
B pos	10	4	6
B neg	4	4	
AB pos	4	4	
AB neg	2	2	
Total			23

Figure A3

   a. **Stock Level**: Enter the pre-arranged stock level for each blood type in this column.
   b. **Actual**: Enter the actual number of available blood products for each blood type in this column.

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   c. **Order**: Enter the number of blood products for each blood type in this column.

   d. **Total**: Write the total number of ordered blood products.
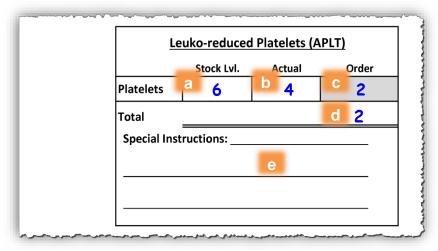
4. Leuko-reduced Platelets (APLT) (Figure A4).

Leuko-reduced Platelets (APLT)

	Stock Lvl.	Actual	Order
Platelets	a 6	b 4	c 2
Total			d 2

Special Instructions: _____

e _____

_____

Figure A4

   a. **Stock Level**: Enter the pre-arranged stock level in this column.

   b. **Actual**: Enter the actual number of available blood products in this column.

   c. **Order**: Enter the number of blood products in this column.

   d. **Total**: Write the total number of ordered platelets.

   e. **Special Instructions**: If there any special instructions for your platelet request (e.g. CMV negative, irradiated, etc.), enter them here.

5. Frozen Plasma (200 to 399 ml) (Figure A5).

Frozen Plasma (200 to 399 ml)

	Stock Lvl.	Actual	Order
O	a 20	b 16	c 4
A	20	20	
B	10	9	1
AB	10	8	2
Total			d 7

Figure A5

   a. **Stock Level**: Enter the pre-arranged stock level for each ABO in this column.

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    b. **Actual**: Enter the actual number of available blood products for each ABO in this column.

    c. **Order**: Enter the number of blood products for each ABO in this column.

    d. **Total**: Write the total number of ordered plasma.

6. Single Cryoprecipitate AHF (Figure A6).

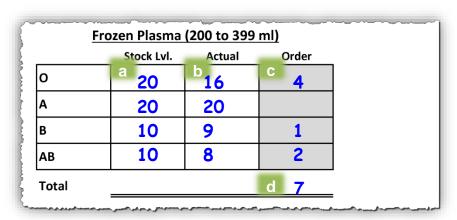| Single Cryoprecipitates (CAF)			
	Stock Lvl.	Actual	Order
A	a 20	b 18	c 2
B	10	10	
AB	10	10	
O	20	15	5
Total			d 7

Figure A6

    a. **Stock Level**: Enter the pre-arranged stock level for each ABO in this column.

    b. **Actual**: Enter the actual number of available blood products for each ABO in this column.

    c. **Order**: Enter the number of blood products for each ABO in this column.

    d. **Total**: Write the total number of ordered cryo.
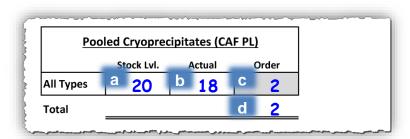
7. Pooled Cryoprecipitate AHF (Figure A7).

Pooled Cryoprecipitates (CAF PL)			
	Stock Lvl.	Actual	Order
All Types	a 20	b 18	c 2
Total			d 2

Figure A7

    a. **Stock Level**: Enter the pre-arranged stock level in this column.

    b. **Actual**: Enter the actual number of available blood products in this column.

    c. **Order**: Enter the number of blood products in this column.

    d. **Total**: Write the total number of ordered pooled cryo.

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8. Additional Products Orders (Figure A8). Up to 5 additional orders can be entered in this section.

	Priority	Type	Product	Qty	Comments	Initials
	Routine	O-	RBCL	2	CPD, irradiated	CC
	Routine	O+	PLT	1	CMV-	CC
	Routine	O-	RBCL	1	Pediatric bags attached	CC

SDBB Use Only

SDBB HSR Filling order: _____ Date: _____ Time: _____

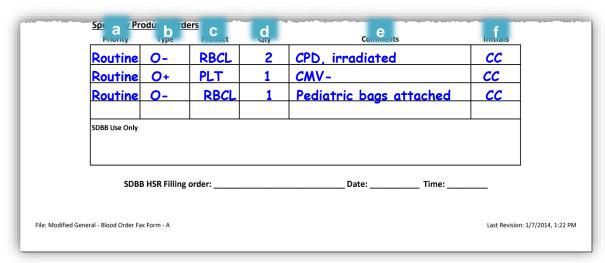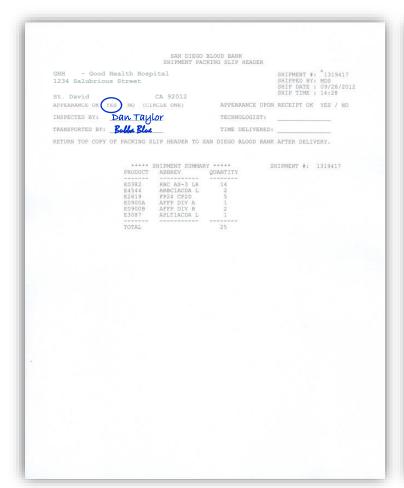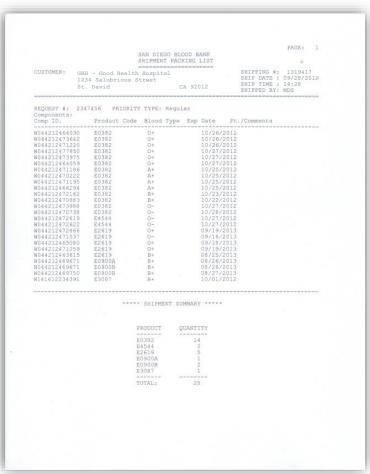File: Modified General - Blood Order Fax Form - A   Last Revision: 1/7/2014, 1:22 PM

Figure A8

a. **Priority**: Enter STAT or Routine.
b. **Type**: Enter the blood type (if necessary).
c. **Product**: Enter the Product type.
d. **Qty**: Enter the Quantity of products.
e. **Comments**: Enter any additional relevant information here.
f. **Initials**: Enter your initials.

9. When the fax form has been filled out, send it to Hospital Services at (619) 725-3017.
10. Return to Index.

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B. Receiving blood products from San Diego Blood Bank

1. Shipments of blood products from SDBB, or a satellite distribution center, will be accompanied by two pieces of paperwork.

   a. Shipment Packing Slip Header (Figure B1). This form is used to verify receipt of the shipment, and confirm the contents were received in acceptable condition.
   b. Shipment Packing List (Figure B2). This list may be retained for hospital records.

Shipment Packing Slip - Figure B1

Shipment Packing List - Figure B2

⚠️ **Important!** Customers must have someone available to receive incoming blood products. Drivers may be instructed to return products to SDBB if no one is available to receive them. Additional fees may be applied if delivery drivers are required to wait or bring products back to SDBB.

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2. When the blood products are delivered, the Hospital staff person receiving the blood products will complete the following fields on the Shipment Packing Slip Header. The directions below correspond to the numbers on Figure B3.
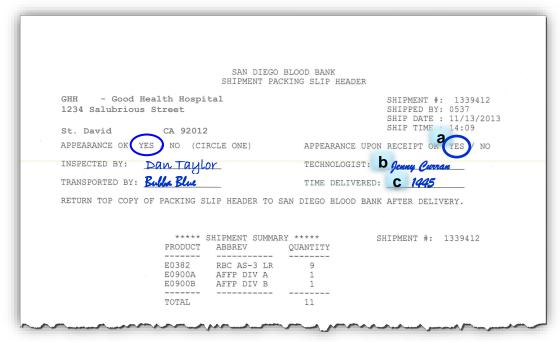

Figure B3

    a. **Appearance Upon Receipt OK** - Mark (e.g. check, circle, etc.) either Yes or No.

        1) If Yes, continue to step B.2.b below.
        2) If No, notify Hospital Services immediately.

    b. **Technologist**: The person who inspected the shipment upon delivery should initial / sign here (Figure B4).
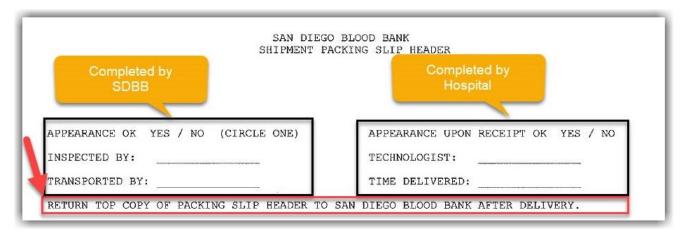

Figure B4

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c. **Time Delivered**: The person who received the shipment will enter the time here.
d. Completed Shipment Packing Slip Headers must be sent back to SDBB. It is a regulatory requirement that completed headers be kept on file by the SDBB. Copies may be generated for hospital records if desired.

   1) A blue folder has been provided to all hospitals to store these documents.
   2) Place this folder in an easy to find location in your lab. Inform staff why this folder is there and what it is used for.
   3) When hospital staff receive STAT orders, they complete the packing slip header and place it in the blue folder.
   4) Have staff check the folder for completed headers during SDBB routine blood product deliveries. Completed headers should be given to the route driver to be brought back to the SDBB.

⚠️ **Important.** Couriers delivering STAT deliveries are typically one-way drivers and do not return to the SDBB. Please retain completed headers until a SDBB driver can pick them up and return them to the SDBB.

e. <u>Return to Index.</u>

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C. Returning blood products to SDBB

1. Hospitals may use a Computer-Generated Return Certificate (Figure C1).

   a. The following information must be present on the Return Certificate.

      1) Hospital Identifier.
      2) DIN.
      3) E Code.
      4) ABO/Rh.
      5) Expiration Date.
      6) Either a SDBB "Return Label" (Figure C2), or other SDBB approved form which indicates the blood products were continuously stored in acceptable conditions.

   Note: Click here to access Return Labels. This PDF produces 10 labels per sheet and is designed to work with Avery 8163 label sheets.

   b. Hospital staff must sign a computer-generated Return Certificate on the same page where the blood information is listed.
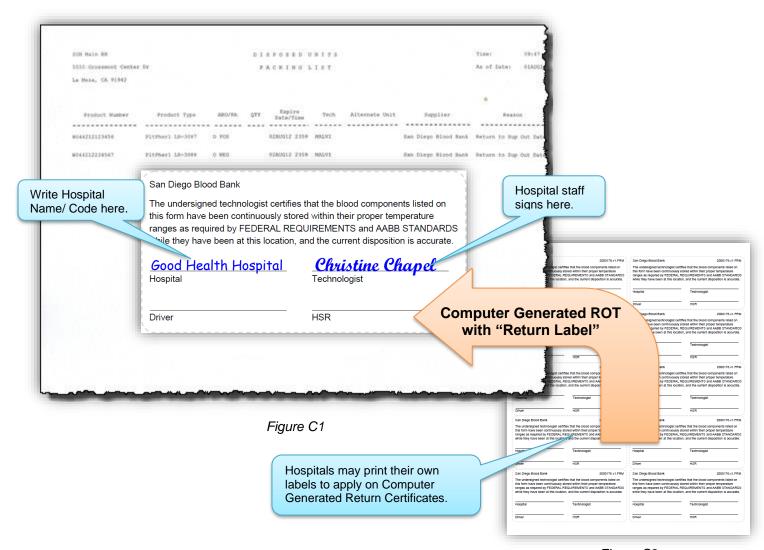

Figure C1

Figure C2

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2. Follow the directions below when filling out a Blood Product Return or Transfer (ROT) certificate (Figure C3).

    a. **Date** - The date the return is taking place.
    b. **Return** - Check the box next to Return.
    c. **Origin Location** - The hospital returning blood products.
    d. **Destination Location** - Check the box marked San Diego Blood Bank.
    e. Enter Units to be Returned or Transferred (up to 10 per sheet).

        1) **DIN/Unit Id Number** - The check digit can also be entered but is not required.
        2) **Product** - The E-Code on the blood label should be written here.
        3) **ABO/Rh** - The blood type.
        4) **Expiration Date** – Expiration date of unit
        5) **Return Reason** (see below):

            a) **SR** - Stock Rotation - applies to most routine returns of blood products.
            b) **EU** - Expired Unit - applies to expired blood products.
            c) **YT** - Yellow Tagged Unit - applies to blood products that require special handling.
            d) **DU** - Discarded Unit - applies to blood products that have been discarded at the hospital.

        6) **Transfer Unit To** - Leave this blank.

Figure C3

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f. Recording blood products that have been discarded at the hospital. The "Discarded Units Only - Complete This Section" (Figures C4-C5) must be filled out if any blood products listed on the ROT have a return reason of DU (Discarded Unit) on the ROT.

1) **Request Credit** - The hospital is requesting credit for the discarded blood product: Check either Yes or No.
2) **Date** - The date the blood product was discarded.
3) **Reason** - The reason the unit was discarded.

Figure C4

Figure C5

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g. Originating Hospital Technologist (Figure C6) - This signature indicates blood products were stored properly at the hospital and are in good condition at the time of pickup.

h. Transportation / Packing (Figure C6). This section will be completed by the driver picking up the blood products.

i. The driver will take the white and yellow copies with the returned blood products back to SDBB, and leave only the pink copy at the hospital.

Figure C6

3. [Return to Index.](#)

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D. Sending Units Back to SDBB which require Special Handling

1. On occasion, some blood products need to be returned to SDBB which require Special Handling. In these instances, a Hospital Pick-Up (Yellow Tag – Figure D1) may be initiated by hospital staff.

    a. Hospital pick-up form must be filled out with the following information:

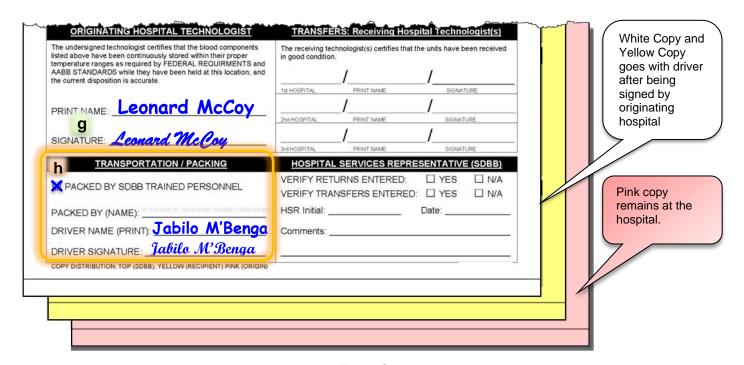   1) **Date** - The date the blood product will be picked up.
       2) **Hospital** - The location code / name of the hospital that is returning the unit.
       3) **Reason** - The reason the unit is being returned to SDBB, if known.
       4) **DIN / E Code** - Write the DIN, followed by the E Code of the unit to be returned.
       5) **Return Initiated by** - Check/mark one of the following:

          a) Hospital - if the hospital initiates the return, check/mark this box.
          b) SDBB - if SDBB initiates the return, check/mark this box.

       6) **Initials / Department** (SDBB only).

          a) If the return is initiated by the Hospital, leave this field blank.

Figure D1

    b. Attach the Yellow Tag to the blood product to be returned to SDBB.

2. Return to Index.
3. Return to Section C.

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E. Transferring blood products to another Hospital

⚠️ **Important.** If blood products are sent / received from another Hospital via transfer, and the transfer was not performed by SDBB employees, SDBB must be notified as soon as possible.

1. Initiate a direct transfer by filling out a ROT Certificate (Figure E1).

   a. **Date** - The Date the Transfer is taking place.
   b. **Transfer** - Mark (e.g. check, cross) the box next to Transfer.
   c. **Origin Location** - The Hospital transferring units, or the pick-up location.
   d. **Destination Location** - Mark the box marked "Other" and enter the code of the hospital receiving the units.
   e. Enter Units to be Returned or Transferred (up to 10 per sheet). If the transfer is handled by a non SDBB trained driver, hospital staff must verify units on form match the units being sent. If transfer is handled by a trained SDBB staff person, that driver will verify they have all units listed on the ROT certificate.

      1) **DIN/Unit** - Id Number.
      2) **Product** - The product code.
      3) **ABO/Rh** - The blood type.
      4) **Expiration Date**.
      5) **Return Reason** - Leave this box blank.
      6) **Transfer Unit To** - Leave this box blank.

BLOOD PRODUCT RETURN OR TRANSFER CERTIFICATE

San Diego Blood Bank
San Diego, CA
3636 Gateway Center Ave.
Suite 100
San Diego, CA 92102
Phone: (619) 298-5535
Fax: (619) 725-3017

DATE: **a** _2/1/14_

INDICATE IF UNITS ARE BEING RETURNED OR TRANSFERRED BY CHECKING ONE OF THE BOXES BELOW

☐ RETURN   **b** ☒ TRANSFER

c ORIGIN LOCATION | DESTINATION LOCATION

Hospital Name: **Good Health Hospital**

☐ San Diego Blood Bank
☒ Oth **d** **Sunset Medical Ctr.**

ENTER UNITS TO BE RETURNED OR TRANSFERRED

DIN / UNIT **e** NUMBER	PRODUCT (E-CODE)	ABO/Rh	EXP. DATE	RETURN REASON*	TRANSFER UNIT TO:
1) W044214234567	E3087	O+	2/1/14		
2) W044214234568	E3088	B+	2/1/14		
3) W044214234569	E3087	A+	2/1/14		
4)					
5) **1**	**2**	**3**	**4**	**5**	**6**
6)					
7)					
8)					
9)					
10)					

*RETURN REASONS: SR = STOCK ROTATION, EU = EXPIRED UNIT
YT = YELLOW TAGGED UNIT (SDBB Requested Return)

DISCARDED UNITS ONLY – COMPLETE THIS SECTION
REQUEST CREDIT: ☐ YES ☐ NO   DATE: _____
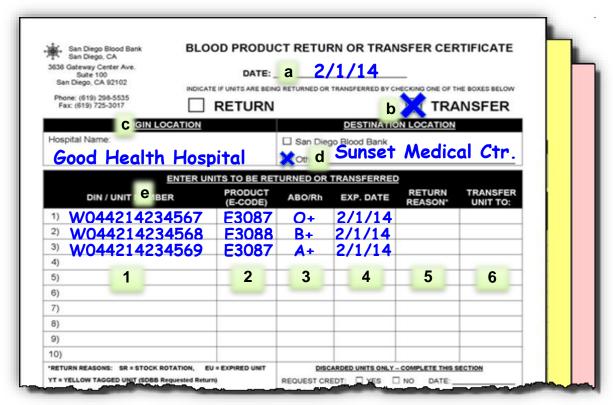
Figure E1

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f. Originating Hospital Technologist (Figure E2) - This signature indicates blood products were stored properly at the hospital and are in good condition at the time of pickup.

g. Transportation / Packing (Figure E2). This section will be completed by the driver picking up the blood products. If handled by a trained SDBB driver, put an "x" by "Packed by SDBB Trained Personnel". If using an untrained driver, fill out only the driver name and driver signature.

h. The driver will take the white and yellow copies with the transferred blood products and leave only the pink copy at the hospital.
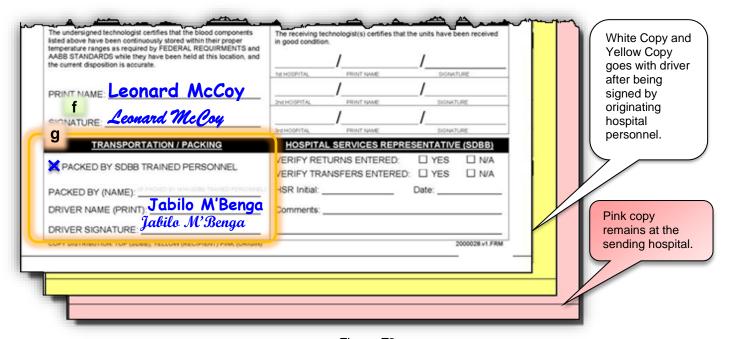

Figure E2

i. When the driver arrives at the receiving hospital with the blood products, the Transfers section of the ROT must be completed (Figure E3).

1) **1st Hospital** - Write either the SDBB hospital code for the receiving hospital, or the name of the receiving hospital.
2) **Print Name** - Technologist - Lab staff at the receiving hospital will print their name here.
3) **Signature** - Lab staff at the receiving hospital must sign here.

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    j.   The white copy of the completed ROT must be returned to SDBB with the next available SDBB Driver or faxed to hospital services. The yellow copy stays at the receiving hospital.
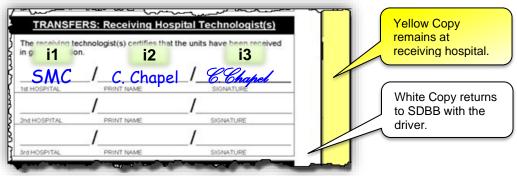

Figure E3

2. [Return to Index.](#)

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F. Sending blood products to San Diego Blood Bank for modification

1. Hospitals should use a Component Modification Request Form (Figure F1) anytime units need to be sent to SDBB for modification. <u>Click here to access a fillable PDF copy</u> of this form.

San Diego Blood Bank
San Diego, CA

Component Modification Request Form

Send Products To: San Diego Blood Bank - Hospital Services. 3636 Gateway Center Avenue, Suite 100 San Diego, CA 92102

Section 1: To be filled out by Hospital staff sending units to SDBB to be modified.

Hospital: _____ Lab Tech: _____ Date: _____ Priority:

Courier: _____ Temp. @ Shipment (°C): _____ Time: _____ ☐ STAT

Contact Phone # (if available): _____ ☐ Routine

Section 2: Units to be Modified

Donation Identification Number (DIN)	Component Code (ECode)	Modification Requested* (I-L-W, or write-in)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

*Modification Requested - Abbreviation Key: I = Irradiation, L = Leukoreduction, W =Washed (or enter the desired modification).

Section 3: To be filled out by SDBB Hospital Services staff when the units arrive.

Units Arrival Date: _____ % Coolant Remaining: _____ Temp. Upon Arrival (°C): _____

Units Arrival Time: _____ Are the Units Viable: ☐ Yes ☐ No Units Imported by: _____

☐ Customer does not want updated labels following modification

Section 4: To be filled out by SDBB Hospital Services staff

Shipping Date: _____ Shipment ID #: _____ Temp. @ Shipment (°C): _____

Shipping Time: _____ Form Completed by: _____ Courier: _____

Section 5: Additional Comments

_____

_____

_____

Form Reviewed by: _____ / _____ Date: _____
                        Signature   Staff ID#

Figure F1

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a. **Section 1** - Hospital staff should follow the directions below when filling out the form (Figure F2).

  1) **Hospital** - Enter the hospital code here.
  2) **Tech Initials** - Enter the initials of the hospital employee requesting the modification.
  3) **Date** - Enter the date.
  4) **Courier** - Enter the name of the courier picking up the blood products (if known).
  5) **Temp** - at Shipment - Enter the temperature of the blood products at the time of pickup.
  6) **Time** - Enter the time of pick up.
  7) **Priority** - Mark one the following:

   a) **STAT** - If the modified units are needed for an emergency, mark this box.
   b) **Routine** - If the modified units are not needed urgently, mark this box.

  8) **Contact Phone #** - Enter the phone number for the hospital blood bank / laboratory.

Component Modification Request Form

Send Products To: San Diego Blood Bank - Hospital Services. 3636 Gateway Center Avenue, Suite 100 San Diego, CA 92102

Section 1: To be filled out by Hospital staff sending units to SDBB to be modified.

Hospital: **1** *GHH* Lab Tech: **2** *Chris Chapel* Date: **3** *1/12/15* Priority:

Courier: **4** *SDBB* Temp. @ Shipment (°C): **5** *3.8°C* Time: **6** *10:00* ✖ STAT **7a** ☐ Routine **7b**

Contact Phone # (if available): **8** *858-555-1234*

Figure F2

b. **Section 2** - Hospital staff should follow the directions below when filling out the form (Figure F3). Up to 10 blood products may be entered in this section.

  1) **Donation Identification Number** - Enter the DIN here (check digit is optional).
  2) **Component Code** - Enter the Component Code (E Code) here.
  3) **Modification Requested** - Enter one of the following:

   a) **I** - Irradiation.
   b) **L** - Leukoreduction.
   c) **W** - Wash.
   d) If any other modification is requested, write it in this field.

Section 2: Units to be Modified

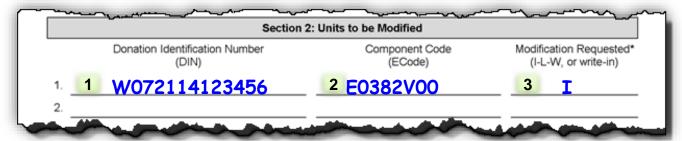| Donation Identification Number (DIN)	Component Code (ECode)	Modification Requested* (I-L-W, or write-in)
1. **1** *W072114123456*	**2** *E0382V00*	**3** *I*
2.		

Figure F3

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2. Send the form and the blood component (s) to be modified to SDBB.
3. [Return to Index.](#)

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Appendix 1: Frequently Asked Questions (FAQs)

A. How does SDBB manage inventory during a blood shortage?

    1. Centralized Inventory Management – Inventory management process in which SDBB withholds majority of community's blood supply inventory. SDBB Hospital partners are provided with a stock of blood, to be available for immediate use, based on their usage.

        a. SDBB adheres to the concept of Centralized Inventory Management.
        b. In the event of inventory shortage, the SDBB will determine if notification to hospital partners is necessary, based on the outlook of near future inventory levels.
        c. SDBB will work with hospital partners to determine internal blood levels and will triage blood as necessary. In times of inventory shortage, blood components will be distributed from the SDBB for immediate/emergency use only.
        d. SDBB will determine inventory shortage has been resolved and will notify hospital partners accordingly.

B. Does SDBB ever recall products?

    1. SDBB reserves the right to recall blood products under any of the following circumstances:

        a. Market Withdrawal.
        b. Emergency (i.e. disaster or other significant event).
        c. Overstocked Customers (i.e. customers with an excessive inventory of blood products).

C. What product donation types does SDBB issue?

    1. Allogeneic blood products, including:

        a. Red Blood Cells.
        b. Apheresis Platelets.
        c. Frozen Plasma.
        d. Cryoprecipitate AHF.
        e. Pooled Cryoprecipitate AHF.
        f. Cryo Reduced Plasma.
        g. Additional Products may be available upon request.

    2. Customers with knowledge of specific needs (e.g. plasma exchange, extensive surgeries, etc.) should contact SDBB in advance to make sure those special needs can be accommodated.
    3. Designated Donations. These products are intended for a specific patient. Any Directed Donation blood products marked as transferable may be placed into available inventory once it has been determined the intended recipient does not need the product.
    4. Autologous Donations. These products are intended only for the donor who donated the unit, and cannot be used for any other patient.
    5. If your request involves blood products with rare antibodies, or patient samples for antibody screening, please refer to the [Immunohematology Reference Lab (IRL) page](#).

D. How does SDBB manage "short-dated" blood products?

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1. SDBB defines "Short dated blood products" as any of the following:

    a. Red Blood Cell products expiring within 10 days.
    b. Frozen products expiring within 90 days.

2. Customers who can use short-dated blood products should notify SDBB as soon as possible.
3. Short-dated blood products may be used to fill emergency (i.e. STAT) blood product orders.
4. Customers willing to accept short-dated blood products may not be charged STAT fees.
5. Customers may be advised to retain short-dated blood products under certain circumstances.

E. Requesting blood products from SDBB.

1. Hospital Services is open 24 hours a day, each day of the year. Orders for blood products may be placed via phone or fax, using the phone numbers below:

Hospital Services: 24 Hour Phone Numbers	
Phone #1	1-619-400-8250
Phone #2	1-800-435-2725
Fax	1-619-725-3017
Email	HSRLog@sandiegobloodbank.org
Cell (use only if landlines are not available)	1-619-571-3553

F. Emergency (i.e. STAT) blood product orders.

1. STAT orders for blood products will be processed as soon as possible following receipt of the order.
2. STAT order may be shipped from SDBB, or (depending on the products requested) from a satellite distribution center.
3. Travel times for a STAT delivery may vary due to weather / traffic conditions.
4. A fee may be charged for STAT deliveries.

G. Handling Modified or Mishandled Products.

1. Blood products which have been modified (e.g. irradiated, prepared for transfusion, etc.) or mishandled (e.g. incorrectly stored, broken, etc.) cannot be returned.