1. **Principle**

There are two situations that may require immediate patient notification; these are traceback and lookback.

Traceback: A process initiated when a hospital informs the manufacturer that a patient has had an adverse outcome to a specific donor unit (e.g. a transfusion transmitted disease (TTD)).9.1

Lookback: A process initiated when a donor, who has given previous donations, tests positive for a TTD.9.1

Both situations require immediate action by the Transfusion Medicine Laboratory (TML).

On occasion there may also be requests from patients, patient's guardian or physicians, for verification of blood transfusion.

1. **Scope and Related Policies**
   1. To ensure that any patient, guardian or physician request for a patient's blood transfusion history is actioned in a timely, accurate and complete manner.
   2. To ensure that lookback/ traceback requests from the manufacturer are dealt with in a timely manner while maintaining patient confidentiality.
   3. Traceback - the manufacturer provides the hospital with a patient's name and birthdate (and possibly health card number). The hospital, whether it be the Health Records, Transfusion department or both, must search their records for evidence of any transfusion. If records of transfusion are found a list of units transfused [actual donor unit numbers, product(s), (including fractionated products) and date transfused] must be prepared and sent back to the manufacturer. If records of transfusion are not found this must also be communicated to the manufacturer preferably by letter.
   4. Lookback - the manufacturer provides the hospital with a donor unit number/product that was issued to the hospital. The hospital transfusion lab must search their transfusion records to see which patient the unit was transfused to. Letters are sent to the recipient's last known address to recommend that they get tested for the marker implicated in the lookback. The manufacturer is advised of this and any correspondence received from the recipient (i.e. test results) is copied to the manufacturer.
   5. Report of Transfusion Related Infection - this may be initiated many ways but it usually comes from a physician on behalf of a patient who is now testing positive for a TTD marker. Proceed as per traceback protocol with respect to searching patient transfusion records and complete a CBS Report of Transfusion Related Infection form and forward this form to CBS. The manufacturer will continue investigating with the traceback process.
   6. For patient, guardian or physician request for verification of blood transfusion, follow the procedure 6.1 - 6.10.
2. **Specimens – N/A**
3. **Materials**

**Supplies:** Patient Transfusion Record

CBS Forms: Access Transmissible Disease Notification (TDN) form from the CBS website <http://www.transfusionmedicine.ca/sites/transfusionmedicine/files/articles/TDN_Notification_form_Oct2014.pdf>

Transfusion Medicine Medical Director Consultation Protocol (QCA.010)

1. **Quality Control – N/A**
2. **Procedures**

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| 1. Requests from patients, patient's guardian or physicians, for verification of blood transfusion: | 1. Verbal requests or phone calls from patients, patient's guardian or physicians, for verification of blood transfusion, will be directed to the Health Records Department. |
| 1. Requests from patients/physicians/guardians must be sent in writing to Health Records, and include the following:  * patient name * date of birth * dates of hospitalization * address at time of hospitalization      * reason for the request * signature of authorized individual * copy of personal identification of authorized individual.   *Exception*: If the authorized individual is not the patient, proof of executor and/or proof of next of kin are required. These requests will be directed to the Medical Legal Correspondent. |
| 1. Health Records review the request for completeness | 1. Upon receipt of a request, the Health Records Correspondence Technician will review the request for completeness and may forward to the Transfusion Medicine service if additional information is required |
| 1. TML review of the records | 1. Upon receipt of the request, the TML will access Transfusion Medicine records, determine and record on the request copy, whether blood or blood products were given. This will be returned to Health Records |
| 1. The Charge Technologist or designate will review all correspondence prior to it leaving the department and being sent to Health records. TML will make 2 copies, and send the original to Health Records. . |
| 1. If indicated, the TML will forward to Health records, any  requests for which no information was found |
| 1. Release of record review | 1. Health Records will prepare the response as follows:  * Form letter for the requester (patient, guardian or physician) indicating no Blood Transfusion given; or, * Form letter for the requester (patient, guardian or physician) indicating a Blood Transfusion given. |
| 1. The TML and/or Health Records will maintain a copy or the request / findings and store/file in a designated location. |
| 1. Health Records will enter the transaction in the Correspondence Database System and file the copy of the response with the original request in the correspondence file. |
| 1. Lookback – Requests relating to blood components/products | 1. Confirm that the components/products under investigation have been received by the TML. Report back to CBS if none of the products had been received. |
| 1. Ensure that any associated components/product is removed from stock and quarantined (e.g. FFP, Cryo). |
| 1. Retrieve any associated products that have been issued to nursing units for stock and/or O.R. fridge.  |  |  | | --- | --- | | ***If*** | ***Then:*** | | the suspect products have been received into inventory | identify the final disposition status | | products have been shipped to another facility | advise the CBS of the final destination of the products | | the products have been transfused | identify patients who received the products | |
| 1. Forward information to the Transfusion Medicine Medical Director or Designate (QCA.010 – Transfusion Medicine Medical Director Consultation Protocol) for appropriate follow up with the patient’s physician and/or patient. |
| 1. Traceback – Requests related to blood components and products that have been transfused to specific patient | 1. Confirm that the patient under investigation has been transfused by the TML. |
| 1. Report all products the patient has been transfused |
| 1. If no record exists forward request to Health records |
| 1. Forward information obtained to Medical Chief/Designate for review. (QCA.010 – Medical Chief Consultation Protocol) |
| 1. Complete the CBS Transmissible Disease Notification (TDN) Form using instructions provided2 and return to the CBS. Retain a copy of the form for the TML records. |

1. **Reporting** 
   1. Complete all required documentation and return to CBS.
   2. Completed documents should be copied and filed in patient file prior to sending to CBS
2. **Procedural Notes – N/A**
3. **References** 
   1. Clinical Guide to Transfusion online edition [www.transfusionmedicine.ca](http://www.transfusionmedicine.ca) Chapter 1 (updated April 2011) : p2
   2. A Guide to Reporting Adverse Transfusion Events - Reporting Transfusion Transmitted Infections. [www.transfusionmedicine.ca](http://www.transfusionmedicine.ca)
4. **Revision History**

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| **Revision Date** | **Summary of Revision** |
| August 10, 2015 | * Revised name of manual * Revised section 4.0 * Revised and renumbered section 6.0 * Updated list of references |
| April 19, 2016 | * Removed reference to old CBS Form F040587 and replaced with link to new TDN form (<http://www.transfusionmedicine.ca/sites/transfusionmedicine/files/articles/TDN_Notification_form_Oct2014.pdf> ) |