1. **Principle**

To positively identify a patient and accurately label specimens that will be used for pre-transfusion testing.

1. **Scope and Related Policies**
	1. Policies and procedures for the preparation of a request form,

identification of a patient/recipient, and the collection and labeling of a blood specimen must be established. 9.1

* 1. Most hemolytic transfusion reactions result from errors in patient

specimen identification, therefore the transfusion service shall accept only specimens with complete, accurate and legible labels.

* 1. Request forms shall identify the recipient/patient by family and given names and by the patient’s identification number. Request forms without proper patient identification will not be accepted by the transfusion service. 9.1 The request form may be a requisition or an electronic order. Phone requests are acceptable providing there is a mechanism to unequivocally identify the intended recipient, the recipient location and requested product. Phone requests must be followed up in writing.
	2. Positive identification of the patient shall be made before drawing blood specimens, including a check of the patient’s identification band. If errors or discrepancies are found during the process of identification, blood specimens must not be drawn until the problem has been satisfactorily resolved. In situations where patients do not have an identification band, a procedure to identify the patient shall be in place.9.1
	3. Blood specimens shall be labeled at the “bedside” with the patient’s family and given name(s), identification number and date. 9.1 The completed label shall be attached to the tube before leaving the side of the patient.
	4. The name, initials or computer identification code of the person drawing the blood specimen shall be documented. The date and time of collection must also be documented. 9.1 This information must be easily retrievable for one year.9.2
1. **Specimens – N/A**
2. **Materials**

**Supplies**: Request form or electronic order showing the patient’s family and given names and identification number

Labels, if applicable

Materials for venipuncture as per established procedure(s)

1. **Quality Control**

All errors in patient identification and specimen labeling must be documented in an incident report according to facility established procedure. Corrective action must be taken and this action should be documented.

1. **Procedure**

|  |  |
| --- | --- |
| * 1. Identify the patient
 | * + 1. Keep the request form and labels separate for each patient to be collected.
 |
| * + 1. Ensure that the identification band is physically attached to the patient (i.e. not to the bed, wall or the door).

|  |  |
| --- | --- |
| *If* | *Then* |
| If the patient is an inpatient and is not wearing an identification band | Ask a qualified person to identify and put an identification band on the patient before collecting the specimen(s). If the specimen collection is STAT and/or there is no qualified person available to place an identification band on the patient, see Procedural Notes 8.1. |
| If the patient is an outpatient and does not have a hospital identification band prior to blood being collected | Follow established facility procedure to ensure positive patient identification. This should include verbal information of the patient’s family and given names and unique hospital identification number. This may include confirmation of patient’s name against photo identification. |

 |
| 1. Compare the patient’s name and identification number on the identification band with the corresponding information on the request form and/or computer labels. The patient names and identification number must be identical.

|  |  |
| --- | --- |
| *If* | *Then* |
| Patient names and identification numbers do not match  | The discrepancy must be corrected before performing the venipuncture. |
| Ask the patient to spell or verbalize his or her name and birth date (If possible). Do not say “Are you…” If the patient cannot communicate, ask a qualified person to identify the patient. |
| Ask for a corrected identification band to be attached to the patient. If time does not permit and transfusion is required, see Procedural Notes 8.1. |
| (Optional) Ask the patient if they were transfused (and/or pregnant if applicable) in the last three months. Document this information on the request form or computer label. |

 |
| * 1. Perform venipuncture
 | 6.2.1 Perform venipuncture as per established  procedure |
| * 1. Label specimen(s)
 | 1. Label specimens immediately after venipuncture, beforeleaving the patient’s side

|  |  |
| --- | --- |
| *If* | *Then* |
| The specimen label is to be handwritten | Using the patient identification band, transcribe the following information onto each label.* Patient family and given name(s)
* Patient Identification number
* Date and time of collection
* Identification of the phlebotomist as per facility procedure (name, initials or computer identification)
* Patient date of birth (optional)
 |
| Sign and write the date and time of collection on the request form. |
| The specimen label is pre-printed | Write the following information on to each label.* Date and time of collection, if not on the pre-printed label
* Identification of the phlebotomist as per established procedure (name, initials or computer identification)
 |

1. Attach the labels to the specimen tube(s) before leaving the patient’s side.
 |
| * 1. Perform a final check before leaving the bedside
 | * + 1. Verify that the patient names and identification number are the same on:
* Specimen tube label(s)
* Request form
* Patient identification band
 |

1. **Reporting – N/A**
2. **Procedural Notes**

## For unidentified patients, when the specimen collection is STAT follow established facility procedures for emergency transfusions and for situations where the patient’s identity is unknown.9.2

1. **References**

## Standards for Hospital Transfusion Services Version 3 – February 2011. Canadian Society for Transfusion Medicine, 5.2.2 and 5.2.3

## CSA Z902-10 Blood and Blood Components, Mississauga, ON: Canadian Standards Association; February 2010; 10.

## Roback JD, ed. American Association of Blood Banks Technical Manual, 17th ed. Bethesda, MD: American Association of Blood Banks, 2011: 437-462.

## Standards for Blood Banks and Transfusion Service, 28th ed. Bethesda, MD: American Association of Blood Banks, 2012; 5.11.

1. **Revision History**

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| --- | --- |
| **Revision Date** | **Summary of Revision** |
| January 31, 2014 | * Revised name of manual
* Removed Section 2.3 (duplication) and renumbered the subsections
* Revised wording in section 2.6 to include “This information must be easily retrievable for one year” and cited reference 9.2
* Revised the wording of subsection 6.1.2 to identify patients not wearing a hospital identification band
* Revised wording of 6.3.1 to include “as per facility procedure”
* Removed section 6.3.3 reference to transfusion specific identification band
* Updated all references to include the most recent version/edition and adjusted the page numbers cited as necessary
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